

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

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 The Office of 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, including but not limited to accessing behavioral health treatment and early intervention and prevention services.	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, 2020
Age Group Served 2:	TAY	Reporting Period:	July 1, 2019 - June 30, 2020
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	EPSDT
Funding Source 2:	Medical FFP	Other Funding:	Private Insurance and AB 114

FISCAL INFORMATION:

Program Budget Amount:	\$12,922,009.00	Program Actual Amount:	\$8,376,935.44
Number of Unique Clients Served During Time Period:	2788		
Number of Services Rendered During Time Period:	24,618 Medi-Cal/Private Insurance; 5,952 PEI services; 30,570 Total Services Rendered		
Actual Cost Per Client:	3,004.64		

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

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

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

Integrated service experiences

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. Effectivenessi. **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: To improve self-reported and provider-rated recovery and well-being.
- 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: July 1, 2019 to June 30, 2020
- v. Data Source: Recovery Markers Inventory and Consumer Recovery Measure
- vi. Target Goal Expectancy: 60% of the youth 18-22 years of age that participate in the program and who complete a self-report will demonstrate recovery and well-being maintenance or improvement from enrollment to current date in time in program (minimum stay of 90-days).
- 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 All 4 Youth had 58 youth 18-22 years of age that were served from July 1, 2019-June 30th 2020. FCSS All 4 Youth 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

Consumer Recovery Measure Results:

At the time of this report, the 2019-2020 data was not yet available from Fresno County Department of Behavioral Health.

ii. Functional Improvement

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

- i. Objective: To maintain or improve functioning for all youth served.
- 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: July 1, 2019 to June 30, 2020
- v. Data Source: PSC-35 and CANS
- vi. Target Goal Expectancy: 85% of the youth that participate in the program will report overall functional maintenance or improvement from enrollment to current date in time in program (minimum stay 6 months active or 90-days with discharge).
- 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.

Although analyzing paired data (i.e. the individual score of one youth over time) is still not available, the data provided this year does at least represent different overall reporting periods. This allows for tracking cumulatively the scores of children over time. The reporting periods are:

Initial – The first CANS tool score a child receives at the time of intake/assessment

Reassessment – This represents any subsequent CANS tool score after the initial CANS tool score other than discharge (discharge is its own discrete reporting period), occurring at 6 month intervals (i.e. 6 months, 12 months, 18 months, and so on). These reassessment CANS tool scores cannot be filtered down by which 6 month period is being reported, so all values are given equal weight. That said, we would expect to see greater improvement at; for example an 18 month reassessment CANS tool score than a 6 months reassessment CANS tool score. If it ever becomes possible to drill down to this level of data evaluation, more refined reporting would be available and potentially show where in treatment greater realizations of improvement is occurring.

Discharge – This represents the CANS tool score at the time a youth discharges from the All 4 Youth program. The data may be skewed at discharge if a youth was included that was in services from a period of 0-60 days (which may include youth that discharged prematurely without

completing their goals). We believe that these youth potentially would not receive the benefit of longer therapeutic interventions and may have failed to demonstrate improvement in their CANS scores.

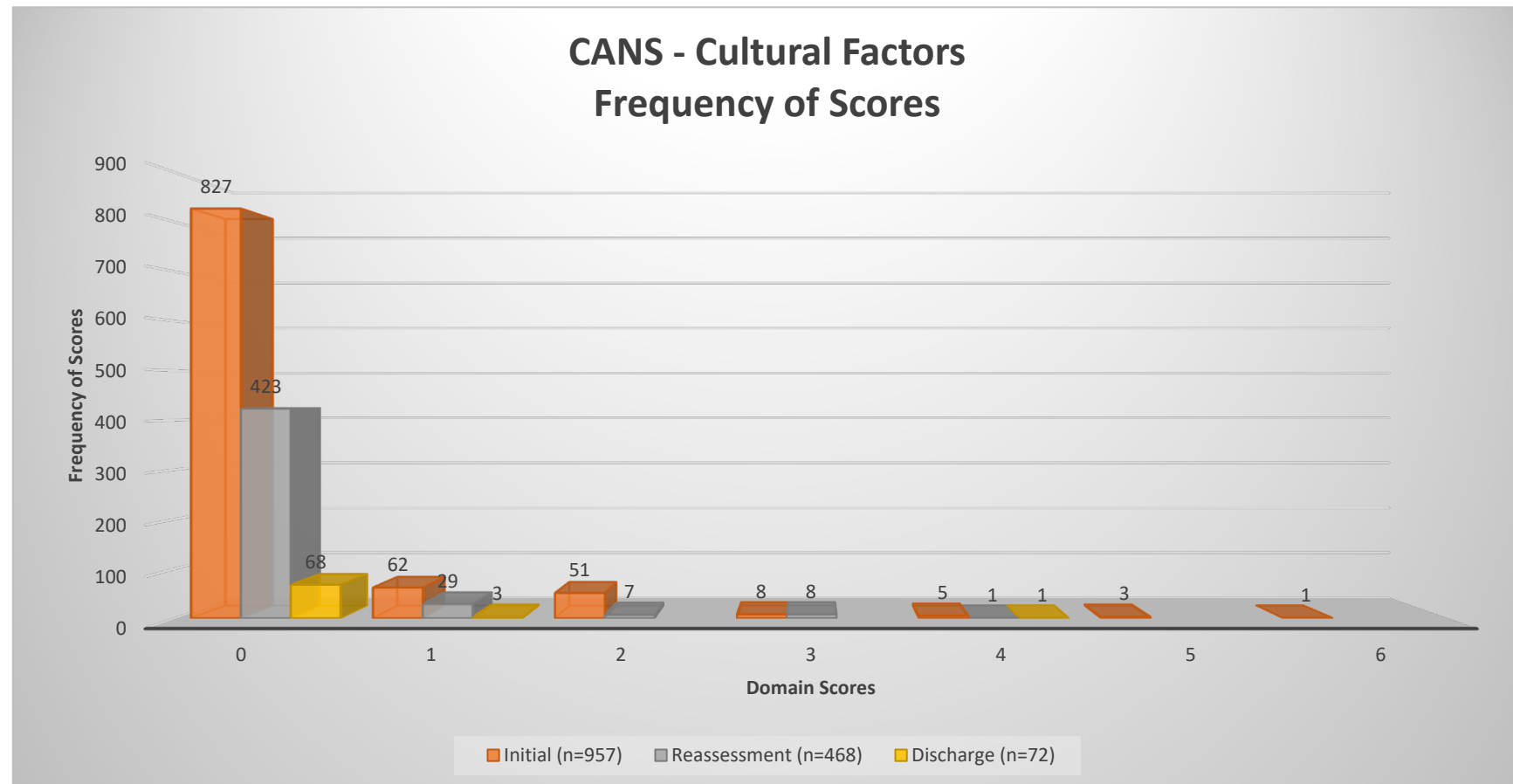
The graphs provided in this section of the outcomes fall into the following 3 types:

Chart	Description
Frequency of scores	The Frequency of Scores charts indicate how often a given score was reported for the identified domain at intake, reassessment, and discharge. In these domains we would expect the frequency of higher scores to be higher at intake and gradually decrease at reassessment and at discharge. In the needs domains that would represent more actionable items (greater need) at intake and fewer actionable items at discharge (improvement). In the strengths domain that would represent fewer identified strengths at intake and more identified strengths at discharge.
Percentage of Scores	The Percentage of Scores charts indicate the percentage a score was reported out of the total number of scores for the identified domain at intake, reassessment, and discharge. For the needs domains we would expect the percentage of higher scores to be higher at intake (greater need) and gradually decrease at reassessment and at discharge (improvement). In the Strengths Domain, we would expect the percentage of higher scores to be higher at intake (representing fewer Identified strengths) and lower scores to increase at reassessment and discharge (representing more Identified Strengths).
Average Score Over Time	The Average Score Over Time charts indicate the average score in each domain at intake, reassessment, and discharge. We would expect the average scores to be higher at intake and gradually decrease at reassessment and at discharge. This downward trend would represent improvement over time.

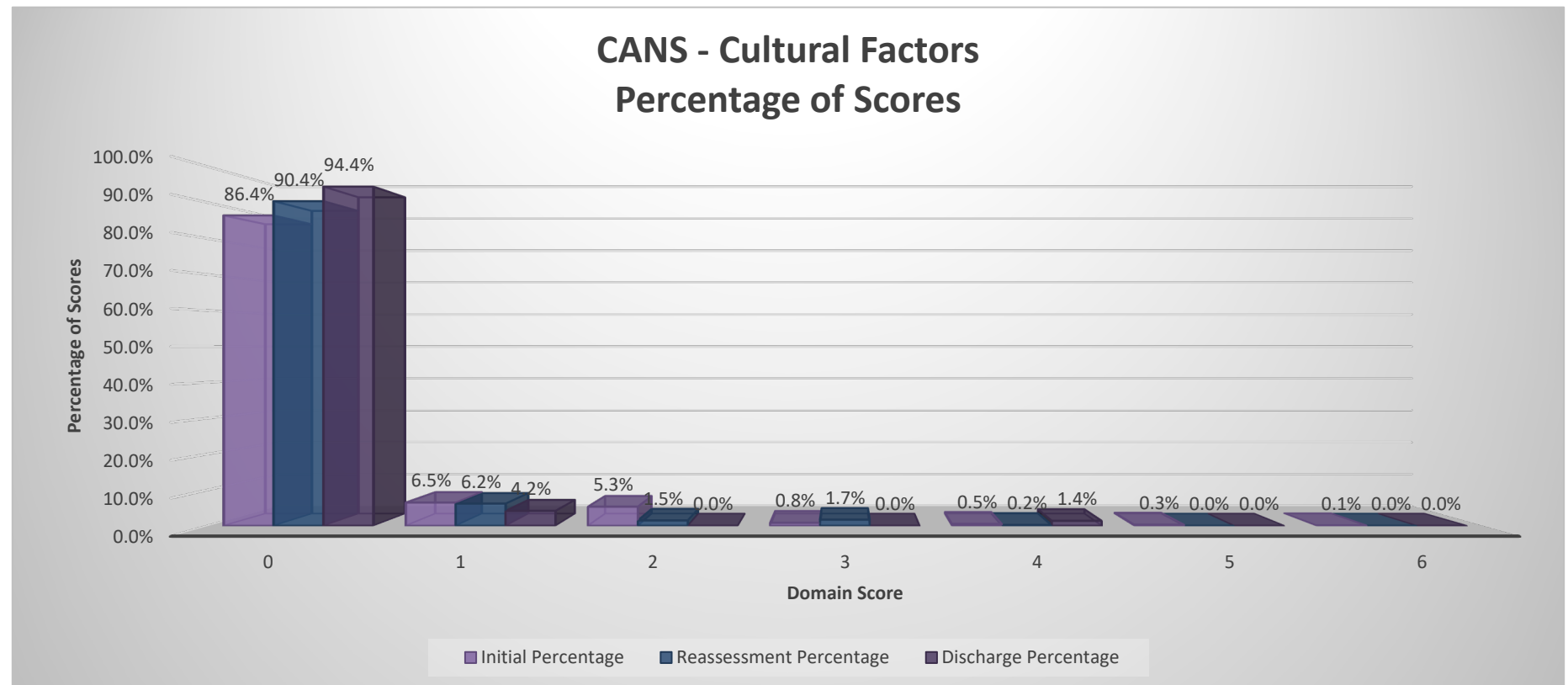
NOTE: The first five categories reflected in charts on the following pages (“Cultural Factors”, “Child Behavioral Emotional Needs”, “Caregiver Resources and Needs”, “Risk Behaviors”, and “Life Domain Functioning”) represent Needs. A higher score indicates more identified needs in that domain, however 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.

CANS Results:

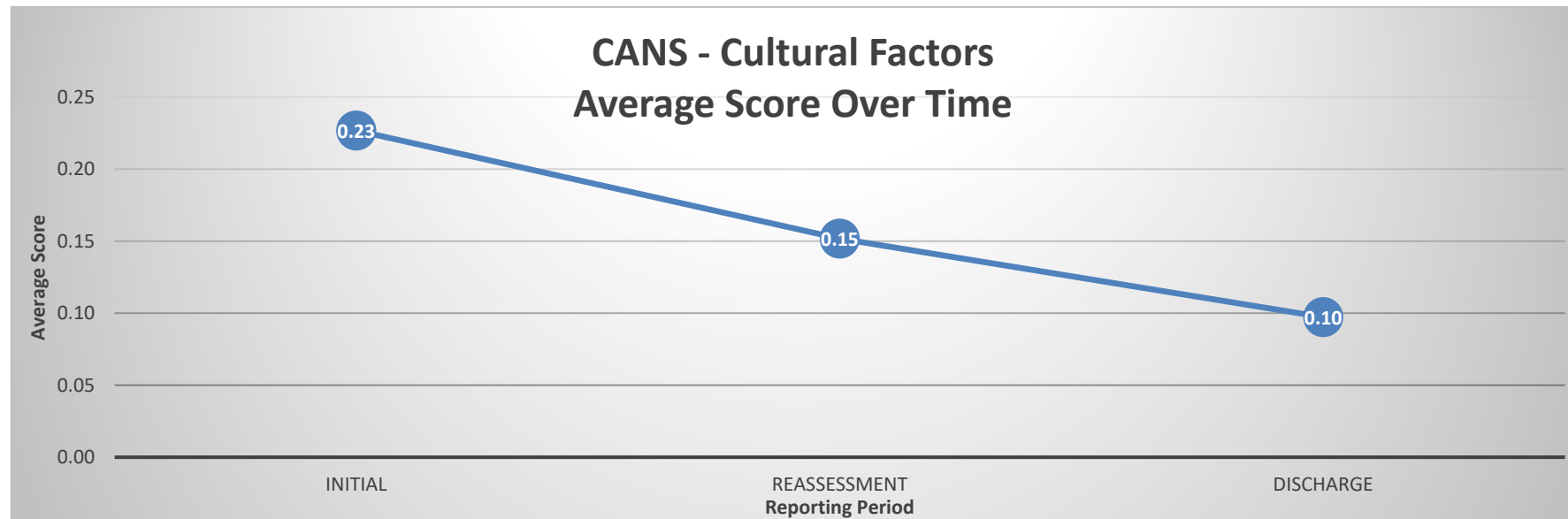
Frequency of scores represents the number of times a given score was reported within a reporting period (i.e. initial, reassessment, or discharge). Because this is not paired data, not much of a conclusion can be gathered from the number of times a score was reported alone. However, if we measure the percentage of overall reporting of a given score at each reporting period (see the percentage of Scores chart below on page 10), we can begin to see shifts over time. If FCSS All 4 Youth services are having an impact then we predict that the percentage of lower scores reported in subsequent reporting periods (from initial, to reassessment, and to discharge) would increase over time. As reflected in the chart on page 10 we do see that improvement at each reporting period as the overall percentage of lower scores grows each time.



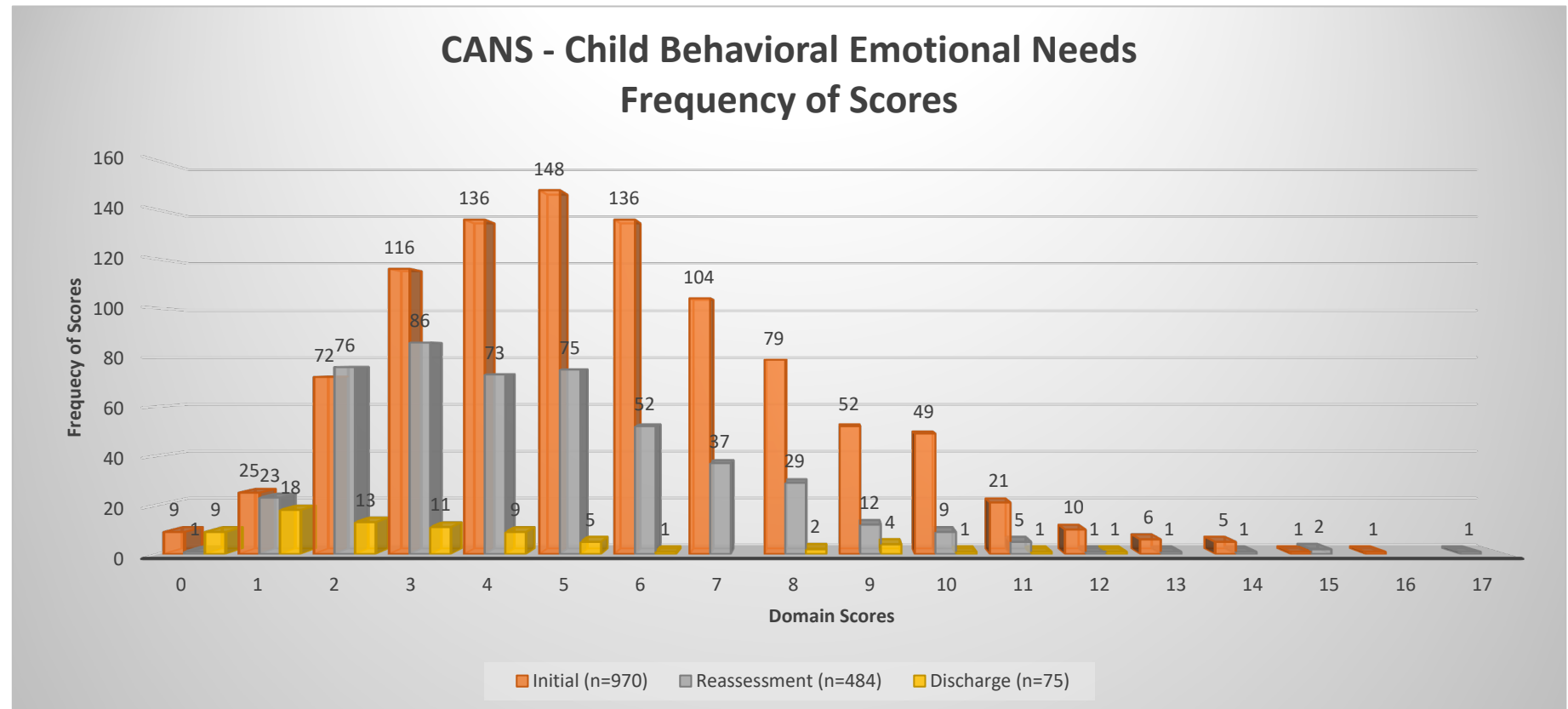
As predicted, the overall percentage of lower scores increases over subsequent reporting periods, which we would attribute to the positive impact of All 4 Youth services over time.



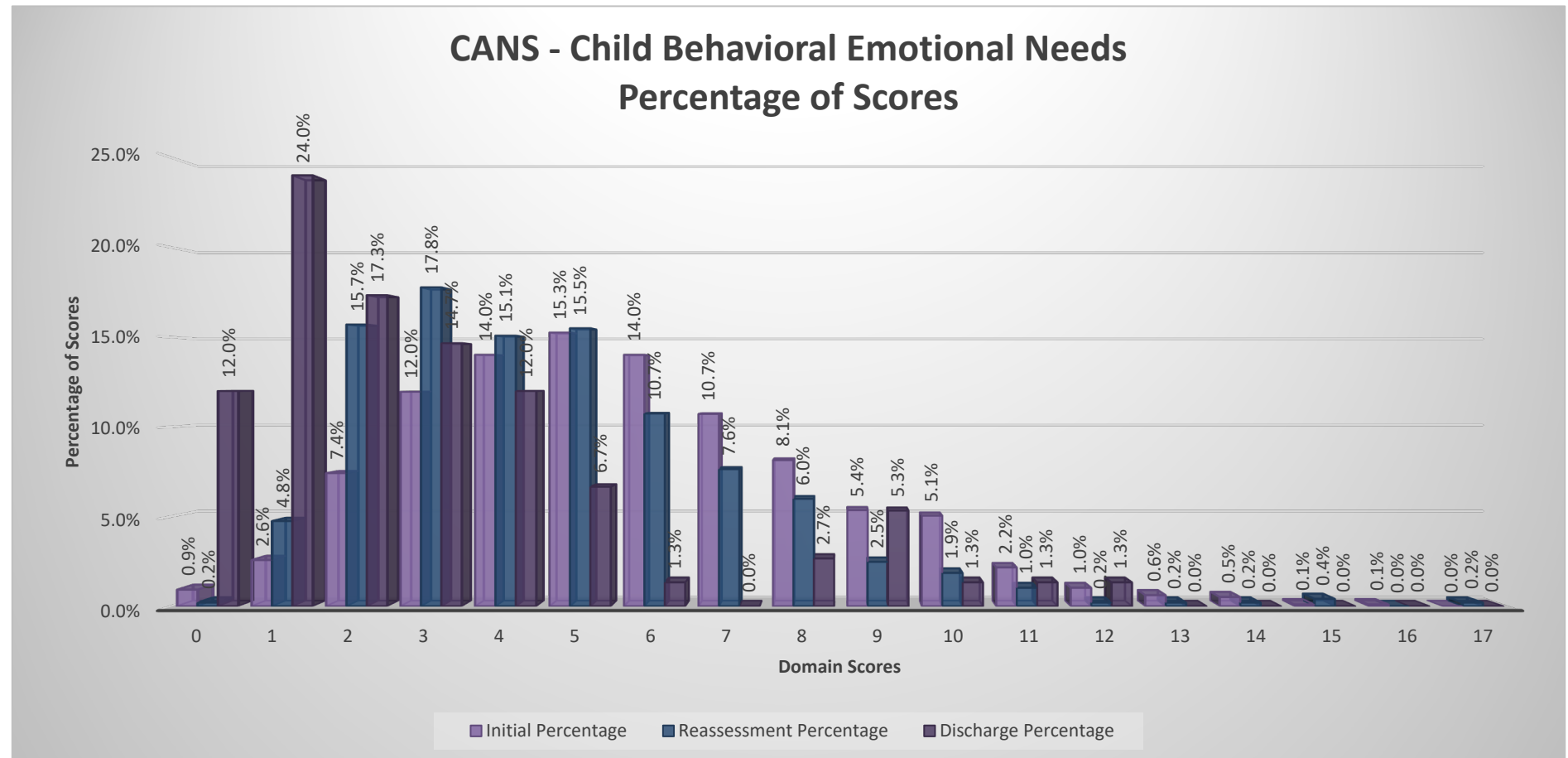
An additional indication of the positive impact of All 4 Youth Services would be progressively lower average reported scores over time. As predicted, the chart above does demonstrate that average scores do decrease at subsequent reporting periods.



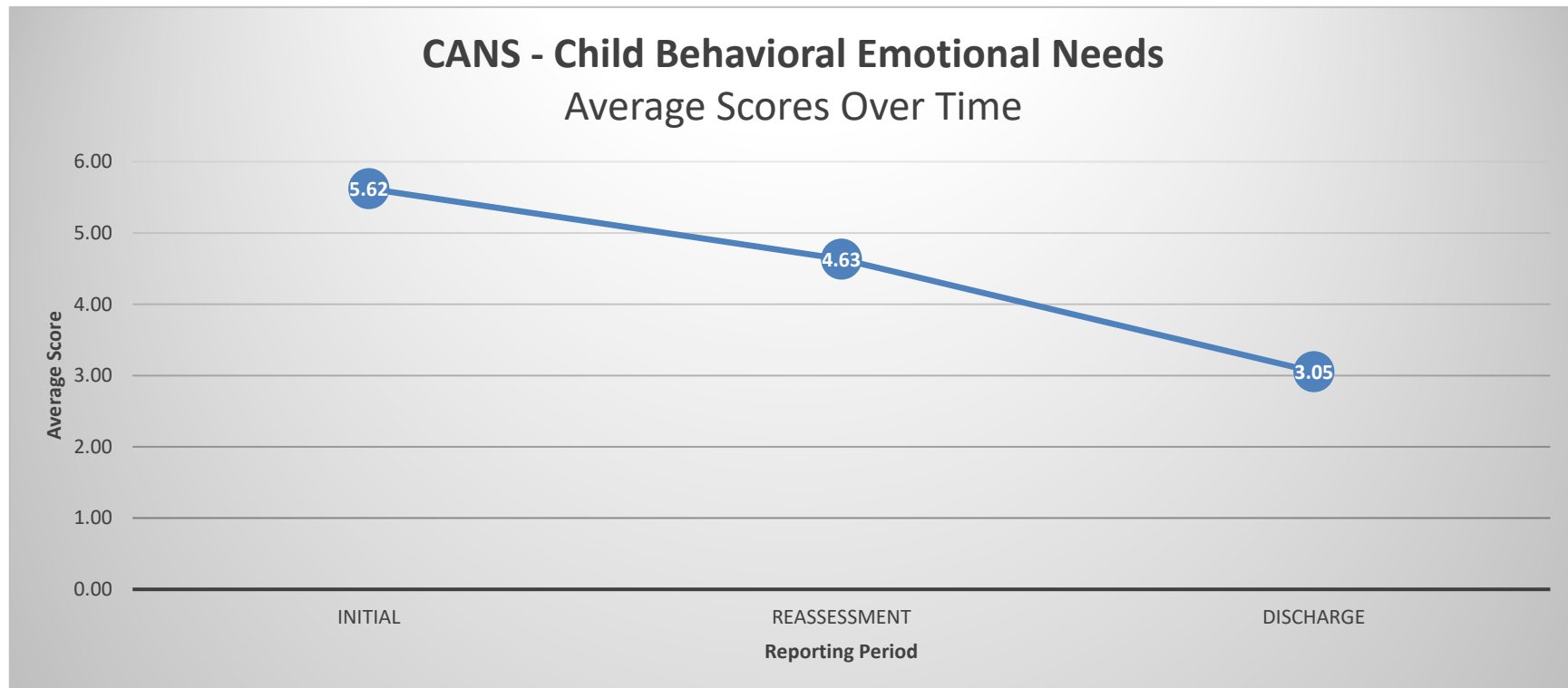
Frequency of scores represents the number of times a given score was reported within a reporting period (i.e. initial, reassessment, or discharge). Because this is not paired data, not much of a conclusion can be gathered from the number of times a score was reported alone. However, if we measure the percentage of overall reporting of a given score at each reporting period (see the percentage of Scores chart on page 14), we can begin to see shifts over time.



