



D'Veal Family and Youth Services

Annual Report
FY 2018-19

Submitted to:
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D'Veal Family and Youth Services
Statistical Report for Fiscal Year 2018-19

Introduction

D'Veal Family and Youth Services, located in Pasadena, California, provides behavioral health and early intervention to families and youth throughout greater Los Angeles. D'Veal services ranges from prevention and early intervention to more intensive behavioral treatment. The agency mission is to:

“Empower families and youth while enhancing communities through innovative and comprehensive behavioral healthcare services.”

The values underlying D'Veal's work are leadership, integrity, quality and consumer satisfaction. Staff development of team leadership skills is encouraged at every level. Emphasis is placed on staff taking personal responsibility for providing quality services, and on identifying and understanding what families and children want and need in order to achieve their goals.

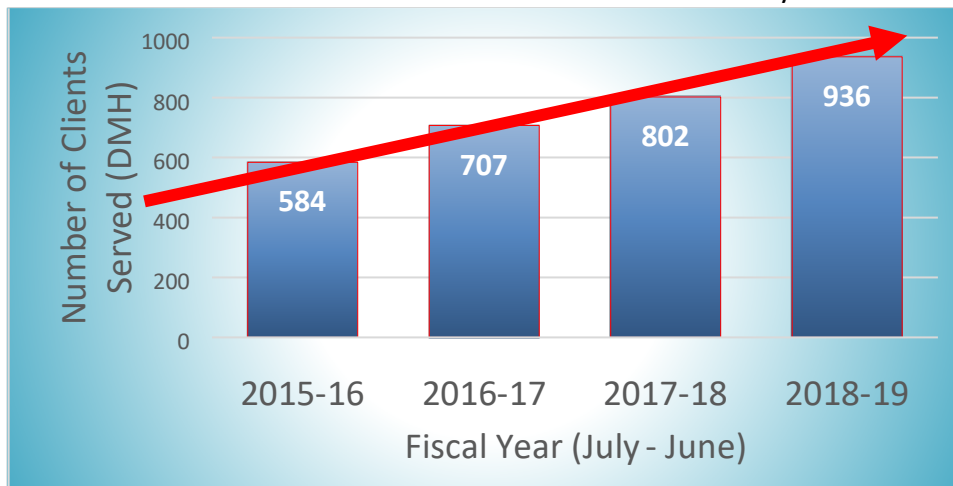
Quality assurance and informed decision-making play important roles at D'Veal. This report reviews key agency statistical information and performance indicators for the 2018-19 fiscal year. The intent of the report is to further strengthen D'Veal's service to the community by highlighting accomplishments and opportunities for growth.

Statistical Report

Numbers Served

D'Veal continued its pattern of growth in 2018-19. Chart 1 shows that the number of clients served by D'Veal's mental health programs continues to increase. Over the past four years, the number served by mental health programs increased by 60%, or an average annual rate of 15%. Nine hundred and thirty-six clients received mental health services in 2018-19. An additional 95 families were served by D'Veal's Family Preservation program. Family Preservation serves all family members, which included a total of 286 parents/caregivers and children.

