

PROGRAM INFORMATION:

Program Title:	Uplift Family Services Fresno HOPE (Child Welfare Mental Health) Program	Provider:	Uplift Family Services (formerly EMQ Families First)
Program Description:	<p>Uplift Family Services Fresno HOPE (Child Welfare Mental Health) 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, 2017 - June 30, 2018
Funding Source 1:	Medical FFP	Funding Source 3:	Other, please specify below
Funding Source 2:	EPSDT	Other Funding:	DSS

FISCAL INFORMATION:

Program Budget Amount:	\$4,000,000	Program Actual Amount:	\$3,115,599.10
Number of Unique Clients Served During Time Period:	924		
Number of Services Rendered During Time Period:	15,069 services (1,193,739 units of service)		
Actual Cost Per Client:	\$3,371.86 per client		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	10/01/2015 – 06/30/2019 (10/01/2015 – 06/30/2017 plus two optional one-year extensions)	For Other:	
		Renewal Date:	07/01/2019
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 no 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 participates 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

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Goal	Performance Measure	FY18
Efficiency - Timeliness of Service‡	1.1) 80% Timely access to services from referral to first contact. ⁵ <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>	Urgent: 100% (n=7/7) Priority: 84% (n=37/44) Regular: 73% (n=296/408)
	1.2) 60% of clients will have timely access to services from assessment to ongoing treatment	88% (n=523/597)
	1.3) 60% Timely access to services from referral to medication evaluation (when appropriate)	N/A Future Measure
	1.4) 60% of clients’ assessments will be completed within appropriate timeframes (Urgent, Priority, Standard: all due within 30 days) (Source: Program Tracking (Referral Date to Ax Date))	Overall: 89% (Children: n=365/411) Urgent: 100% (Children: n=7/7) Priority: 89% (Children: n=39/44) Regular: 89% (Children: n=319/360)
Access/ Engagement‡	2.1) “No show” rate will be no more than 20%	5% (n=769/15,833)
	2.2) No more than 20% of discharges will be due to “no show” (Source: Activity Spreadsheet)	11% (n=34/298)
	2.3) Increase the number of services provided per client by 5% (Source: Avatar Billing Report)	18.67 Services (.0015% increase)
	2.4) 70% of services will be provided in the Community (Source: Avatar Billing Report)	Field: 67.3% (n=10,148/15,064) Office: 32.7% (n=4,916/15,064)
	2.5) 70% of discharges will be due to successful completion of treatment (Source: TIER/Welligent Reason for Discharge: Goal Achievement, Attained Dependency, and Reunification)	41.4% (n=140/450)
	2.6.1) Increased rates of IHBS billing (Source: Avatar Billing Report)	IHBS: 167 Services 254 Less Services from Previous FY
	2.6.2) Increased rates of ICC billing (Source: Avatar Billing Report)	ICC: 294 Services 60 Less Services from Previous FY
2.6.3) Increase in home-based services (Source: Avatar Billing Report)	IHBS: 167 Services 254 Less Services from Previous FY	
Effectiveness - Improved Child Functioning	4.1) 80% of clients will maintain or improve academic performance‡ (Source: CANS LDF School Performance)	15.6% Improved (n=12/77), 66.2% Maintained (n=51/77)
	4.2) 80% of clients will improve school attendance‡ (Source: CANS LDF School Attendance)	9.1% Improved (n=7/77), 74% Maintained (n=57/77)
	4.3) 80% of clients will decrease suspensions or school disciplinary actions ‡ (Source: CEDE Suspensions and Expulsions)	11.3% Improved (n=9/80) 81.3% Maintained (n=65/80)
	4.4) 80% of clients will maintain or increase in healthy friendships and participation in age-appropriate activities † (Source: CANS CS Interpersonal, ANSA MHS Interpersonal Problems)	32.7% Improved (n=56/171), 29.8% Maintained (51/171)
	4.5) 80% of clients will maintain or improve their ability to function within the current living situation‡ (Source: CANS LDF Living Situation)	15.3% Improved (n=26/170), 68.8% Maintained (n=117/170)

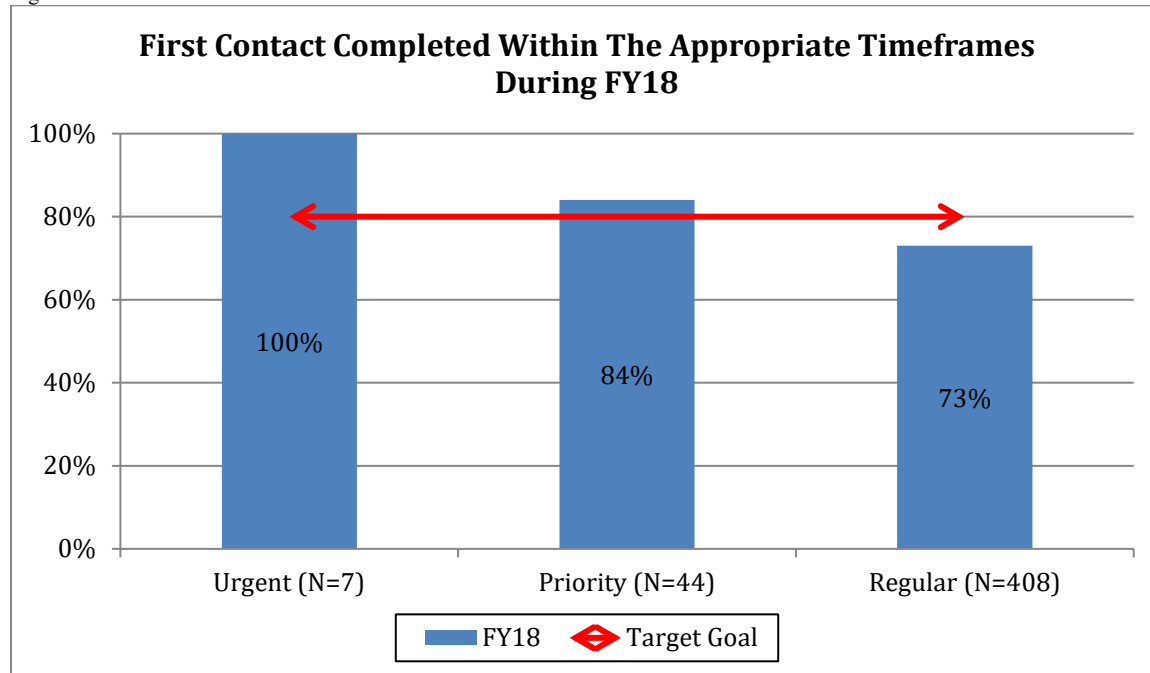
	4.6) 60% of adult and children consumers will make progress or meet treatment goals ‡.	Customers met treatment goals: 38% (n=114/298) Customers with DSS case closed: 32%(n=94/298) Total: 70% (n=208/298)
	4.7) 80% of clients will maintain healthy and stable relationships at home ‡ (Source: CANS LDF Family, CS Family)	34.7% Improved (n=59/170), 37.6% Maintained (64/170)
	4.8) 80% of clients will maintain health and stable relationships at school ‡ (Source: CANS LDF School Behavior)	19.5% Improved (n=15/77), 62.3% Maintained (n=48/77)
Effectiveness - Improved Family Functioning	5.1) 80% of caregivers will be knowledgeable about child’s need, can monitor and manage the child’s behavior ‡ (Source: CANS CGSN Knowledge)	18.1% Improved (n=19/105), 68.6% Maintained (n=72/105)
	5.2) 80% of caregivers will refrain from behavior that puts the child at risk. ‡ (Source: CANS CGSN Supervision)	7.7% Improved (n=8/104), 60.6% Maintained (n=63/104)
	5.3) 80% of caregivers will be protective of the child from others that pose a risk to a child ‡ (Source: CANS CGSN Safety)	5.7% Improved (n=6/105), 92.4% Maintained (n=97/105)
	5.4) 80% of caregivers will be able to maintain safe and stable housing ‡ (Source: CANS CGSN Residential Stability)	3.9% Improved (n=4/103), 83.5% Maintained (n=86/103)
Effectiveness - Improved Parent Functioning	6.1) 80% of caregivers will increase social supports and safety network ‡ (Source: CANS CGSN Social Resources)	5.7% Improved (n=6/105), 85.7% Maintained (n=90/105)
	6.2) 80% of caregivers will maintain a Job or Means of Livelihood ‡ (Source: ANSA LDF – Employment)	18.8% Improved (n=9/48), 50.0% Maintained (n=24/48)
	6.3) 80% of caregivers will be able to maintain safe and stable housing ‡ (ANSA Residential Stability)	12.7% Improved (n=7/55), 69.1% Maintained (n=38/55)
	6.4) 80% of caregivers will maintain or improve their participation in Drug Testing and Ability to Refrain from Substance Abuse (if applicable) ‡ (Source: CANS CGSN Substance Use)	3.8% Improved (n=4/104), 90.4% Maintained (n=94/104)
	6.5) 80% of caregivers will participate in Mental Health Treatment ‡ (Source: Adult Survey Participation Domain)	86.3% (n=65/75)
	6.6) 80% of caregivers will maintain or improve their physical health ‡ (Source: ANSA LDF – Physical/Medical)	3.8% Improved (n=4/105), 93.3% Maintained (n=98/105)
	6.7) 60% of adults and children will make progress in meeting their treatment goals ‡	Customers met treatment goals: 38% (n=114/298) Customers with DSS case closed: 32%(n=94/298) Total: 70% (n=208/298)
Satisfaction	7.1) 80% of consumers 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: 75% (n=95/126) YSS: 82% (n=27/33) AS: 82% (n=62/76)

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 series (CANS 0-4, CANS 5+, ANSA, ANSA-T) 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. (5) Outcome 1.1- Of 408 customers 89 customers were not scheduled within 7 days or did not have a first face-to-face contact within 30 days. Program attempted to schedule within the timeframe however was unable to do so due to various external reasons as stated in the comment section in the MAR. In addition, 54 customers were technically inactive; 20 of 54 customers were pursued and eventually became active, 3 of 54 customers had their DSS cases closed after becoming inactive, and 31 remained inactive. If the 89 customers cases were excluded from the analysis, 93% of customers (n=296/319) would have met this goal.