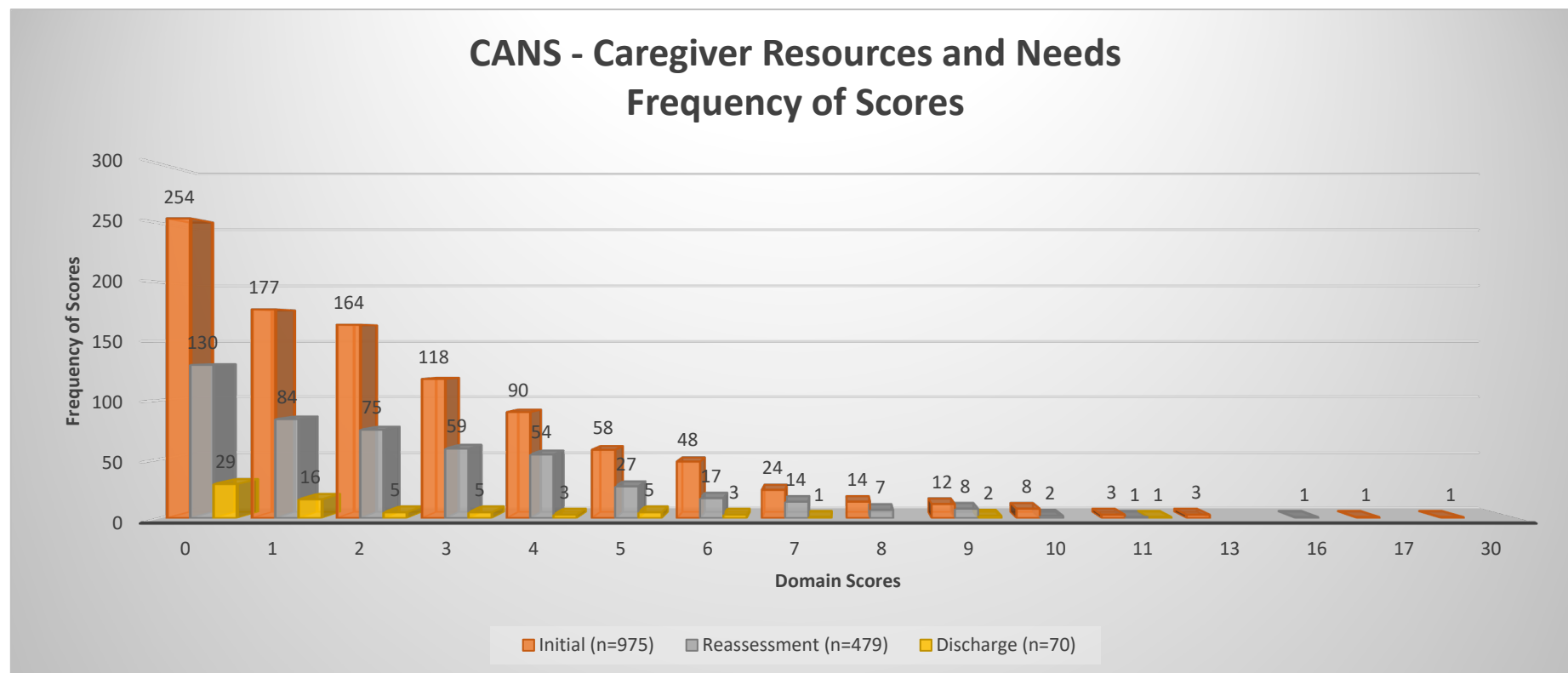
Because this is not paired data, not much of a conclusion can be gathered from the number of times a score was reported alone. However, if we measure the percentage of overall reporting of a given score at each reporting period (see the percentage of Scores in the chart below), we can begin to see shifts over time. If FCSS All 4 Youth services are having an impact then we predict that the percentage of lower scores reported in subsequent reporting periods (from initial, to reassessment, and to discharge) would increase over time. As reflected in the chart below we do see that improvement at each reporting period as the overall percentage of lower scores grows each time.



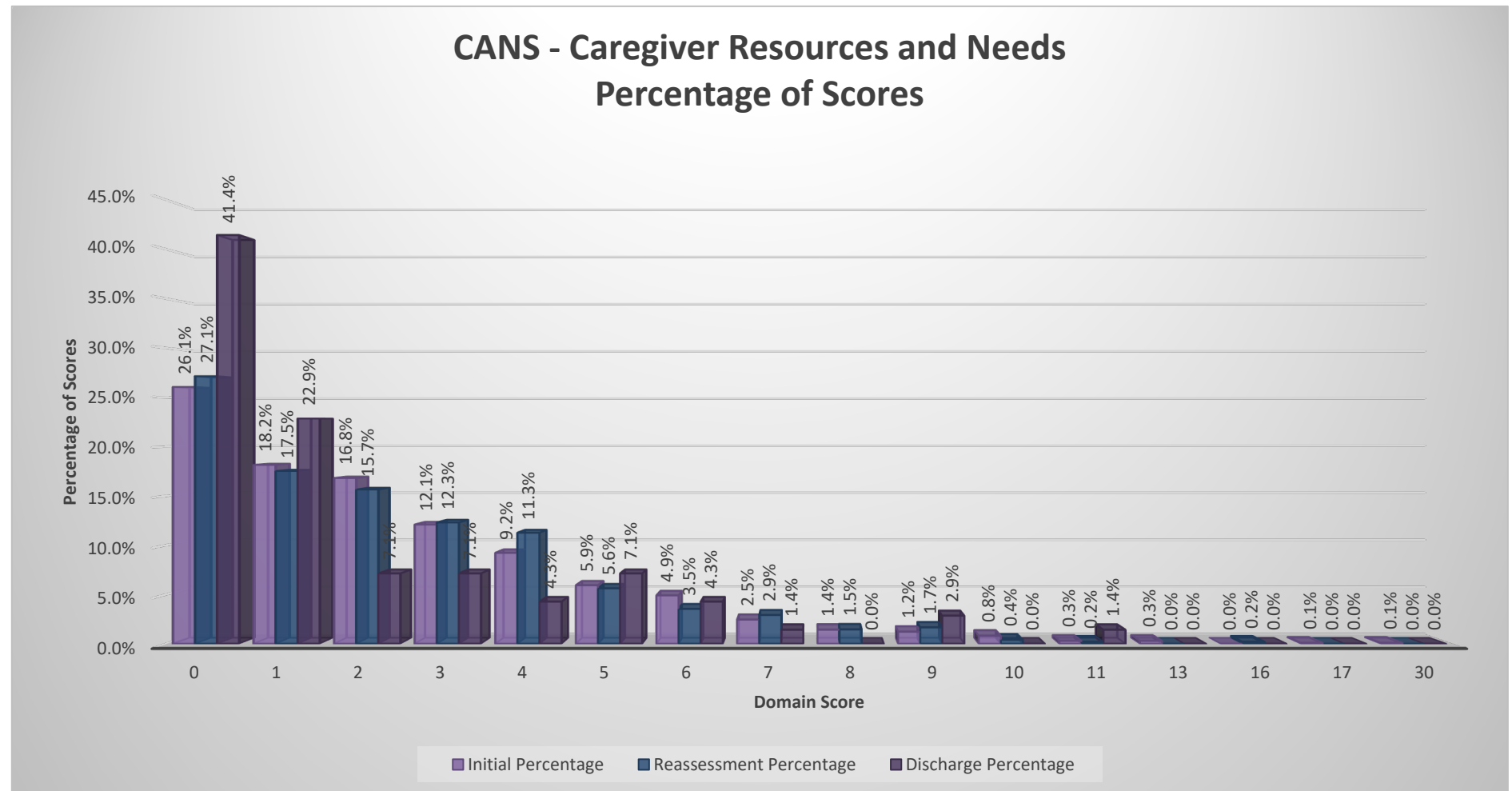
As predicted, the overall percentage of lower scores increases over subsequent reporting periods, which we would attribute to the positive impact of All 4 Youth services over time.



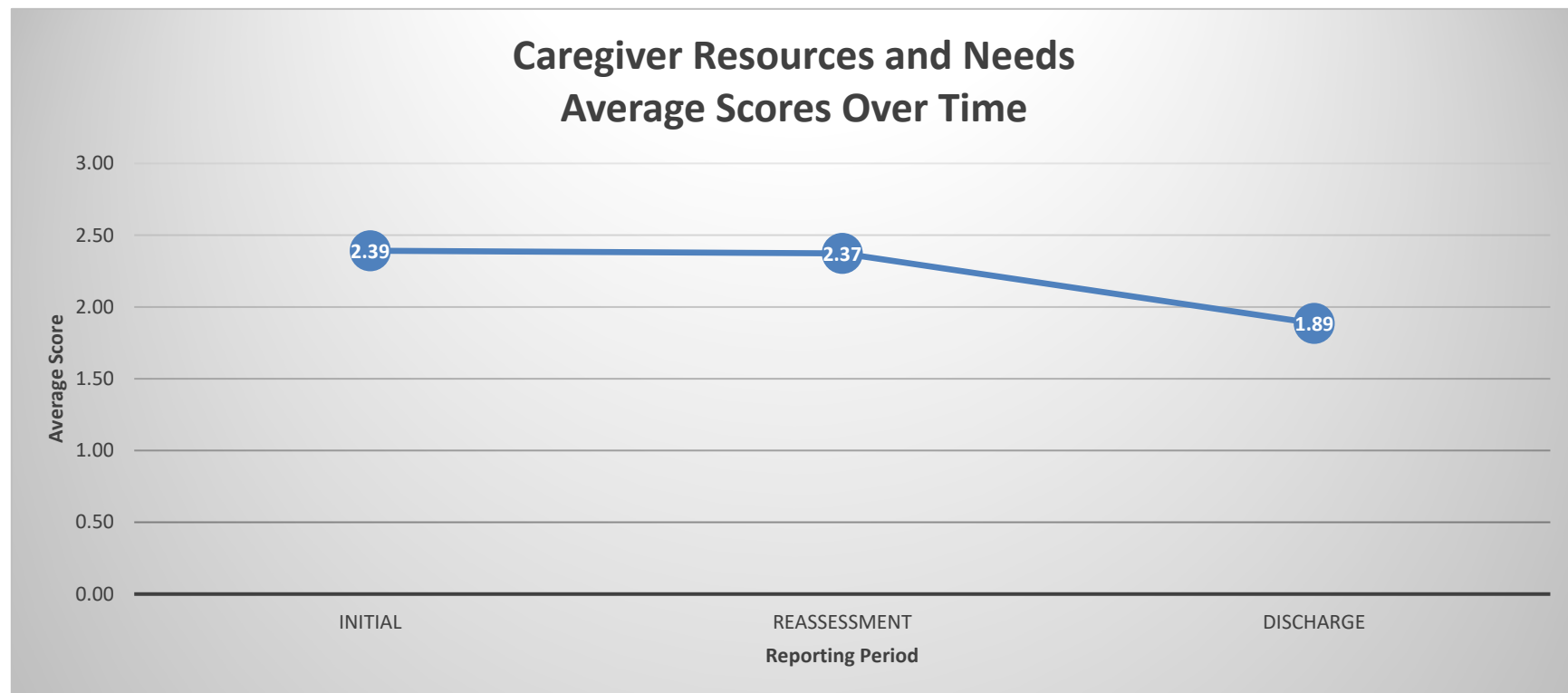
Frequency of scores represents the number of times a given score was reported within a reporting period (i.e. initial, reassessment, or discharge). Because this is not paired data, not much of a conclusion can be gathered from the number of times a score was reported alone. However, if we measure the percentage of overall reporting of a given score at each reporting period (see the percentage of Scores chart on page 17), we can begin to see shifts over time. If FCSS All 4 Youth services are having an impact then we predict that the percentage of lower scores reported in subsequent reporting periods (from initial, to reassessment, and to discharge) would increase over time. As reflected in the chart below we do see that improvement at each reporting period as the overall percentage of lower scores grows each time.



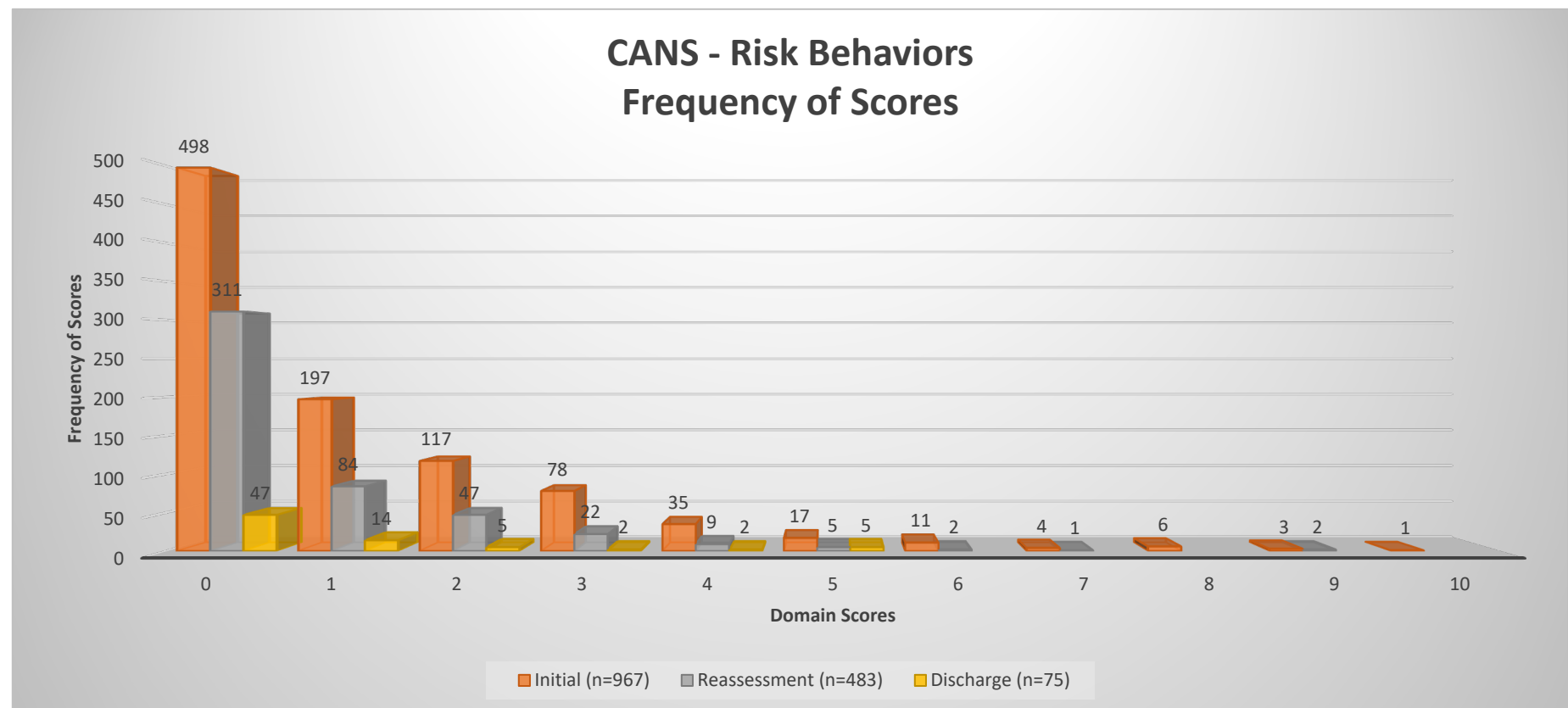
As predicted, the overall percentage of lower scores increases over subsequent reporting periods, which we would attribute to the positive impact of All 4 Youth services over time.



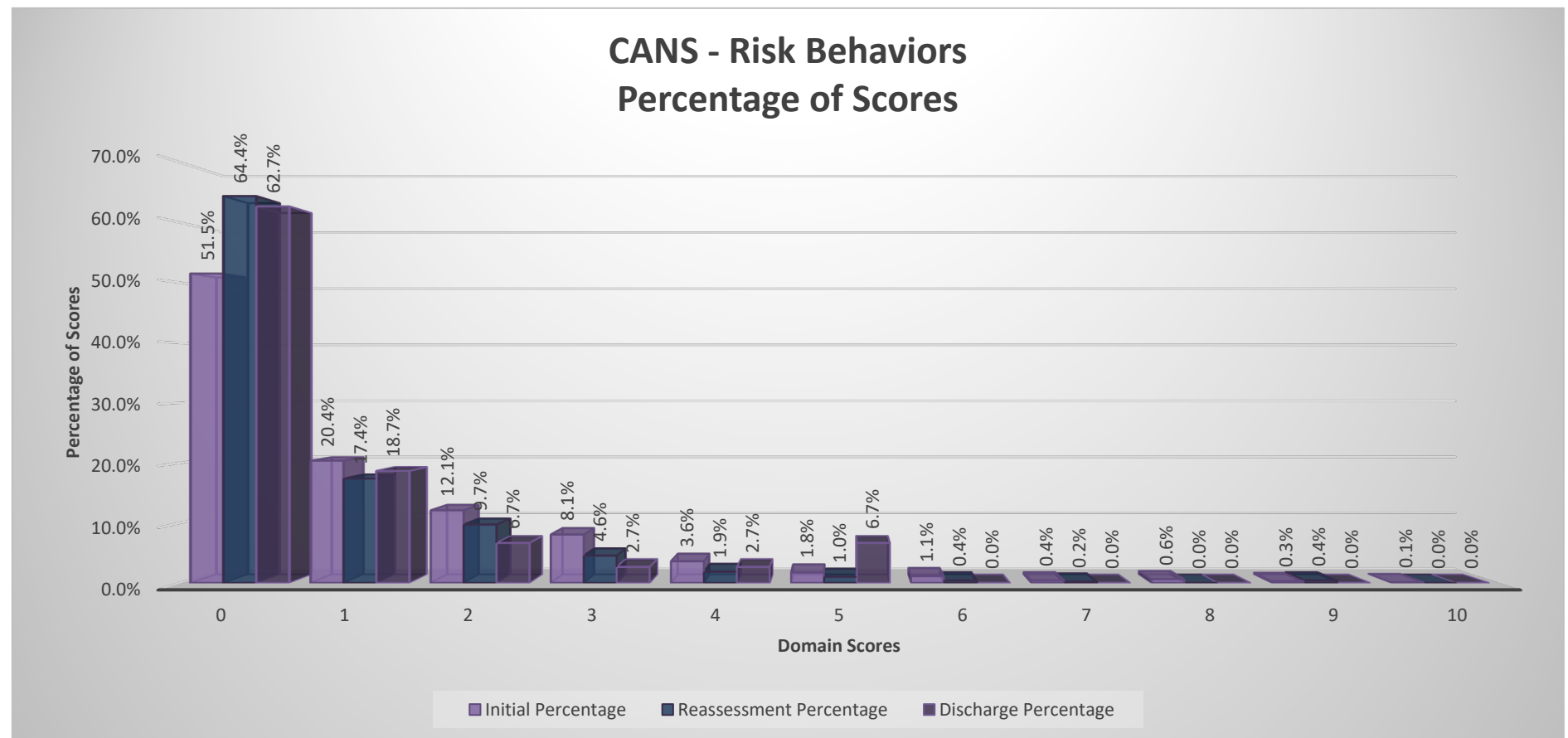
An additional indication of the positive impact of All 4 Youth Services would be progressively lower average reported scores over time. As predicted, the chart below does demonstrate that average scores do decrease at subsequent reporting periods.



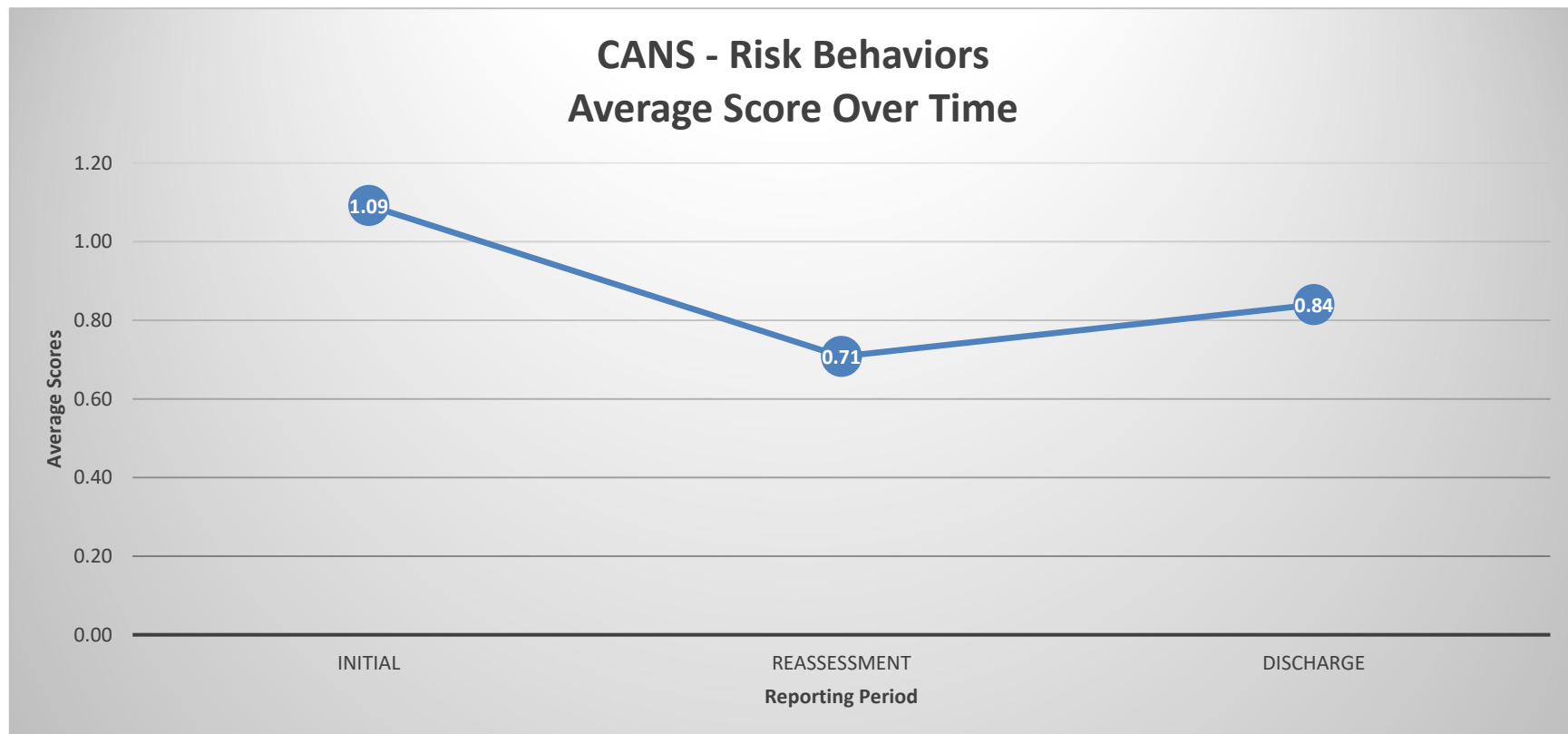
Frequency of scores represents the number of times a given score was reported within a reporting period (i.e. initial, reassessment, or discharge). Because this is not paired data, not much of a conclusion can be gathered from the number of times a score was reported alone. However, if we measure the percentage of overall reporting of a given score at each reporting period (see the percentage of Scores chart below on page 20), we can begin to see shifts over time. If FCSS All 4 Youth services are having an impact then we predict that the percentage of lower scores reported in subsequent reporting periods (from initial, to reassessment, and to discharge) would increase over time. As reflected in the chart below we do see that improvement at each reporting period as the overall percentage of lower scores grows each time, except for a slight decrease in overall percentage from reassessment to discharge, which we may attribute to not measuring the same youth, a smaller sample size at discharge, or a combination of the two. It is still good to see that overall percentage has increased from initial to discharge, and as more data is collected over time, we predict the results to trend in a more expected direction.