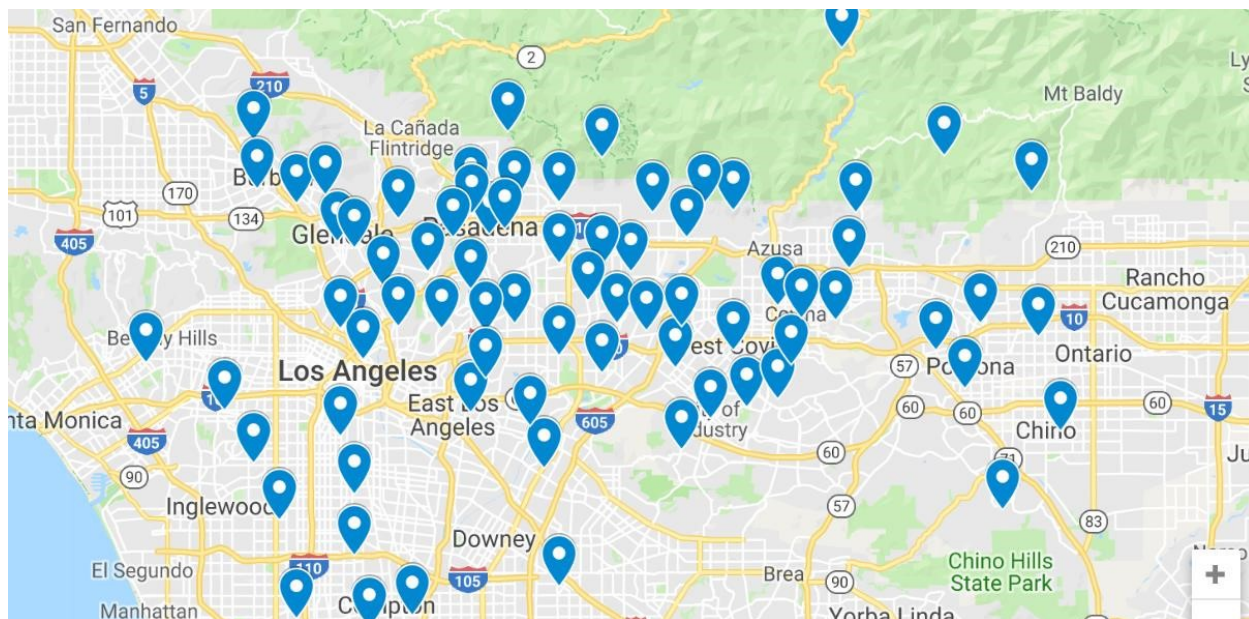
Chart 1. Annual number of clients served over the last four years



Communities Served

Figure 1 shows that D'Veal served clients throughout greater Los Angeles in 2018-19. Families residing in 79 different zip codes were served. The greatest concentration of clients served was in the San Gabriel Valley. Thirty percent of clients were from Pasadena/Altadena and 45% lived in the mid-San Gabriel Valley communities of Monrovia and Duarte.

Figure 1. Geographical distribution of families served by D'Veal.



Client Demographic Information

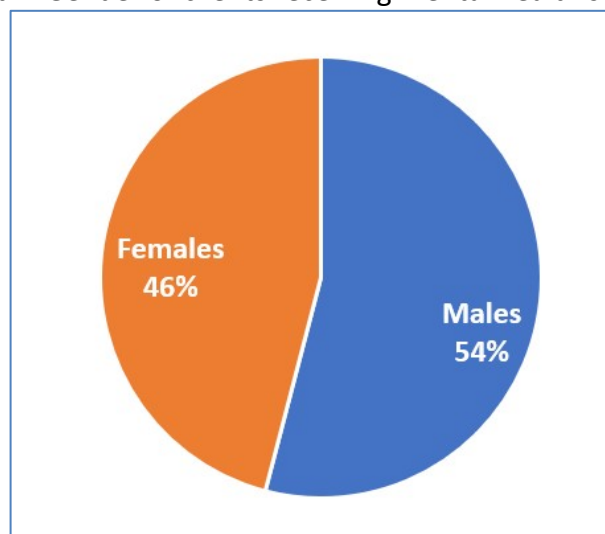
Age. Table 1 shows the age levels of D’Veal clients receiving mental health services. The data reflects a strong emphasis on early intervention. Forty-three percent of clients served were age 11 and younger, with about one in every 12 clients (8.1%) age 5 and younger. Early teens were also a strong focus of services, with 34% in the 12-15 age group.

Table 1. Age of clients receiving mental health services

Age level	Number	Percent
0 – 5	76	8%
6 – 11	329	35%
12 – 15	314	34%
16 – 20	189	20%
21+	28	3%