Timeliness of Service

First Contact Completed Within the Appropriate Timeframes

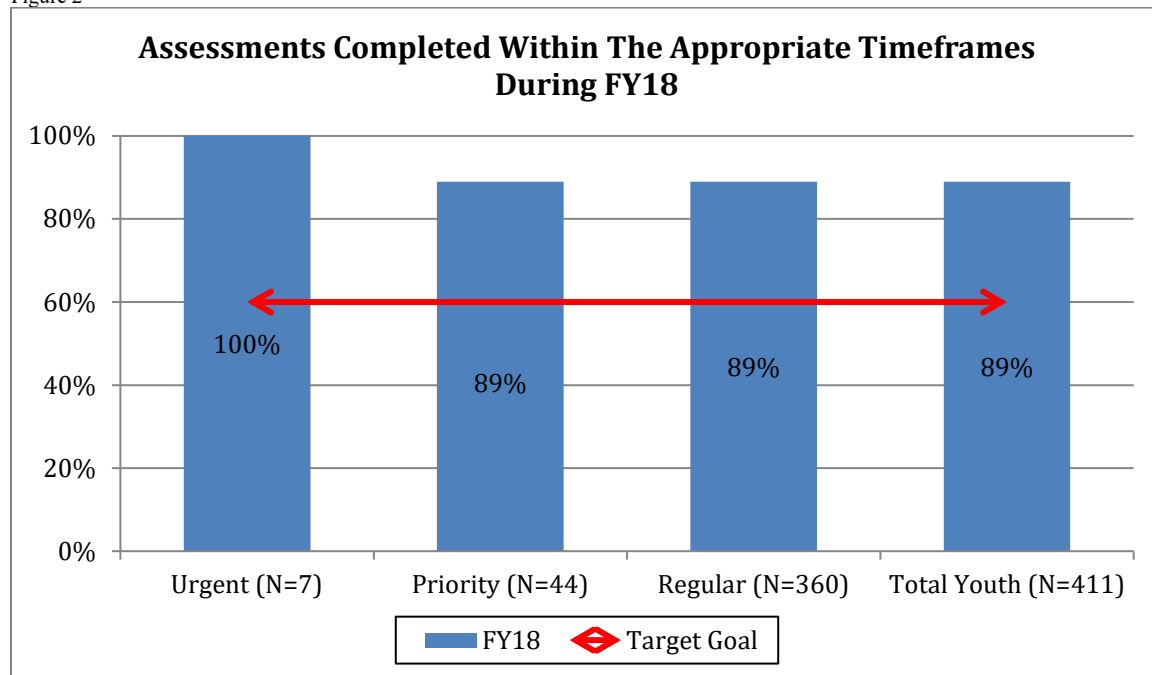
Figure 1



Source: Program Tracking (7/10/2018). Note(s): (1) Data includes consumers with a referral date within FY18. (2) Urgent: n=7, Priority: n=37, Regular: n=285. (3) n= number of consumers that completed first contact within 3 days for Urgent, 15 days for Priority, and 30 Days for Regular.

Assessments Completed Within the Appropriate Timeframes

Figure 2



Source: Program Activity Report (07/10/2018). Note(s): (1) Excludes consumers whose case was closed for No Medical Necessity or No Show/Refused Services; (2) Urgent (3 days), Priority (7 Days), Regular (30 Days).

Access/Engagement

Number of Services Provided Per Consumer (Child and Adult)

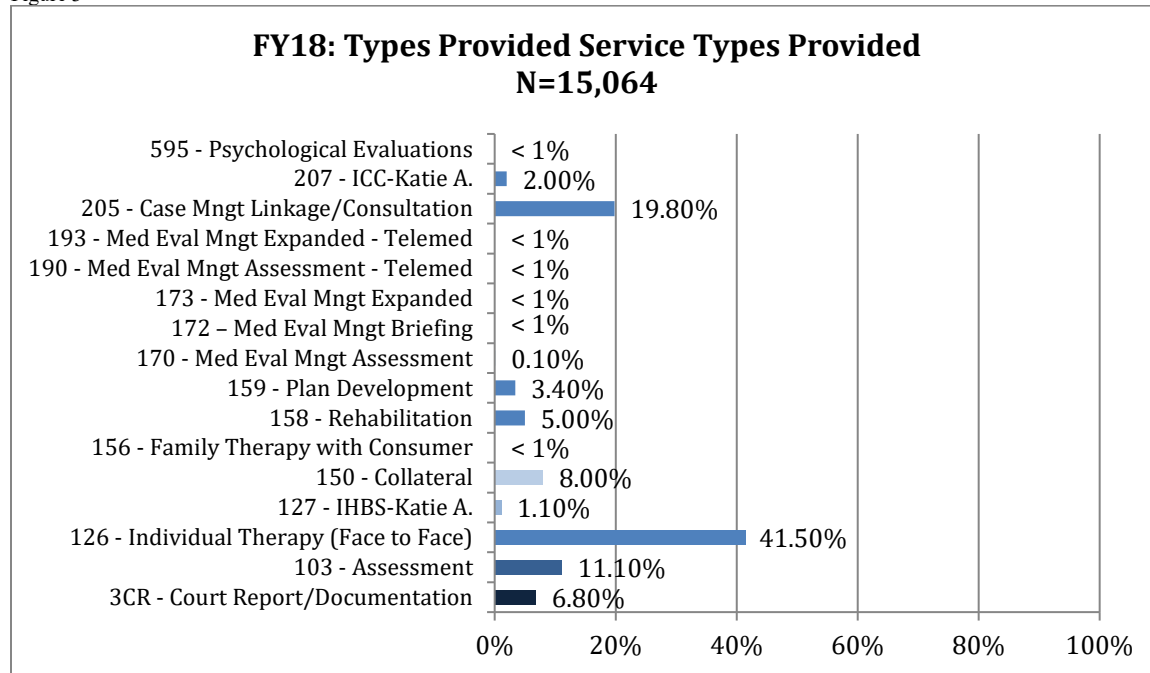
Table 1

	FY18 (N=15,064)
3CR - Court Report/Documentation	1,026 (6.8%)
103 - Assessment	1,677 (11.1%)
126 - Individual Therapy (Face to Face)	6,245 (41.5%)
127 - IHBS-Intensive Home Based Services-Katie A.	167 (1.1%)
150 - Collateral	1,208 (8.0%)
156 - Family Therapy with Consumer	5 (<1%)
158 - Rehabilitation	757 (5.0%)
159 - Plan Development	509 (3.4%)
170 - Medication Evaluation Management Assessment	106 (0.1%)
172 – Medication Evaluation Management Briefing	6 (<1%)
173 - Medication Evaluation Management Expanded	13 (<1%)
190 - Medication Evaluation Management Assessment - Teled	6 (<1%)
193 - Medication Evaluation Management Expanded - Teled	52 (<1%)
205 - Case Management Linkage/Consultation	2,988 (19.8%)
207 - ICC-Intensive Care Coordination-Katie A.	294 (2.0%)
595 – Psychological Evaluations	5 (<1%)
In Office	4,916 (32.6%)
Not In Office	10,148 (67.4%)
Mean	18.67 Services per Consumer

Source: Avatar Billing Report (07/27/2018). Note(s): (1) N=number of services.

Service Types Provided

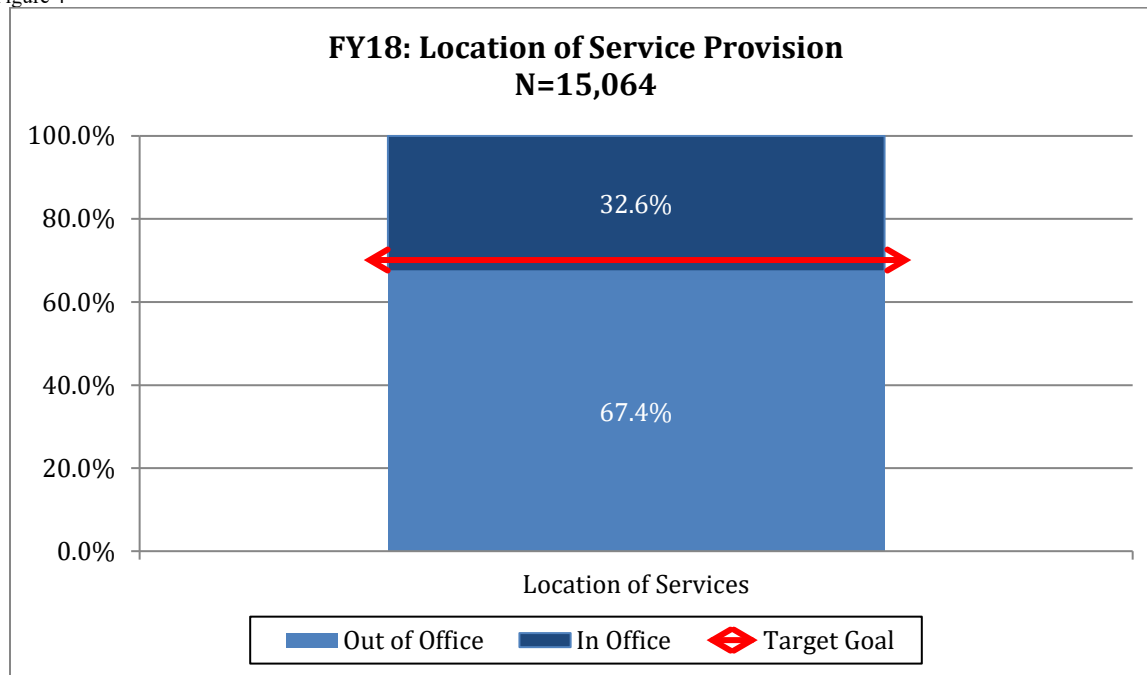
Figure 3



Source: Avatar Billing Report (07/27/2018).

Location of Service Provision

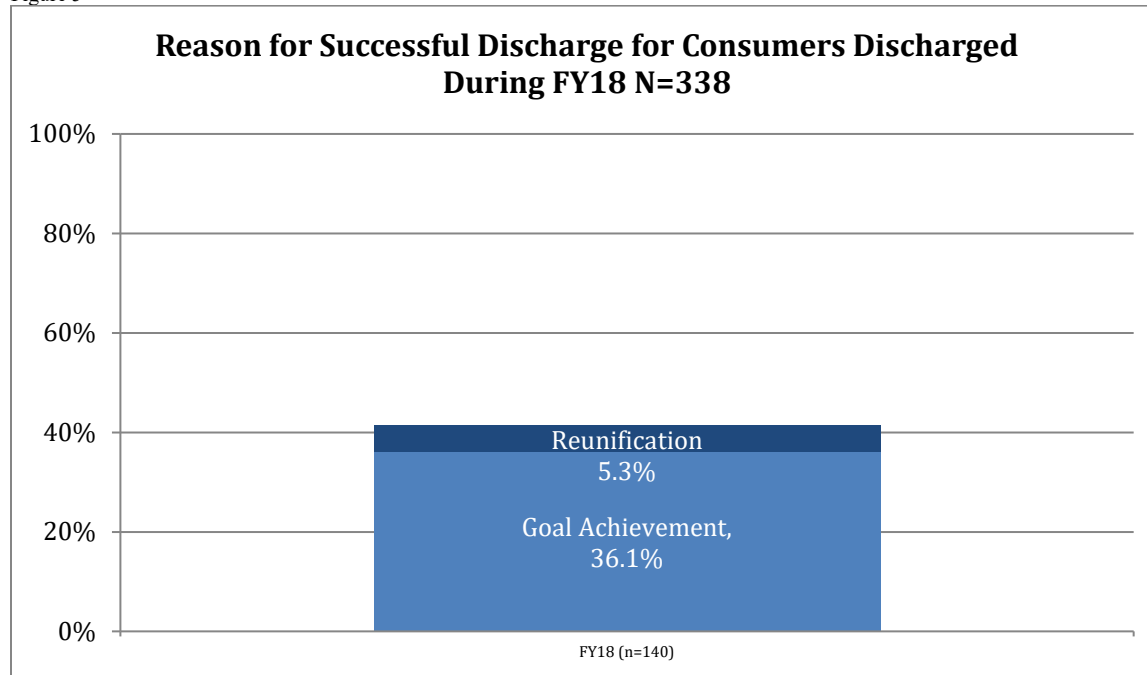
Figure 4



Source: Avatar Billing Report (07/27/2018). Note(s): (1) Out of Office (n=10,148), In Office (n=4,916).