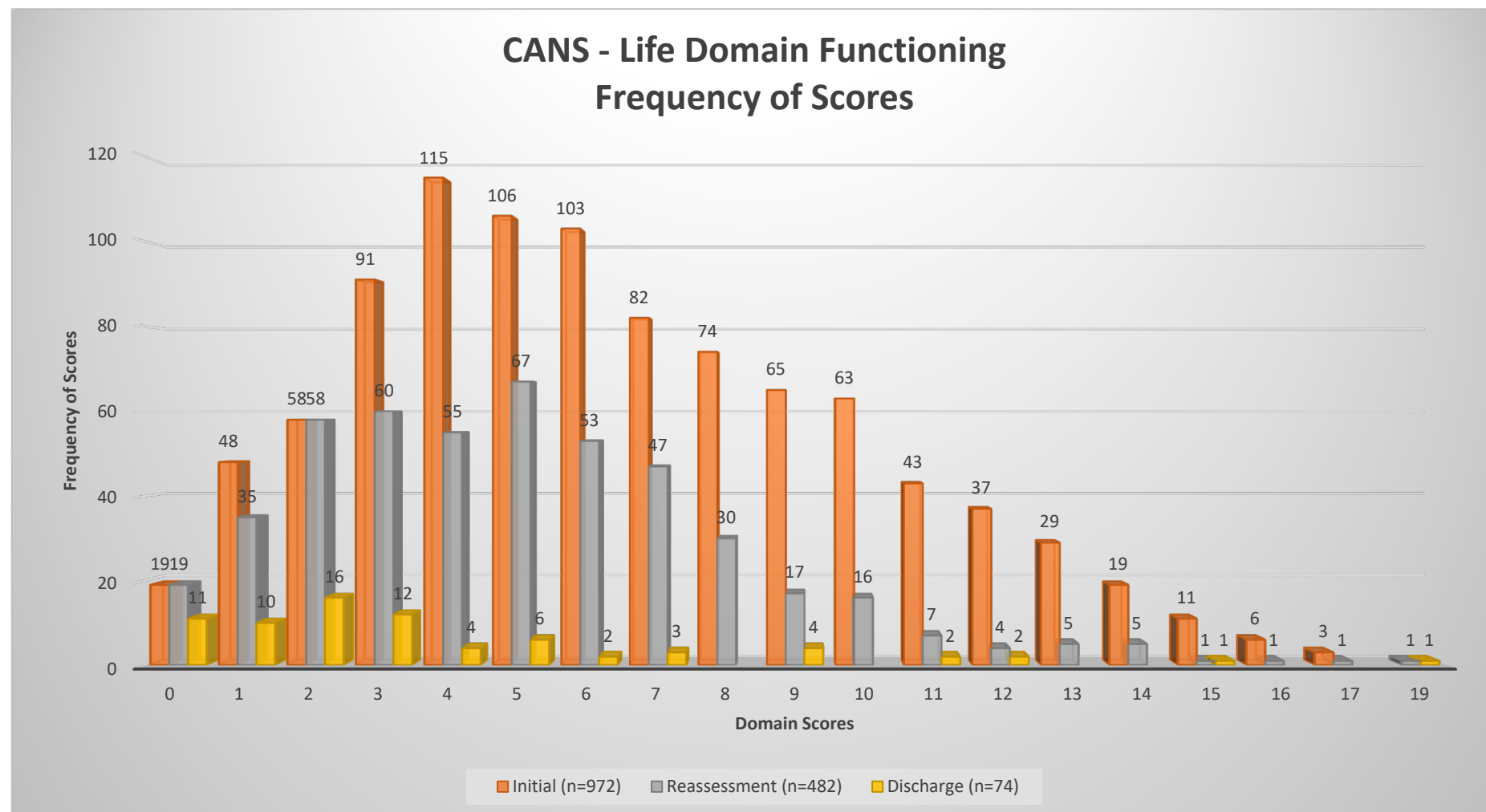
As reflected in the chart below we do see that improvement at each reporting period as the overall percentage of lower scores grows each time, except for a slight decrease in overall percentage from reassessment to discharge, which we may attribute to not measuring the same youth, a smaller sample size at discharge, or a combination of the two. It is still good to see that overall percentage has increased from initial to discharge, and as more data is collected over time, we predict the results to trend in a more expected direction.



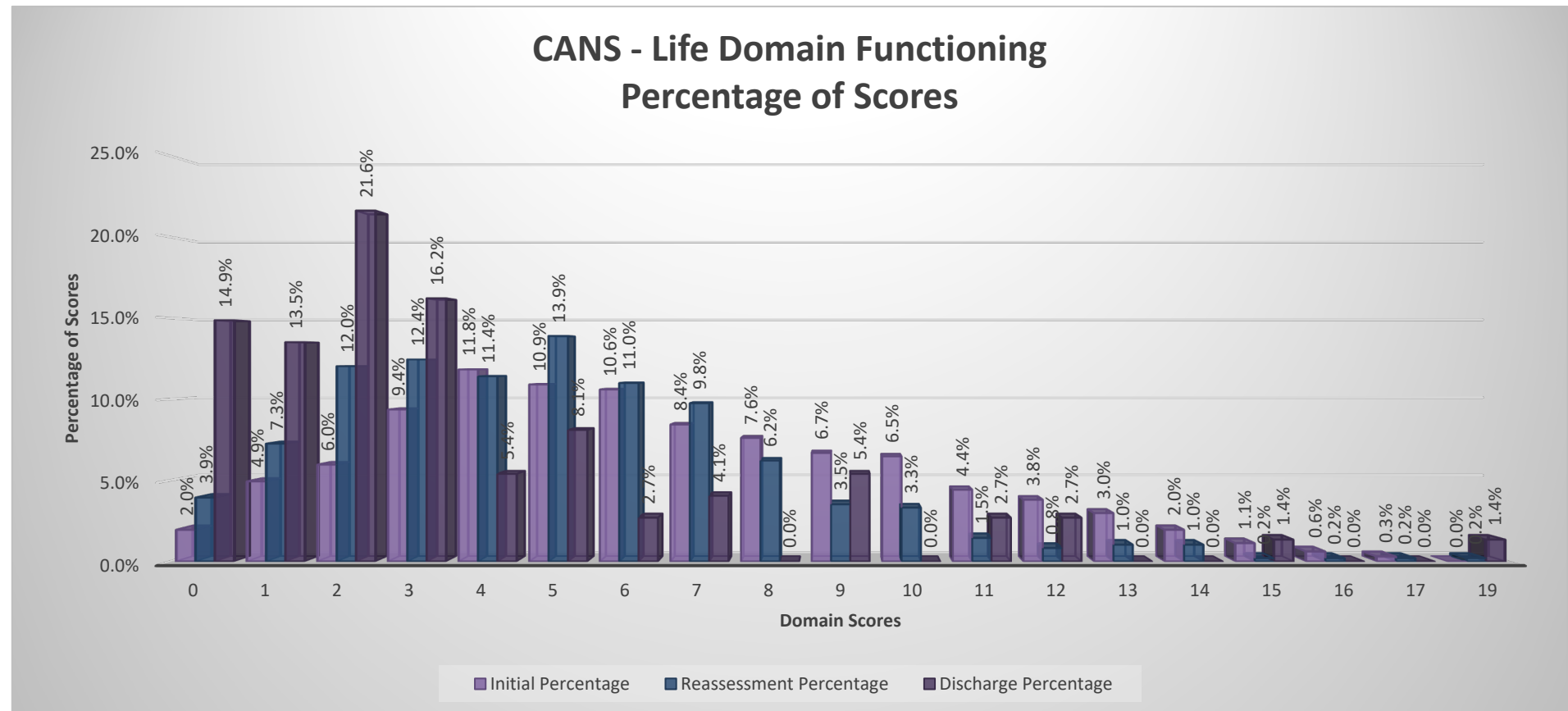
This data is still not perfect, as the reporting periods do not always represent the same youth. For example a youth in the reassessment or discharge category, may not be included in this year's intake data (i.e. their intake was prior to 7/1/19). For this reason you may see results that are counterintuitive. Risk Scores Over Time represents one of these counterintuitive data points. As you can see above, the average risk score from initial to reassessment and from initial to discharge does drop as expected, however the score rises ever so slightly from reassessment to discharge (0.71 to 0.84). This unexpected increase could be the result of not measuring the same youth, a smaller sample size at discharge, or a combination of the two. It is still good to see that overall score has dropped from initial to discharge, and as more data is collected over time, we predict the results to trend in a more expected direction.



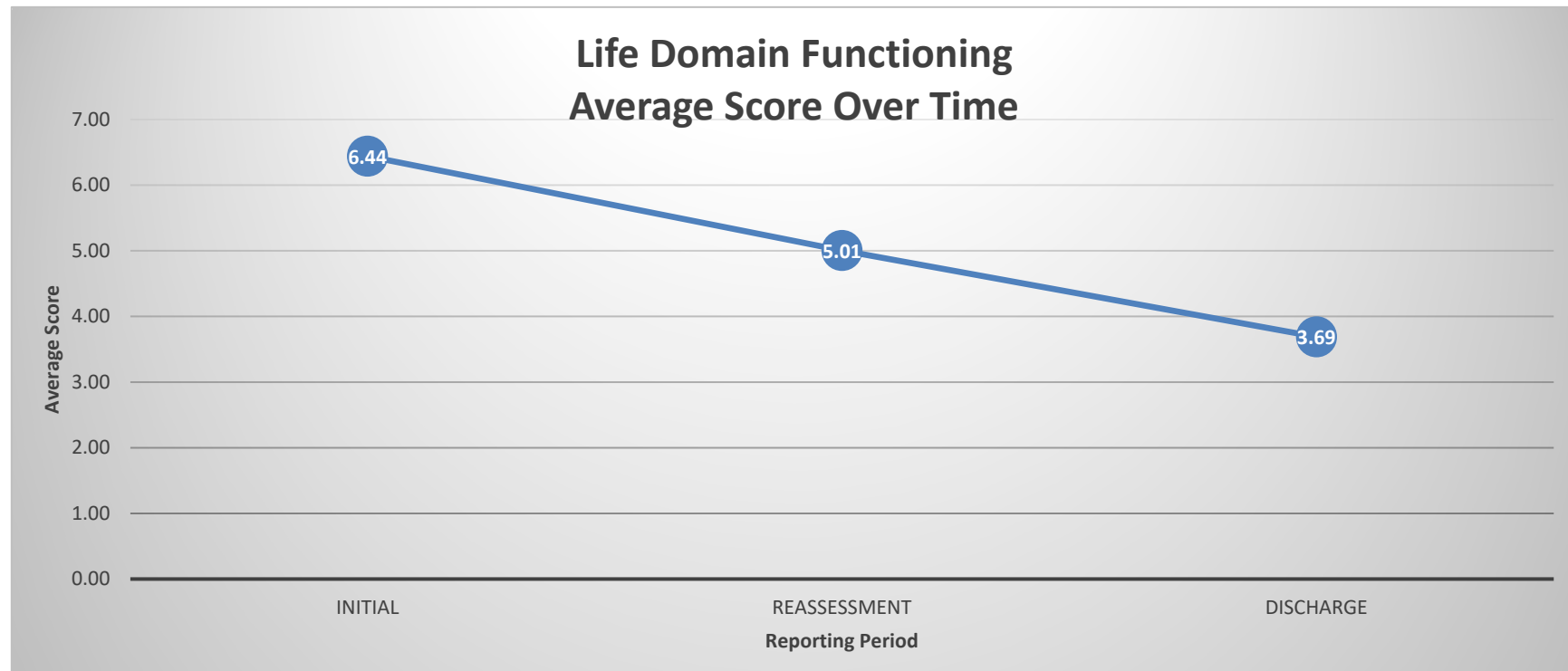
Frequency of scores represents the number of times a given score was reported within a reporting period (i.e. initial, reassessment, or discharge). Because this is not paired data, not much of a conclusion can be gathered from the number of times a score was reported alone. However, if we measure the percentage of overall reporting of a given score at each reporting period (see the percentage of Scores chart below on page 23), we can begin to see shifts over time. If FCSS All 4 Youth services are having an impact then we predict that the percentage of lower scores reported in subsequent reporting periods (from initial, to reassessment, and to discharge) would increase over time. As reflected in the chart below we do see that improvement at each reporting period as the overall percentage of lower scores grows each time.



As predicted, the overall percentage of lower scores increases over subsequent reporting periods, which we would attribute to the positive impact of All 4 Youth services over time.

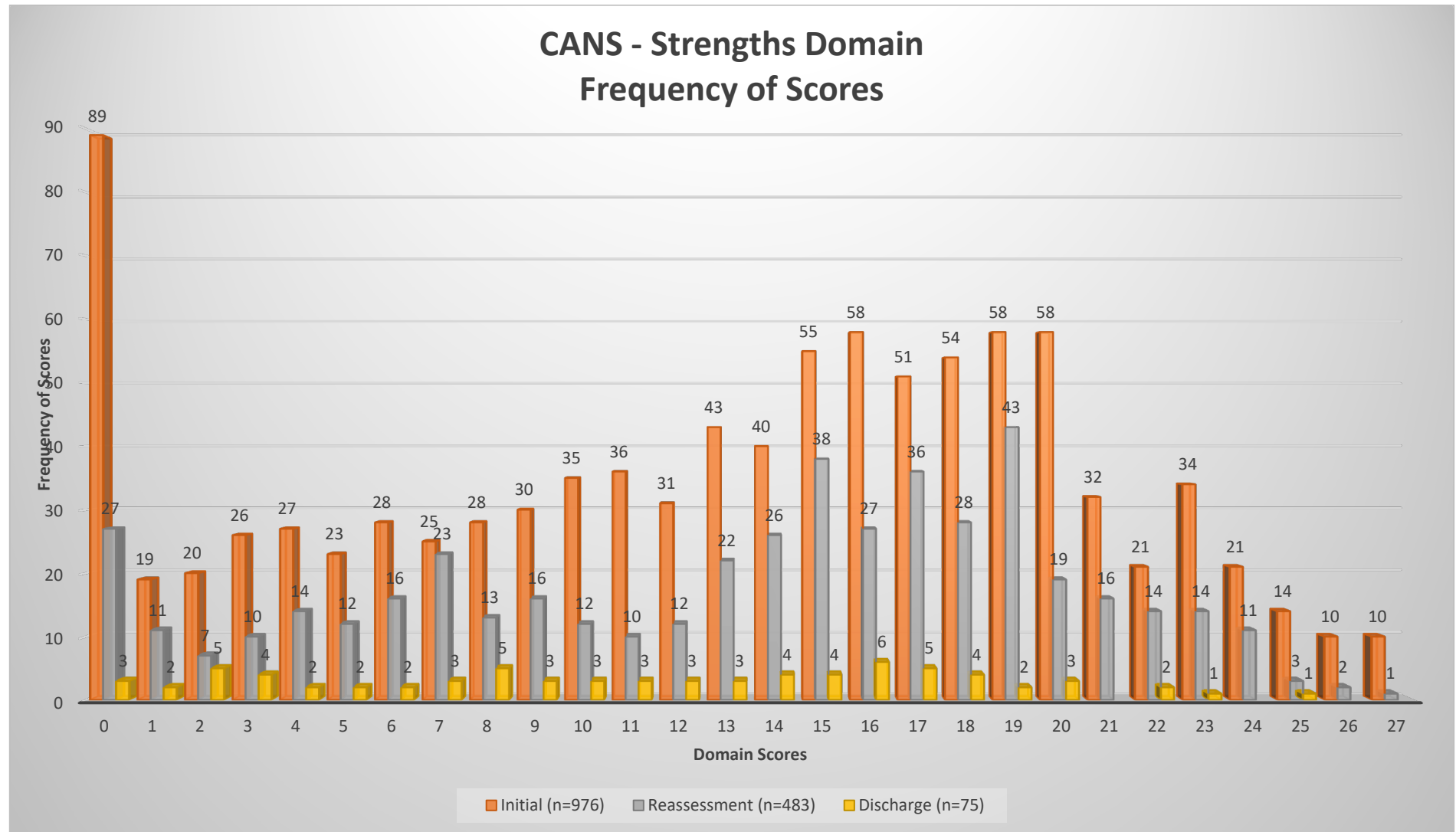


An additional indication of the positive impact of All 4 Youth Services would be progressively lower average reported scores over time. As predicted, the chart below does demonstrate that average scores do decrease at subsequent reporting periods.

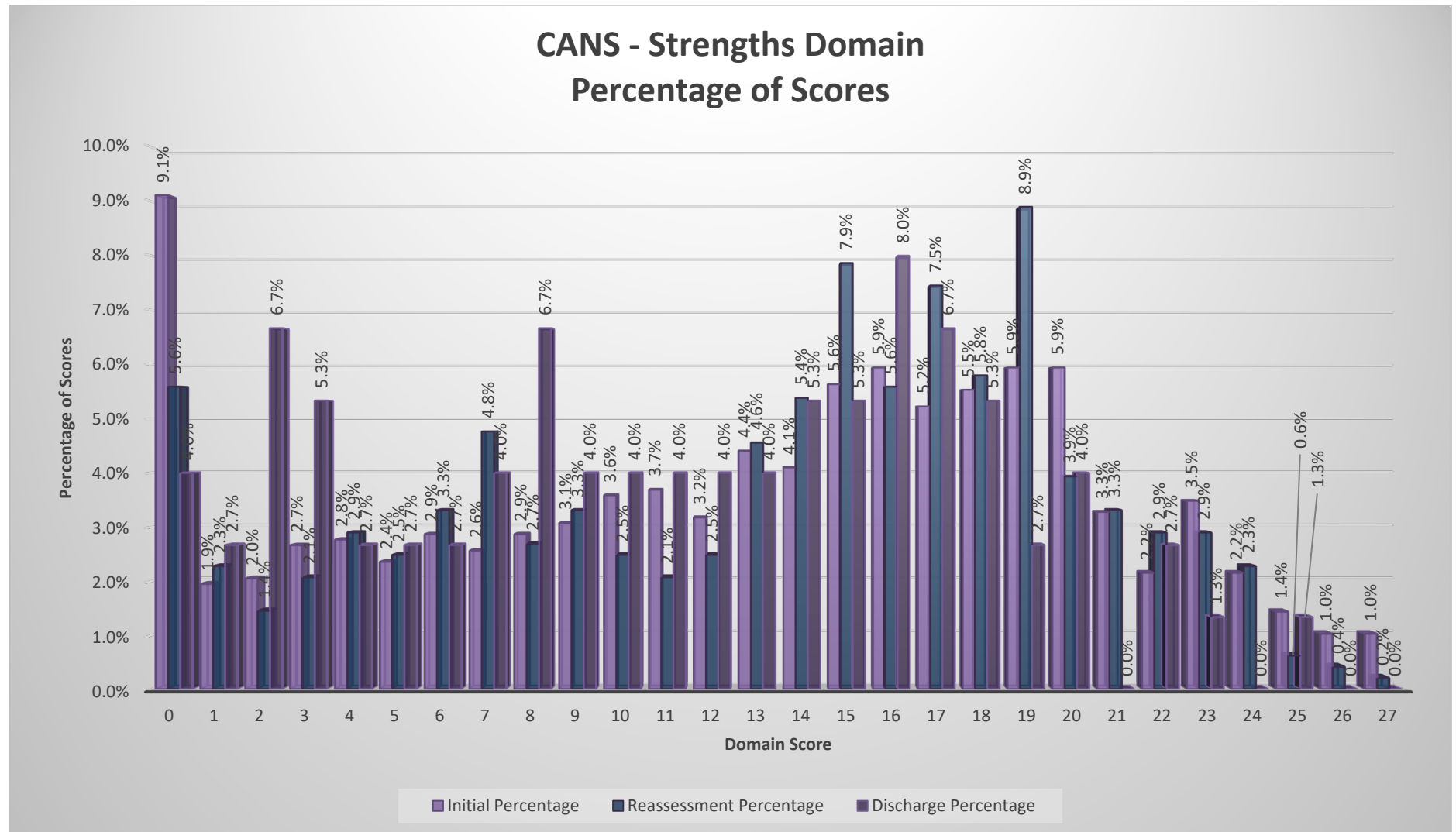


NOTE: The graphs below (“Stengths Domain Frequency of Scores”, “Stengths Domain Percentage of Scores” and “Stengths Domain Average Score Over Time”) represent identified strengths. A lower overall score in this category represents more identified strengths/resources.

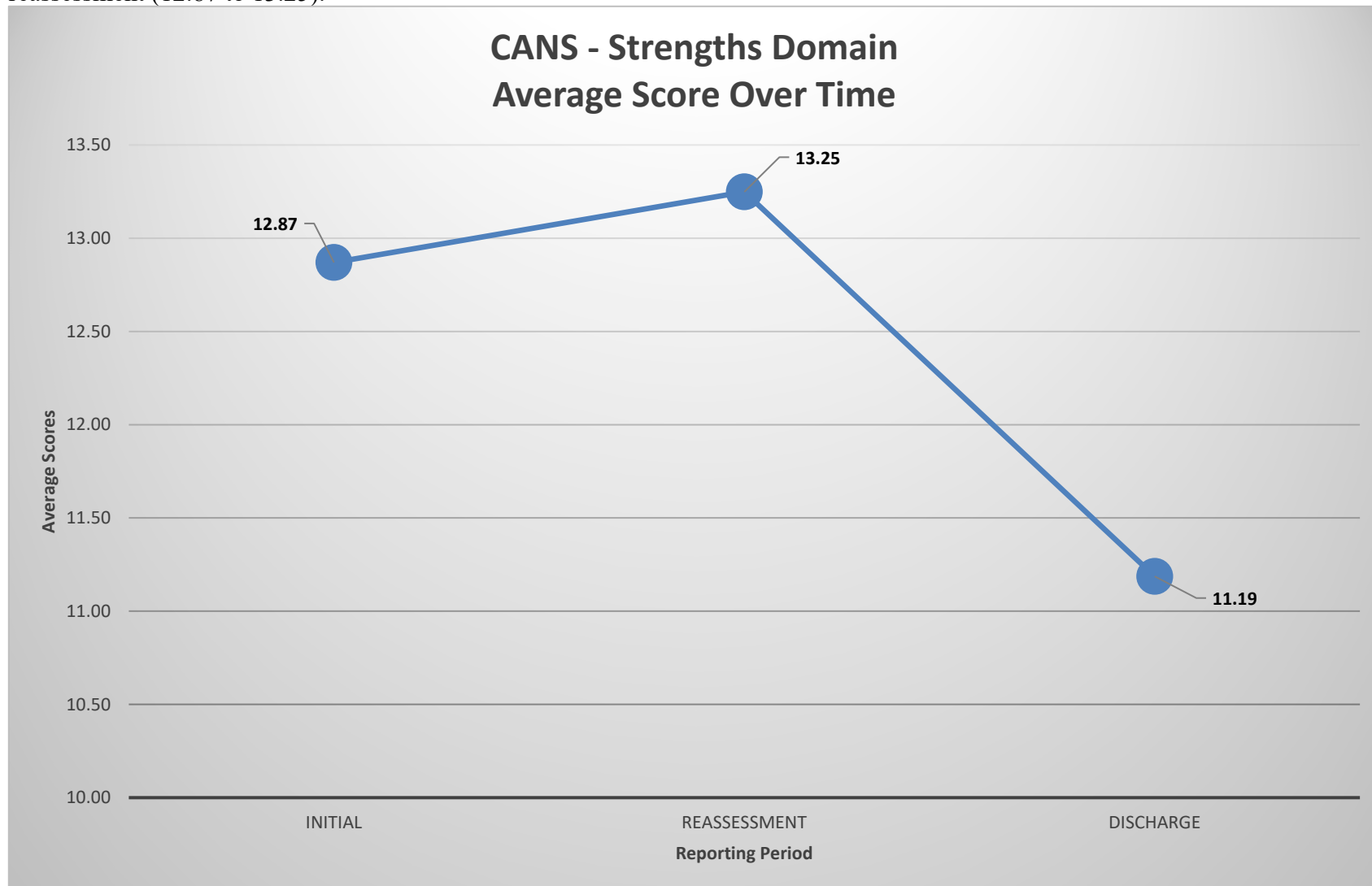
Frequency of scores represents the number of times a given score was reported within a reporting period (i.e. initial, reassessment, or discharge). Because this is not paired data, not much of a conclusion can be gathered from the number of times a score was reported alone. However, if we measure the percentage of overall reporting of a given score at each reporting period (see the percentage of Scores chart on page 27), we can begin to see shifts over time. If FCSS All 4 Youth services are having an impact then we predict that the percentage of lower scores reported in subsequent reporting periods (from initial, to reassessment, and to discharge) would increase over time. As reflected in the chart on page 27 we do see that improvement at each reporting period as the overall percentage of lower scores grows each time, except for a slight decrease in overall percentage from initial to reassessment.



As reflected in the chart on page 27 we see that improvement at each reporting period as the overall percentage of lower scores grows each time, except for a slight decrease in overall percentage from initial to reassessment, which we may attribute to not measuring the same youth, a smaller sample size at reassessment, staff not understanding how to score the strengths domain (see more on this below), or a combination of the three. It is still good to see that overall percentage of lower scores has increased from initial to discharge, and as more data is collected over time, and staff are better trained, we expect the results to trend in a more expected direction. The indication that staff may not understand the scoring of the strengths domain is in the number of “0” scores at the initial implementation of the CANS tool (89 total). An overall “0” indicates centerpiece strengths in each line item in the strengths domain which is highly improbable. Likely the staff were recording a “0” score incorrectly. The hypothesis is that the staff meant to record that there is no identified strength (which should be recorded as a “3”) in that line item. This inaccuracy in scoring would result in significantly skewed results, which is what we believed happened here.



This data is still not perfect, as the reporting periods do not always represent the same youth. For example a youth in the reassessment or discharge category, may not be included in this year's intake data (i.e. their intake was prior to 7/1/19). For this reason you may see results that are counterintuitive. Strengths Over Time represents one of these counterintuitive data points. As you can see in the below graph, the average Strengths score from initial to discharge does drop as expected, however the score rises ever so slightly from initial to reassessment (12.87 to 13.25).



The unexpected increase reflected in the above chart could be the result of not measuring the same youth, a smaller sample size at reassessment, staff not understanding how to score the strengths domain (see more on this below in this same paragraph), or a combination of the three. It is still good to see that the overall score has dropped from initial to discharge, and as more data is collected over time, and staff are better trained, we expect the results to trend in a more expected direction. The indication that staff may not understand the scoring of the strengths domain is in the number of “0” scores at the initial implementation of the CANS tool (89 total). An overall “0” indicates centerpiece strengths in each line item in the strengths domain which is highly improbable. Likely the staff were recording a “0” score incorrectly. The hypothesis is that the staff meant to record that there is no identified strength (which should be recorded as a “3”) in that line item. This inaccuracy in scoring would result in significantly skewed results, which is what we believed happened here.

