

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Hope Program	Provider:	Uplift Family Services
Program Description:	<p>Uplift Family Services' Fresno HOPE Program serves families where a consumer has an open child welfare services case, who have a serious mental health condition or serious emotional disturbance with at least one diagnosis from the DSM V (ICD-10).</p> <p>Examples include: consumers with significant functional impairments in school, work, or the community. The program philosophy includes developing individualized service plans for each family in order to wrap services around the family which build upon their unique strengths and needs. Access to treatment, rehabilitation, and support services are available during traditional and non-traditional hours and in locations most comfortable for the consumer and family.</p>	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	ALL AGES	Dates Of Operation:	12/01/2015 -- Present
Age Group Served 2:		Reporting Period:	July 1, 2019 - June 30, 2020
Funding Source 1:	Medical FFP	Funding Source 3:	Other, please specify below
Funding Source 2:	EPSDT	Other Funding:	DSS

FISCAL INFORMATION:

Program Budget Amount:	\$4,750,000	Program Actual Amount:	\$4,132,314.55
Number of Unique Clients Served During Time Period:	1,121		
Number of Services Rendered During Time Period:	22,157		
Actual Cost Per Client:	\$3,686.28		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	07/01/2019 – 06/30/2022 plus two optional one year extensions	For Other:	
		Renewal Date:	7/1/2022
Level of Care Information Age 18 & Over:	Medium Intensity Treatment (caseload 1:22)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

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

CORE CONCEPTS:

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

Please select core concepts embedded in services/ program:

(May select more than one)

Cultural Competency

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

Integrated service experiences

Community collaboration

Access to underserved communities

Please describe how the selected concept (s) embedded :

Cultural inclusiveness and family engagement is supported by appropriately trained program staff, including qualified family members, and partnerships with community-based organizations with experience and expertise in cultural, ethnic, and linguistically sensitive services. Focus populations include Latino, Southeast Asian, African American, and Native American cultures, as well as families in specific geographic areas and/or with limited or no means of payment for services. Service goals are to reduce the adverse impact of untreated mental illness and assist families in developing and maintaining stability, safety, and recovery.

A uniform, comprehensive assessment and a multi-disciplinary Individualized Services and Supports Plan (ISSP), which may include a mental health Plan of Care where appropriate, utilized by all partnering service providers ensures coordinated, integrated service delivery that meets the family's needs without duplication or conflict. Changes to the Plan of Care are driven by the family's evolving needs, desires, and achievements, and developed in the context of a multi-system team approach. An integrated financial screening process initiated during the Assessment Center intake ensures that having no means or limited

means of payment does not exclude children and families from services.

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

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

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

PROGRAM OUTCOME & GOALS

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

SECTION I: SUMMARY OF PROGRAM OUTCOMES

Table 1

Goal	Performance Measure	Since Last Reporting Period (FY19)	Current Reporting Period	
Efficiency - Timeliness of Service†	1.1) 80% Timely access to services from referral to first contact. <i>Urgent – first contact due within 3 days</i> <i>Priority – first contact due within 15 days</i> <i>Regular – first contact due within 30 days</i>	Overall: 81% (n=388/480) Urgent: 90% (n=9/10) Priority: 80% (n=12/15) Regular: 81% (n=367/455)	Overall: 73% (n=374/516) Urgent: 92% (n=11/12) Regular: 72% (n=363/504) During January to May 2020, Regular reached the target goal of 80%; however, staff retention dropped considerably in June, lowering the percentage to 65%.	
	1.2) 60% of clients will have timely access to services from assessment to ongoing treatment (Source: Service Detail Report)	97% (n=495/510)	97% (n=507/525)	
	1.3) 60% Timely access to services from referral to medication evaluation (when appropriate)	N/A Data Entered Into Avatar	N/A Data Entered Into Avatar	
	1.4) 70% of clients' assessments will be completed within appropriate timeframes (Urgent, Priority, Standard: all due within 10 days) (Source: Program Tracking (Referral Date to Ax Date))	Overall: 91% (n=432/473)	Overall: 97% (n=494/508)	
	1.5) Increase the number of services provided per client by 5% (Source: Service Detail Report)	21.98 Services (18% increase)	24.1 (10% increase)	
	1.6) 70% of services will be provided in the Community (Source: Service Detail Report)	Field: 68% (n=12,132/19,649) Office: 32% (n=5,791/19,649)	Pre-COVID-19	Field: 54% (n=6,297/11,781) Office: 46% (n=5,484/11,781)