Reason for Discharge

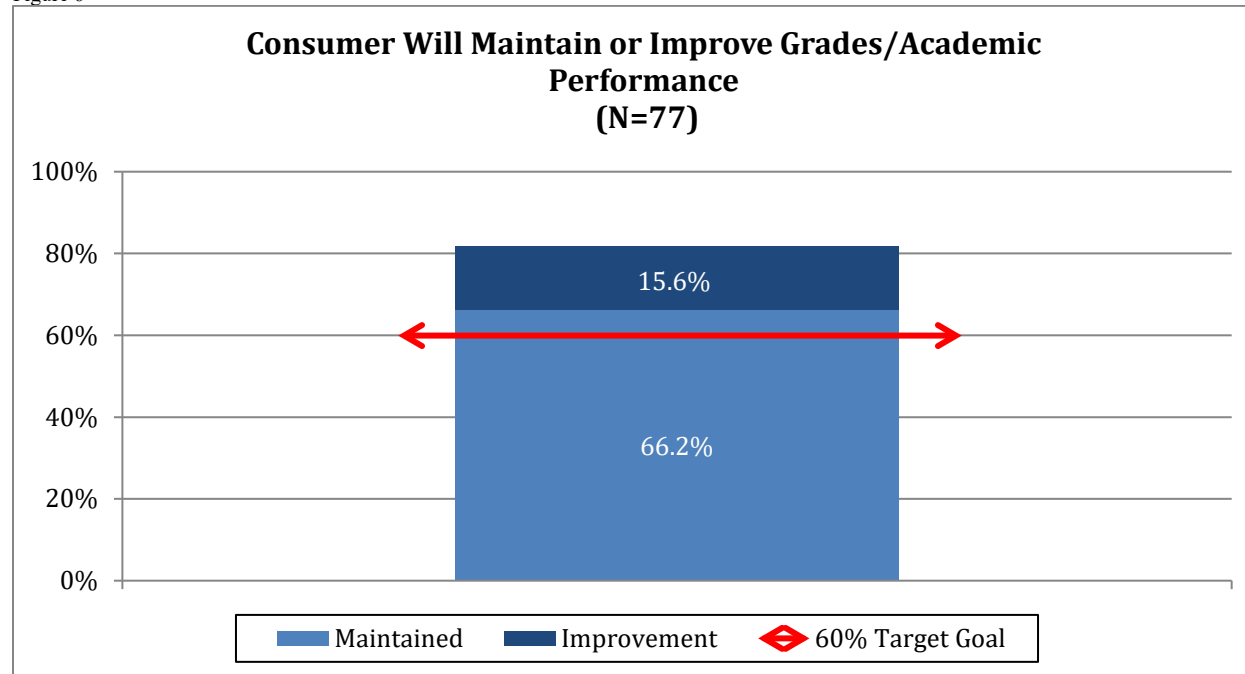
Figure 5



Source: TIER/Welligent Masterclient Extract (07/16/2018). Note(s): (1) Goal Achievement (n=122), Reunification (n=18). (2) Discharge Reasons not shown – Attained 18/19 yrs of age & dependency was dismissed (n=1), Change of level of service – decrease intensity (n=4), AWOL (n=16), Failed to connect with treatment/EBP (n=17), Consumer/family choice/ lack of satisfaction (n=1), Change of service (n=3), Receiving services elsewhere transfer (no change LOC) (n=8), Moved out of service area (n=11), Family felt ready to discontinue/voluntary disenrollment (n=8), Child welfare case closed (n=58), Incarcerated (n=2), Died (n=1), Consumer/ family choice/ declined services (n=16), Transferred to another Uplift program (n=2), Drop-out/lack of participation (n=25), Declined intensive service (n=3), Other (n=22).

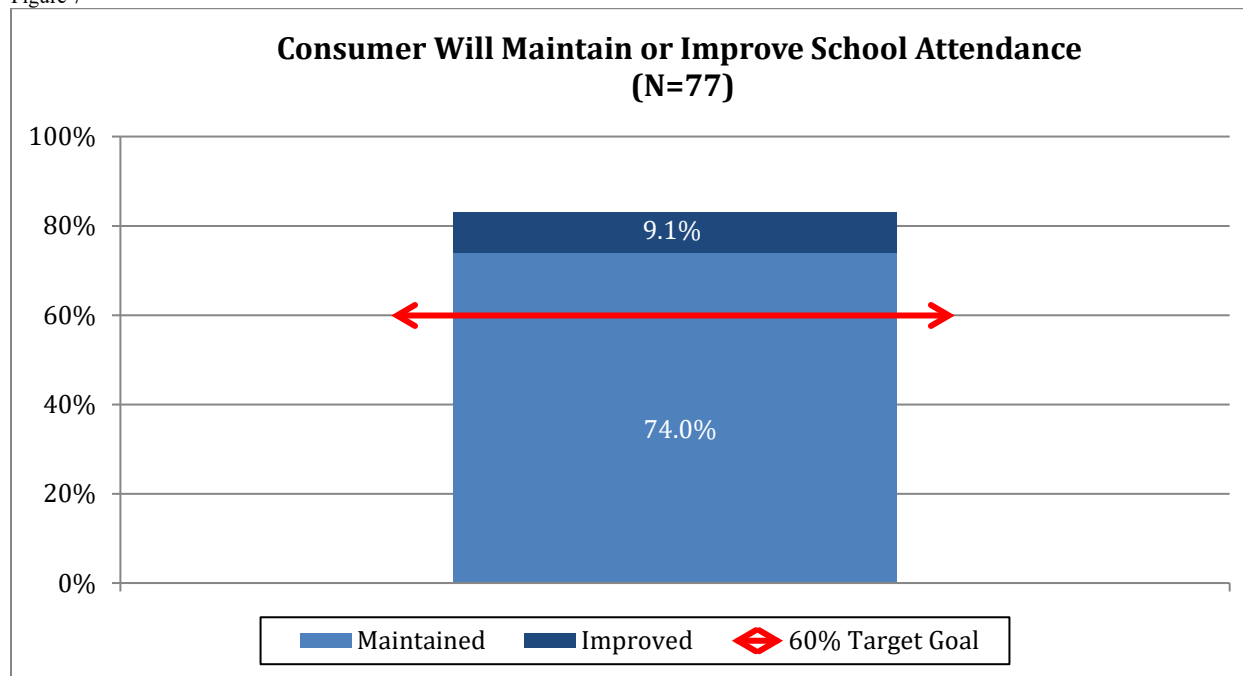
Improved Child Functioning

Figure 6



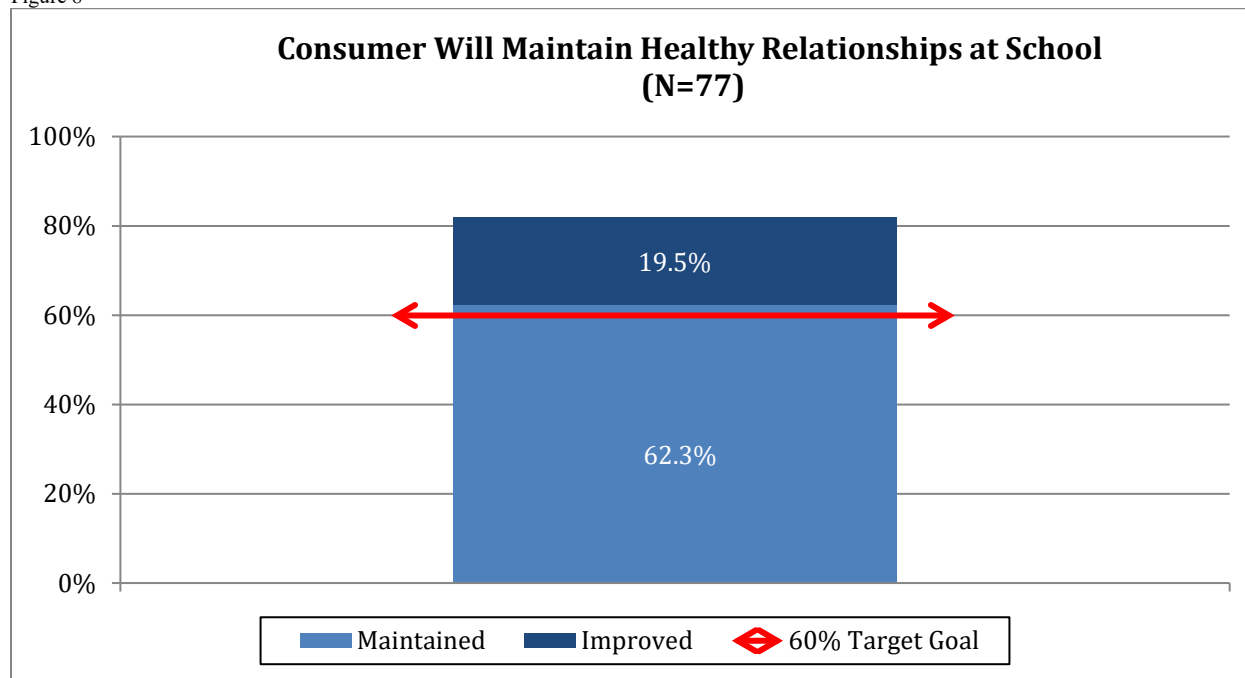
Source: CANS 5+ (07/16/2018). Notes: (1) Paired CANS LDF School Achievement (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 5+ (N=77, n=63); (3) n= number of Consumers improved and maintained.

Figure 7



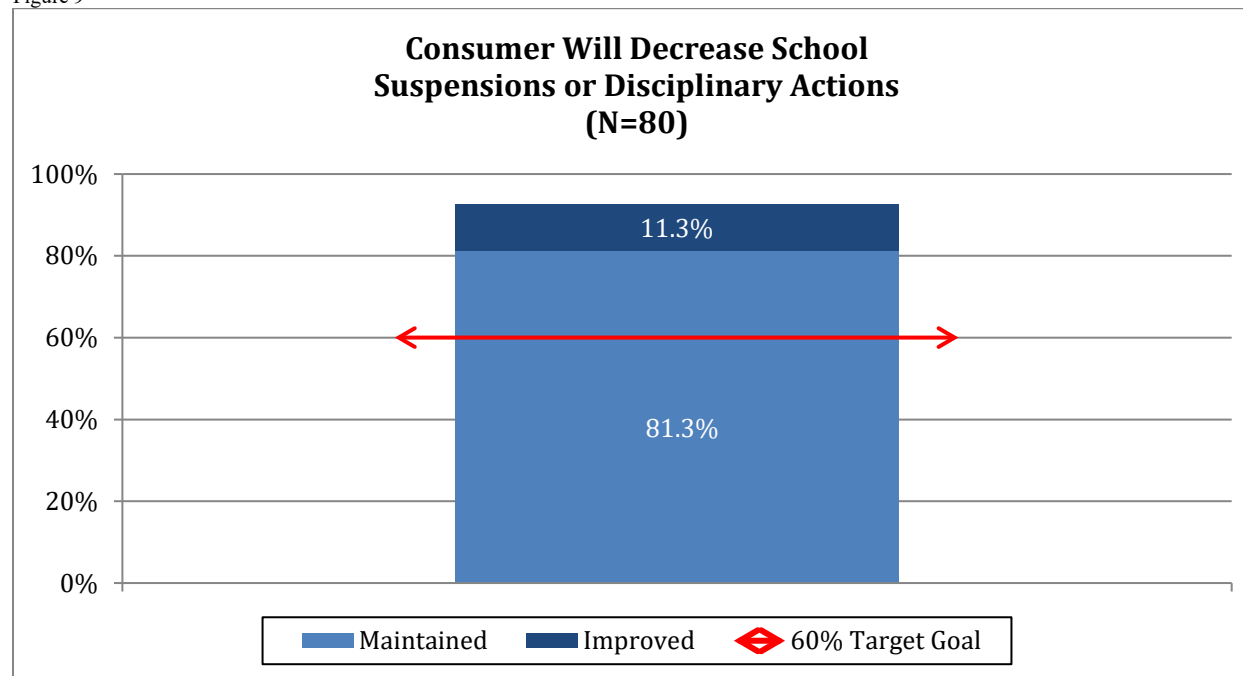
Source: CANS 5+ (07/16/2018). Notes: (1) Paired CANS LDF School Attendance (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) Total number of Consumers with paired data: CANS 5+ (N =77, n=64); (3) n=number of Consumers improved and maintained.

