



**D'Veal Family and Youth Services**

# **Annual Statistical Report FY 2021-22**

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## D'Veal Family and Youth Services

### Annual Statistical Report for Fiscal Year 2021-22

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#### Introduction

D'Veal Family and Child Services, located in Pasadena, California, provides behavioral health services to families and youth throughout the greater Los Angeles community. D'Veal provides service ranging from prevention and early intervention to more intensive treatment. The agency also provides child welfare services, including family preservation, to reduce child abuse risks and prevent out-of-home placements. Across all services, D'Veal's goal is to promote wellness, empower families and youth, and strengthen communities.

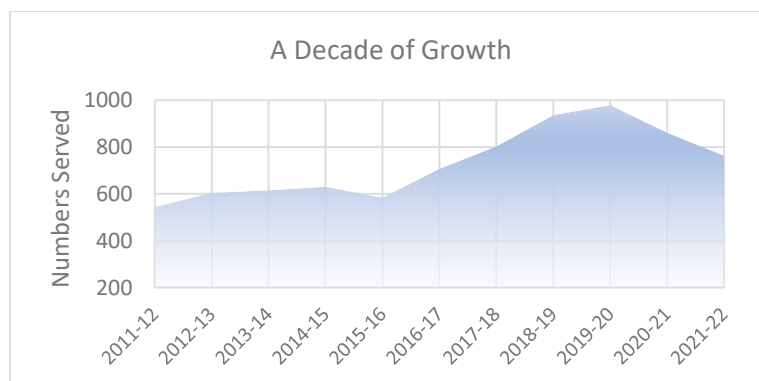
Founded in 1993, D'Veal Family and Youth Services has been part of the community for 30 years. The agency has a proven record of excellence as demonstrated through national accreditation by The Joint Commission. This report reviews D'Veal's statistical information and performance indicators for fiscal year 2021-22. The intent is to further strengthen D'Veal's service to the community by identifying accomplishments and opportunities for growth.

#### Overview

In 2021-22, the community continued to feel the impact of the COVID-19 pandemic which struck in early 2020. This world-wide pandemic severely impacted communities, schools, and healthcare providers. D'Veal was no exception. However, despite these challenges the agency adapted and continued to provide extensive services to families and children.

Figure 1 shows D'Veal's growth over the past ten years. The number of youths served increased yearly: there was a 68% increase from 2011-12 to the pre-COVID-19 year 2019-20. Numbers declined in 2020-21 and 2021-22 due to COVID-related access issues. However, the numbers remained relatively strong, with an average of 813 youth served annually over the last two years. Over forty thousand hours of service were delivered in 2021-22.

Figure 1. Increase in Number of Children Served by D'Veal Over Past Decade



Youth Served in 2021-22

D’Veal served a diverse population of children in 2021-22. Among the 763 youths receiving behavioral health services during the year, a little under half (42%) were aged 12 and younger. The largest number (45%) were teenagers aged 13 – 17. See Table 1 for details.

Table 1. Youth Age at Time of Service

Age	Number	Percentage
5 and under	45	6%
6 – 9	143	19%
10 – 12	127	17%
13 – 17	346	45%
18 – 21	77	10%
Over 21	25	3%
<b>Total</b>	<b>763</b>	<b>100%</b>

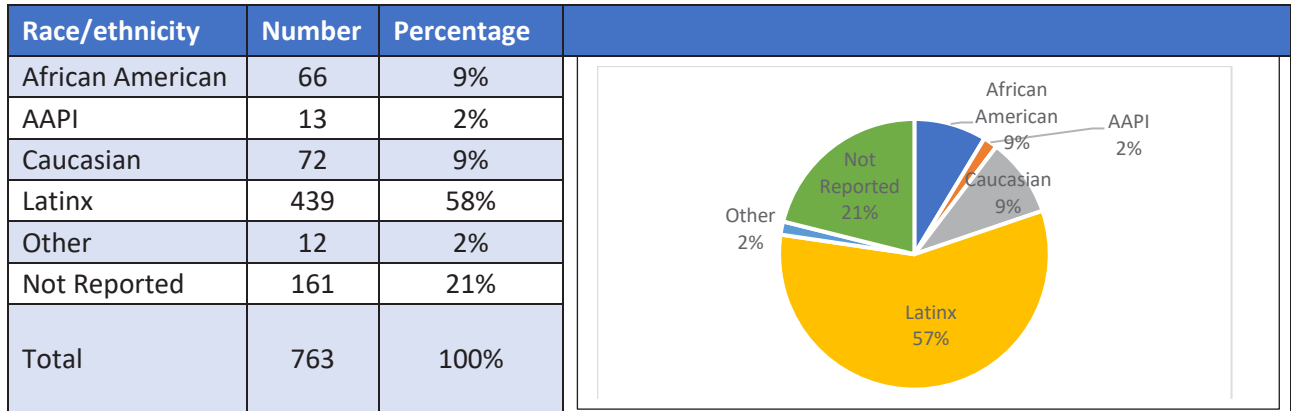
D’Veal served about equal numbers of male and female youth in mental health programs: 48% were male and 52% were female. Two youth were transgender (0.3%). Male clients tended to be younger (average age 12.8 years) than females (average age 15.2 years). Males tended to be identified for mental health needs at an earlier age, while girls were more often identified as needing services in their teens. See Table 2 for details.