			During COVID-19	Field: 100% (n=8,536/8,536)
	1.7) 70% of discharges will be due to successful completion of treatment (Source: CWMHS Activity Report)	73% (n=307/418)	65% (n=327/500)	
Access/ Engagement	2.1) “No show” rate will be no more than 10% (Source: Service Detail Report)	9% (n=1,834/22,667)	9% (n=2,244/26,530)	
	2.2) No more than 20% of discharges will be due to “no show” (Source: CWMHS Activity Report)	12% (n=49/418)	14% (n=69/500)	
	2.3) Increased rates of IHBS billing (Source: Service Detail Report)	IHBS: 533 Services, 366 More Services from Previous FY	IHBS: 1,429 Services, 896 More Services from Previous FY	
	2.4) Increased rates of ICC billing (Source: Service Detail Report)	ICC: 973 Services, 679 More Services from Previous FY	ICC: 2,856 Services, 1,883 More Services from Previous FY	
	2.5) Increase in home-based services (Source: Service Detail Report)	IHBS: 533 Services, 366 More Services from Previous FY	IHBS: 1,429 Services 896 More Services from Previous FY	
	3.1) 75% of clients will maintain or improve academic performance‡ (Source: CANS LDF School Performance)	15% Improved 71% Maintained Total: 86%	12% Improved 72% Maintained Total: 84%	
	3.2) 75% of clients will improve school attendance‡ (Source: CANS LDF School Attendance)	7% Improved 86% Maintained Total: 93%	5% Improved 87% Maintained Total: 92%	
	3.3) 75% of clients will decrease suspensions or school disciplinary actions ‡ (Source: CEDE 2.0 Suspensions and Expulsions)	5% Improved 93% Maintained Total: 98%	3% Improved 93% Maintained Total: 96%	
	3.4) 75% of clients will maintain or increase in healthy friendships and participation in age-appropriate activities † (Source: CANS SD Interpersonal)	32% Improved 48% Maintained Total: 80%	29% Improved 45% Maintained Total: 74%	
	3.5) 75% of clients will maintain or improve their ability to function within the current living situation‡ (Source: CANS LDF Living Situation)	14% Improved 74% Maintained Total: 88%	24% Improved 59% Maintained Total: 83%	
	3.6) 75% of clients will maintain healthy and stable relationships at home‡ (Source: CANS LDF Family Functioning)	35% Improved 43% Maintained Total: 78%	39% Improved 30% Maintained Total: 69%	

Effectiveness – Improved Child Functioning	3.7) 75% of clients will maintain healthy and stable relationships at school ‡ (Source: CANS LDF Social Function)	16% Improved 77% Maintained Total: 93%	20% Improved 60% Maintained Total: 80%
	3.8) 70% of customers will improve emotional and behavioral status. (Sources: CANS BEN domain) †	57% Improved	50% Improved
	3.9) 60% of customers will reduce risk behaviors.** (Sources: CANS RB domain)†	78% Improved	71% Improved
	3.10) 60% of customers will improve clinical condition and quality of life.** (Sources: CANS Total)†	33% Improved	41% Improved
	3.11) 60% of customers will make progress or meet treatment goals‡. (Source: CWMHS Activity Report)	Customers met treatment goals: 57% (n=237/418) Customers with DSS case closed: 17% (n=70/418) Total: 73% (n=307/418)	Customers met treatment goals: 51% (n=254/500) Customers with DSS case closed: 15% (n=73/500) Total: 66% (n=327/500)
	3.12) 75% of youth will improve psychosocial impairment functioning or maintain no impairment (Source: PSC-35)	100% Maintained	18% Improved, 71% Maintained Total: 89%
Effectiveness - Improved Family Functioning	4.1) 75% of caregivers will be knowledgeable about child's need, can monitor and manage the child's behavior‡ (Source: CANS CGRN Knowledge)	16% Improved, 68% Maintained Total: 84%	18% Improved, 65% Maintained Total: 83%
	4.2) 75% of caregivers will refrain from behavior that puts the child at risk.‡ (Source: CANS CGRN Supervision)	13% Improved 77% Maintained Total: 90%	10% Improved 78% Maintained Total: 88%
	4.3) 75% of caregivers will be protective of the child from others that pose a risk to a child‡ (Source: CANS CGRN Safety)	6% Improved, 90% Maintained Total: 96%	9% Improved, 85% Maintained Total: 94%