Figure 8



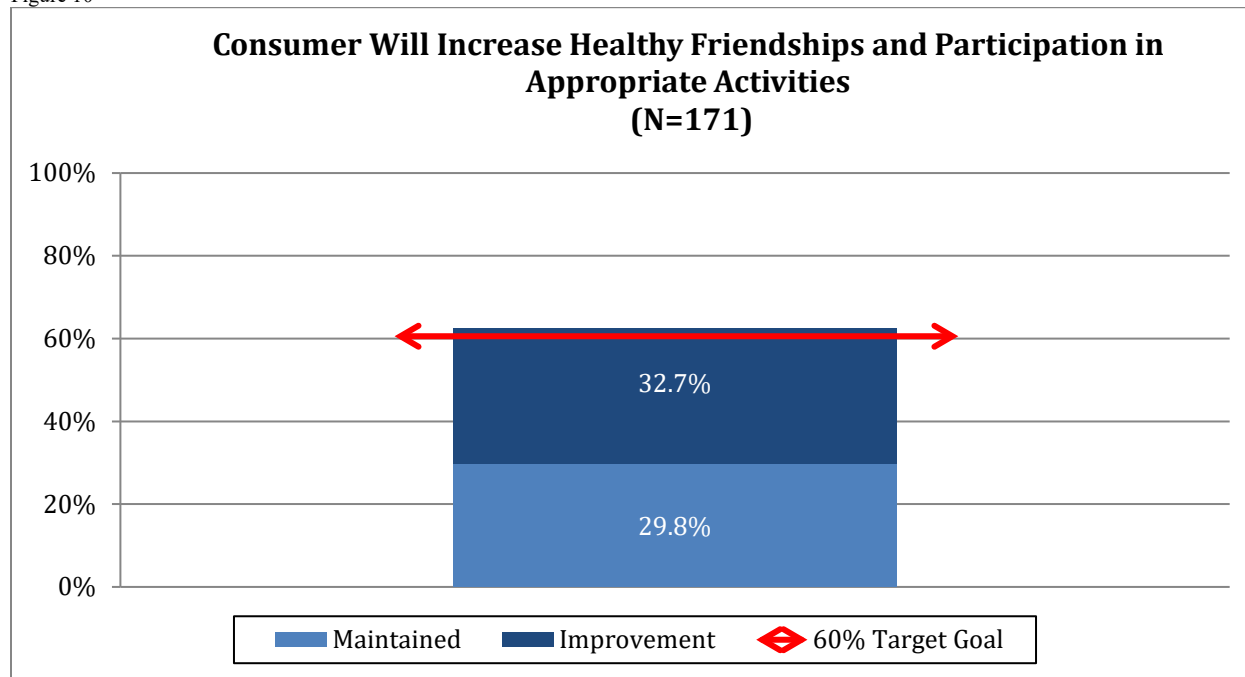
Source: CANS 5+ (07/16/2018). Notes: (1) Paired CANS (Include the CANS item) (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 5+ (N=77, n=63). (3) n= number of Consumers improved and maintained.

Figure 9



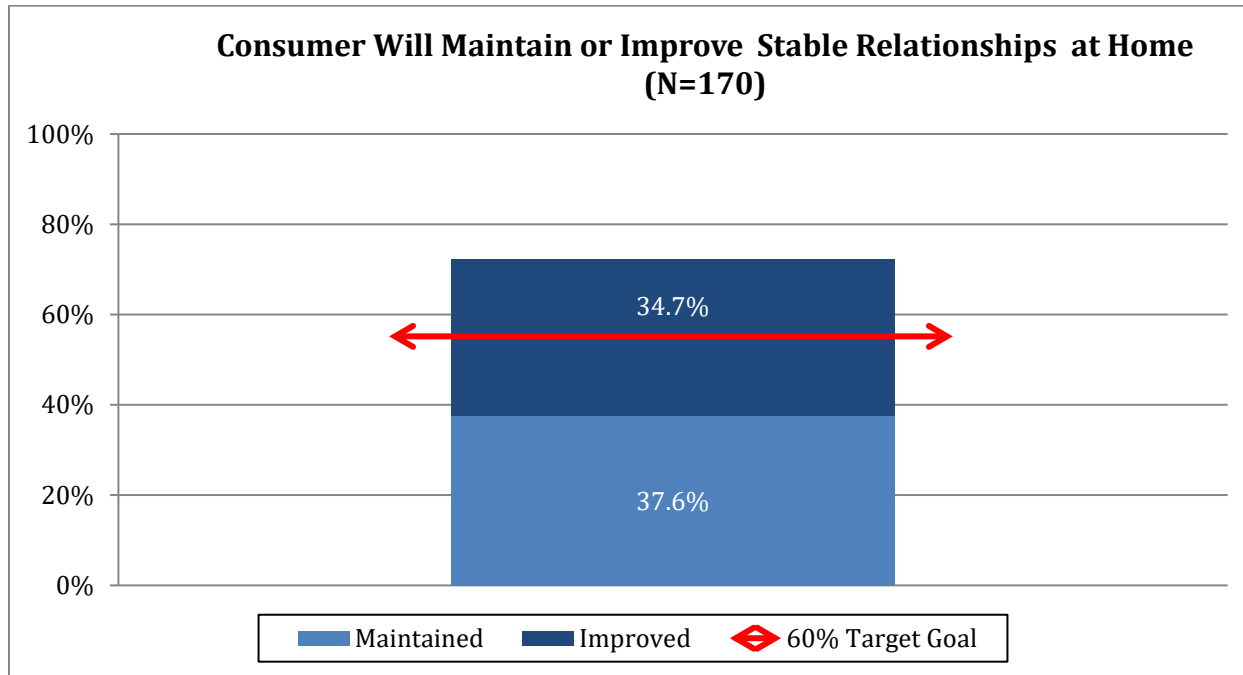
Source: CEDE (07/16/2018). Notes: (1) Paired CEDE Suspension/Expulsions (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data, CEDE (N=80, n=74). (3) n= number of Consumers reduced or maintained.

Figure 10



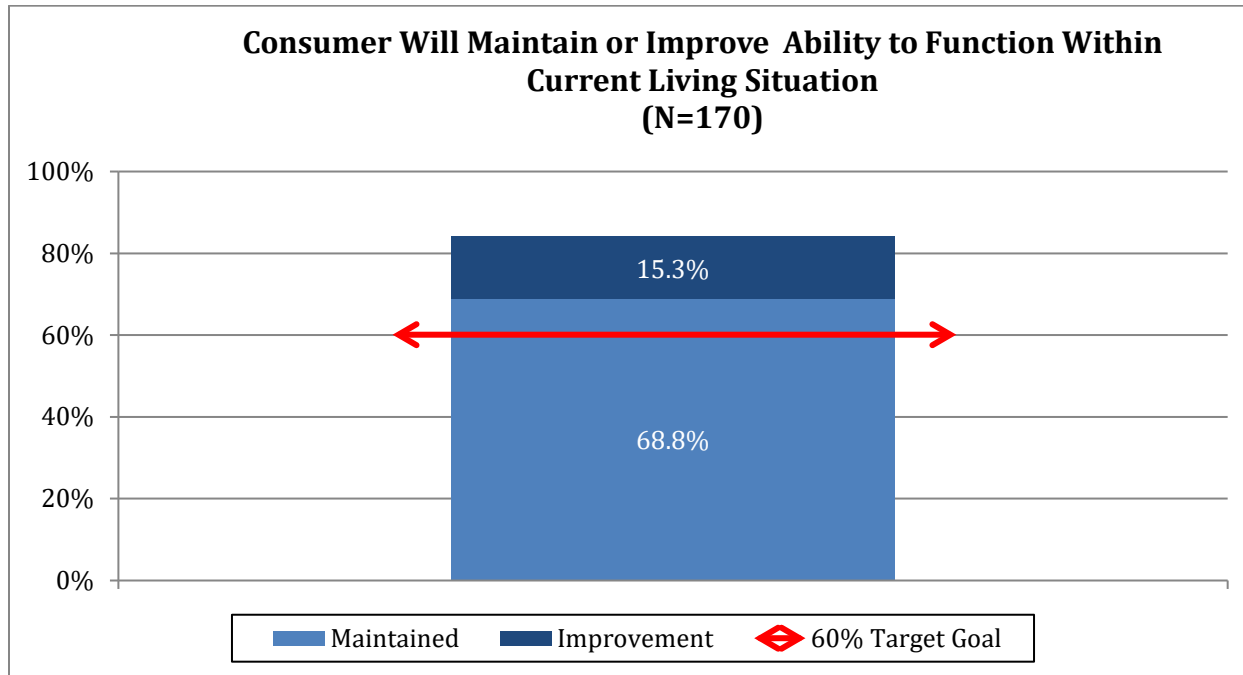
Source: CANS (07/16/2018). Notes: (1) Paired CANS CS Interpersonal (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=29, n=23), CANS 5+ (N =79, n=54), ANSA (N=55, n=28), ANSA-T (N=4, n=0), CANS 0-4 & 5+ (N=3, n=2), CANS 5+ & ANSA-T (N=1, n=0). (3) n= number of Consumers improved and maintained.