Table 2. Youth Gender

Gender	Number	Percentage
Female	394	52%
Male	367	48%
Transgender	2	0.3%
<b>Total</b>	<b>763</b>	<b>100%</b>
	Average age	Age range
Female	15.2 yrs.	1 – 64
Male	12.8 yrs.	1 – 62
Transgender	15.1 yrs.	14 - 15

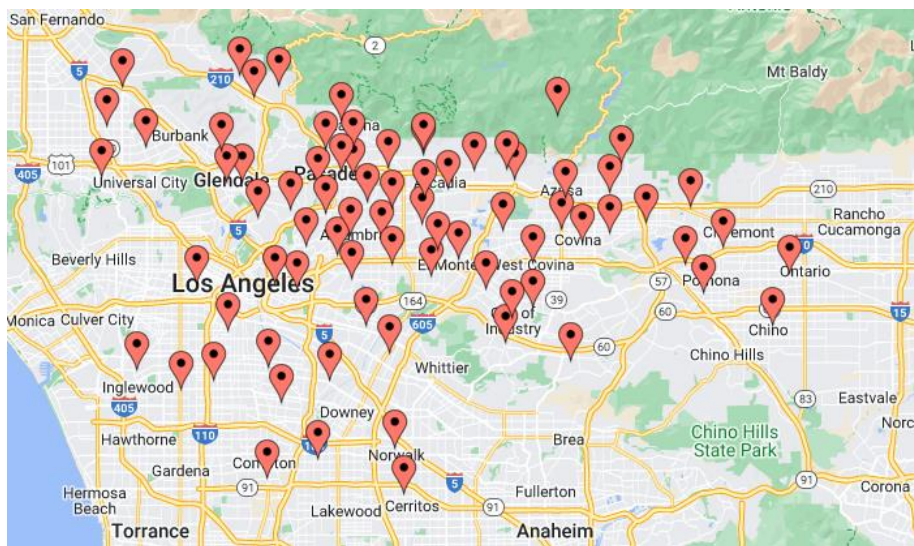
D’Veal served an ethnically diverse group of children and families in 2021-22 (Table 3). The majority were Latinx (58%). About equal numbers were African American and Caucasian (9% each). Two percent were Asian American Pacific Islander (AAPI). D’Veal staff had a generally similar demographic profile to that of clients: 54% were Latinx, 15% were African American, 8% were Caucasian and 5% were AAPI.

Table 3. Youth Race/ethnicity



D’Veal served children and families across the Los Angeles community, with emphasis on the San Gabriel Valley. The largest number of clients (n = 184) resided in Pasadena/Altadena. One hundred and sixty-one lived in Monrovia, 108 in Duarte, and 87 were from El Monte/South El Monte. The map shown in Figure 2 displays the wide range of Los Angeles area communities served by D’Veal in 2021-22.

Figure 2. Distribution of Client Residences



School districts play an important role in linking youth and their families to community-based services. D’Veal worked with 29 different school districts in 2021-22, representing 763 youth attending a total of 127 different elementary, middle, and high schools. Table 4 shows the school districts which most of D’Veal’s clients attended. These five districts included about 75% of D’Veal’s clients during the year.

Table 4. Top School Districts Served

School District	Number of Youth
Monrovia	179
Pasadena	155
Duarte	128
El Monte	74
Glendora	47

#### Services Provided in 2021-22

D’Veal provided several types of behavioral health and child welfare services to improve youth adjustment at home and school. Services were provided in homes, schools, community settings and remotely via telehealth. Behavioral health services were provided to 763 individuals in 2021-22. Family Preservation served an additional 59 families with 111 children.