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

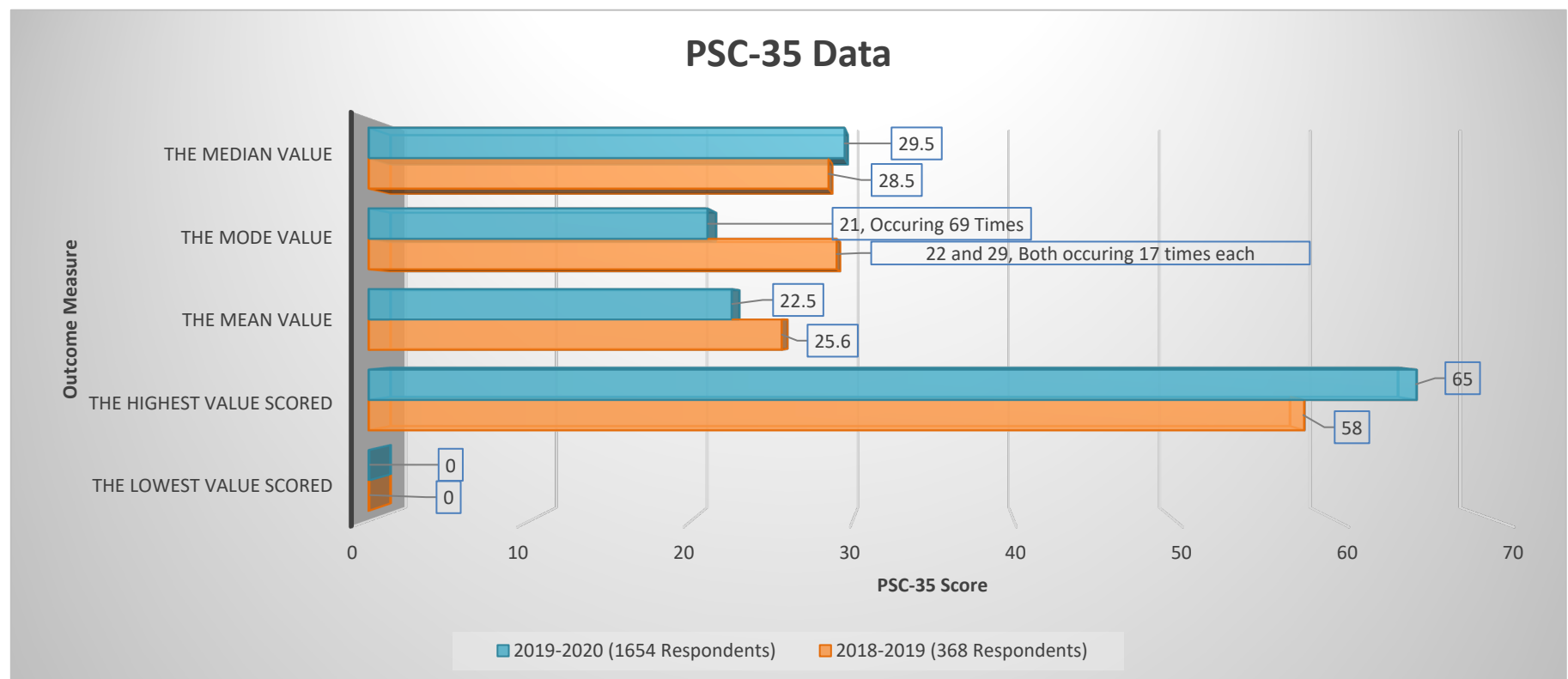
Children ages 3-5

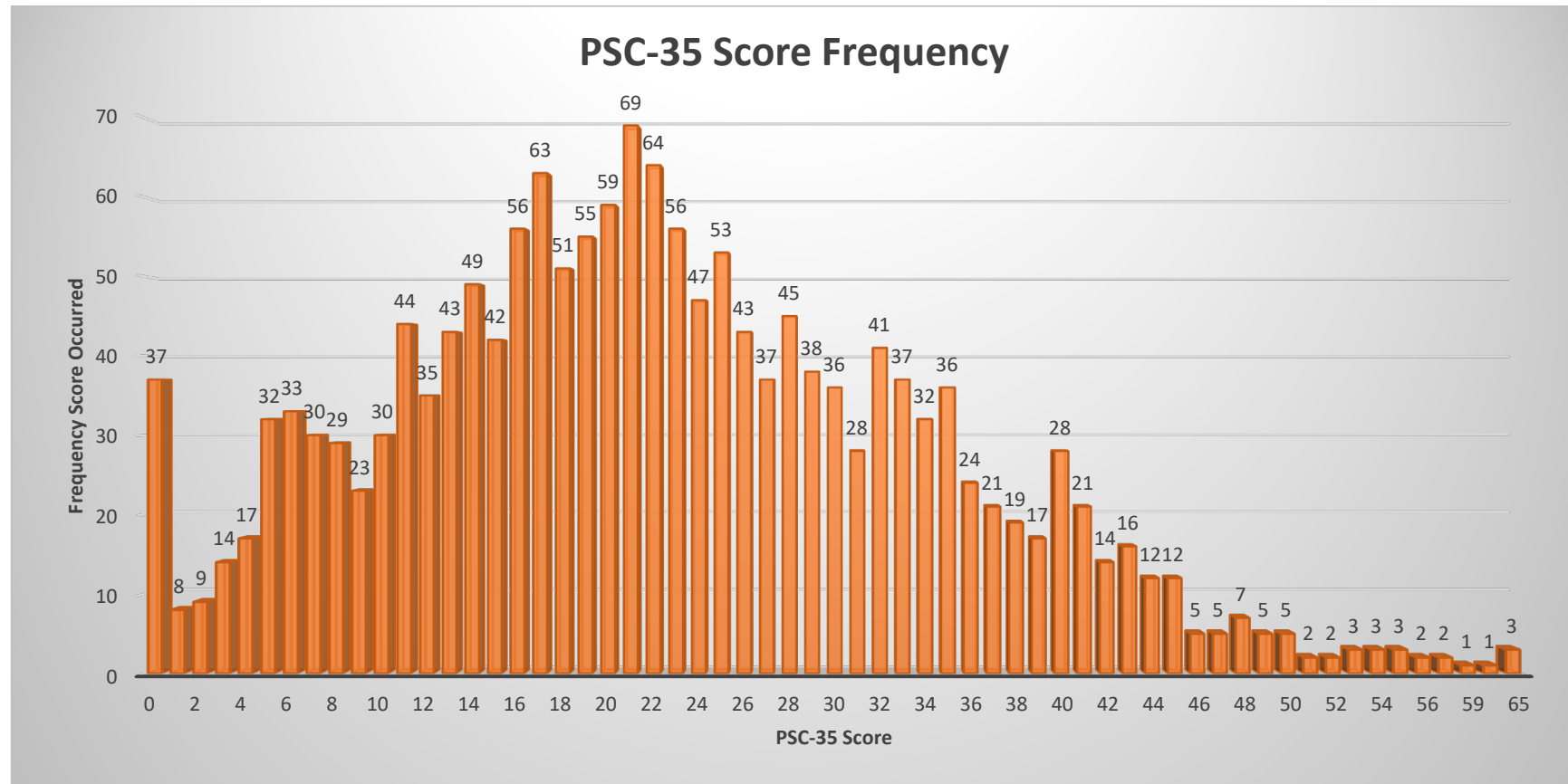
- Scores on elementary school-related items 5, 6, 17 and 18 are ignored. Total score is based on the 31 remaining items.

- 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 2019-2020 fiscal year there is still no paired data to report on maintenance or improvement, but we continue to be able to report baseline data for FCSS youth served. We have begun to record PSC-35 data at 6 month intervals, so we potentially can track progress, but the functionality to do this within Avatar still does not exist. We have a continued desire to partner with the county about the vision for meeting the goal of comparing paired data related to the PSC-35. Below are the data points we can report for 2019-2020 given the information we do have:





All 4 Youth Treatment Outcome Survey Data:

The following charts reflected in this Outcome Report under the headings: iii. **Inpatient Mental Health Crisis**, iv. **Juvenile Justice System Incarcerations**, 2. **Efficiency** i. **Attendance Rates**, 4. i. **Satisfaction**, reference data collected from the All 4 Youth Treatment Outcome Survey.

The Treatment Outcome Survey was developed in 2019-2020 and implemented. More specifically, the Treatment Outcome Survey 6-22 y/o version was administered from October 2019 through June 30th, 2020 and The Treatment Outcome Survey 0-5 y/o was administered from February 2020 through June 30th, 2020. Of note, is the small sample size reflected in the data in relation to discharge. In the 2019-2020 year 730 initial surveys were completed for 6-22 y/o and 37 were completed for 0-5 y/o. Out of 432 youth who were discharged after implementation of the 6-22 y/o survey (late October 2019), 36 discharge surveys were completed for the 6-22 y/o range and 3 were completed for the 0-5 y/o range (this

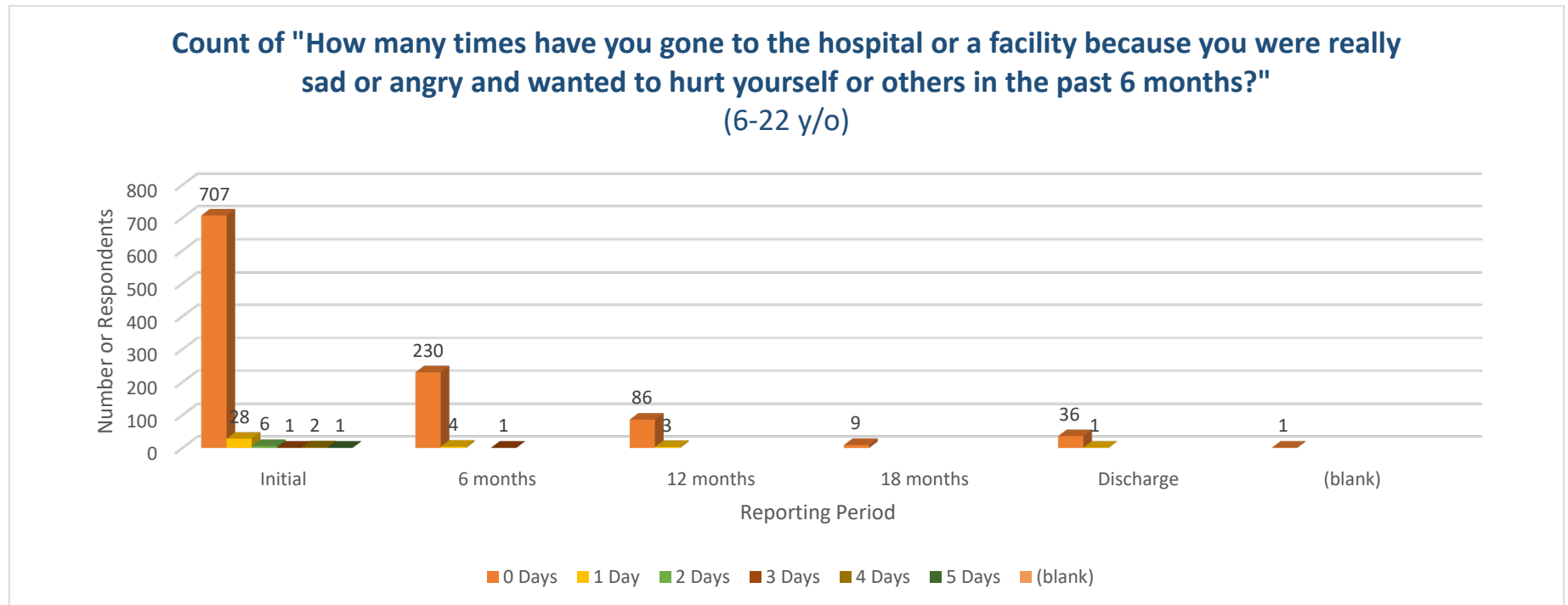
survey was rolled out in February 2020). Due to the newness of the survey, as well as clinicians becoming familiar with the requirements and process of implementing the survey, very few discharge surveys were completed. As the program grows it is anticipated that the number of clients who are discharged will increase and the number of discharge surveys will increase as a consequence.

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: To maintain at 0 or decrease inpatient mental health crisis visits for all youth served.
- 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: July 1, 2019 to June 30, 2020. The Treatment Outcome Survey 6-22 y/o was implemented in October 2019 and the data reflected represents results from October 2019-June 30, 2020.
- v. Data Source: All 4 Youth Treatment Outcome Survey.
- vi. Target Goal Expectancy: 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.
- vii. Outcome: FCSS created the All 4 Youth Treatment Outcome Survey as a data collection tool to gather self reports from youth (6-22 y/o)/caregiver on the number of unplanned overnight stays in an inpatient facility for mental health evaluation/treatment of suicidal or homicidal ideation or attempt. The Treatment Outcome Survey is given to youth/caregiver at intake, every 6 months and at discharge. Of Note: Not all discharge youth have paired data because FCSS did not begin implementation of the survey until October 2019, meaning a discharge youth may have enrolled into services before implementation and therefore not received an initial survey. Moving forward we expect there to be more paired data in subsequent outcome reporting periods. Additionally, Inpatient Mental Health Crisis was not assessed for in the 0-5 y/o survey as this is less applicable to this age range.

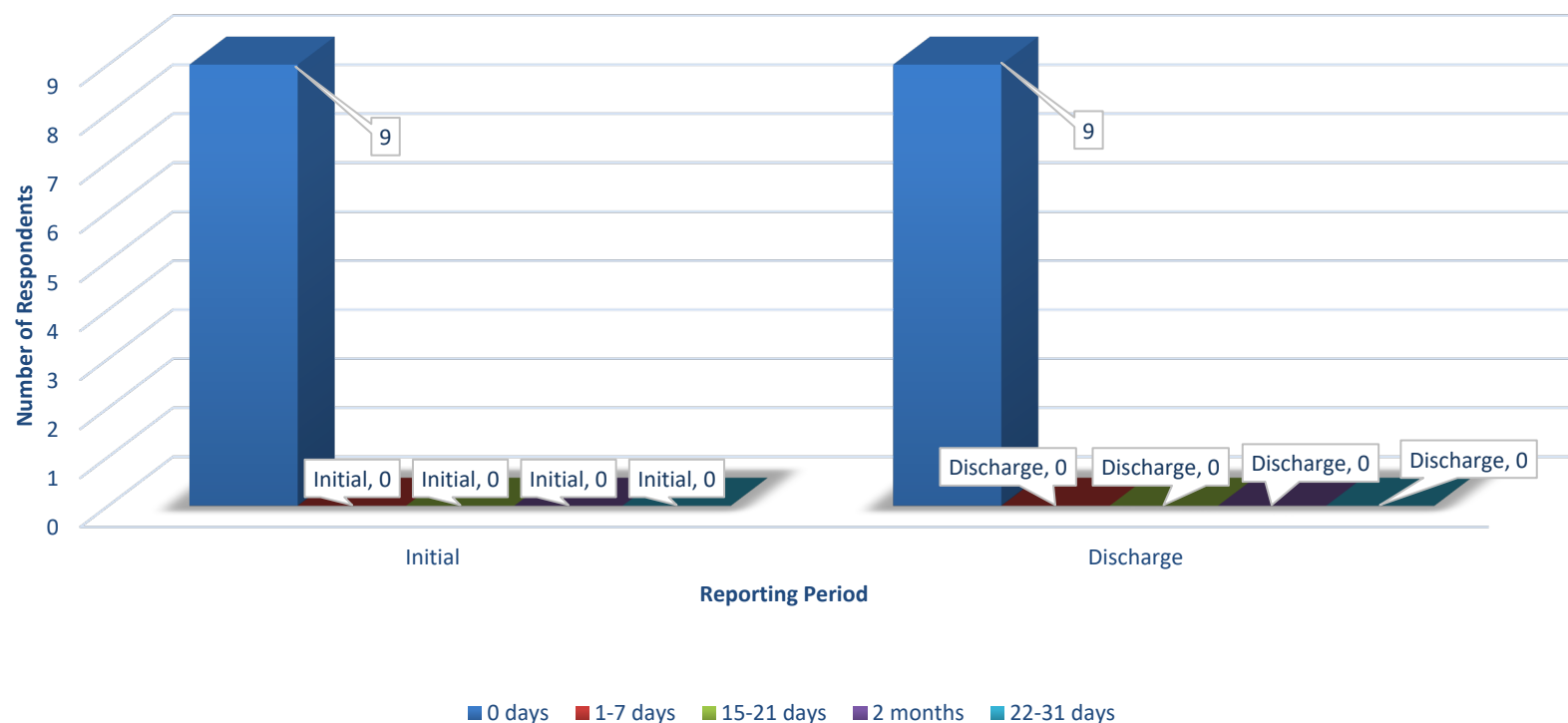
The chart below reflects overall reporting of Inpatient Mental Health Stays in the previous 6 months prior to the reporting period. The reporting periods are Initial, 6 months, 12 months, 18 months, and discharge. As reflected in the chart, a small population of our youth do have stays at these facilities, but over time the frequency and duration of those stays is reported less frequently. Of note, this is not all paired data (Youth 1 at initial versus Youth 1 at 6 months for instance), but it still reflects a general decrease in reporting of stays in these facilities.



The chart below does represent paired data from Initial to discharge (9 total youth). These discharged youth were able to maintain at zero Inpatient Mental Health Stays from intake to discharge.

Count of "How many times have you gone to the hospital or a facility because you were really sad or angry and wanted to hurt yourself or others in the past 6 months?" (6-22 y/o)

Paired Data For Discharged Youth



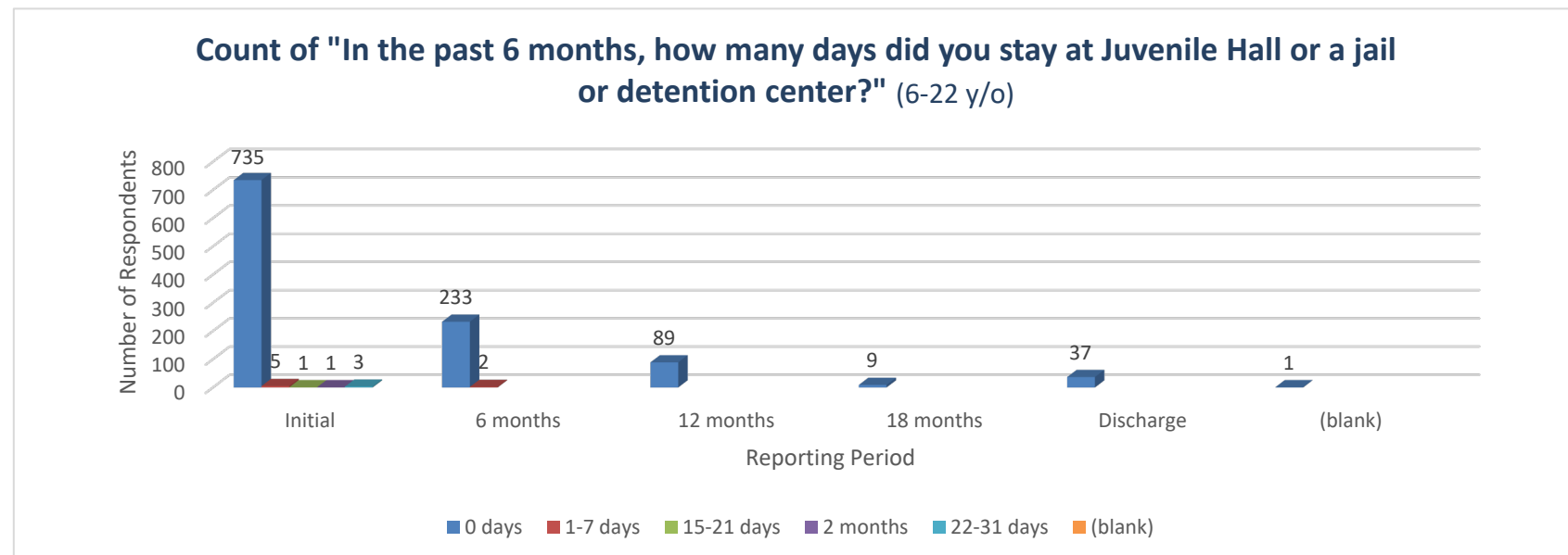
iv. Juvenile Justice System Incarcerations

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.

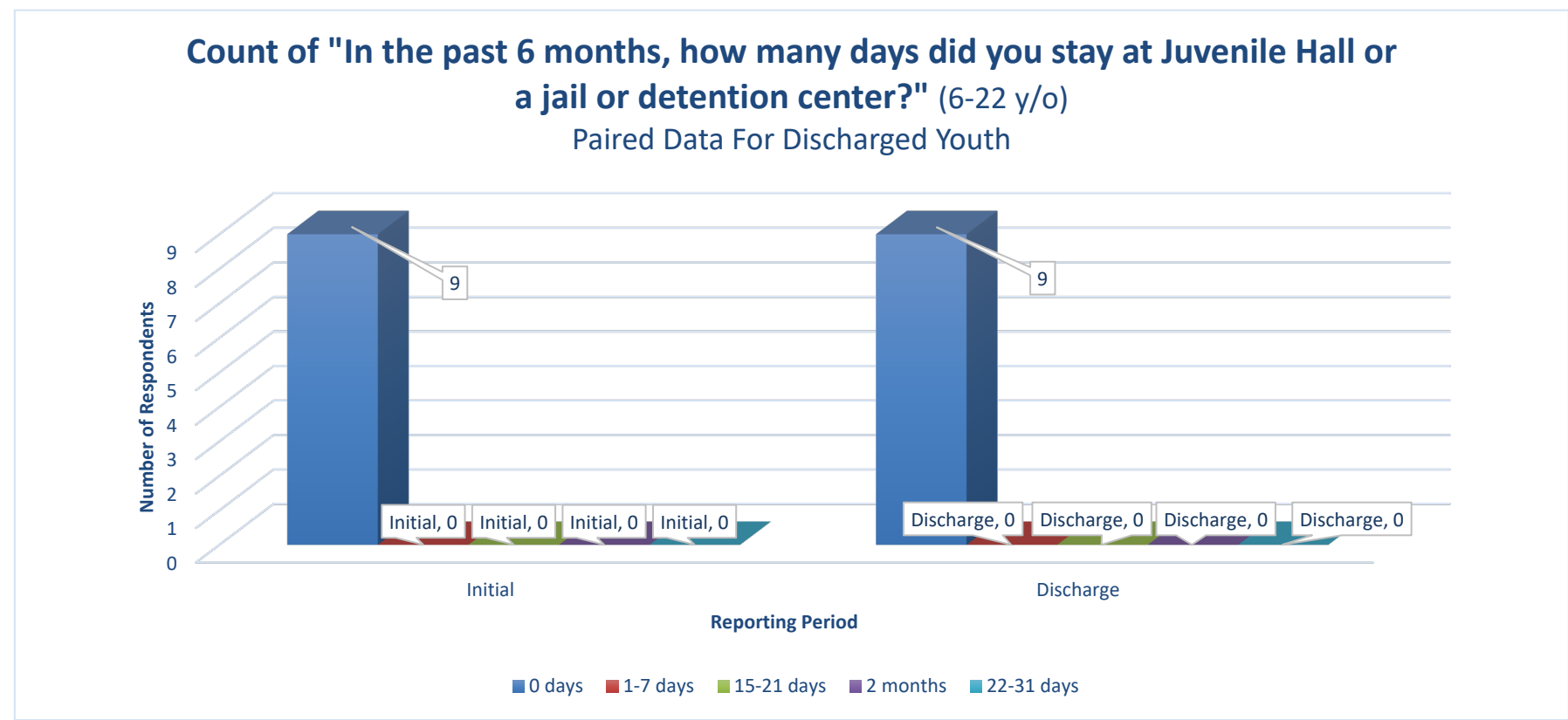
- i. Objective: To decrease Juvenile Justice System incarcerations for all youth served.
- ii. Indicator: Percentage of youth that demonstrate a decrease in Juvenile justice system incarcerations.
- iii. Who Applied: Program youth (clients) served by the All 4 Youth program ages 0-22

- iv. Time of Measure: July 1, 2019 to June 30, 2020. The Treatment Outcome Survey 6-22 y/o was implemented in October 2019 and the data reflected represents results from October 2019-June 30, 2020.
- v. Data Source: All 4 Youth Treatment Outcome Survey.
- vi. Target Goal Expectancy: 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.
- vii. Outcome: FCSS created the All 4 Youth Treatment Outcome Survey as a data collection tool to gather self reports from youth (6-22 y/o)/caregiver on the number of days in custody. The Treatment Outcome Survey is given to youth/caregiver at intake, every 6 months and at discharge. Of Note: Not all discharge youth have paired data because FCSS did not begin implementation of the survey until October 2019, meaning a discharged youth may have enrolled into services before implementation and therefore not received an initial survey. Moving forward we expect there to be more paired data in subsequent outcome reporting periods. Additionally, Juvenile Justice Systems Incarcerations was not assessed for in the 0-5 y/o survey as this is less applicable to this age range.

The chart below reflects overall reporting of a stay at Juvenile Hall or a jail or detention center in the previous 6 months prior to the reporting period. The reporting periods are Initial, 6 months, 12 months, 18 months, and discharge. As reflected in the chart, a small population of our youth do have stays at these facilities, but over time the frequency and duration of those stays is reported less frequently. Of note, this is not all paired data (Youth 1 at initial versus Youth 1 at 6 months for instance), but it still reflects a general decrease in reporting of stays in these facilities.



The chart below reflects overall reporting of a stay at Juvenile Hall or a jail or detention center in the previous 6 months prior to the reporting period. The chart below does represent paired data from Initial to discharge (9 total youth). These discharged youth were able to maintain at zero stays at Juvenile Hall or a jail or detention center from intake to discharge.