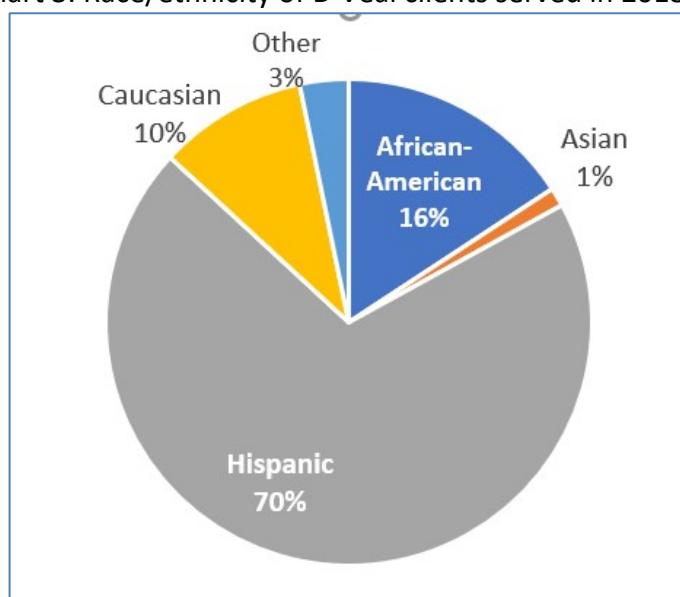
Gender. Slightly over half (54%) of D’Veal’s behavioral health clients were males, while less than half (46%) were females (see Chart 2). Female clients tended to be older than male clients. The average female served was nearly two years older (average age for females = 13.9) than the average male client (average age for boys = 12.0). Thus, boys tended to be identified earlier than girls for behavioral health needs.

Chart 2. Gender of clients receiving mental health services



Race/ethnicity. The race and ethnicity of clients served is shown in Chart 3. Sixteen percent of clients were African-American, 10% were Caucasian, and 70% were Hispanic. As was noted last year, this pattern was similar to Pasadena Unified School District data with two exceptions: the D'Veal service population was slightly more Hispanic and included fewer Asian youth as compared to the groups' representation in the local school district.

Chart 3. Race/ethnicity of D'Veal clients served in 2018-19

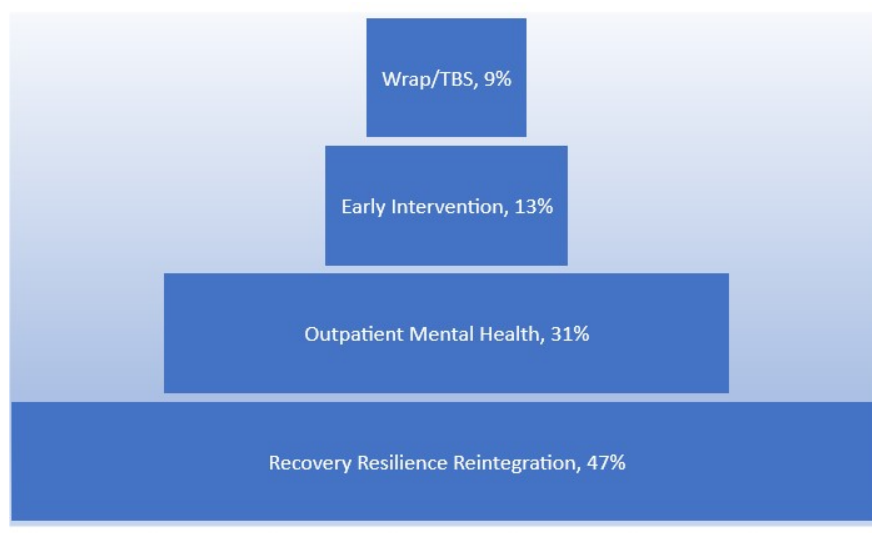


Living situation. Ninety percent of the youth served by D'Veal lived with their parents or extended family members. Fewer than one in 10 youth served lived in foster care, group homes or other out-of-home care arrangements. Most of the direct services provided took place in the youths' home, school or other community settings.

Services Provided

D'Veal's mental health service delivery reflected an emphasis on early intervention and bolstering of child and family strengths, resulting in greater resiliency. Higher intensity services were also available when youth needed them. Of the 42,936 mental health service contacts recorded in FY 2018-19, over 90% focused on client resilience and early intervention (see Figure 2). Higher intensity services, including Wraparound and Therapeutic Behavioral Services (TBS) accounted for less than 10% of services.

Figure 2. Types of mental health services provided



D'Veal provided several different types of evidenced-based mental health practices (EBPs) which have proven to be effective in reducing behavioral health problems. Specific models of staff training, supervision and certification are required for these services. The EBPs most frequently provided during the year are listed in Figure 3. MAP, CPP and MDFT were used most frequently. D'Veal staff obtained specialized training from the MDFT International and is the only agency in Los Angeles County that provides MDFT.