	4.4) 75% of caregivers will be able to maintain safe and stable housing‡ (Source: CANS CGRN Residential Stability)	6% Improved 86% Maintained Total: 92%	8% Improved 87% Maintained Total: 95%
Effectiveness - Improved Parent Functioning	5.1) 75% of caregivers will increase social supports and safety network‡ (Source: CANS SD Community Life)	34% Improved 31% Maintained Total: 65%	24% Improved 22% Maintained Total: 46%
	5.2) 75% of caregivers will maintain a Job or Means of Livelihood‡ (Source: CANS LDF Job Functioning)	6% Improved 77% Maintained Total: 83%	10% Improved 74% Maintained Total: 84%
	5.3) 75% of caregivers will be able to maintain safe and stable housing‡ (CANS TAY or Ages 18+ LDF Residential Stability)	26% Improved 47% Maintained Total: 73%	Insufficient Data
	5.4) 75% of caregivers will maintain or improve their participation in Drug Testing and Ability to Refrain from Substance Abuse (if applicable)‡ (Source: CANS BEN Substance Use)	31% Improved 59% Maintained Total: 90%	19% Improved 70% Maintained Total: 89%
	5.5) 75% of caregivers will participate in Mental Health Treatment ‡ (Source: Adult Survey Participation Domain)	93% participated	82% participated
	5.6) 75% of caregivers will maintain or improve their physical health‡ (Source: CANS – LDF Medical)	3% Improved 90% Maintained Total: 93%	7% Improved 83% Maintained Total: 90%
	5.7) 60% of caregivers will make progress in meeting their treatment goals‡	N/A	N/A
Satisfaction	6.1) 80% of customers and families will be satisfied with HOPE Services. (Source: YSS, YSS-F, AS; % Satisfied= Mean score of 4.0 or higher on Total Satisfaction.) †	YSS-F: 80% YSS: 59% AS: 94%	YSS-F: 93% YSS: 79% AS: 79% (N=26/33)

Note(s): (1) Outcomes from program logic model; (2) †=Uplift Family Services Logic Model Outcome; (3) ‡=Fresno County Child Welfare Services Logic Model Outcomes, released: 2017-06-13. (4) The CANS are scored on a 4-point Likert scale (0, 1, 2, 3) and are assessed based on Actionable (2, 3) ratings versus Non-Actionable (0, 1) ratings. The former denotes a problem with varying levels of severity, and is incorporated into treatment, whereas, the latter denotes either no problem or a history of a problem. Improvement is described by moving from an actionable rating to a non-actionable rating from admit to discharge, maintenance is described by maintaining a non-actionable rating from admit to discharge. Note: For 1.1 timely access to services, for Urgent: for 1 client, program could not reach care provider. For Regular: for 141, program could not provide times within the 10 days. The other reasons for not meeting the timeframe included: no times available within 10 days (n=68), not enough infant mental health appointments (n=7), couldn't secure an interpreter due to Covid-19 (n=5), couldn't reach care provider within first 10 days (n=23), couldn't reach adult client within first 10 days (n=21), needed parent to sign consents (n=10), refused services (n=5), and incarcerated (n=2).