Figure 11



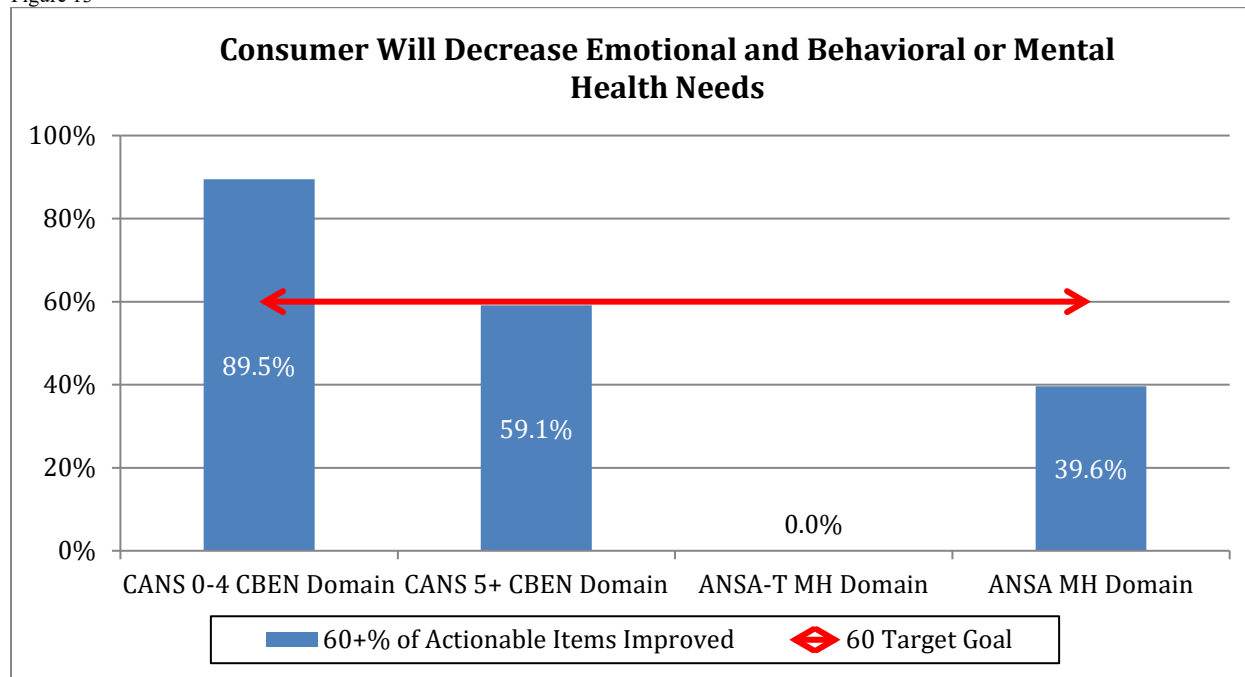
Source: CANS (07/16/2018). Notes: (1) Paired CANS LDF Family (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 0-4 (N=28, n=25), CANS 5+ (N =79, n=61), ANSA (N=55, n=32), ANSA-T (N=4, n=2), CANS 0-4 & 5+ (N=3, n=3), CANS 5+ & ANSA-T (N=1, n=0); (3) n= number of Consumers improved and maintained.

Figure 12



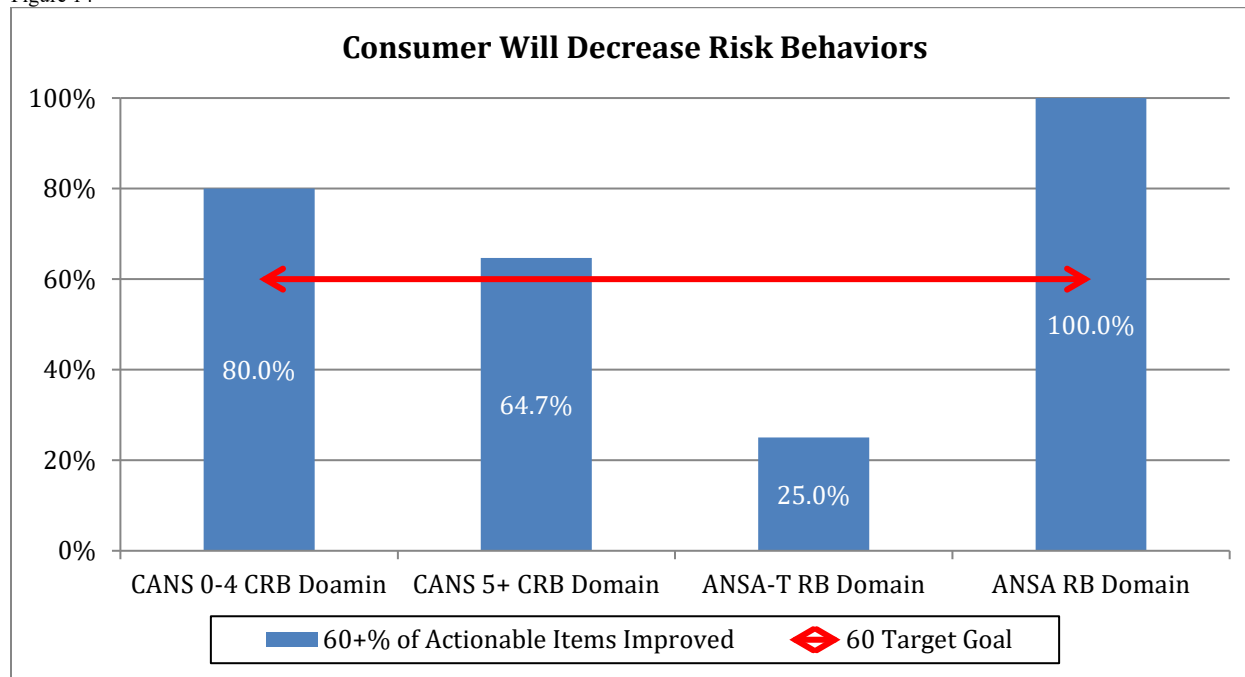
Source: CANS (07/16/2018). Notes: (1) Paired CANS LDF Living Situation (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=29, n=28), CANS 5+ (N=79, n=64), ANSA (N=54, n=46), ANSA-T (N=4, n=2), CANS 0-4 & 5+ (N=3, n=3), CANS 5+ & ANSA-T (N=1, n=0); (3) n= number of Consumers improved and maintained.

Figure 13



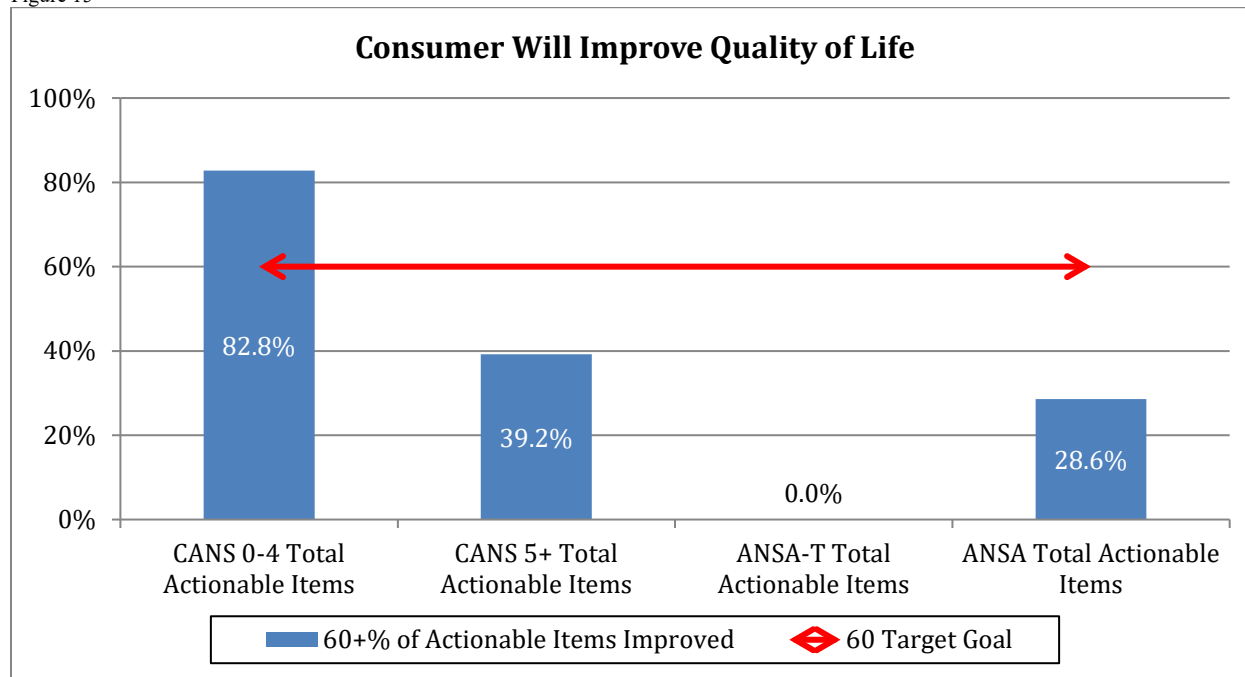
Source: CANS (07/16/2018). Notes: (1) Paired CANS (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data, n= number of Consumers improved on 60% of actionable items: CANS 0-4 (N=19, n=17), CANS 5+ (N=66, n=39), ANSA (N=53, n=21), ANSA-T (N=3, n=0).

Figure 14



Source: CANS (07/16/2018). Notes: (1) Paired CANS (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data, n= number of Consumers improved on 60% of actionable items: CANS 0-4 (N=5, n=4), CANS 5+ (N=17, n=11), ANSA (N=2, n=2), ANSA-T (N=4, n=1).

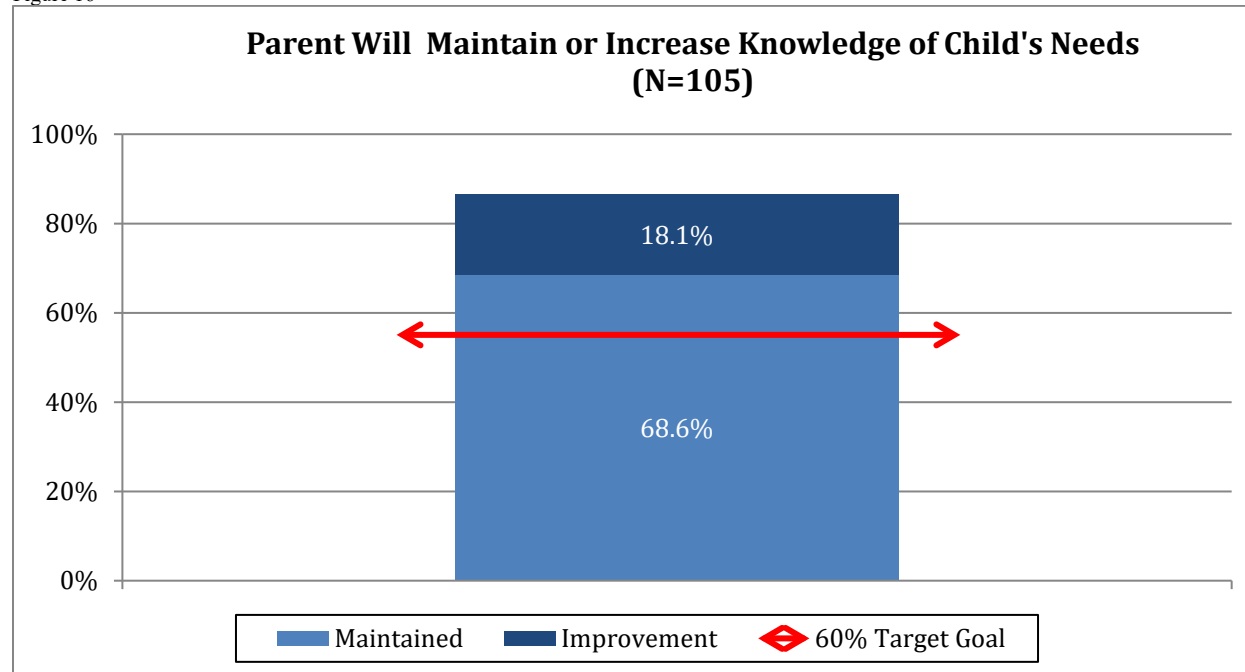
Figure 15



Source: CANS (07/16/2018). Notes: (1) Paired CANS (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data, n= number of Consumers improved on 60% of actionable items: CANS 0-4 (N=29, n=24), CANS 5+ (N=79, n=31), ANSA (N=56, n=16), ANSA-T (N=4, n=0).