Figure 3. Listing of evidence based mental health services provided by D'Veal staff

CPP	•Child-Parent Psychotherapy
TF-CBT	•Trauma Focused Cognitive Behavioral Therapy
CBT	•Individual Cognitive Behavioral Therapy
MAP	•Managing & Adapting Practices
SS	•Seeking Safety
MDFT	•Multidimensional Family Therapy

Staff Profile

D’Veal’s stable employment environment has been successful in retaining a skilled, committed workforce. Our employees are very experienced overall. The average length of employment at D’Veal was 7.0 years at 2018 year-end. Chart 4 shows the distribution of D’Veal employment length. Seventy percent of employees have been with the agency three years or longer, with 42% having seven or more years of tenure and 21% having more than 10 years of agency employment.

Chart 4. Length of employment distribution



Staff are diverse in their race/ethnicity profile. Fifty-one percent are Hispanic, 30% are African American, 6% are Caucasian, 4% are Asian, and 9% are either multi-racial/ethnic or unspecified. Seventy-one percent of employees are female and 29% are male.

Youth Behavioral Health Outcomes

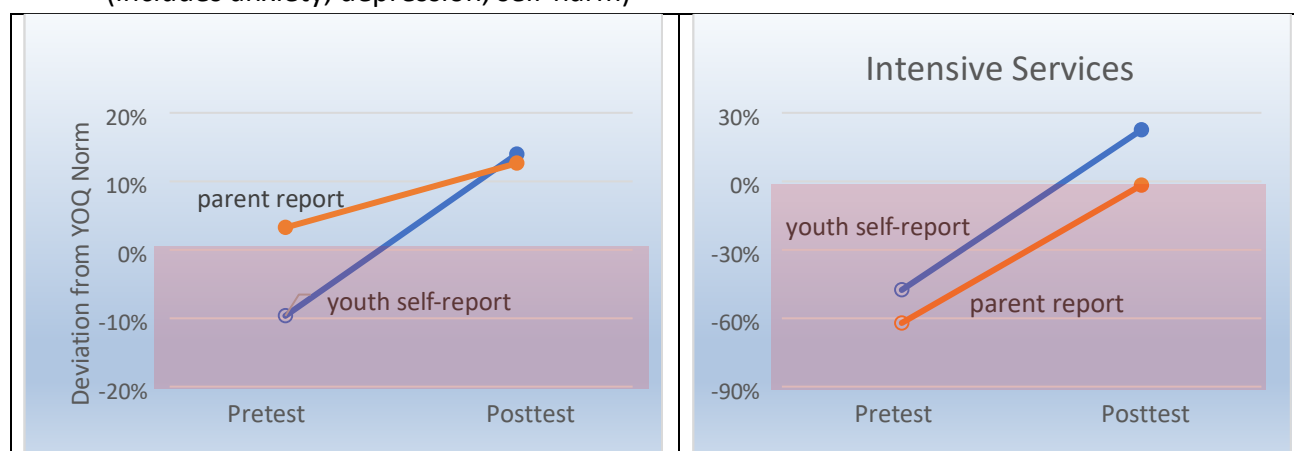
All children and youth receiving behavioral healthcare services at D’Veal receive a standardized assessment before, during and after treatment. The Youth Outcome Questionnaire (YOQ) is used to evaluate the severity level of symptoms. Parents and youth (age 12 and older) complete the assessment.

Charts 5, 6 and 7 provide the results comparing youth behavior at the time of admission (“pre-test”) to their subsequent re-assessments (“post-test”). Results are presented separately for outpatient/early intervention programs and more intensive services in three key areas: (1) emotional well-being, (2) behavioral functioning and (3) social problems.

Charts 5 – 7 all indicate that our clients as a group made measurable improvements in their behavioral health while receiving services from D’Veal. These improvements reflect assessments from both the parents’ and youth points of view, and for youth receiving either early intervention or more intensive services. For youth with more severe behavioral health needs, intensive services address their imminent risk of placement failure due to behavior problems.

Chart 5 indicates that youth improved their emotional well-being, including decreased levels of depression and anxiety. As expected, youth in more intensive programs (TBS, Wraparound) scored much lower at the beginning of treatment (i.e., reflecting greater clinical needs) than did youth in early intervention programs. However, both groups improved over time to levels of assessed behavior that were no longer clinically significant.