SECTION II: DEMOGRAPHICS AND STATISTICAL DATA FY20

Table 2: Customers Served

Number of Customers Served	
Active Customers as of 06/30/20	430
Customers Referred	1006
Customers Admitted	549
Customers Discharged	522
Customers Discharged with LOS greater than 60 days*	471
Total Customers Served Unduplicated	923
Total Customers Served	952

Source: DWH Masterclient Extract (07/20/2020) and CWMHS Activity Report (07/15/20). Note(s): (1) *Outcomes only include Customers discharged with a LOS greater than 60 days. (2) Other includes Declined and Sent to Judge's report with no MHA. (3) Other data received from CWMHS Activity Report. (4) In FY20, 195 assessments were completed of the 1006 clients that were NOAs.

Table 3: Age

	N=549
0 to 5	139 (25%)
6 to 10	100 (18%)
11 to 13	55 (10%)
14 to 17	47 (9%)
18 to 25	42 (8%)
26+	166 (30%)
Range	0.00 – 68.00
Mean	17.63
Median	13.25

Source: DWH Masterclient Extract (07/20/2020). (1) Admitted customers only.

Figure 1: Gender

Source: DWH Masterclient Extract (07/20/2020). Notes: (1) N is unduplicated. (2) Admitted customers only.

Table 4: Ethnicity

	N=512
African American	51 (10%)
Asian/Pacific Islander	19 (3%)
Caucasian	133 (26%)
Hispanic/Latino	239 (48%)
Multi-Ethnic	63 (12%)
Native American	6 (1%)
Other	1 (<1%)

Source: DWH Masterclient Extract (07/20/2020). Note(s): (1) N is unduplicated. (2) Missing data for 23 customers.

Table 5: Primary Diagnoses

	N=507
Trauma-Stressor Related Disorders	381 (75%)
Mood Disorders	93 (18%)
Other	14 (3%)
Disruptive Disorders	11 (2%)
Psychotic Disorders	2 (<1%)
Neurodevelopmental Disorders	6 (1%)

Source: DWH Masterclient Extract (07/20/2020). Note(s): (1) Diagnoses source: DSM-5, ICD-10; (2) Other includes: Medical Condition (n=1), Personality Disorder (n=2), Obsessive Compulsive Disorder (n=1) and Other Not Specified (n=10). (3) NOA customers not included: n=42.

Figure 2: Length of Stay

Source: DWH Masterclient Extract (07/20/2020). Note(s): (1) LOS is shown in days.

SECTION III: PROGRAM OUTCOMES

Timeliness of Service

Figure 3: First Contact Completed Within the Appropriate Timeframes

Source: Program Tracking (07/15/2020). Note(s): (1) Urgent: n=11, Regular: n=363, and Total: n=374. (2) n= number of Customers that completed first contact within 3 days for Urgent and 10 Days for Regular. Priority was not reported on during this time period due to Final Rule. For Urgent: for 1 client, program could not reach care provider. For Regular: for 141, program could not provide times within the 10 days. The other reasons for not meeting the timeframe included: no times available within 10 days (n=68), not enough infant mental health appointments (n=7), couldn't secure an interpreter due to Covid-19 (n=5), couldn't reach care provider within first 10 days (n=23), couldn't reach adult client within first 10 days (n=21), needed parent to sign consents (n=10), refused services (n=5), and incarcerated (n=2). (3) During January to May 2020, Regular reached the target goal of 80%; however, staff retention dropped considerably in June, lowering the percentage to 65%.

Figure 4: Assessments Completed Within the Appropriate Timeframes

Source: CWMHS Activity Report (07/15/2020). (1) Completed within 10 days: n=507.

Access/Engagement

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

	N=22,243
Assessment	1,923 (9%)
Case Management	3,813 (17%)
Collateral	1,436 (7%)
Court Related Activities	1,407 (6%)
Individual Therapy	7,323 (33%)
Intensive Care Cord	2,856 (13%)
Intensive Home-Based Service	1,429 (5%)
Medication Services	366 (2%)

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Plan Development	580 (3%)
Rehabilitation	1110 (5%)
<i>Services Per Client</i>	24.1
Pre-COVID-19 (July 1, 2019 to February 28, 2020)	
In Office	5,484 (46%)
Not in Office	6,297 (54%)
During COVID-19 (March 1, 2020 to June 30, 2020)	
Not in Office	8,536 (100%)

Source: Service Detail Report (07/15/2020). Note(s): (1) N=number of services. (2) Missing location: n=3.