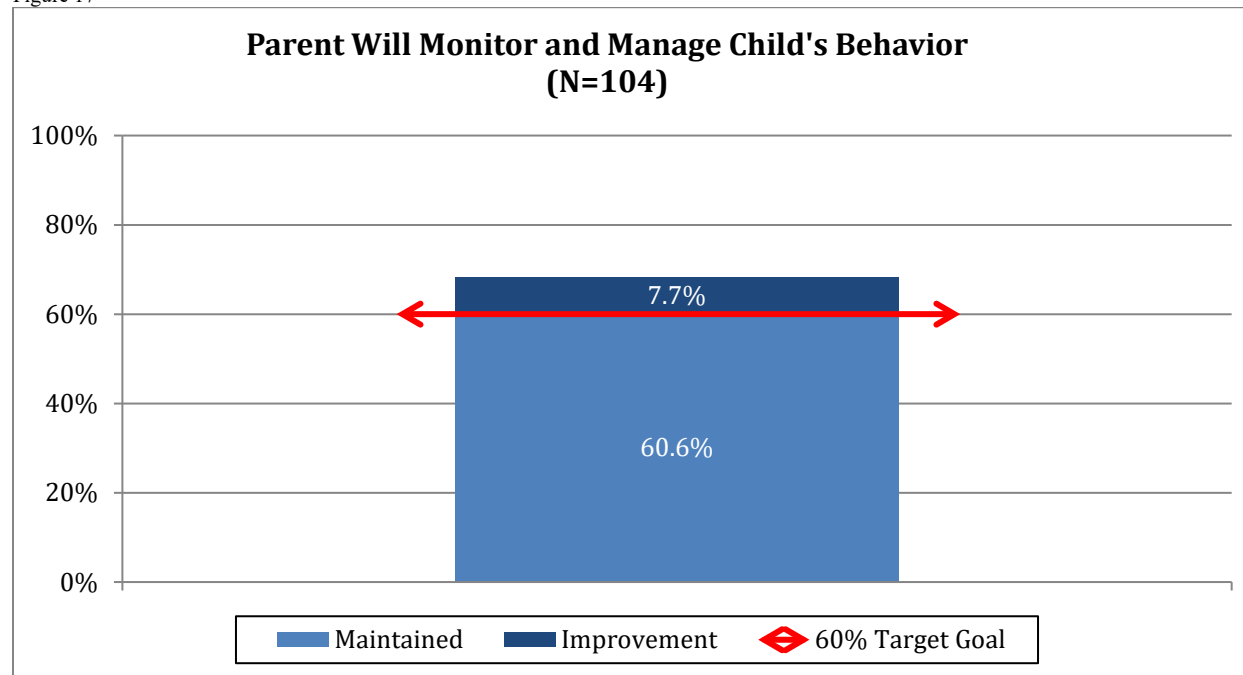
Improved Family Functioning

Figure 16



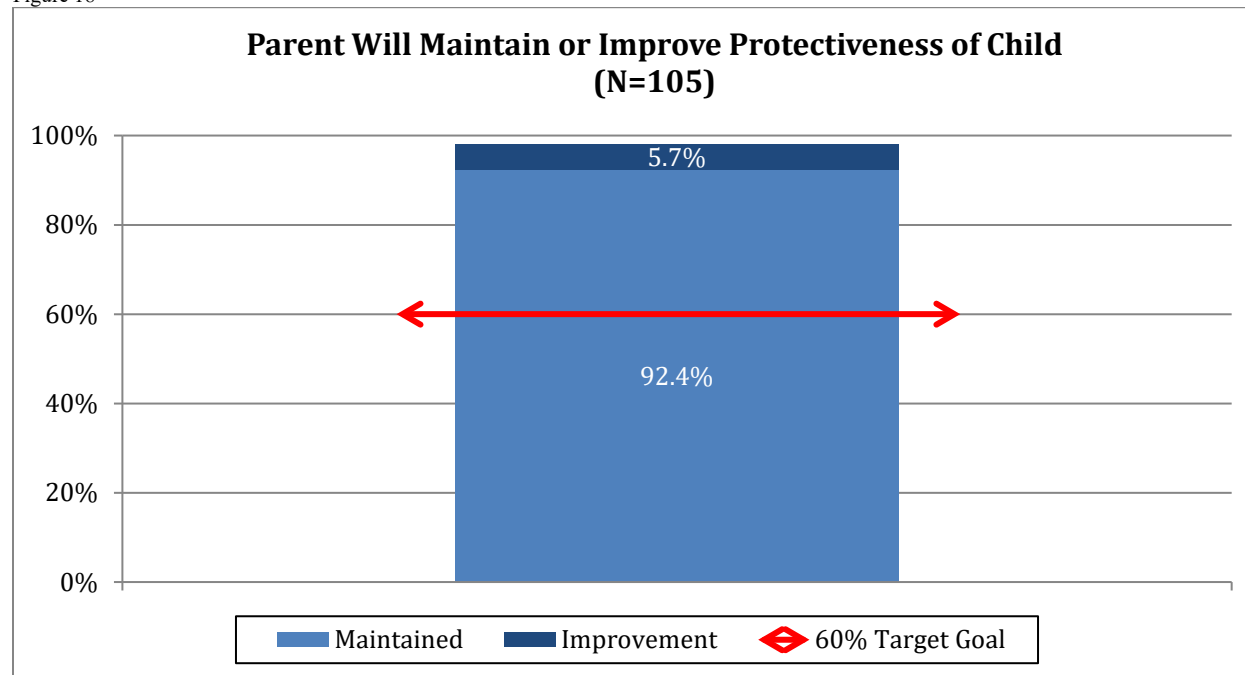
Source: CANS (07/16/2018). Notes: (1) Paired CANS CGSN Knowledge (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=29, n=28), CANS 5+ (N =73, n=59), ANSA (N=1, n=1), CANS 0-4 & 5+ (N=2, n=2), n= number of Consumers improved and maintained.

Figure 17



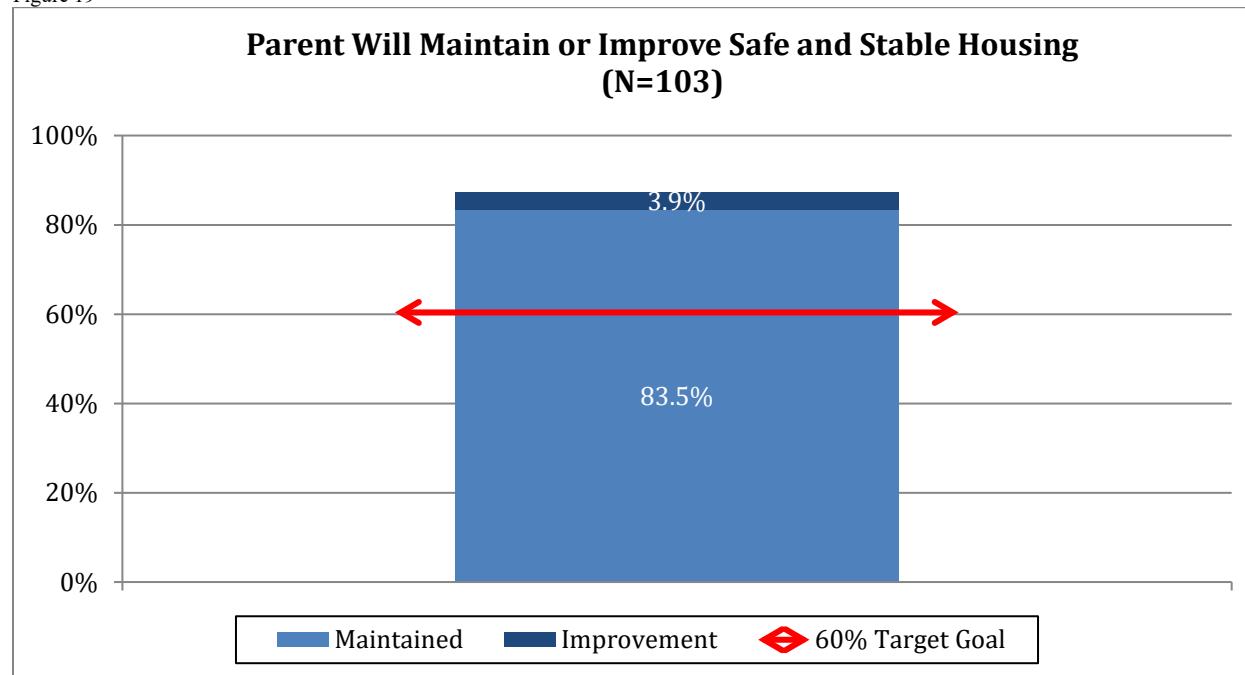
Source: CANS (07/16/2018). Notes: (1) Paired CANS CGSN Supervision (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=29, n=28), CANS 5+ (N=73, n=66), CANS 0-4 & 5+ (N=2, n=2), n= number of Consumers improved and maintained.

Figure 18



Source: CANS (07/16/2018). Notes: (1) Paired CANS CGSN Safety (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=29, n=29), CANS 5+ (N =73, n=70), ANSA (N=1, n=1), CANS 0-4 & 5+ (N=2, n=2), n= number of Consumers improved and maintained.

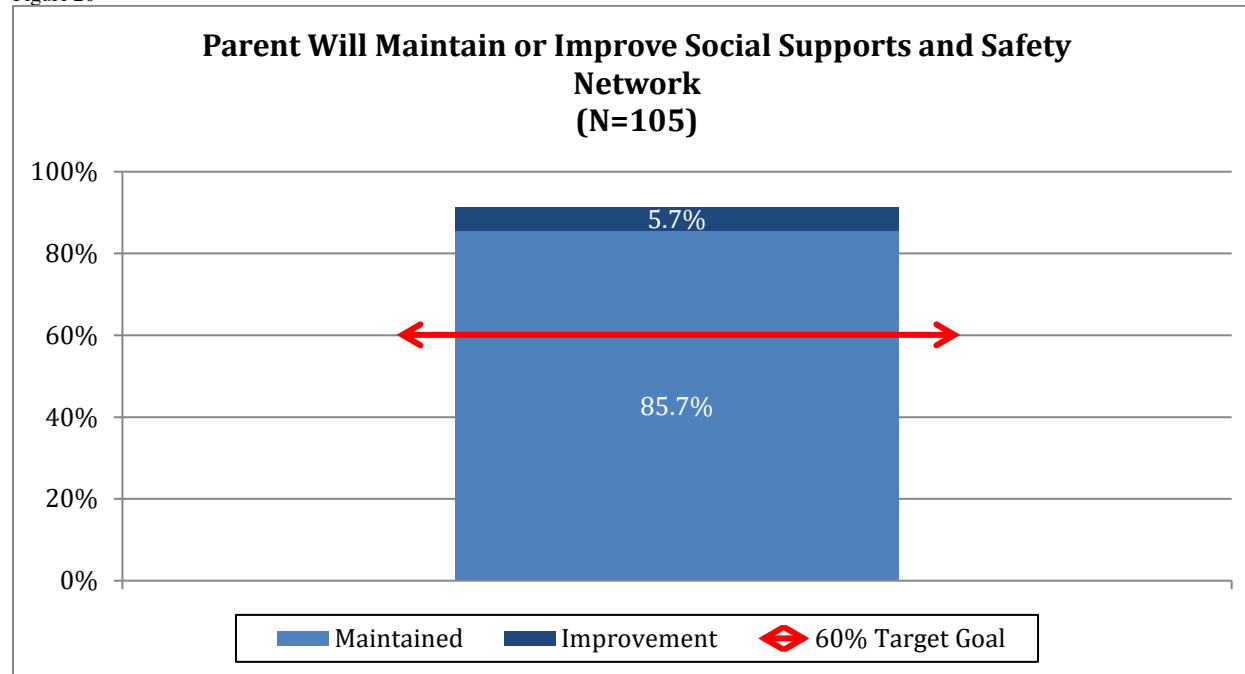
Figure 19



Source: CANS (07/16/2018). Notes: (1) Paired CANS CGSN Residential Stability (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=28, n=26), CANS 5+ (N=73, n=64), CANS 0-4 & 5+ (N=2, n=0), n= number of Consumers improved and maintained.