Chart 5. Youth Improvement in Emotional Well Being
(includes anxiety, depression, self-harm)

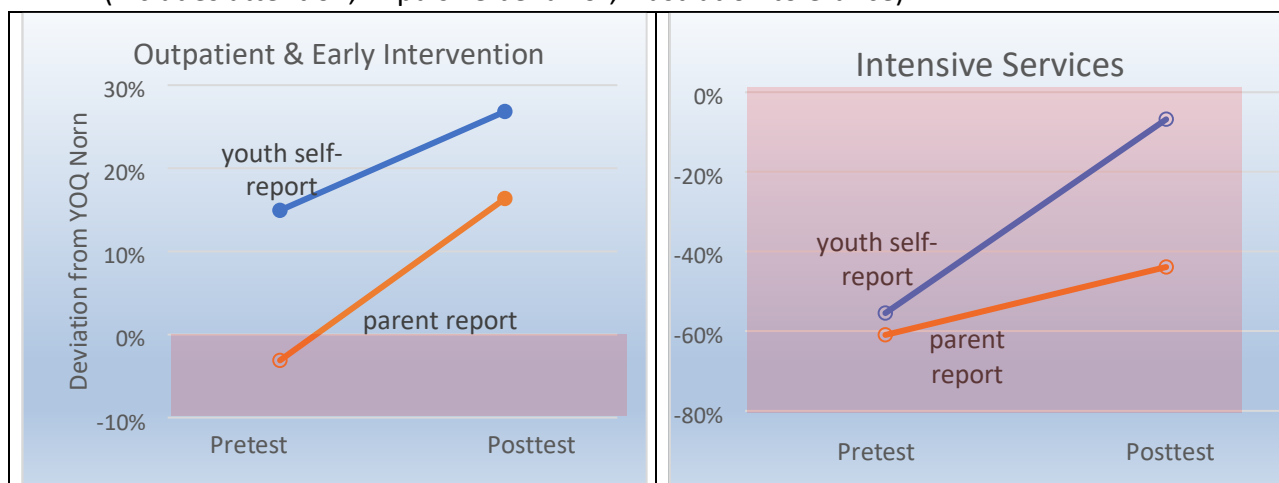


Outpatient & Early Intervention

Note: Shaded purple areas represent clinically significant ranges

In terms of behavioral functioning (Chart 6) including attention, impulsivity and frustration tolerance, early intervention produced large improvements to a level well outside the clinical range. Outpatient and early intervention youth rated themselves in the normal range before and after treatment, while their parents (by contrast) noticed strong improvement. Youth in more intensive programs, as expected, started their programs at a very low level but also showed improvement, particularly from the youth’s perspective. However, they were still in the clinical range at discharge, suggesting they would benefit from continued intervention.

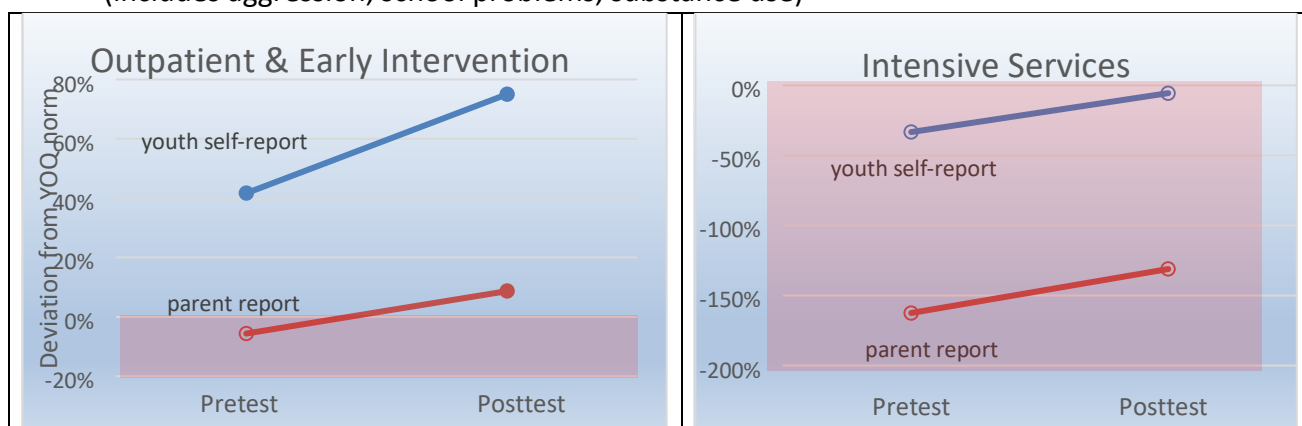
Chart 6. Youth Improvement in Behavioral Functioning
(includes attention, impulsive behavior, frustration tolerance)