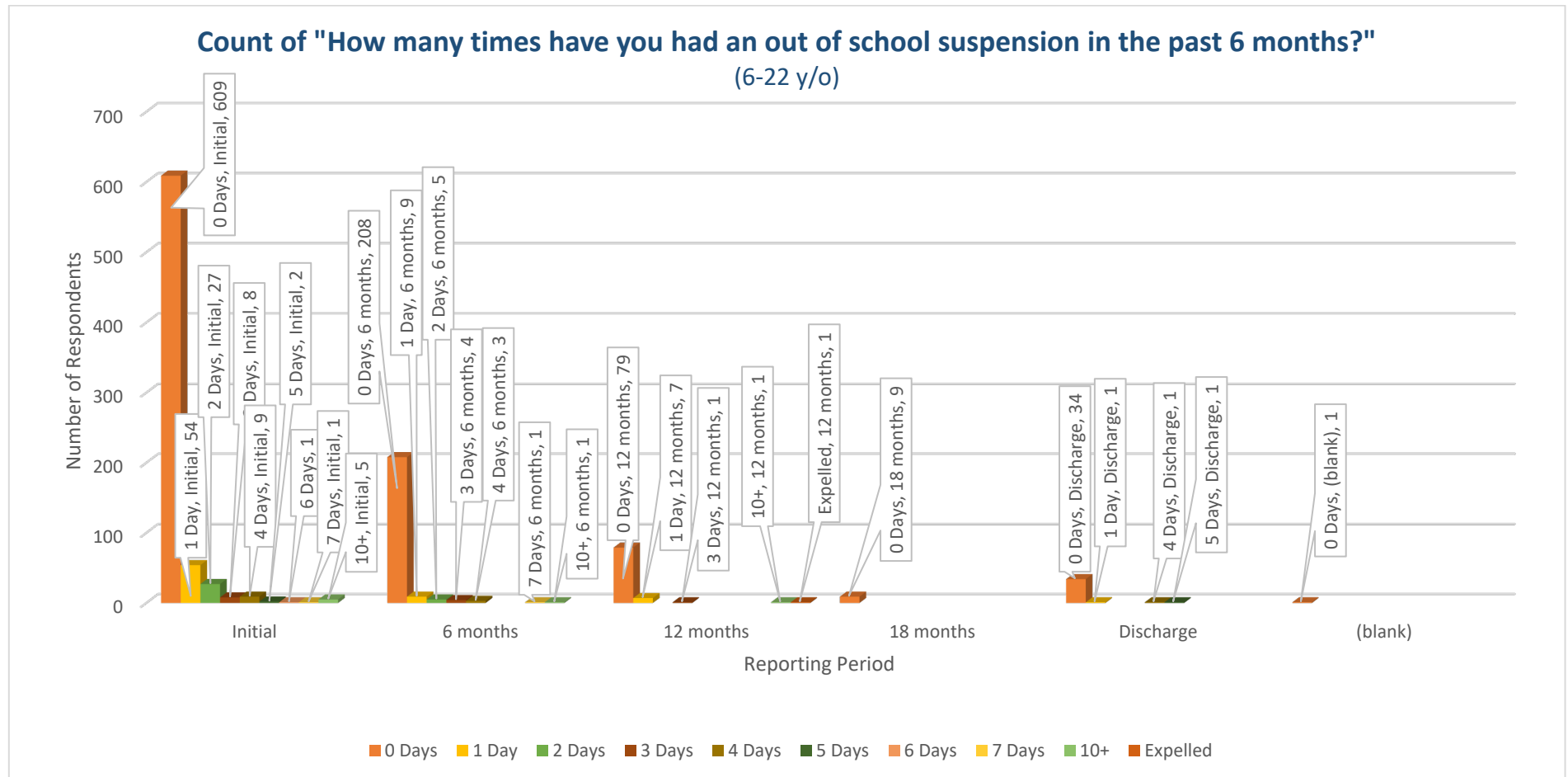
2. Efficiencyi. **Attendance rates**

Attendance rates refer to the percentage of youth in a school and district, served by All 4 Youth, that have received out-of-school suspension(s) or expulsion.

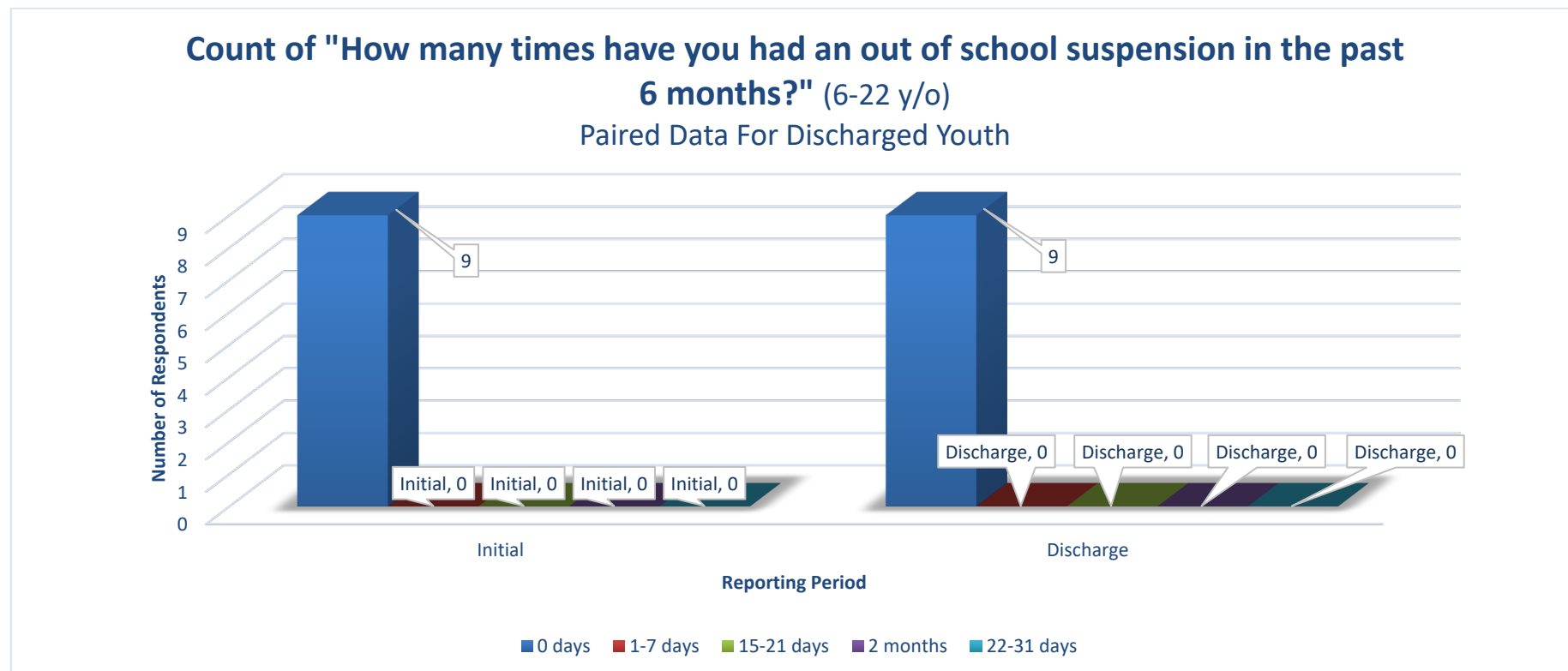
- i. Objective: To maintain at zero suspensions or decrease the number of suspensions for all youth served.
- ii. Indicator: Percentage of youth that demonstrate maintenance of no suspensions or a decrease in suspensions
- iii. Who Applied: Program youth (clients) served by the All 4 Youth program ages 0-22
- iv. Time of Measure: July 1, 2019 to June 30, 2020. The Treatment Outcome Survey 6-22 y/o was implemented in October 2019 and the data reflected represents results from October 2019-June 30, 2020. The Treatment Outcome Survey 0-5 y/o was implemented in February 2020 and the data reflected represents results from February 2020-June 30, 2020.
- v. Data Source: All 4 Youth Treatment Outcome Survey.
- vi. Target Goal Expectancy: 70% of youth served will have had no suspensions or a reduced rate of suspension since the beginning of treatment (less suspensions occurring after receiving treatment as indicated in Treatment Outcome Surveys from initial survey and each time period thereafter and at discharge).
- vii. Outcome: FCSS created the All 4 Youth Treatment Outcome Survey as a data collection tool to gather self reports from youth/caregiver on out of school suspensions and expulsions. The Treatment Outcome Survey is given to youth/caregiver at intake, every 6 months and at discharge. Of Note: Not all discharge youth have paired data because FCSS did not begin implementation of the survey until October 2019, meaning a discharged youth may have enrolled into services before implementation and therefore not received an initial survey. Moving forward we expect there to be more paired data in subsequent outcome reporting periods.

Attendance Rates (6-22 y/o) Survey Results:

The chart below reflects overall reporting of suspension/expulsion data in the previous 6 months prior to the reporting period for youth 6-22 y/o. The reporting periods are Initial, 6 months, 12 months, 18 months, and discharge. As reflected in the chart, a number of our youth report having experienced suspensions and/or expulsions, but over time the frequency and duration of suspensions/expulsions does decrease. Of note, this is not all paired data (Youth 1 at initial versus Youth 1 at 6 months for instance), but it still reflects a general decrease in overall suspensions/expulsions.



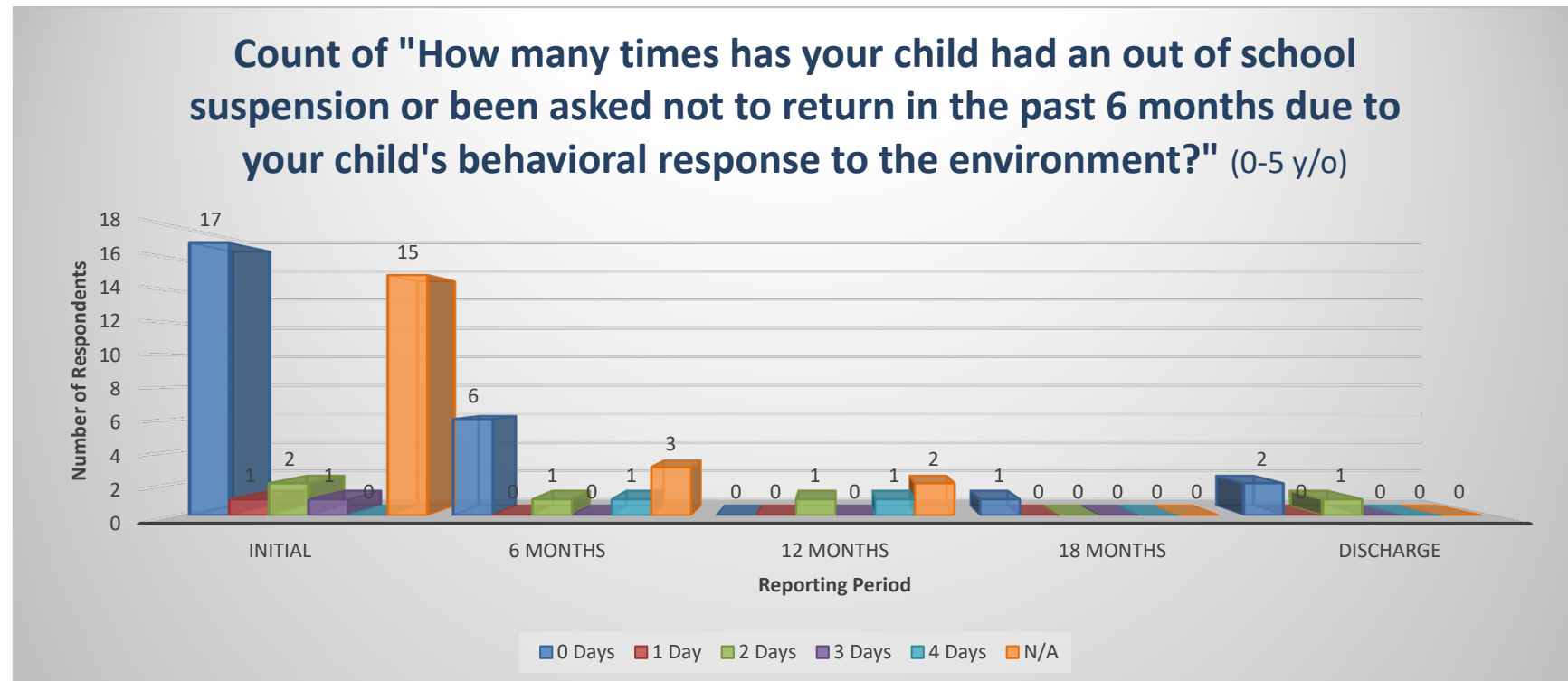
The chart below reflects overall reporting of suspension/expulsion data in the previous 6 months prior to the reporting period for youth 6-22 y/o. This chart represents paired data from Initial to discharge for the 6-22 y/o population (9 total youth). These discharged youth were able to maintain at zero suspension/expulsions from intake to discharge (of note: one discharged youth did not report number of suspension/expulsions at initial).



Attendance Rates (0-5 y/o) Survey Results:

The chart below reflects overall reporting of suspension/expulsion data in the previous 6 months prior to the reporting period for youth 0-5 y/o. The reporting periods are Initial, 6 months, 12 months, 18 months, and discharge. As reflected in the chart, a few of our 0-5 youth report having experienced suspensions and/or expulsions, but over time the frequency and duration of suspensions/expulsions does decrease. Of note, this is not all paired data (Youth 1 at initial versus Youth 1 at 6 months for instance), but it still reflects a general decrease in overall

suspensions/expulsions. There was paired data for only one discharge youth and this youth/caregiver reported youth was able to maintain at zero suspension/expulsions from intake to discharge.



In addition to specific outcome data for youth served by FCSS All 4 Youth we have been able to gather absentee, expulsion, and suspension data for the 2019-2020 year for onboarded schools to demonstrate baseline data (Year 2 Districts). It is important to note that this data does not demonstrate FCSS All 4 Youth impact on specific youth in a district as it reflects all youth within the district who may or may not have received All 4 Youth services. 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. 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. Please note that due to the pandemic of COVID-19 there was limited information accessible at the time of this reporting period.

The below information on page 42 and page 43 reflect comparative data from the 2018-2019 and 2019-2020 school years of the following onboarded schools (Golden Plains, Kerman Unified, Mendota Unified, and Sierra Unified). Additionally, there is data representative of newly onboarded schools in the 2019-2020 school year. This information identifies baseline percentages for subsequent years in which we plan to provide comparative data for our next annual outcome report.

Absentee, Expulsion and Suspension Data:

In reflection of the comparative data available from Golden Plains Unified School District, Kerman Unified School District, Mendota Unified School District and Sierra Unified School District (from the chart on the following page) from 2018-19 and 2019-20 some trends were identified (of note: comparative data was only available for the “Expulsion” and “Suspension” criteria for Golden Plains from 2018-19 and 2019-20). The available data indicates:

1. 2/3 districts (Mendota Unified and Sierra Unified) exhibited overall reduction in “**Chronic Absenteeism**”
2. 3/4 districts (Golden Plains Unified, Mendota Unified and Sierra Unified) exhibited overall reduction or maintenance in “**Expulsion**”
3. 4/4 districts (Golden Plains Unified, Kerman Unified, Mendota Unified and Sierra Unified) exhibited overall reduction in “**Suspension**”.

While there are many factors having an impact on the total percentage change (increase/decrease) for each district in the criteria of “Chronic Absenteeism”, “Expulsion” and “Suspension”, FCSS All 4 Youth believes that there is an overall difference being realized through prevention and early intervention (training of school personnel and both universal and specific interventions for youth). As a result, these Prevention and Early Intervention services are making a difference in the overall percentages reported by districts from California Longitudinal Pupil Achievement Data System (CALPADS) based on the total enrollment of students since implementation of the program in January 2019-June 30, 2020.

*At the time of this report many districts were not able to supply data on “Chronic Absenteeism”, “Expulsion” and “Suspension” data. District information will be forthcoming as it becomes available.

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

2019-2020 Fiscal Year						2018-2019 Fiscal Year				
Year	Program/District	# School Sites	Chronic Abs.	Expulsion	Suspension	Program/District	School name	Chronic Absente	Expulsion %	Suspension %
1	Firebaugh HUB	District	Unavailable	Unavailable	Unavailable	Firebaugh - La s Deltas	District	7.15%	0.17%	5.30%
		Hazel M. Bailey	Unavailable	Unavailable	Unavailable		Hazel M. Bailey Primary	7.06%	0.00%	0.00%
		AE Mills Int.	Unavailable	Unavailable	Unavailable		Arthur E. Mills Intermediate	4.67%	0.00%	1.90%
		Firebaugh Middle	Unavailable	Unavailable	Unavailable		Firebaugh Middle	5.53%	0.00%	13.10%
		Firebaugh High	Unavailable	Unavailable	Unavailable		Firebaugh High	10.48%	0.57%	7.00%
		El Puente High (Cont)	Unavailable	Unavailable	Unavailable		El Puente High	18.68%	0.00%	8.60%
		Firebaugh Alt. Ed	Unavailable	Unavailable	Unavailable		Firebaugh Alt. Ed	unavailable	unavailable	unavailable
		Firebaugh Community Day	Unavailable	Unavailable	Unavailable		Firebaugh Community Day	41.67%	0.00%	0.00%
1	FRIENDS-Infant	Home	Unavailable	Unavailable	Unavailable	FRIENDS-Infant	Home	Unavailable	Unavailable	Unavailable
1	Golden Plains	District	Unavailable	0%	7%	Golden Plains	District	18.40%	0.00%	12.80%
		Cantua Elem.	Unavailable	0%	1%		Cantua Elementary	7.50%	0.00%	4.30%
		Helm. Elem.	Unavailable	0%	0		Helm Elementary	18.00%	0.00%	3.20%
		San Joaquin Elem.	Unavailable	0%	4%		San Joaquin Elementary	18.30%	0.00%	4.50%
		Tranquility Elem.	Unavailable	0%	4%		Tranquility Elementary	12.20%	0.00%	3.20%
		Tranquility High	Unavailable	0%	11%		Tranquility High	21.60%	0.00%	26.40%
		Rio De Rey High (Cont)	Unavailable	0%	88%		Rio Del Rey High (Continuation)	75.00%	0.00%	78.90%
1	Kerman USD	District	8.51%	0.20%	2.80%	Kerman	District	8.18%	0.12%	4.28%
		Kerman-Floyd Elem.	8.23%	0	0.98%		Kerman-Floyd	8.50%	0.00%	2.82%
		Sun Empire Elem.	6.93%	0	0.30%		Sun-Empire	6.27%	0.00%	0.66%
		Goldenrod Elem.	8.66%	0	1.30%		Goldenrod	5.93%	0.00%	2.57%
		Liberty Elem.	6.24%	0	0.80%		Liberty	3.92%	0.00%	0.66%
		Kerman Middle	7.78%	0	4.70%		Kerman Middle	6.27%	0.11%	7.84%
		Kerman High	9.42%	0.60%	4.50%		Kerman High	10.68%	0.31%	6.22%
		Enterprise High	37.50%	0	25.40%		Enterprise	54.28%	0.92%	19.67%
1	Mendota USD	District	10.78%	0	3%	Mendota	District	11.98%	0.37%	4.90%
		Washington Elementary	15.40%	0.00%	0.00%		Washington Elementary	12.68%	0.00%	0.00%
		Mendota Elementary	6.22%	0.00%	2%		Mendota Elementary	6.07%	0.23%	3.50%
		McCabe Elementary	8.51%	0.00%	2%		McCabe Elementary	8.51%	0.72%	2.90%
		Mendota Jr High	10.63%	0.00%	3%		Mendota Junior High	12.68%	0.72%	8.00%
		Mendota High	15.24%	0.00%	6%		Mendota High	18.84%	0.00%	9.10%
		Mendota Community Day	Unavailable	Unavailable	Unavailable		Mendota Community Day	63.64%	0.00%	84.00%
		Mendota Continuation High	Unavailable	Unavailable	Unavailable		Mendota Continuation High	75.00%	2.40%	17.00%
1	VHEA (Violet Heinz	VHEA Center	71.40%	0	33.10%	VHEA (Violet Heinz	VHEA Center	unavailable	unavailable	unavailable
1	Sierra Unified	District	20.69%	0%	3.80%	Sierra Unified	District	21.25%	0.00%	6.20%
		Foothill Elementary	19.03%	0%	3.80%		Foothill Elementary School	19.65%	0.00%	7.30%
		Lodge Pole Elementary	17.56%	0%	0%		Lodge Pole Elementary	unavailable	unavailable	unavailable
		Oak Meadow Community Day	100%	0%	80%		Oak Meadow Alt.	0.00%	0.00%	33.00%
		Sandy Bluffs Alternative Education	78.38%	0%	2.80%		Sandy Bluffs Education Center	40.23%	0.00%	4.50%
		Sierra High	20.35%	0%	2.80%		Sierra High School	22.02%	0.00%	5.40%
		Sierra Junior High	16.33%	0%	4.90%		Sierra Jr. High School	13.50%	0.00%	6.20%
		Downtown Charter schools	Big Picture	Unavailable	Unavailable	Data was Unavailable for the 2018-2019 School Year				
		Kepler	13.53%	0	6.61%					
		Edison Bethune	Unavailable	Unavailable	Unavailable					

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

2019-2020 Fiscal Year						2018-2019 Fiscal Year					
Year	Program/School	# School Sites				Data was Unavailable for the 2018-2019 School Year					
2	Alvina	Alvina Elementary	4.93%	0%	0.02%						
2	Aspen Charter	Aspen Meadow Aspen Valley Prep Academy	Unavailable	Unavailable	Unavailable						
2	Burrell Elem.	Burrell Elementary	1.54%	0	3.80%						
2	Caruthers	Caruthers Elementary Caruthers High School MARC Continuation Adult	Unavailable	Unavailable	Unavailable						
2	CTEC FCSS	CTEC	10.28%	0	6.20%						
2	Charter school	University High School	1.40%	0.00%	0.4						
	Central HUB	Biola	Unavailable	Unavailable	Unavailable						
		Harvest	Unavailable	Unavailable	Unavailable						
		Herndon-Barstow	Unavailable	Unavailable	Unavailable						
		McKinley	Unavailable	Unavailable	Unavailable						
		Polk	Unavailable	Unavailable	Unavailable						
		Riverbluff	Unavailable	Unavailable	Unavailable						
		Saroyan	Unavailable	Unavailable	Unavailable						
		Houghton-Keamey	Unavailable	Unavailable	Unavailable						
		Liddell	Unavailable	Unavailable	Unavailable						
		Roosevelt	Unavailable	Unavailable	Unavailable						
2	Clay Joint Elem.	Clay Joint Elementary	0	0	0.04%						
	Clovis USD	Gettysburg	Unavailable	Unavailable	Unavailable						
		Mountain View	Unavailable	Unavailable	Unavailable						
		Nelson Elem.	Unavailable	Unavailable	Unavailable						
		Oraze Elem.	Unavailable	Unavailable	Unavailable						
		Pinedale Elem.	Unavailable	Unavailable	Unavailable						
		Tahey Elem.	Unavailable	Unavailable	Unavailable						
2		District	Unavailable	Unavailable	Unavailable						
2	Fowler	K-8	Unavailable	Unavailable	Unavailable						
		Marshall Elem.	Unavailable	Unavailable	Unavailable						
		Freemont Elem.	Unavailable	Unavailable	Unavailable						
		Malaga Elem.	Unavailable	Unavailable	Unavailable						
		Sutter Elem.	Unavailable	Unavailable	Unavailable						
		Fowler High	Unavailable	Unavailable	Unavailable						
		Fowler Academy Cont.	Unavailable	Unavailable	Unavailable						
		Fowler	Unavailable	Unavailable	Unavailable						

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

2019-2020 Fiscal Year						2018-2019 Fiscal Year					
2	Pacific Union Elem	Pacific Union El.	11.91%	0	4%	Data was Unavailable for the 2018-2019 School Year					
2	Parlier Unified	S. Ben Benavidez El. Mathew J. Brletic El. Cesar E. Chavez El. Parlier High Parlier Jr High Parlier Continuation school	Unavailable	Unavailable	Unavailable						
2	Raisin City Elementary	Raisin City Elementary	Unavailable	Unavailable	Unavailable						
2	Riverdale	Riverdale Joint Unified School Dist	2.30%	0	3%						
		Fipps Primary School	1%	0	0						
		Riverdale Elementary School	0.73%	0	6%						
		Riverdale High School	1.62%	0	4%						
2	Sanger Unified	Community Day School	0	0	21.33%						
		Taft High School-Continuation school	0%	0	0.00%						
		Washington Academic Middle School	0	0	2.99%						
	Selma Unified	District	12.64%	11	5.90%						
		Abraham Lincoln	14.29%	6	15.10%						
		Andrew Jackson	12.20%	0	1.80%						
		Eric White	11%	0	0.10%						
		George Washington	17.00%	Unavailable	Unavailable						
		Heartland High	54.12%	2	3.70%						
		Indianola	9.70%	0	3.70%						
		James Garfield	5.49%	Unavailable	Unavailable						
		Selma High	13.18%	3	7.30%						
		Terry	10.33%	0	1.70%						
		Theodore Roosevelt	10.21%	0	1.60%						
		Woodrow Wilson	14.21%	0	6.00%						
	Washington Unified	District	14.15%	0	4.60%						
		West Fresno Elementary	14.15	0	3.3						
		West Fresno Middle	12.96	0	11						
		American Union	9.64	0	0.65						
		Washington Union High	15.14	0	4.4						
		Easton High	50	0	17						
		Community Day	66.67	0	72						
		Elm High	31.15	0	0						
		WUSD NPS	50	0	0						
2	Washington Colony	Washington Colony El.	Unavailable	Unavailable	Unavailable						
2	West Park Elementary	West Park El. Charters	Unavailable	Unavailable	Unavailable						
2	Westside Elementary	West Side El	Unavailable	Unavailable	Unavailable						

		2019-2020 Fiscal Year				2018-2019 Fiscal Year
2	Fresno USD	Heaton Elementary Hidalgo Elementary Pyle Elementary Williams Elementary Wilson Elementary As of 4/29/2020 Centennial Elementary Columbia Elementary Ericson Elementary Fig Garden Elementary Fremont Elementary Hamilton Elementary Holland Elementary Muir Elementary Phoenix Elementary Viking Elementary Vinland Elementary Walters Elementary Susan B. Anthony				Data was Unavailable for the 2018-2019 School Year
			17.10%	0.21%	7.10%	
2	Kingsburg Elem. Charter	Central Valley Home School Island Community Day School Lincoln Reagan Roosevelt Washington Rafer Johnson Jr. High	Unavailable	Unavailable	Unavailable	
	Kingsburg Joint U. High	District	9.85%	0.25%	3.39%	
		Kingsburg High	6.61%	0.09%	2.95%	
		Kingsburg Independent	48.08%	0%	0%	
2		Oasis High	48.27%	1.72%	13.79%	
	Laton USD	District	1%	0.50%	7%	
		Laton High	1%	2%	15%	
		Laton Middle	1%	0%	8%	
		Laton Elementary	1%	0%	3%	
2	Monroe Elem.	Monroe Elementary	Unavailable	Unavailable	Unavailable	
2	Orange Center	Orange Center El.	9.83%	0.28%	5.11%	

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.