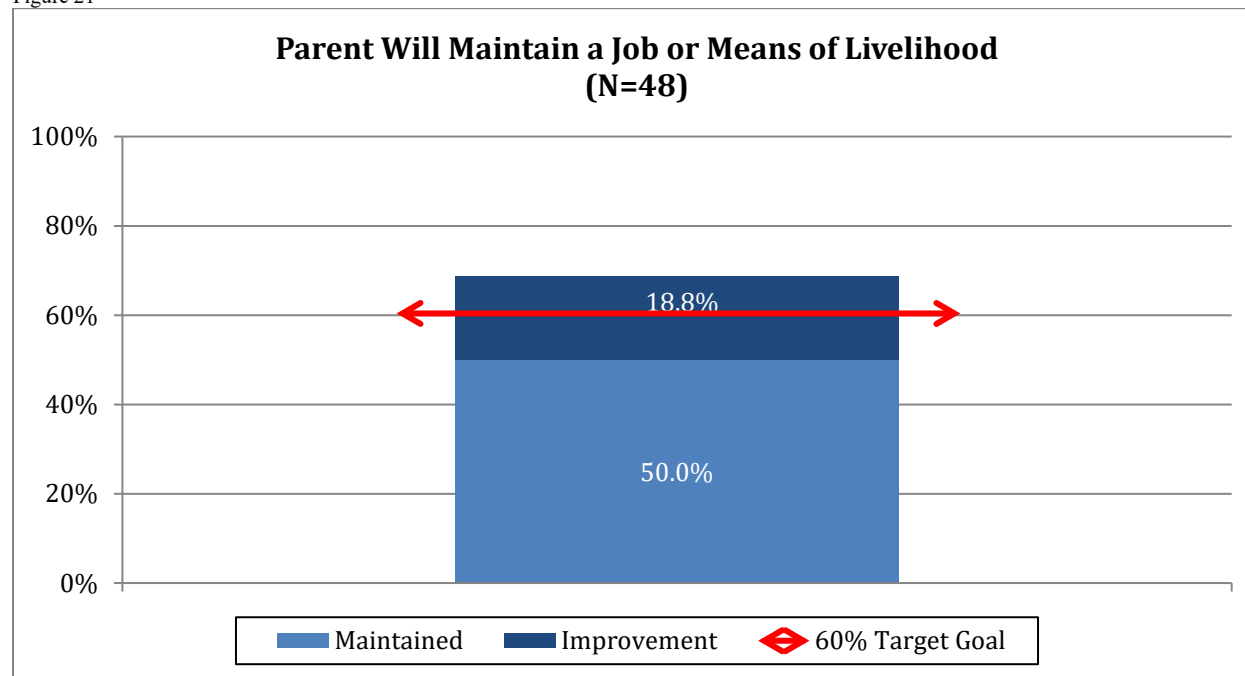
Improved Parent Functioning

Figure 20



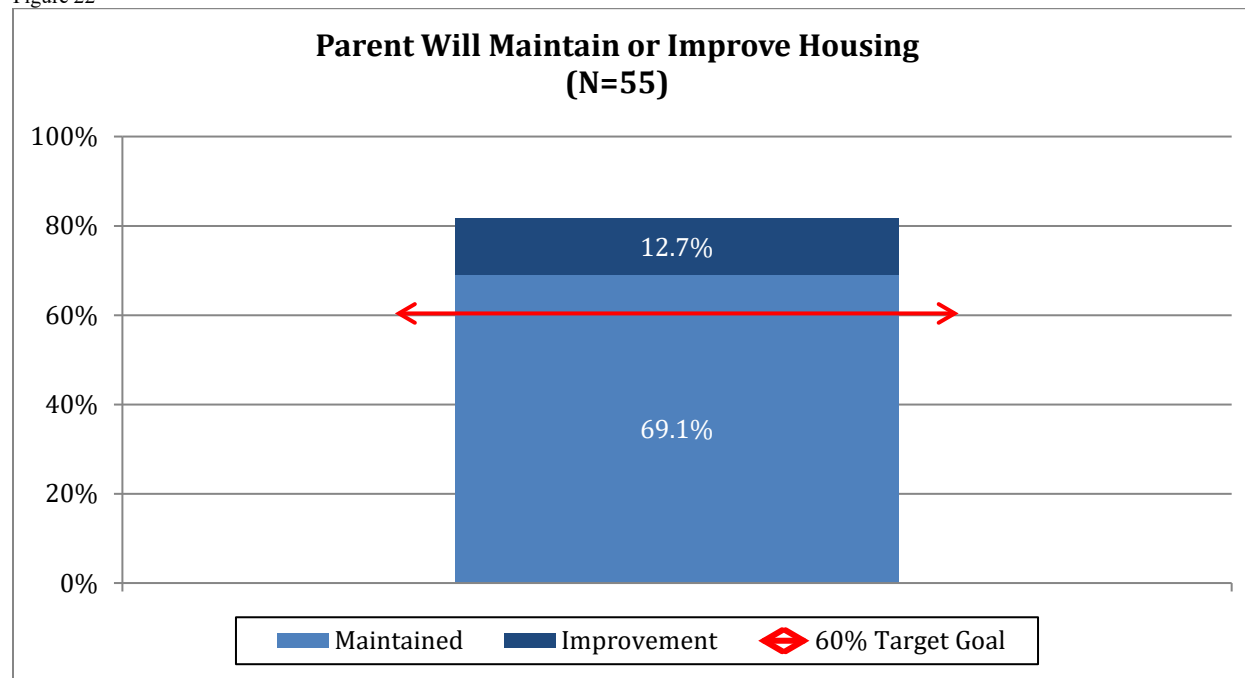
Source: CANS (07/16/2018). Notes: (1) Paired CANS CGSN Social Resources (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=29, n=28), CANS 5+ (N=73, n=66), ANSA (N=1, n=1), CANS 0-4 & 5+ (N=2, n=1), n= number of Consumers improved and maintained.

Figure 21



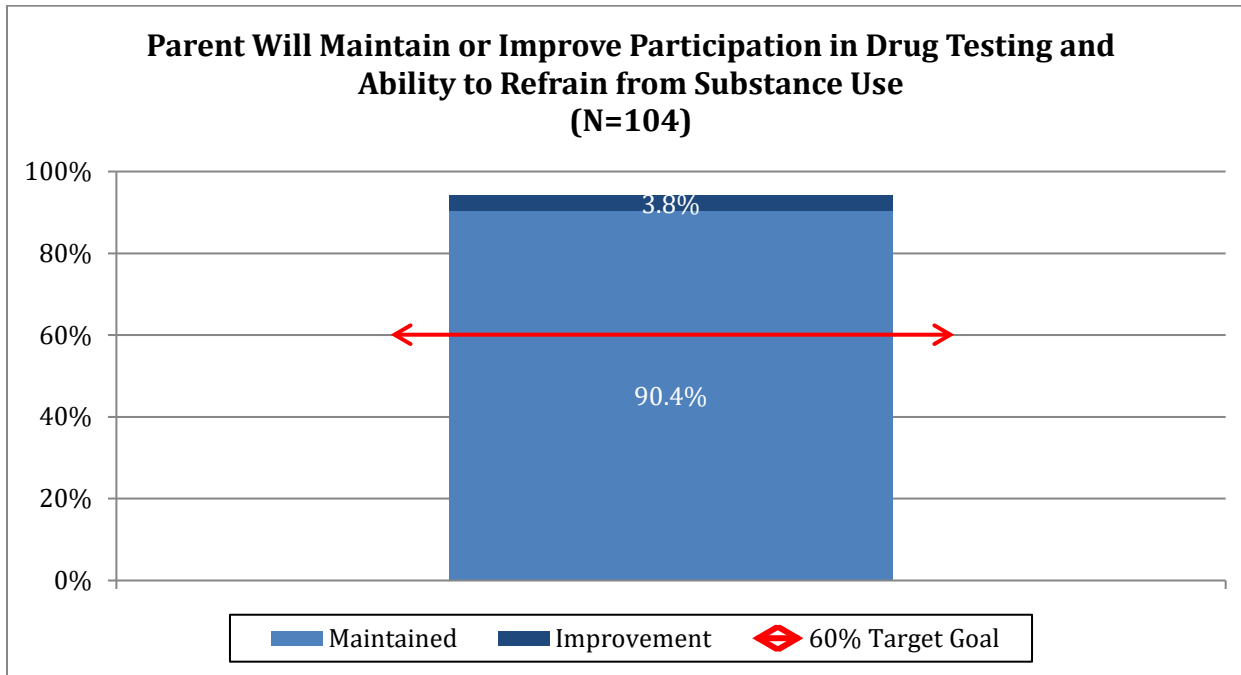
Source: ANSA (07/16/2018). Notes: (1) Paired ANSA (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: ANSA LDF - Employment (N=48, n=33). (3) n= number of Consumers improved and maintained.

Figure 22



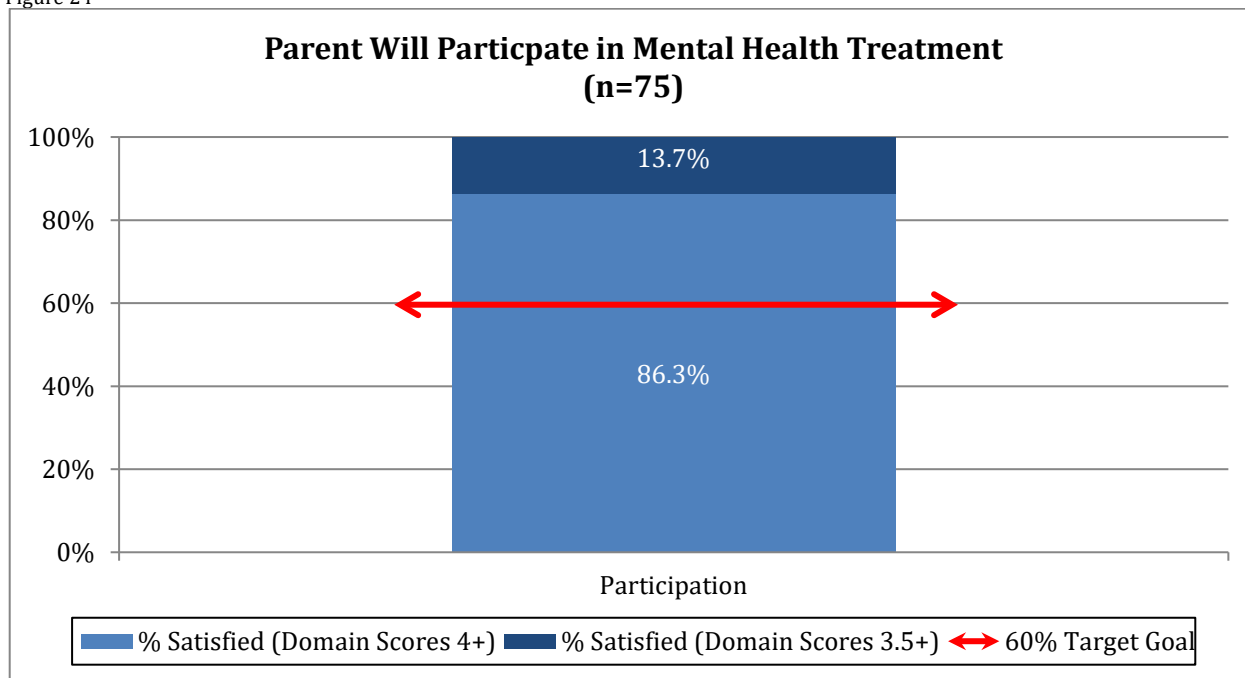
Source: ANSA (07/16/2018). Notes: (1) Paired ANSA FUN Residential Stability (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: ANSA (N =55, n=45), n= number of Consumers improved and maintained.