Note: Shaded purple areas represent clinically significant ranges

Chart 7 shows outcomes in the YOQ domain of social problems, which looks at various ways that youth may violate social norms. This includes behaviors such as physical aggression, truancy, and substance use. Youth appeared to make gradual progress in these areas. Outpatient/early intervention youth did not see themselves as having difficulty following rules, avoiding substances or attending school, either before or after treatment. Again, by contrast, the parents reported improvement, with ratings moving from the “clinical” to the normal range. Youth in more intensive programs remained in the clinical range from intake to discharge. They were rated very low by parents. This indicates that, while parents did report improvement, they still observed a variety of maladaptive behaviors in their offspring. The results suggest that TBS/Wraparound youth benefitted from treatment but needed additional services in order to improve further.

Chart 7. Youth Improvement in Social Problems
(includes aggression, school problems, substance use)



Note: Shaded purple areas represent clinically significant ranges

Family Preservation Outcomes

D'Veal offers family preservation services in addition to behavioral health services. This program works with families having youth who are at risk for out-of-home placement. Services are provided by In-Home Outreach Counselors who provide support and linkage to needed community services.

The Family Preservation Program focuses on practical issues such as housing, employment, transportation, and childcare that are designed to reduce family stress. Parenting skills and youth behavior management are also addressed.

D'Veal served 95 families in Family Preservation during 2018-19. The average family size was 3.0, and about one-quarter of families had four or more members. A total of 286 individual family members were impacted by the service.

Data showed that D'Veal's Family Preservation Program had an overall success rate of 92% in 2018-19 as measured by the Statement of Work outlined by DCFS. When families actively engaged in services, youth remained in the home, families stayed intact and achieved their service goals. Fewer than one in ten families (8%) had unsuccessful outcomes, which included situations where a youth was detained or violated probation regulations.

92%

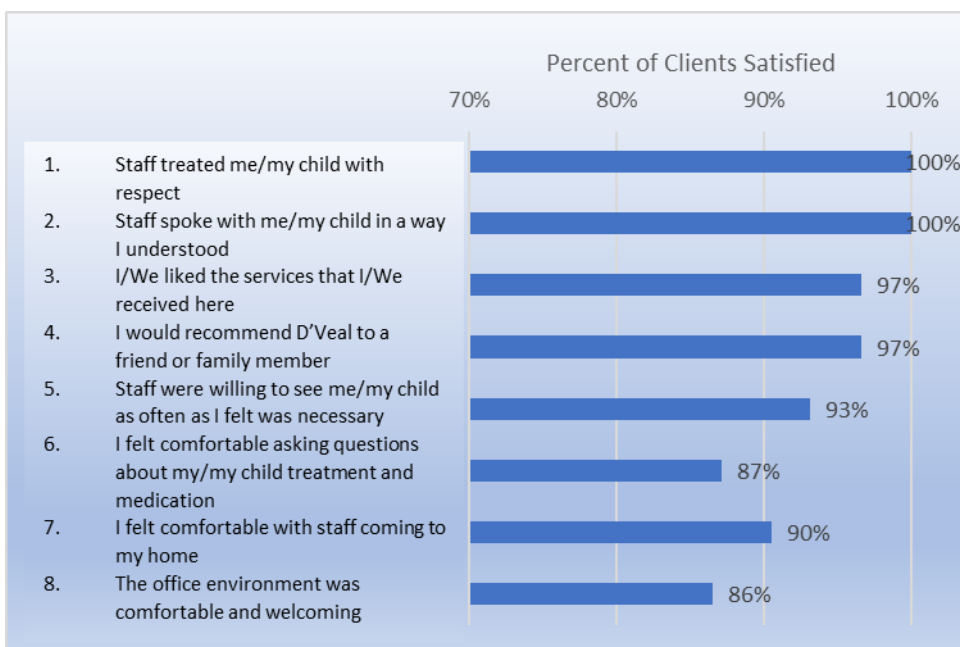
2018-19 Family Preservation Success Rate