- Objective: Each year contract will hit targets established for service locations and HUBs
- Indicator: Presence of All 4 Youth services in target locations/HUBs per contract.
- Who Applied: Year two identified Hubs and school districts
- Time of Measure: July 1, 2019 to June 30, 2020
- 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 two onboarded schools.
- vii. Outcome: FCSS successfully certified the Central Hub and anticipated the finalization of the certification for the Selma Hub as well as provided services to the additional following districts and schools:

Alvina: Alvina Elementary

Burrell: Burrell Elementary

Caruthers: Caruthers Elementary, Caruthers High School, MARC Continuation Adult

Central Unified: Biola, Harvest, Herndon-Barstow, McKinley, Polk, Riverbluff, Soroyan, Houghton-Kearney, Liddell, Roosevelt

Charter Schools: Aspen Charter: Aspen Meadow and Aspen Valley Prep Academy, University High School

Clay Joint Elementary: Clay Joint Elementary

Clovis Unified: Gettysburg Elementary, Mountain View Elementary, Nelson Elementary Orazo Elementary, Pinedale Elementary, Tarpey Elementary

FCSS: CTEC

Fowler: J. W. Marshall Elementary, John C. Fremont Elementary, Malaga Elementary, John Sutter Elementary, Fowler High, Fowler Academy Continuation, Fowler Academy Community Day

Fresno Unified: Heaton Elementary, Hildalgo Elementary, Pyle Elementary, Williams Elementary, Wilson Elementary, Centennial Elementary, Columbia Elementary, Ericson Elementary, Fig Garden Elementary, Fremont Elementary, Hamilton Elementary, Holland Elementary, Muir Elementary, Phoenix Elementary, Viking Elementary, Vinland Elementary, Wolters Elementary, Susan B. Anthony Elementary

Kingsburg Elementary Charter: Central Valley Home School, Island Community Day School, Lincoln Elementary, Reagan Elementary, Roosevelt Elementary, Washington Elementary, Rafer Johnson Junior High School

Kingsburg Joint Union: Kingsburg High School, Kingsburg Adult School

Laton Unified: Laton Elementary, Conejo Middle School, Laton High School

Monroe Elementary: Monroe Elementary

Orange Center: Orange Center Elementary

Pacific Union: Pacific Union Orange Center: Orange Center Elementary

Parlier Unified: S. Ben Benavidez Orange Center: Orange Center Elementary, Mathew J. Brletic Elementary, Cesar E. Chavez Elementary, Parlier High School, Parlier Junior High School, Parlier Continuation School

Raisen City Elementary: Raisen City Elementary

Riverdale: Central Valley Preschool, Fipps Primary, Riverdale Elementary, Riverdale High School

Sanger Unified: Community Day School, Taft High School-Continuation School, Washington Academic Middle School

Selma Unified: James A Garfield Elementary, Indianola Elementary, Andrew Jackson Elementary, Roosevelt Elementary, Terry Elementary, George Washington Elementary, Eric White Elementary, Woodrow Wilson Elementary, Abraham Lincoln Elementary, Selma High School, Heartland Alt/Adult

Washington Unified: West Fresno Preschool, American Union Elementary, West Fresno Elementary, West Fresno Middle School, Washington Union High School, Easton High Continuation, Easton Community Day, Elm High School Independent Study

Washington Colony: Washington Colony Elementary

West Park Elementary: West Park Elementary, Charter

Westside Elementary: Westside Elementary

iii. Direct Service

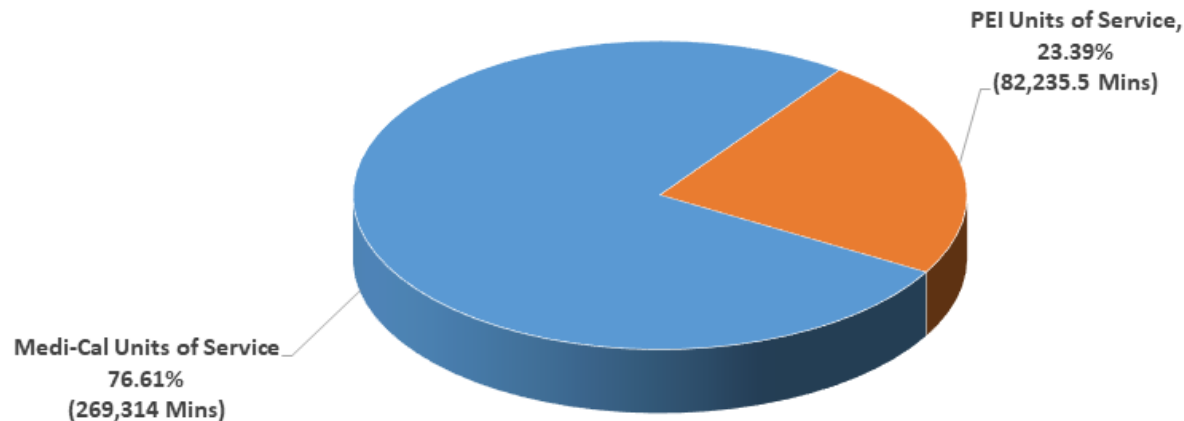
Direct service refers to the billable services provided to youth and their families including assessment, plan development, therapy, rehabilitation, case management, collateral, and crisis support. Direct service staff are the All 4 Youth employees that work directly with youth and their families, excluding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

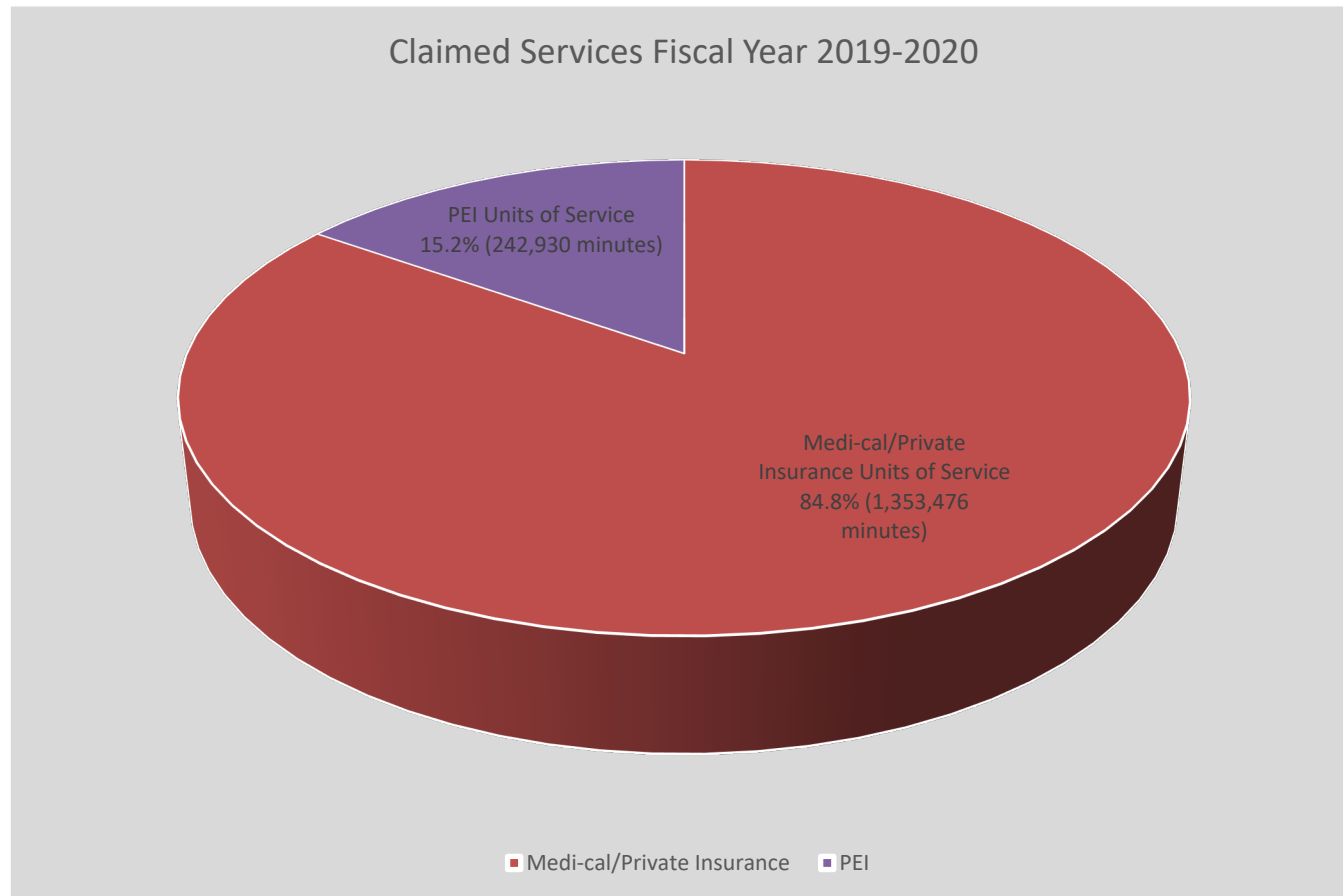
- i. Objective: Program will meet expected goal for billable hours per contract budget through direct services.
- ii. Indicator: Percentage of staff members' work time that is spent providing billable services.
- iii. Who Applied: All direct service staff
- iv. Time of Measure: July 1, 2019 to June 30, 2020
- v. Data Source: FCSS time management system and Avatar billing reports.

- vi. Target Goal Expectancy: Program will meet expected goal of 60% Medi-cal/Private Insurance billable services.
- vii. Outcome: July 1, 2019 -June 30, 2020 Medi-cal and Private insurance billed amount was \$5,329,891.15 (per Avatar reports)/cost \$8,376,935.44 (includes direct and indirect/soft costs) = 63.63% productivity including billable services for Medi-Cal and Private Insurance. The goal was 60% Medi-cal billable services and we will continue to work on meeting this goal while also continuing to bill private insurance. Of note is the COVID -19 pandemic which impacted our program's projected service delivery particularly from March –June 30, 2020.

The graphs below represent all services “claimed” (i.e. billed to Medi-cal and Private Insurance or documented in FCSS PEI tracking log). The 2018-2019 Fiscal year graph numbers are not reflective of early and ongoing engagement activities as clinical staff worked to integrate into the school districts and each unique school campus and culture. In review of those numbers last year, FCSS recognized opportunities to better capture these activities in “claimable” ways (both through Medi-cal and PEI). The 2019-2020 Fiscal year graph is much more inclusive of all services provided, as we were able to find ways to more effectively and efficiently track services provided. However, there were a few growing pains as we explored ways to capture those services (i.e. documenting all services to private insurance youth within Avatar, as well as tracking PEI services within Avatar). Although we believe the 2019-2020 numbers are more accurate, we still believe some PEI service delivery was lost when we transitioned from tracking those services in spreadsheets to tracking them through 956 notes in Avatar as there was some misunderstanding of how to capture the time in those 956 notes (i.e. some staff were zeroing out there time for these entries early on). Although the numbers are not exact, the numbers do reflect that we have been able to capture a greater percentage of our services in 2019-2020 in a way that can be claimed to Medi-cal or Private Insurance (76.1% last year to 84.4% this year). Maximizing these funding streams is an increased focus for FCSS. Even with this increase, we believe there are still opportunities that may have been lost as we train and coach new staff on capturing and documenting the services they are providing accurately.

Claimed Services Fiscal Year 2018-2019





3. Access

i. **Access**

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

- i. Objective: To reduce the time from request for services to first provided service for all program youth.
- 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: July 1, 2019 to June 30, 2020
- v. Data Source: Access report provided by the Department of Behavioral Health
- vi. Target Goal Expectancy: 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).
- vii. Outcome: The numbers below reflect FCSS access rates from July 1, 2019 through June 30, 2020. FCSS All 4 Youth recognizes the impact of the pandemic (COVID-19) on being able to offer services in new ways to engage families, and some families reluctance to respond to Telehealth. The tables represent three distinct data points related to contacting the family to provide initial services. These data points are:

First Appointment Offered: This represents the first date that we can see the family if they accept the offered appointment date. This is the date we have the most control over in meeting the 10 business day expectation. If we offer dates within the 10 days and the family turns us down, meeting the expectation is no longer in our control. This number can be skewed however if we cannot reach the family to offer an appointment within 10 business days.

First Contact Date: This date represents the first time we reach out to the family to schedule the appointment. The sooner we reach out to the family, the greater the chances we have at scheduling an appointment within the 10 business day expectation.

First Service Date: This date represents the first held assessment appointment we have with a family. Reaching out early to the family and offering dates within the 10 business days of referral help us to have the first held appointment be within those 10 business days, but a significant percentage of this is out of our hands. If we are unable to reach the family, if they do not respond to messages, if they do not offer accepted appointment dates, or if the no-show/or cancel appointments we cannot ensure that the first appointment happens within 10 business days, and as a result this data will always be lower than the other two data points that are within our control. Each represents

Additional confounding variables are:

- Data entry errors by staff
- Staff excluding/failing to enter key data points
- Changing expectations related to the form during the 2019-2020 fiscal year to meet the state requirements of data reporting
- Changes to the form during the 2019-2020 fiscal year to meet the state requirements of data reporting.

The above mentioned changes required to meet the state reporting requirement have resulted in a learning curve for existing staff as well as new staff having to build familiarity and understanding around the use of the Access form. We believe this has contributed in part to the entry problems listed above.

First Appointment Offered

- **0-14 days** – Youth receiving first *offered* face-to-face contact within 14 days of request for services
- **15+ days** - Youth receiving first *offered* face to face contact within 15+ days of request for services
- **No First Offered Date Recorded** – No offered service in Avatar yet. This could represent youth who we have not reached out to yet (still in process), youth we have not been able to reach yet to offer an appointment, or data entry errors/exclusions.

Access Forms created in Fiscal Year 2019-2020 Breakdown by Status Type First Appointment Offered Date		
Status	Total	Percentage
0-14 Days	839	73.1%
15+ Days	220	19.2%
No First Offered Date Recorded	89	7.8%
Grand Total:	1148	

NOTE: The first appointment offered date is a better representation of our ability to meet with a family within the required 0-14 day timeline. This indicates that we are offering that first service in a timely fashion, but the family may not be accepting that first offered appointment. Measuring compliance in this way demonstrates that we are actually offering that first appointment within 14 days 73.1% of the time and only 19.2% of the time is that first appointment offered 15 days or greater. There also appears to be some possible errors in this data that may be occurring due to data entry (entering wrong date) or entering information in an old Access form which skews the timeliness results. There were also 89 entries with no first appointment offered (7.8%). There are many reasons for this which may include: Unable to contact the family to offer and appointment; still in the process of attempting to contact; data entry errors.

First Contact Date

- **0-7 days** – FCSS reaches out to the family within 7 days of request of services.
- **8-14 days** – FCSS reaches out to the family between 8-14 days of request of services.
- **15+ days** - FCSS reaches out to the family within 15 days of request of services.
- **No 1st Contact Date Recorded** – No registered First Contact date in Avatar yet. This appears to represent data entry errors where youth had been contacted, but the contact was not appropriately recorded in the record.
- **Confirmed data entry error** – This represents confirmed data entry errors where the date of 1st service was recorded as occurring before the referral date.

Access Forms created in Fiscal Year 2019-2020 Breakdown by Status Type Days to First Contact Attempt (Phone Call)		
Status	Total	Percentage
0-7 Days	878	76.5%
8-14 Days	59	5.1%
15+ Days	34	3.0%
No 1st Contact date recorded	163	14.2%
Confirmed data entry error	14	1.2%
Grand Total:	1148	

NOTE: Days to first contact represents how quickly we are reaching out to families after they are referred to offer their first appointment. This data indicates that we are attempting that first contact 76.5% of the time within one week of the referral. Timely contact attempts help ensure families get into services more quickly as well as stay engaged in services. Only 3% of the time it takes FCSS greater than 15 days to make the first contact attempt. The data also shows that there are 14.2% of access forms where no 1st contact was recorded, but of that number only 12 of 163 had no services or notes recorded in the record, which appears to indicate that not entering the 1st contact date occurred in error. A small percent of these access forms (1.2%) had confirmed data entry errors as the date of 1st service was before the referral date.

First Service Date

- **0-14 days** – Youth receiving first face-to-face contact within 14 days of request for services
- **15+ days** - Youth receiving first face to face contact within 15+ days of request for services
- **Closed Without Services** – Referral was closed due to the family refusing service, an inability of FCSS being able to make contact with the family within 30 days of the referral, or some other confounding variable
- **Unable to contact, refused services, or still in process** – For these youth, there is yet to be a final disposition and this could be due to an inability to contact the family, the family refused services, or they still may be in process but these were not documented specifically in the Access form (i.e. the clinician did not check the appropriate close out reason within the form, but notes indicate that they youth falls into one of these categories)
- **No Data Entry** – Error in reporting where the clinician did not complete the access form.

Access Forms created in Fiscal Year 2019-2020 Breakdown by Status Type Days to First Service			As reflected in the first offered appointment chart, FCSS is actually offering the first appointment at a significantly higher percentage (73.1%) than we are actually meeting with youth as reflected in this chart. We attribute this to families not accepting our first offered appointment, cancelling appointments, no-showing on appointments, or some other factor outside of our control.
Status	Total	Percentage	
0-14 Days	545	47.5%	
15+ Days	354	30.8%	
Closed Out Without Service	163	14.2%	
Unable to contact, refused services, or still in process	80	7.0%	
No Data Entry	6	0.5%	
Grand Total:	1148		

NOTE: These numbers reflect all Access forms created in 2019-2020. The vast majority of forms did result in an initial service (78.3%), however a significant number of Access forms resulted in a final disposition where the referral was closed due to the family refusing service, an inability of FCSS being able to make contact with the family within 30 days of the referral, or some other confounding variable (14.2%). There is also a group (7%) where there is yet to be a final disposition and this could be due to an inability to contact the family, the family refused services, or they still may be in process but these were not documented specifically in the Access form (i.e. the clinician did not check the appropriate close out reason within the form, but notes indicate that the youth falls into one of these categories). A very small percentage fall into the category of no data entry (0.5%), which appears to be an error on the clinician's part to complete the access form.

Access Forms 2018-2019 to 2019-2020 Comparison Days to First Service					
Status	Total 2019-2020	Percentage 2019-2020	Total 2018-2019	Percentage 2018-2019	Percentage change
0-14 Days	545	60.6%	211	53.3%	7.3%
15+ Days	354	39.4%	185	46.7%	-7.3%
Grand Total:	899		396		

NOTE: Although still short of the 70% goal we have increased our compliance by 7.3% all while increasing our total number of Access forms created by 604 this fiscal year (1148 created this year and 544 created last year). This increase was also realized while doubling our clinical staff, requiring training and building familiarity with the Access form process. This all occurred while adapting to the the changing access form and changing processes related to the access form in order to meet the state reporting requirements.

4. Satisfactioni. **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: To have families report satisfactory experiences with their All 4 Youth 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 (Consumer Perception Survey) and all enrolled youth (Treatment Outcome Survey)
- iv. Time of Measure: July 1, 2019 to June 30, 2020 (Treatment Outcome Survey implemented in October 2019 and administered from October – June 30th, 2020, Consumer Perception Survey administered in November 2019 and June 2020)
- v. Data Source: Consumer Satisfaction Surveys and All 4 Youth Treatment Outcome Survey
- vi. Target Goal Expectancy: 80% of youth and parents will report satisfaction with treatment/services in the All 4 Youth Treatment Outcome Survey and Consumer Perception Survey.
- vii. Outcome: Consumer Perception Surveys were 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 the State of California and Fresno County Department of Behavioral Health. At the time of this reporting period the data was not yet available from the state of California and/or Fresno County Department of Behavioral Health for analysis. All 4 Youth Treatment Outcome Surveys were given to youth/caregivers upon the initiation of services, at 6 month intervals and at discharge. All 4 Youth was able to implement the Treatment Outcome Survey which is administered by staff at initiation of services, every 6 months and at discharge. The survey collects youth/parent responses by self report and there is a version for 0-5 youth (administered to the parent) and the other is for youth between 6-22 years of age (administered to the youth as appropriate for developmental factors). As reflected in the charts below, a majority of youth/caregivers report being "very satisfied" or "extremely satisfied" with their services at each reporting period. Of note, this is not all paired data (Youth 1 at initial versus Youth 1 at 6 months for instance), but it still reflects a pattern of satisfaction with FCSS services from intake through discharge.

Consumer Perception Survey:

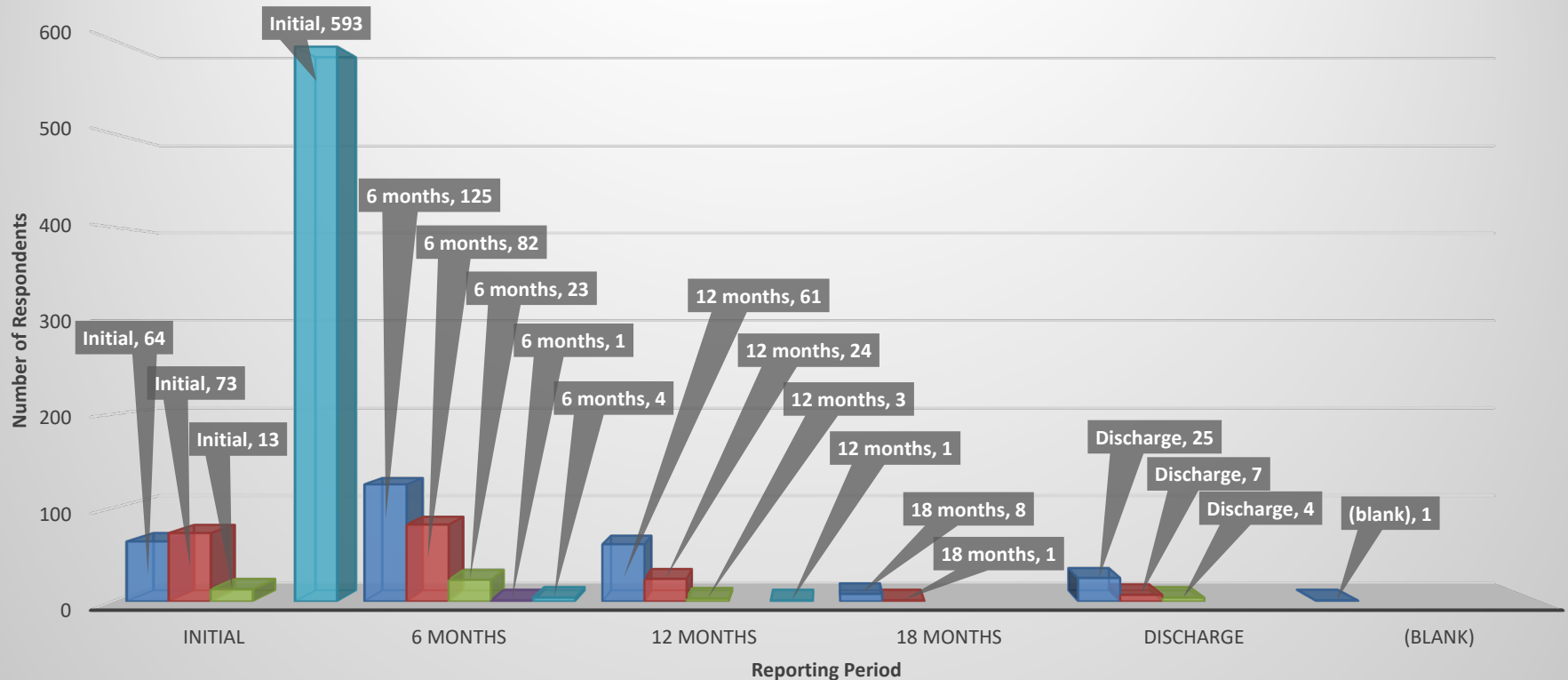
The Consumer Perception Survey was administered in November of 2019 and June 2020 during the designated 5 day treatment periods as directed by the state of California and Fresno County Department of Behavioral Health. At the time of this report, the data had not yet been received and could not be reflected or analyzed.