Figure 23



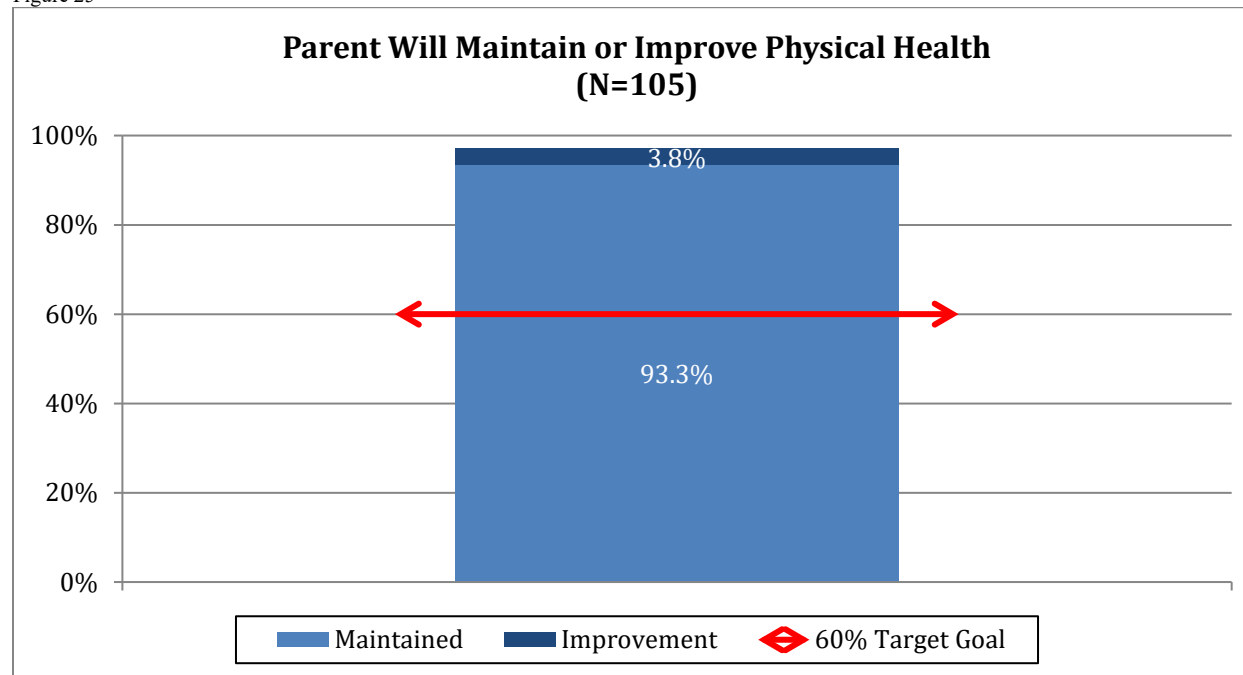
Source: CANS (07/16/2018). Notes: (1) Paired CANS CGSN Substance Use (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 0-4 (N=29, n=29), CANS 5+ (N=73, n=67), CANS 0-4 & 5+ (N=2, n=2). (3) n= number of Consumers improved and maintained.

Figure 24



Source: Adult Survey (07/20/2018). Note: (1) Participation in treatment is measured by consumer satisfaction, as measured by the Participation domain of the Adult Survey; (2) Satisfaction is defined as an average rating of 4.0 or above; (3) n=63 respondents had an average satisfaction score of 4.0+ within the Participation domain, 12 additional respondent had an average satisfaction score of 3.5-3.99 within the Participation domain.

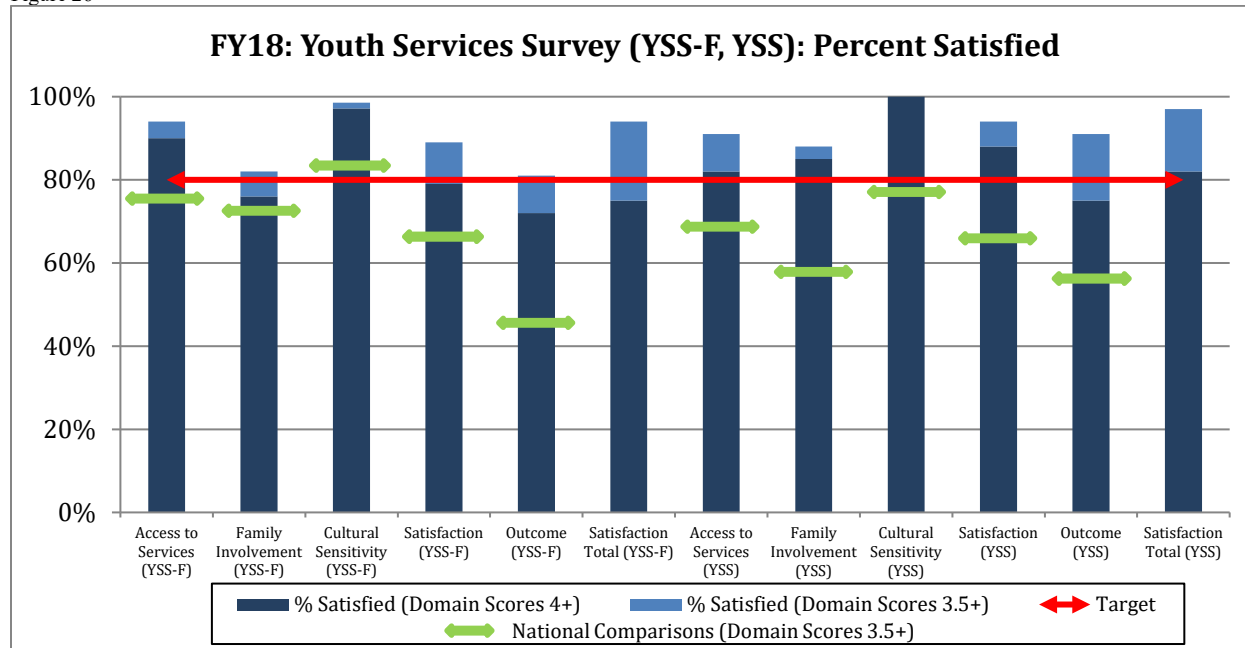
Figure 25



Source: ANSA (07/16/2018). Notes: (1) Paired CANS/ANSA Physical/Medical (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 0-4 (N=29, n=28), CANS 5+ (N=73, n=71), ANSA (N=1, n=1), ANSA-T (N/A), CANS 0-4 & 5+ (N=2, n=2). (3) n= number of Consumers improved and maintained.

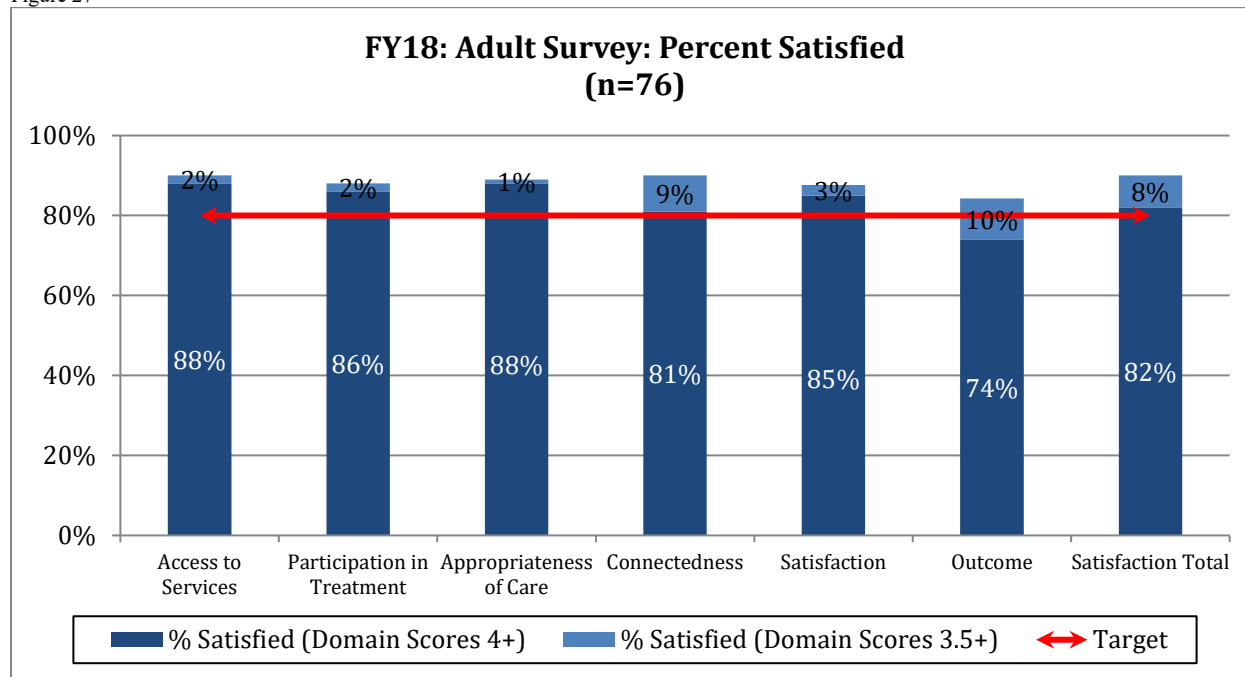
Satisfaction Outcomes

Figure 26



Source: YSS-F, YSS (07/20/2018). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) YSS-F (n=126), YSS (n=33); (3) Target (Red Arrow) should be compared to Dark Blue section of stacked bar only; (4) National Comparison (Green Arrows) compare to complete stacked bars. No National Comparison for Total Satisfaction.

Figure 27



Source: Adult Survey (07/20/2018). Notes: (1) Satisfaction is defined as an average rating of 4.0 or above; (2) Target (Red Arrow) should be compared to Dark Blue section of stacked bar only; (3) No National Comparison for Adult Survey.

DEPARTMENT RECOMMENDATION(S):

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