Client Satisfaction

Consumer satisfaction provides a key measure of service quality. D'Veal's Quality Assurance Department interviewed and/or surveyed a total of 88 families in 2018-19. Results of the survey are given in Chart 8. The average satisfaction rate was 94%. Satisfaction was 100% in two areas: clients felt they were treated with respect and felt that staff spoke with them in ways they understood. Ninety-seven percent said they liked the services received and would recommend them to a friend or family member. Over 90% said that D'Veal staff were willing to see them as often as they felt was necessary and were comfortable with staff coming to their homes.

Overall, the survey results show that D'Veal successfully maintained a family-centered and youth-centered approach to service delivery. Clients clearly appreciated this way of doing business.

Chart 8. Client Satisfaction Survey Results, 2018-19



Employee Satisfaction

Employee satisfaction is another important measure of agency quality and performance. D'Veal employees participated in an organizational climate survey in 2019, and one section of this survey specifically addressed job satisfaction. These results are shown in Chart 9.

Results were positive overall, with an average of nearly 80% satisfaction across three survey areas. Eighty-six percent reported they are proud to work at D'Veal. This suggests that they view the work as important and that they are contributing to the health and well-being of youth and families in their community. Overall, 78% were satisfied with their jobs and 74% said that morale is good within their work teams. These represent solid results, and suggest areas for improvement and further analysis.

Chart 9. Employee Satisfaction Survey Results, 2018-19



Summary and Highlights

- This report reviewed statistical data on D'Veal Family and Youth Services for fiscal year 2018-19.
- D'Veal continued its recent pattern of growth in 2018-19. Over the past four years, the number of clients served by its mental health programs increased by 60%.
- Families residing in 79 different zip codes were served. The greatest concentration was in the San Gabriel Valley, with 30% from Pasadena/Altadena and 45% from Monrovia and Duarte.
- D'Veal's service delivery emphasized early intervention, with higher intensity services (Wraparound, TBS) available when youth needed them. Of the 42,936 mental health service contacts recorded in FY 2018-19, over 90% were outpatient, prevention and early intervention.
- Consistent with an emphasis on early intervention, nearly half (43%) of clients served were age 11 and younger, with about one in every 12 clients (8.1%) age 5 and younger. Early teens were also a strong focus of services, with 34% in the 12-15 age group.
- The demographic profile of clients generally matched the community and D'Veal staff profile. Eighty-six percent were Hispanic or African-American. Similarly, 81% of D'Veal staff were Hispanic or African-American.
- D'Veal maintained its record of having an experienced workforce, with 70% of employees have been with the agency three years or longer. Forty-two percent had seven or more years of tenure and about one in every five employees (21%) have been with the agency for more than 10 years.
- Clinical outcomes were positive as measured by the standardized Youth Outcome Questionnaire (YOQ) assessment. Measurable gains from the beginning to end of treatment were noted in youth emotional well-being, behavioral functioning and social problems. Improvements appeared to be greatest in the area of emotional well-being. Results also suggested that youth with the greatest needs benefitted from treatment but may require additional services in order to improve further.
- D'Veal's Family Preservation program also continued to have positive outcomes. When families actively engaged in these services, most (92%) stayed intact and achieved their service goals. Fewer than one in ten families (8%) had unsuccessful outcomes, such as youth out-of-home placement.
- Surveys and interviews of clients during the year indicated that D'Veal staff successfully maintained a family-centered and youth-centered approach to service delivery. Client satisfaction with D'Veal's services averaged 94%. Ninety-seven percent of families said they would recommend D'Veal's services to a friend or family member.
- Employee satisfaction was also positive. Eighty-six percent of employees responding to a year-end survey stated they are proud to work at D'Veal. Although some areas of further development were suggested, survey results clearly indicate that staff believe in D'Veal's mission and its focus on empowering families and youth while enhancing communities.