All 4 Youth Treatment Outcome Surveys:

Treatment Outcome Survey 6-22 y/o Results:

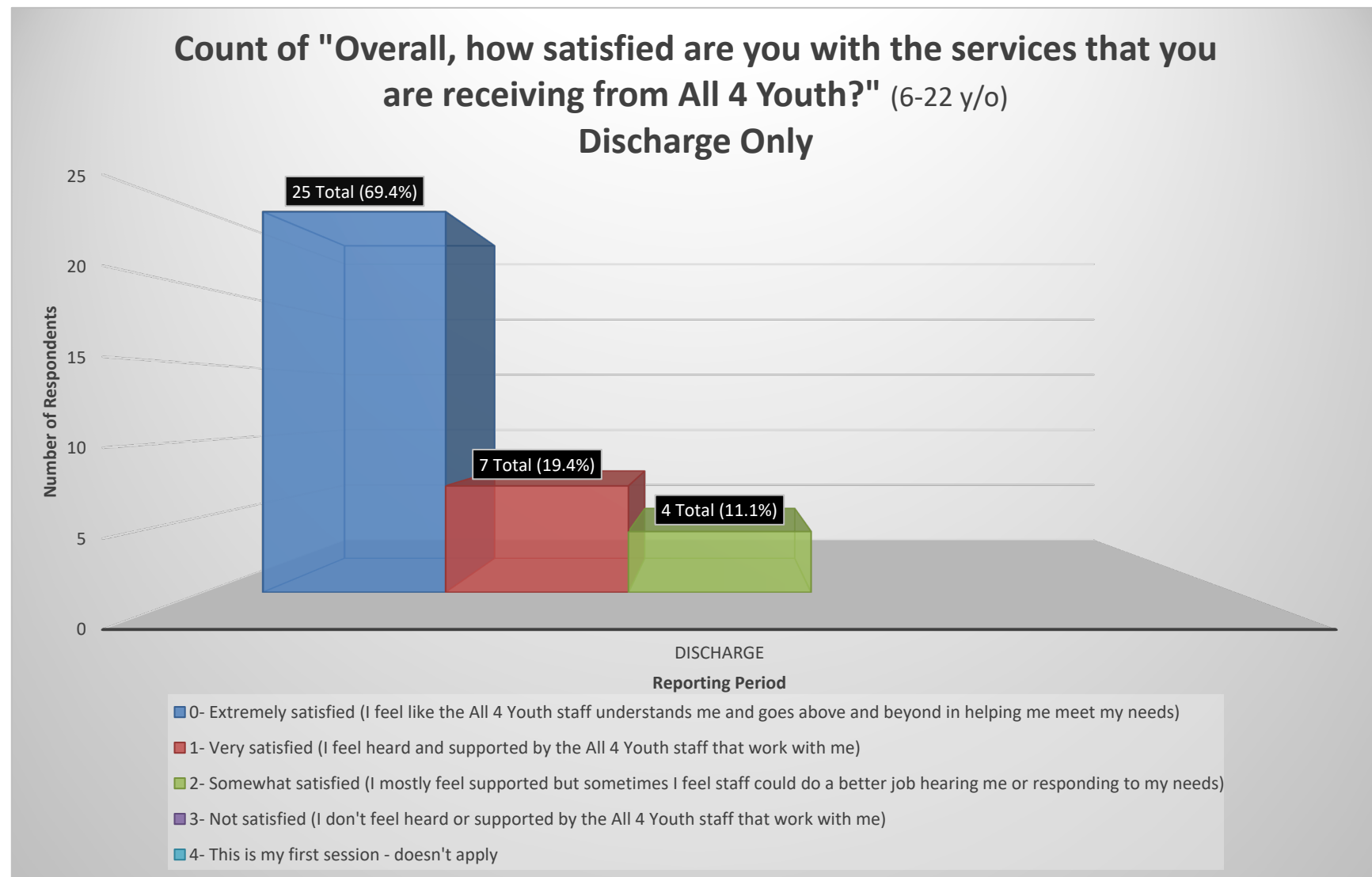
The chart below (page 57) reflects overall reporting of satisfaction in the previous 6 months prior to the reporting period. The reporting periods are Initial, 6 months, 12 months, 18 months, and discharge. As reflected in the chart, a majority of youth/caregivers report being “very satisfied” or “extremely satisfied” with their services at each reporting period. Of note, this is not all paired data (Youth 1 at initial versus Youth 1 at 6 months for instance), but it still reflects a pattern of satisfaction with FCSS services from intake through discharge.

Count of "Overall, how satisfied are you with the services that you are receiving from All 4 Youth?" (6-22 y/o)



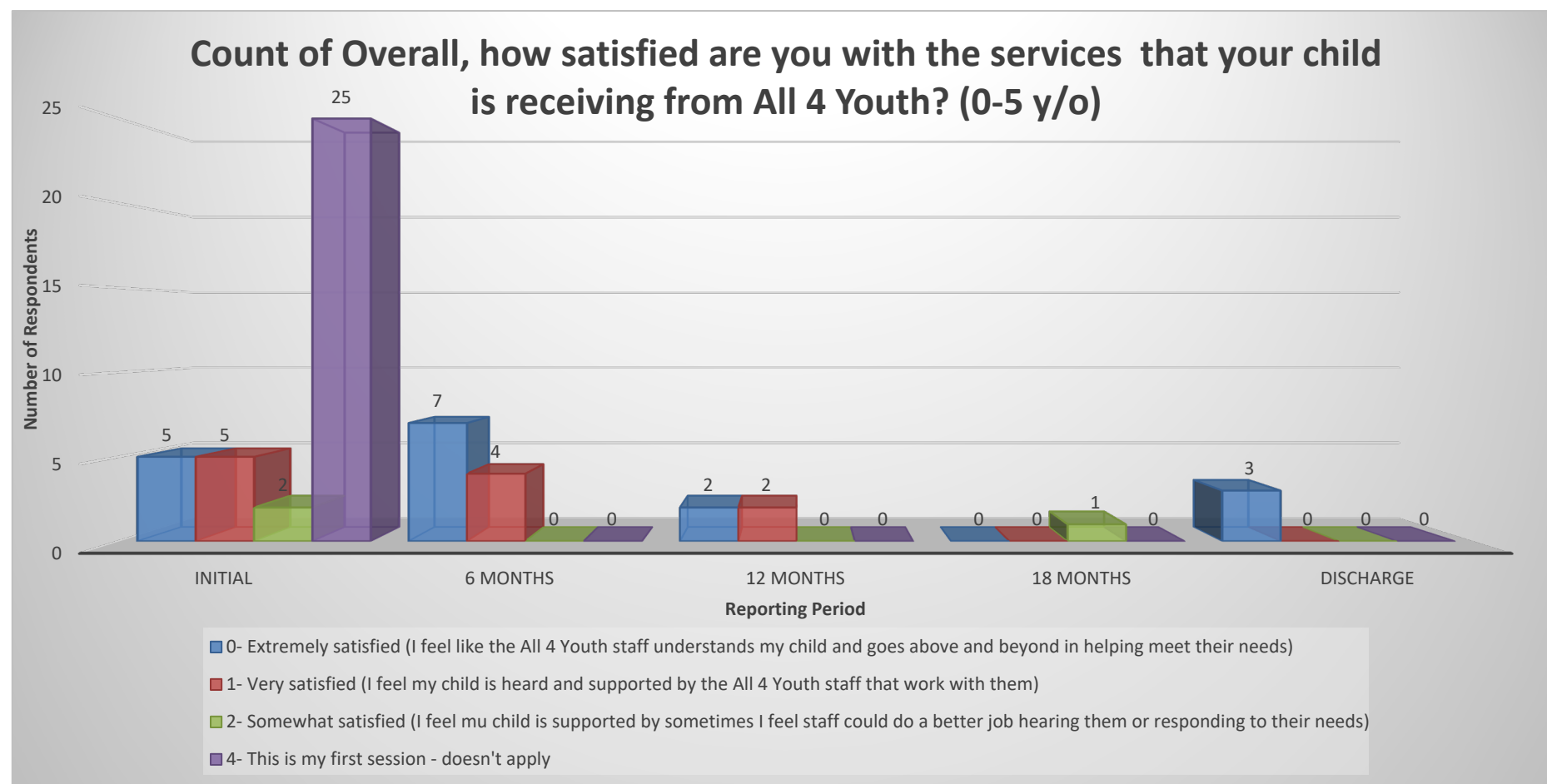
- 0- Extremely satisfied (I feel like the All 4 Youth staff understands me and goes above and beyond in helping me meet my needs)
- 1- Very satisfied (I feel heard and supported by the All 4 Youth staff that work with me)
- 2- Somewhat satisfied (I mostly feel supported but sometimes I feel staff could do a better job hearing me or responding to my needs)
- 3- Not satisfied (I don't feel heard or supported by the All 4 Youth staff that work with me)
- 4- This is my first session - doesn't apply

The chart below represents all discharged youth/caregiver's reported satisfaction. Nearly ninety percent (89.8%) of all youth/caregivers report to be "extremely satisfied" (69.4%) or "very satisfied" (19.4%) with their services. No families reported dissatisfaction with services at discharge.



Treatment Outcome Survey 0-5 y/o Results:

The chart below reflects overall reporting of satisfaction in the previous 6 months prior to the reporting period. The reporting periods are Initial, 6 months, 12 months, 18 months, and discharge. As reflected in the chart, a majority of youth/caregivers report being “very satisfied” or “extremely satisfied” with their services at each reporting period. Of note, this is not all paired data (Youth 1 at initial versus Youth 1 at 6 months for instance), but it still reflects a pattern of satisfaction with FCSS services from intake through discharge. There were only 3 discharge youth in this reporting period, but all families in this group report to be “extremely” satisfied with their services.



ii. **Satisfaction** (continued)

Satisfaction refers to the school staff's (Superintendents, Assistant Superintendents, Principals, Vice Principals, School Counselors, School Psychologists, and other district/school staff) overall impression of All 4 Youth services delivered to their school or district including ease of referral, collaboration, etc.

- i. Objective: To establish a baseline of percentage of staff that report satisfaction with treatment/services and to meet or exceed objective.
- ii. Indicator: Percentage of staff that report satisfaction with treatment/services as indicated by responses of “agree” or “strongly agree” in key satisfaction categories.
- iii. Who Applied: Onboarded school staff at Year 1 and Year 2 schools
- iv. Time of Measure: July 1, 2019 to June 30, 2020
- v. Data Source: End of the Year District/School Satisfaction Survey
- vi. Target Goal Expectancy: 80% of school staff respondents will report satisfaction with treatment/services
- vii. Outcome: FCSS All 4 youth created and implemented the End of the Year District/School Satisfaction Survey and this was administered electronically to all on-boarded Year 1 and Year 2 districts/schools. Overall the majority of respondents reported agreeing or strongly agreeing that All 4 Youth staff are; approachable, easy to collaborate with, communicate professionally and respond quickly to questions and concerns and are visible on campus. The majority of respondents also agreed or strongly agreed that the referral process, timelines, and requirements are easily understood. Districts/school staff were also asked if they would like to meet to address any needs, concerns, or to collaborate further and the majority declined this opportunity which we determine to be indicative of their overall satisfaction with FCSS All 4 Youth services.

* See Appendix C for End of The Year District/School Satisfaction Survey

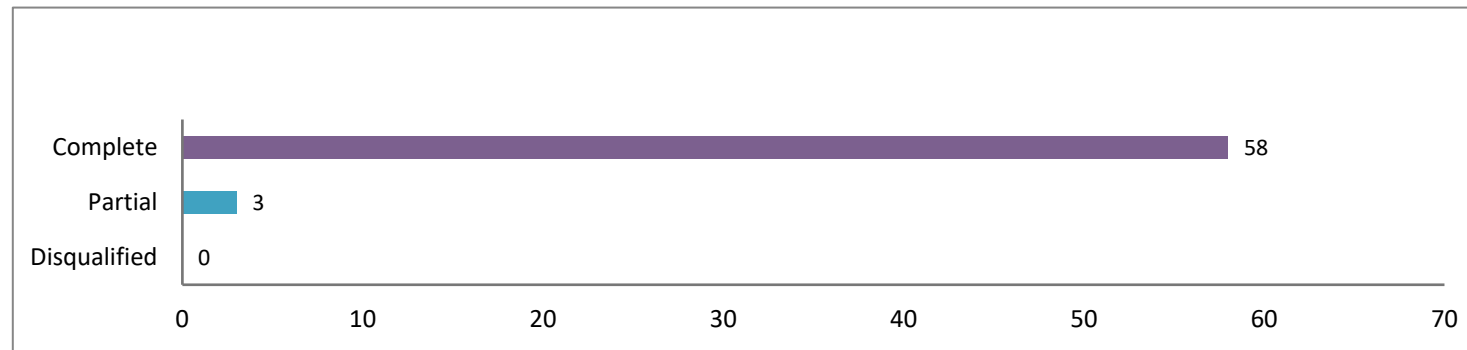
The End of the Year District/School Satisfaction Survey

The End of Year District/School Satisfaction Survey was provided to all onboarded districts receiving FCSS All 4 Youth services at the end of the 2019-2020 school year. Districts identified for themselves who would be best able to respond to the survey. As a result there could be multiple surveys per district depending on the districts choice of who should complete the form. According to the survey results the respondents included; Superintendents, Assistant Superintendents, Principals, Vice Principals, School Counselors, School Psychologists, District Mental Health Clinicians and “Other” district/school staff. Overall the majority of respondents reported agreeing or strongly agreeing that; “All 4 Youth staff are approachable” (59 out of 61), “All 4 Youth staff are easy to collaborate with” (57 out of 61), “All 4 Youth staff/administration communicates professionally and responds quickly to questions and concerns ” (55 out of 61), “The referral process, timelines, and requirements are easily understood ” (49 out of 60), “All 4 Youth staff are visible on campus” (47 out of 61), and a very small number reported

they would like to request a meeting to address any needs, concerns, or to collaborate further” (4 out of 61) which we determine to be indicative of their overall satisfaction with FCSS All 4 Youth services.

End of Year District/School Satisfaction Survey Results:

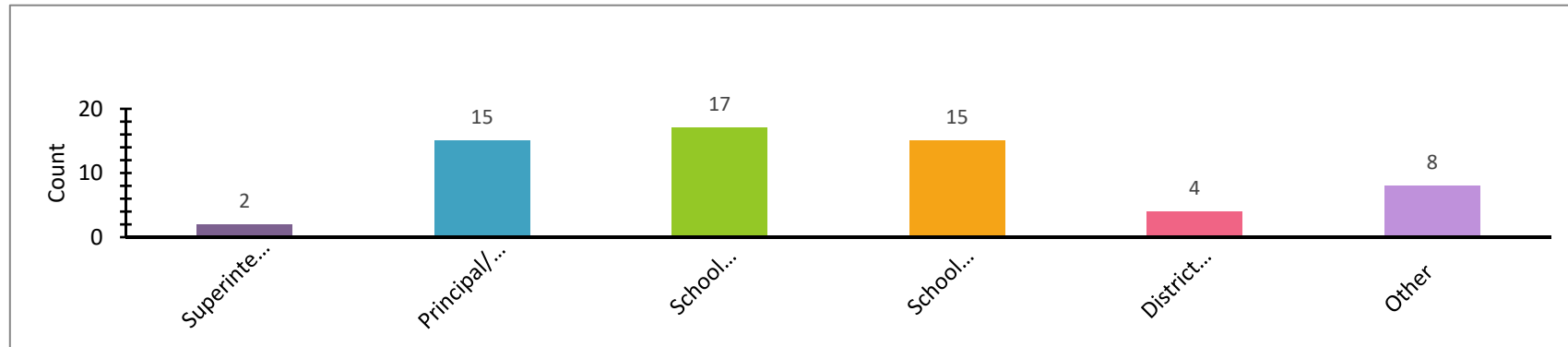
1. Number of Surveys









	Count	Percent
Complete	58	95.1
Partial	3	4.9
Disqualified	0	0
Totals	61	

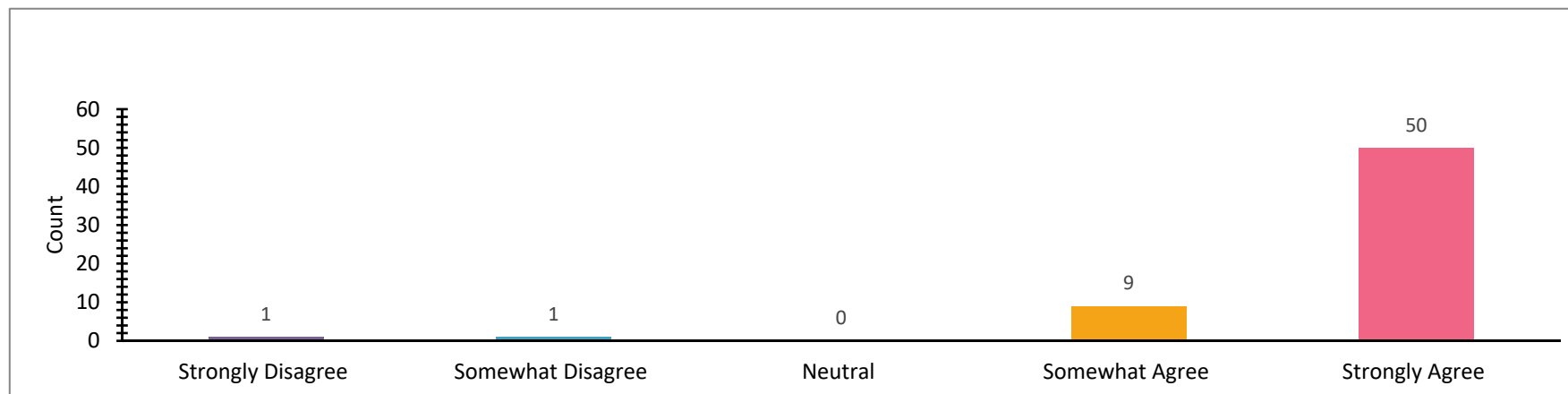
\

2. Position of Responders:



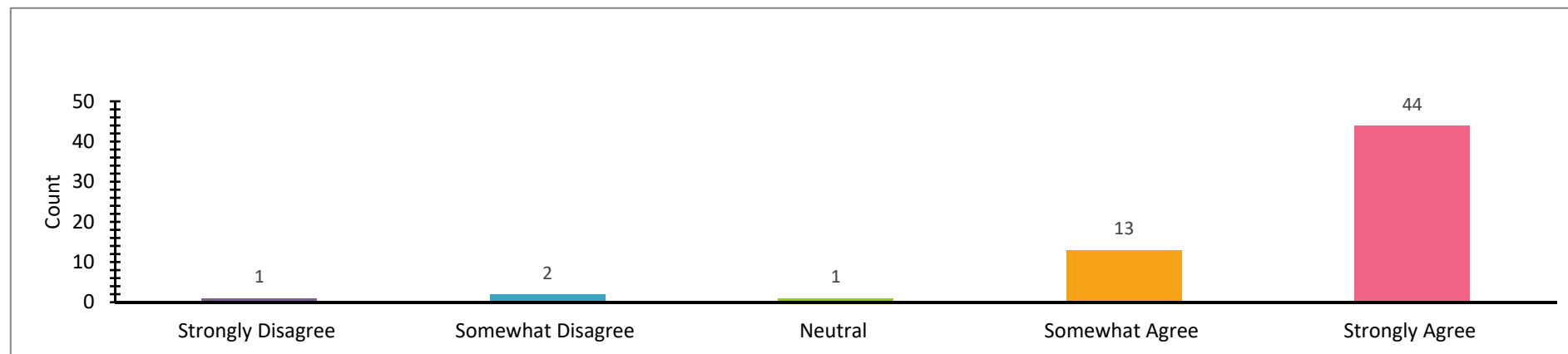
Value		Percent	Count
Superintendent/Assistant Superintendent		3.3%	2
Principal/Vice-Principal		24.6%	15
School Counselor		27.9%	17
School Psychologist		24.6%	15
District Mental Health Clinician		6.6%	4
Other		13.1%	8
Totals			61

3. The All 4 Youth Staff are approachable:



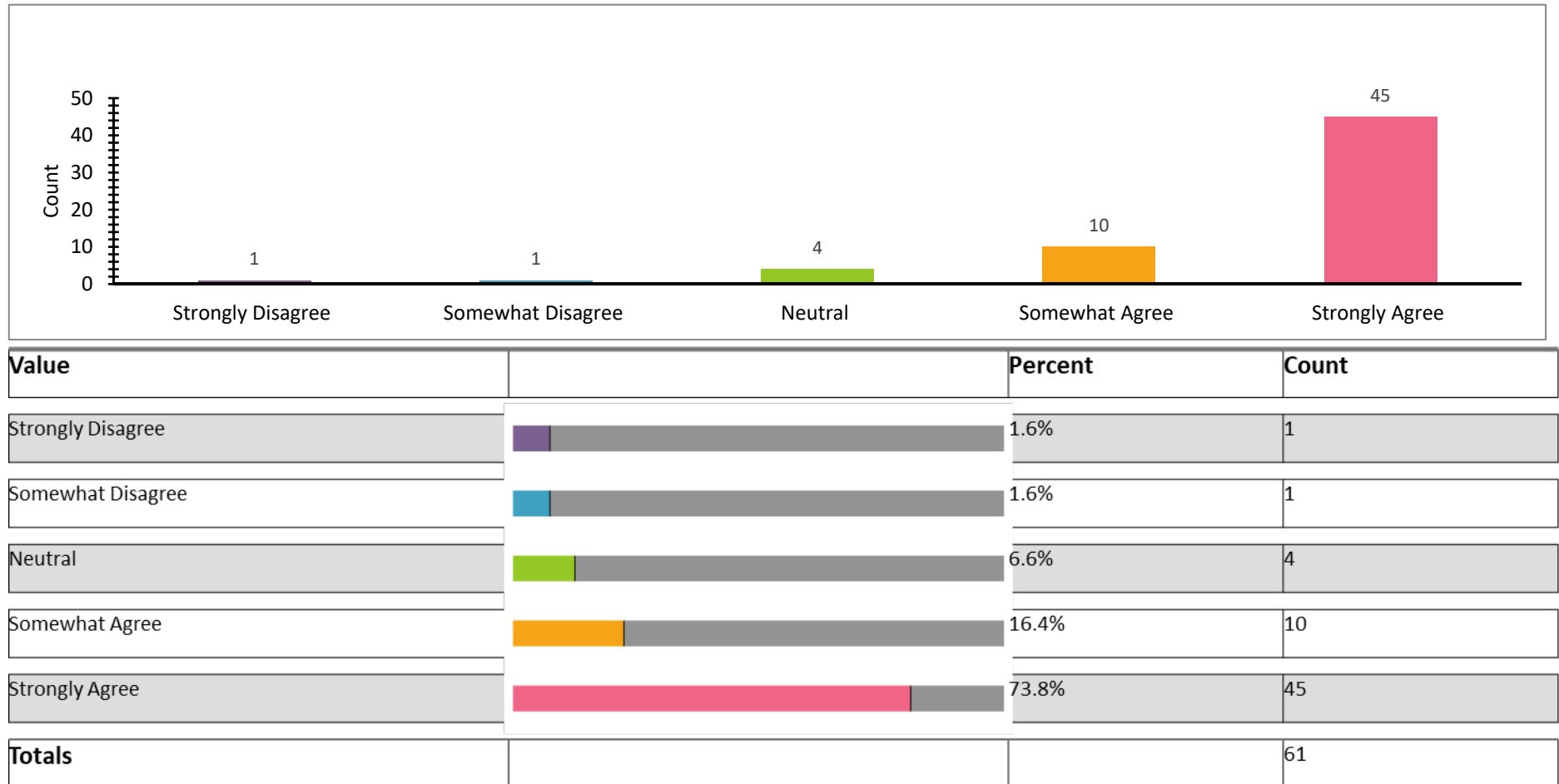
Value		Percent	Count
Strongly Disagree	<div><div></div></div>	1.6%	1
Somewhat Disagree	<div><div></div></div>	1.6%	1
Neutral	<div><div></div></div>	0.0%	0
Somewhat Agree	<div><div></div></div>	14.8%	9
Strongly Agree	<div><div></div></div>	82.0%	50
Totals			61

4. The All 4 Youth staff are easy to collaborate with:

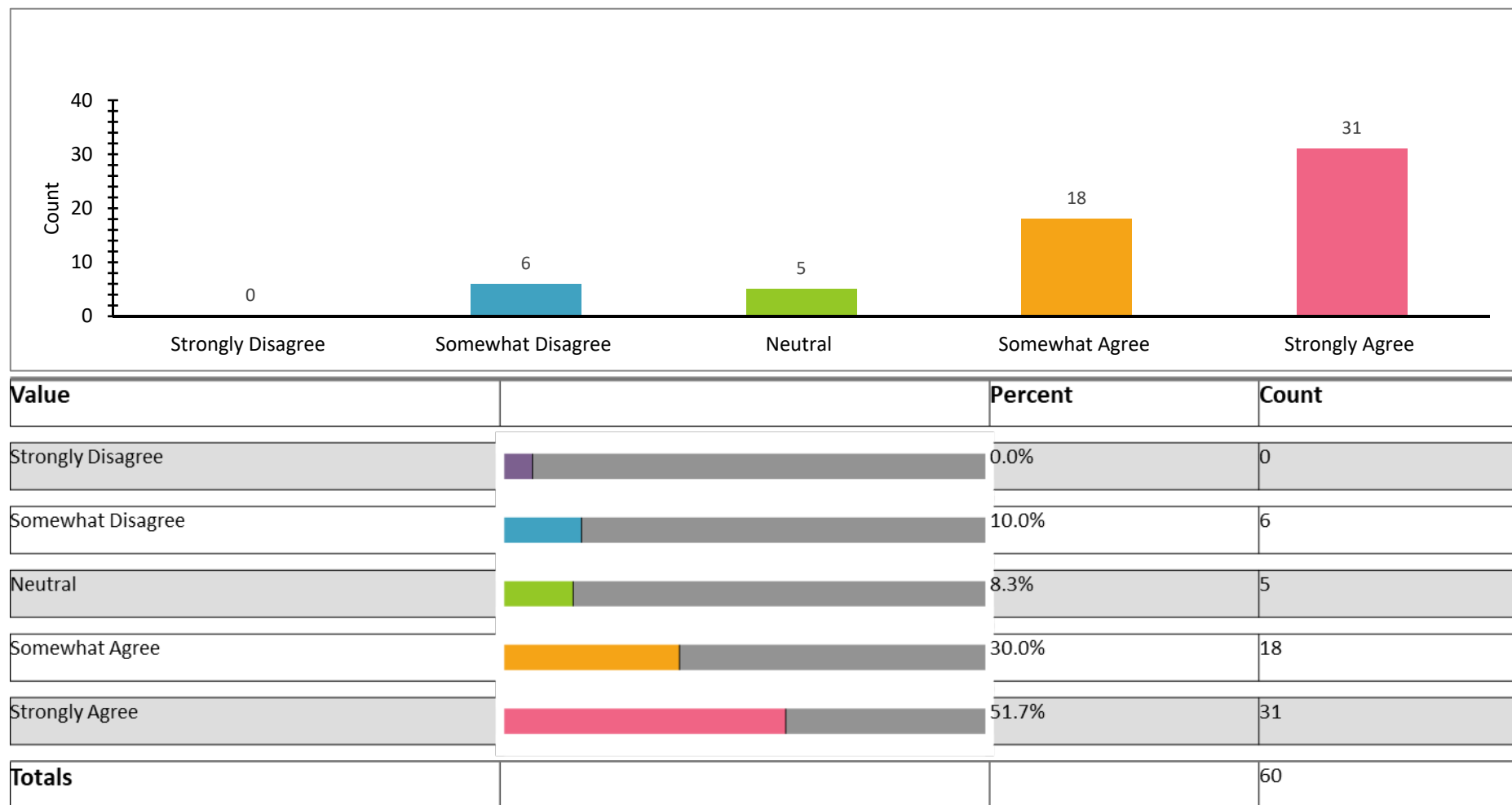


Value		Percent	Count
Strongly Disagree		1.6%	1
Somewhat Disagree		3.3%	2
Neutral		1.6%	1
Somewhat Agree		21.3%	13
Strongly Agree		72.1%	44
Totals			61