Figure 6: Percent of Service Types Provided

Source: Service Detail Report (07/20/2020). Note(s): (1) N=number of services.

Figure 7: Location of Service Provision

Source: Service Detail Report (07/15/2020). Note(s): (1) Out of Office (Pre-COVID 19: n=6,297 During COVID 19: n=8,536), In Office (Pre-COVID 19: n=5,484; During COVID-19: n=0). If looking at units of service (minutes): Pre-COVID 19: 594,916 minutes were Out of Office (70%) and 249,519 minutes were In Office (30%); During COVID-19: 394,835 minutes were Out of Office (100%).

Figure 8: Reason for Discharge

Source: CWMHS Activity Report (07/20/2020). Note(s): (1) Goal Achievement (n=254) and DSS case closed (n=73).

Figure 9

Source: CANS 5+ and Agency Standard CANS (07/15/2020). Note(s): (1) Paired CANS LDF School Achievement (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Figure 10

Source: CANS 5+ and Agency Standard CANS (07/20/2020). Note(s): (1) Paired Agency CANS LDF School Attendance (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Figure 11

Source: CANS 5+ and Agency Standard CANS (07/15/2020). Note(s): (1) Agency CANS LDF Social Function Paired CANS (Include the CANS item) (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Figure 12

Source: CEDE 2.0 (07/15/2020). Note(s): (1) Paired CEDE Suspension/Expulsions (Admit and Discharge), includes Customers with a LOS greater than 60 days. (2) Maintained is defined as 0 suspensions or expulsions at admit and discharge.

Figure 13

Source: CANS 0-4, CANS 5+, ANSA, ANSA-T, and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS SD Interpersonal (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Figure 14

Source: CANS 0-4, CANS 5+, ANSA, ANSA-T and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS LDF Family Functioning (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Figure 15

Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS LDF Living Situation (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Figure 16

Source: CANS 5+ and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS BEN domain (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Figure 17

Source: CANS 5+ and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS RB Domain (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Quality of Life

Figure 18

Source: Agency Standard CANS (07/15/2020). Note(s): (1) Paired CANS (Admit and Discharge), includes Customer with a LOS greater than 60 days.

PSC-35

Figure 19

Source: PSC-35 (07/15/2020). Note(s): (1) Paired PSC-35 (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Figure 20

Source: CWMHS Activity Report (07/20/2020). (1) Goal Achievement (n=254) and DSS case closed instead of goal achievement (n=73).

Improved Family Functioning

Figure 21

Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS CGRN Knowledge (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Figure 22

Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS CGRN Supervision (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Figure 23

Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS CGRN Safety (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Figure 24

Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS Agency CGRN Residential Stability (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Improved Parent Functioning

Figure 25

Source: ANSA and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS SD Community Life (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Figure 26

Source: ANSA, ANSA-T, and Agency Standard CANS (07/20/2020). Note(s): (1) Paired Agency CANS LDF Job Functioning (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Figure 27: **Parent Will Maintain or Improve Housing**
Insufficient data for FY20 (N=5).

Figure 28

Source: ANSA, ANSA-T and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS BEN Substance Use (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Figure 29

Source: Adult Satisfaction Survey (07/15/2020). Note(s): (1) Participation in treatment is measured by customer satisfaction, as measured by the Participation domain of the Adult Survey; (2) Satisfaction is defined as an average rating of 4.0 or above.

Figure 30

Source: ANSA, ANSA-T, and Agency Standard CANS (07/15/2020). Note(s): (1) Paired Agency CANS LFD Medical (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Figure 31

Source: YSS-F, YSS (07/15/2020) and Consumer Perception Survey – YSSF & YSS Survey (011/2019). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) National Comparison (**Green** Arrows) compare to complete stacked bars, No National Comparison for Total Satisfaction.

Figure 32

Source: Adult Survey (07/15/2020) and Consumer Perception Survey - Adult Survey (11/2019). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) No National Comparison for Adult Survey. (2) Total satisfaction: N=26/33.

DEPARTMENT RECOMMENDATION(S):

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