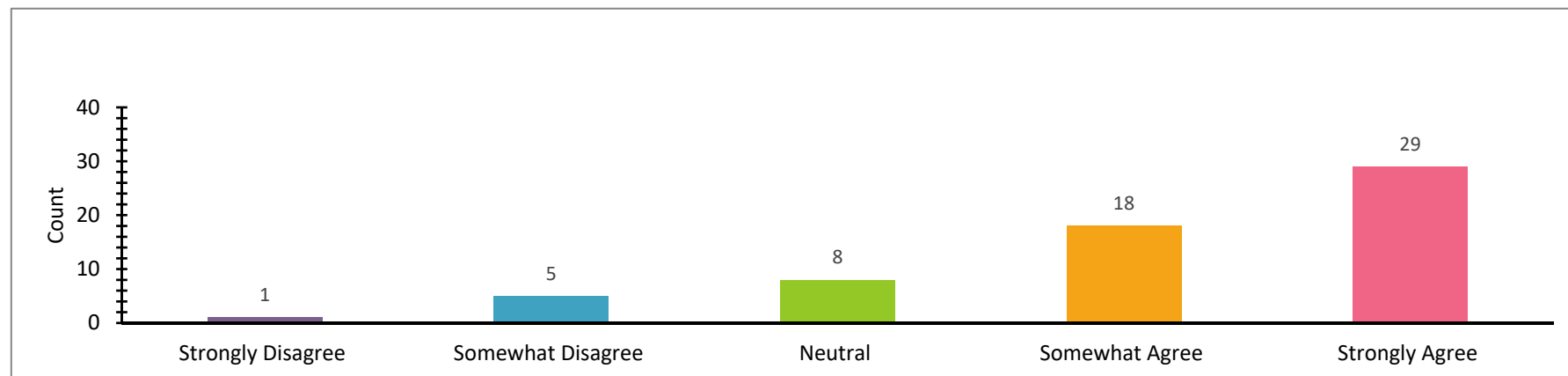
5. The All 4 Youth staff/administration communicates professionally and responds quickly to questions and concerns:



6. The referral process, timelines, and requirements are easily understood:

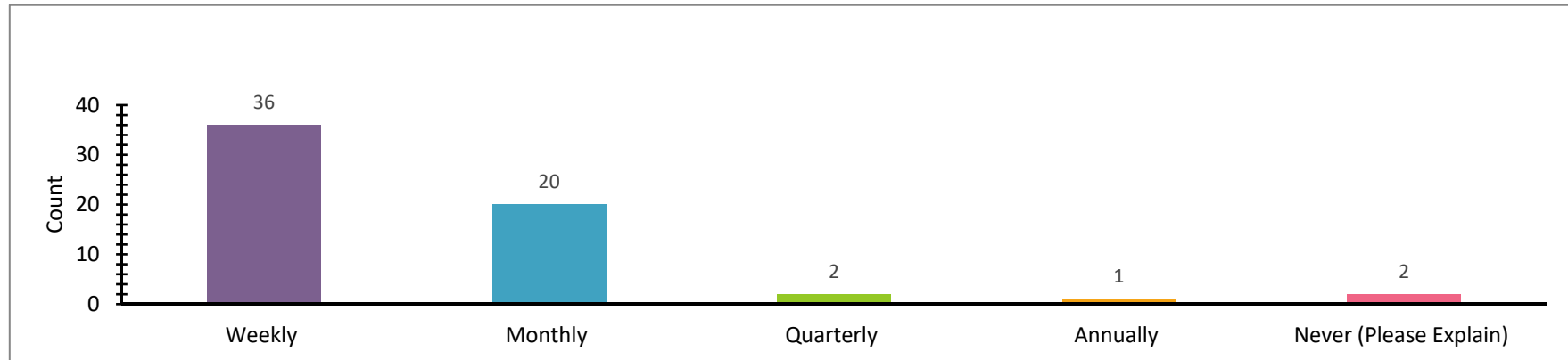


7. The All 4 Youth staff are visible on campus:



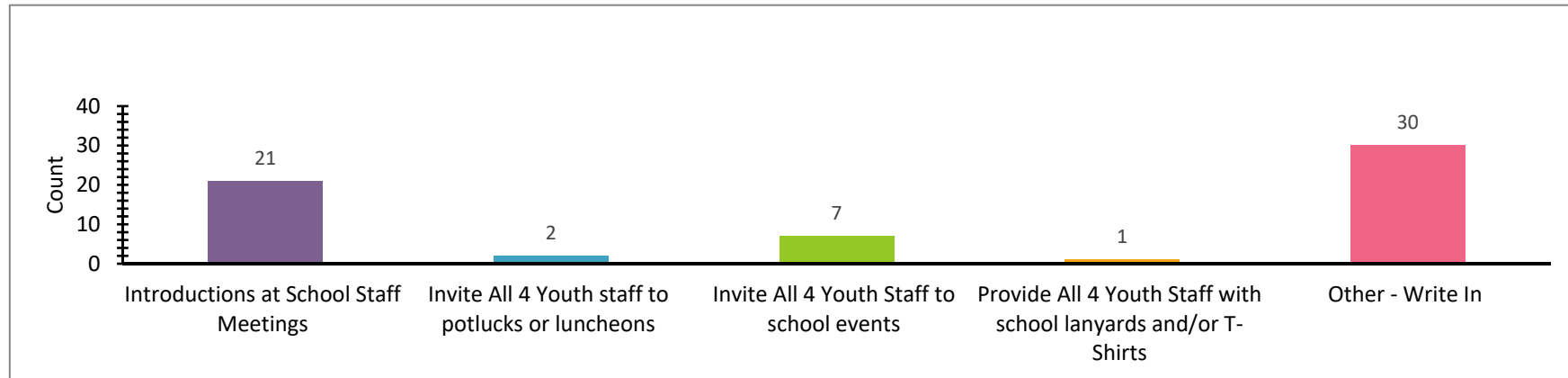
Value		Percent	Count
Strongly Disagree		1.6%	1
Somewhat Disagree		8.2%	5
Neutral		13.1%	8
Somewhat Agree		29.5%	18
Strongly Agree		47.5%	29
Totals			61

8. If you interact with All 4 Youth Staff, how often do you interact with them on a professional level:



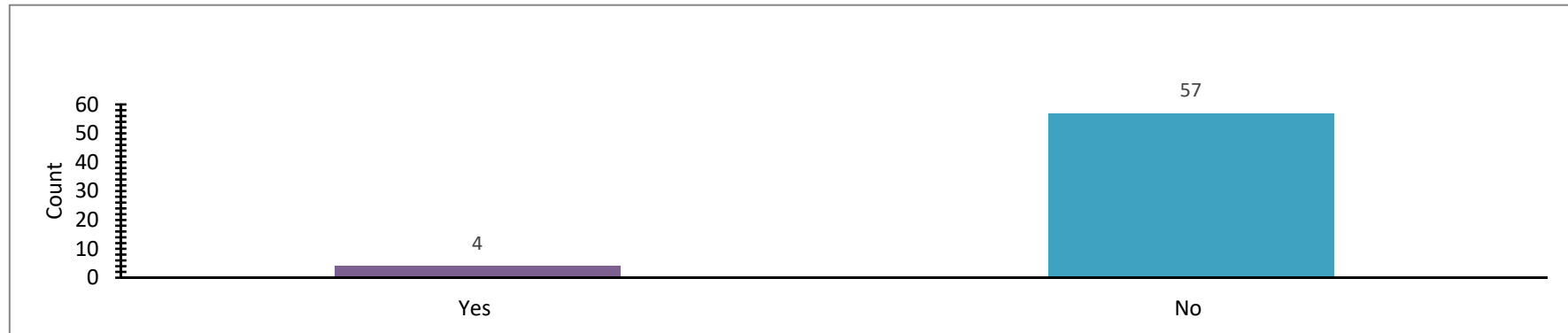
Value		Percent	Count
Weekly	<div><div></div></div>	59.0%	36
Monthly	<div><div></div></div>	32.8%	20
Quarterly	<div><div></div></div>	3.3%	2
Annually	<div><div></div></div>	1.6%	1
Never (Please Explain)	<div><div></div></div>	3.3%	2
Totals			61

9. What steps have you taken to include any All 4 Youth staff at your school site/district:



Value		Percent	Count
Introductions at School Staff Meetings	<div><div></div></div>	34.4%	21
Invite All 4 Youth staff to potlucks or luncheons	<div><div></div></div>	3.3%	2
Invite All 4 Youth Staff to school events	<div><div></div></div>	11.5%	7
Provide All 4 Youth Staff with school lanyards and/or T-Shirts	<div><div></div></div>	1.6%	1
Other - Write In	<div><div></div></div>	49.2%	30
Totals			61

10. Would you like to request a meeting to address any needs, concerns, or to collaborate further:

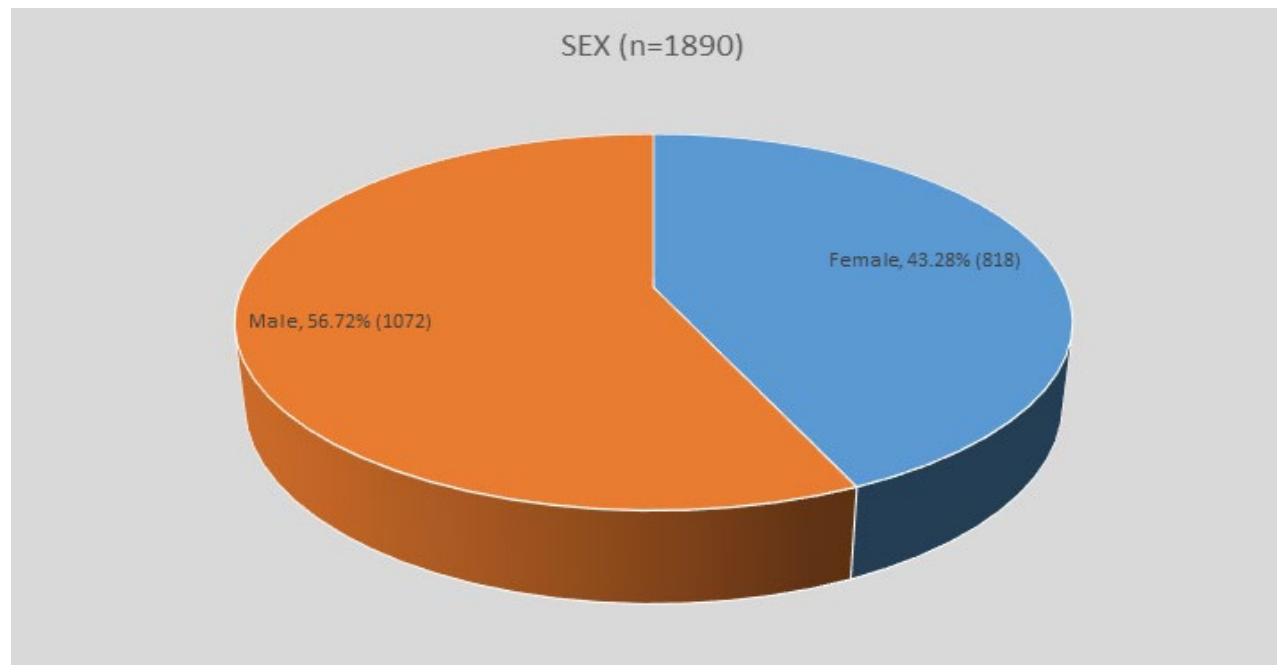


Demographic Information for youth served:

The pie charts that follow reflect FCSS All 4 Youth data for “Sex”, “Language”, “Ethnicity” and “Race”. This data is extracted from Avatar, The Department of Behavioral Health Electronic Record that stores All 4 Youth data. The N=1890 represents the number of youth that had a documented Avatar service (clinical service or 956 note) within an FCSS All 4 Youth Cost Center any time during the 2019-2020 fiscal year. This differs from other census numbers as it only reflects those unduplicated youth that had an Avatar service, whereas other census numbers are reflective of the number of respondents on a certain tool (i.e. CANS or PSC-35 data reflected earlier in this same report) which may be duplicative; or the overall youth served number, which reflects all youth for the 2019-2020 fiscal year, including youth that were not in Avatar.

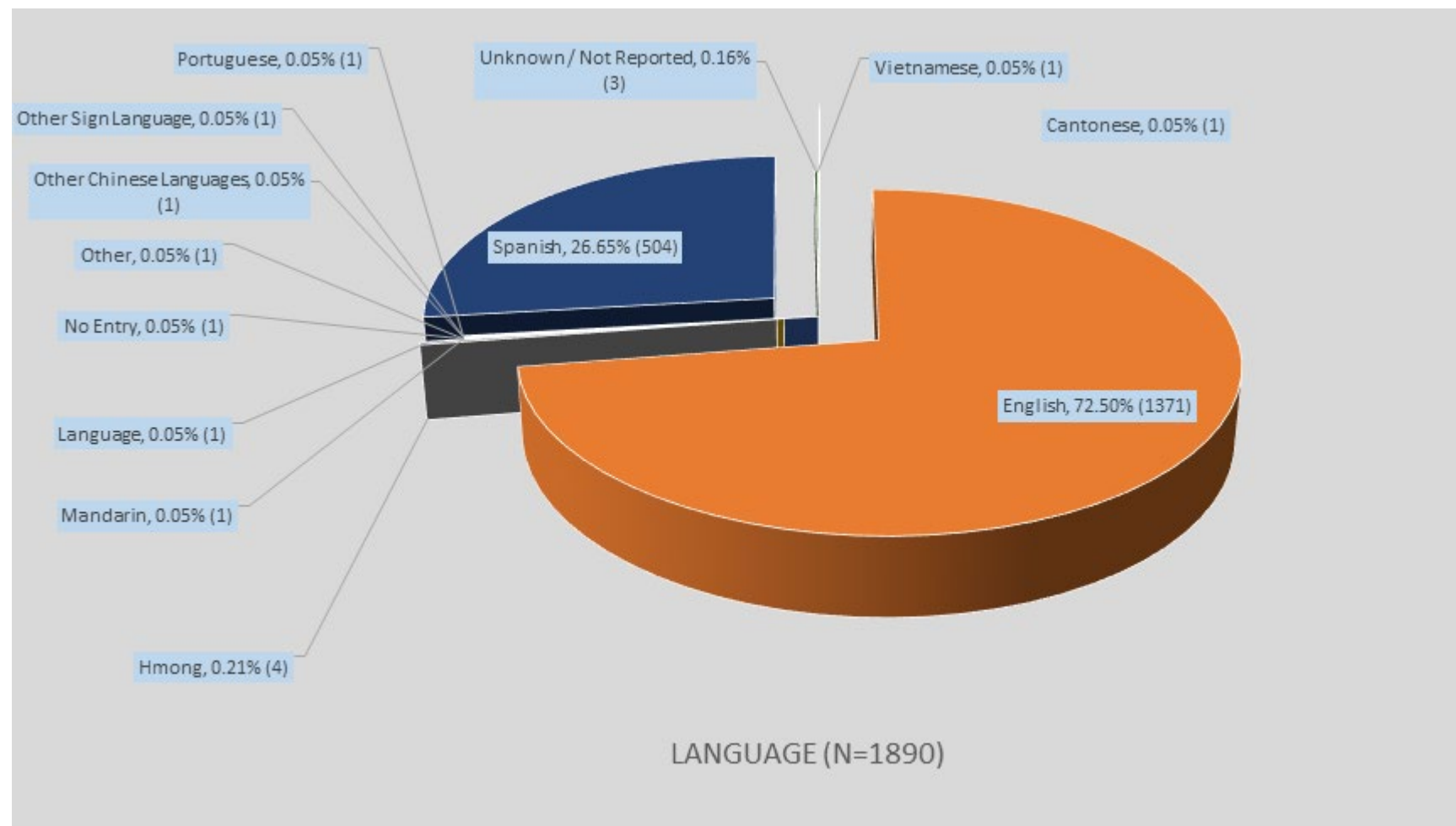
Sex

FCSS All 4 Youth served a majority of male youth (56.72%) in the fiscal year 2019-2020. Currently the only gender identification options within Avatar are limited to “Male” or “Female”. We hope that in the future there will be the availability in the software to update and include other culturally sensitive gender identification options for youth to choose other than “Male” and “Female”, which can honor their voice and personal identity.

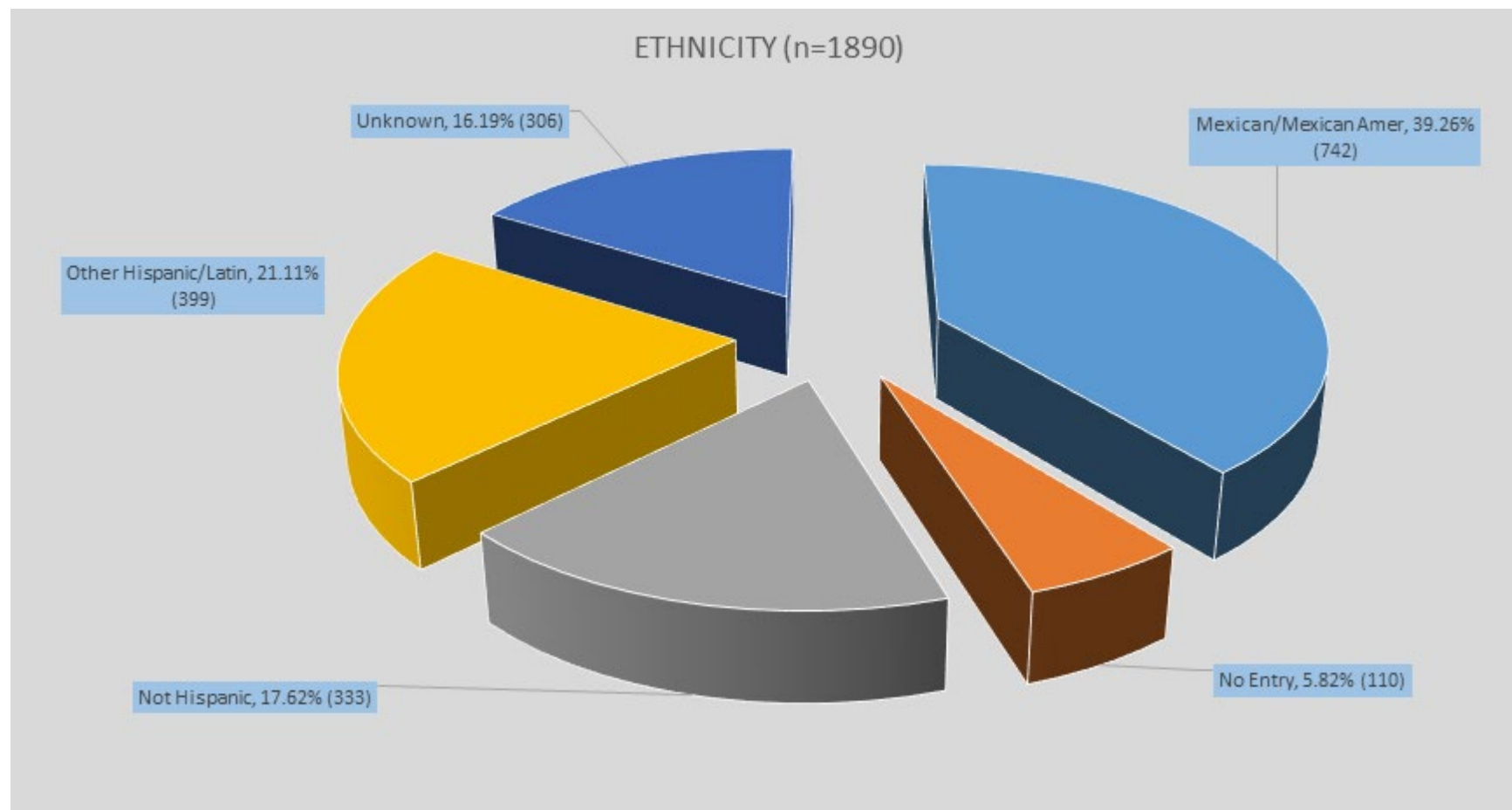


Language

Seventy two percent (72.50%) of FCSS All 4 Youth served youth had a primary language of English in 2019-2020 with twenty six percent (26.65%) of FCSS All 4 Youth served who had a primary language of Spanish. In reviewing the pie chart below please note that what is reflected is representative of options and selections made within Avatar.

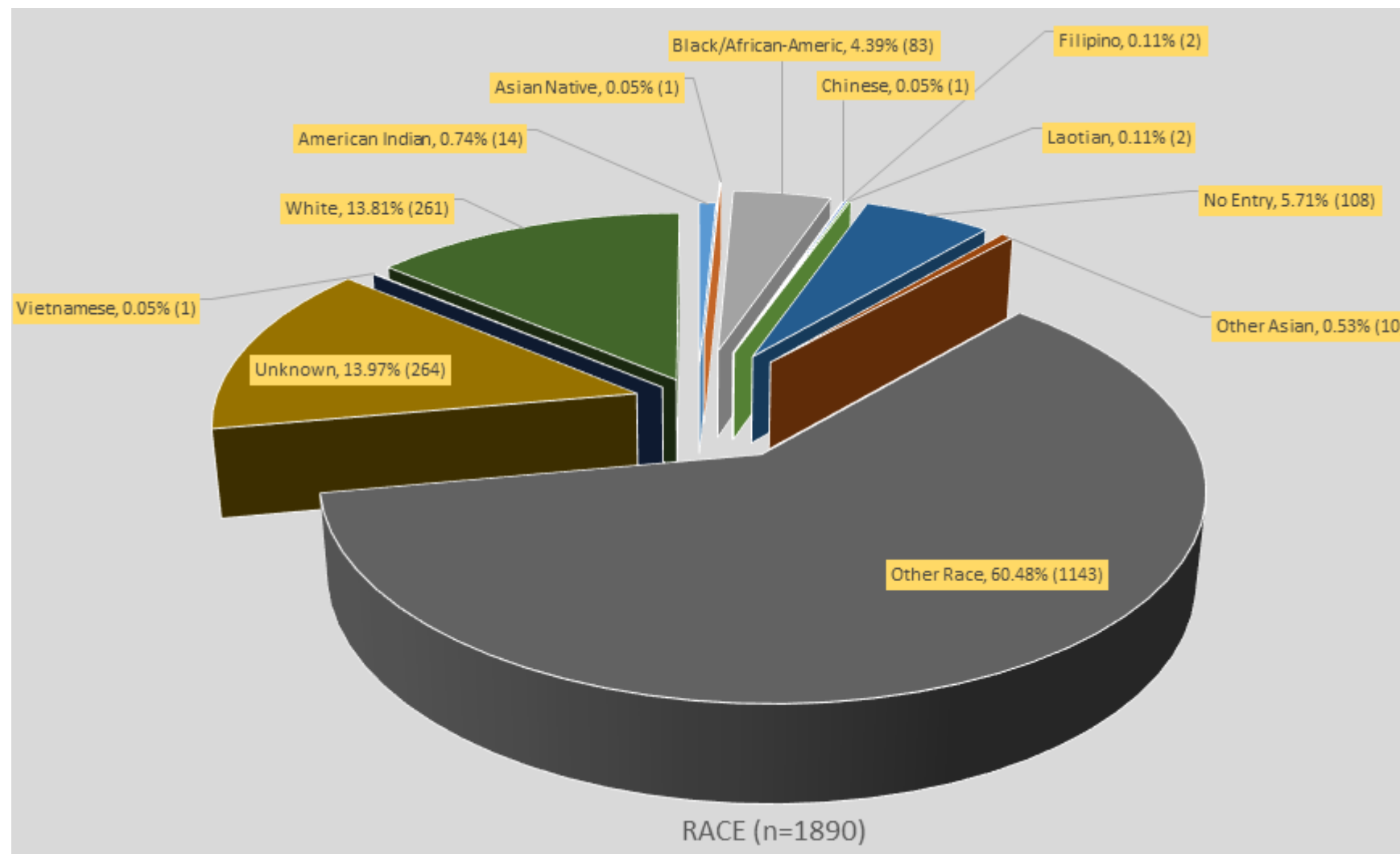
Ethnicity

FCSS All 4 Youth ethnicity data according to Avatar represents that thirty nine percent (39.26%) of youth in 2019-2020 identified as “Mexican/Mexican American”. The second largest ethnicity selected was “Other Hispanic/Latin” at twenty one percent (21.11%).



Race

FCSS All 4 Youth “Race” data according to Avatar represents that sixty percent (60.48%) of youth in 2019-2020 identified as “Other Race”.



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 historically tracked primarily those that were Medi-cal eligible, and were enrolled to receive therapeutic services, at the time of this reporting period. 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 2788 unduplicated youth in these categories between July 1st 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 2788 unduplicated number of youth is reflected in 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 directly and indirectly through 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. As we did last year, we are counting the 2788 unduplicated youth for purposes of calculating cost as it is a more accurate representation of youth served by all program staff.

DEPARTMENT RECOMMENDATION(S):

[Click here to enter text.](#)