D’Veal’s mental health services emphasize wellness and early intervention. More intensive services are available when youth need them. Most services focus on recovery and resilience.

Staffing has recently been a challenge throughout healthcare during COVID-19 because of financial and emotional stress on workers. Employee turnover rates as high as 40% to 70% have been reported in mental health agencies. However, D’Veal maintained a strong workforce in 2021-22, with a total of 124 employees worked during the year and 34 new employees hired. Employee retention was high. The average length of employment for staff active at year-end was 7.8 years, with nearly seven out of every ten (69%) employed for three years or longer. The turnover rate was relatively low at 32%. The staff who left had a generally sound retention rate with an average of 3.4 years at the agency.

Despite the many challenges associated with COVID-19, significant numbers of D’Veal families and youth received multiple types of services during the year. All clients were formally assessed to identify their strengths and needs. Treatment plans with measurable goals were implemented and progress monitored. Some of the core services provided in 2021-22 are listed in Table 5.

Table 5. Behavioral Health Services Provided in 2021-22

Services Provided	Number of Clients	Percentage
Individual Therapy	652	86%
Individual Case Plan development	615	81%
Collateral Contacts	593	78%
Assessment	554	73%
Family Therapy	413	54%
Individual Rehabilitation	303	40%
Targeted Case Management	277	36%
Medical Support	217	29%
Crisis Intervention	94	12%
Wraparound	39	5%
Therapeutic Behavioral Services	25	3%
Psychological Testing	21	3%

D’Veal’s clinical staff are trained to provide evidence-based mental health services (more commonly referred to as EBPs or Evidence Based Practices) as needed. These therapies have proven to have positive results for youth and families. During the year a total of 358 clients received one or more EBPs (See Table 6). The most common approach was Stepped Care, a system of delivering and monitoring mental health treatment so the most effective, yet least resource-intensive treatment, is delivered first. Program intensity can then be either “stepped up” or “stepped down” depending on the level of client need. Managing and Adapting Practice (MAP) and Cognitive Behavioral Therapy (CBT) were also frequently used by staff to meet youth needs.

Table 6. Evidence-based Behavioral Health Services Provided in 2021-22

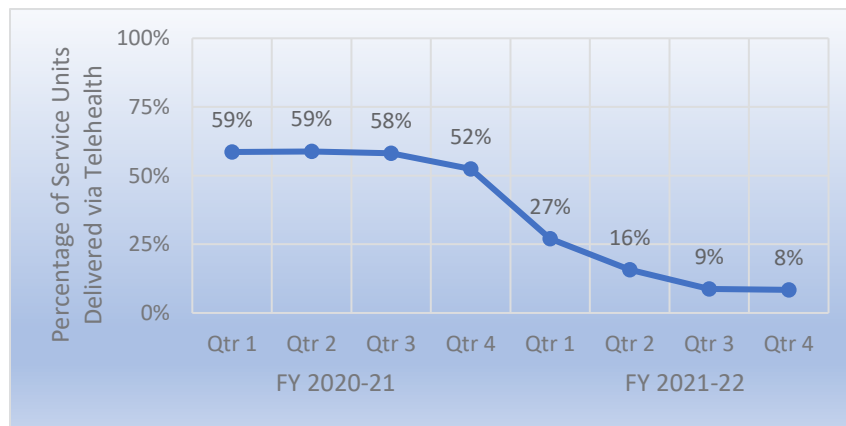
Evidence Based Practices (EBPs)	Number	Percent of clients receiving EBP's
Stepped Care	289	81%
Managing and Adapting Practice (MAP)	40	11%
Individual Cognitive Behavioral Therapy (CBT)	32	9%
Child Parent Psychotherapy (CPP)	13	4%
Seeking Safety	12	3%
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	6	2%
Multidimensional Family Therapy (MDFT)	2	1%

## Telehealth

When the Covid-19 pandemic began spreading in Spring 2020, D’Veal adapted to safely meet client and staff needs. For safety reasons, staff changed the way they worked with families and began providing telehealth services. Telehealth involves the use of digital information and communication technologies, such as computers and mobile devices, to provide healthcare services remotely. In FY 2020-21, 57% of service units were delivered via telehealth, while 43% of services were face-to-face in homes, school and/or office.

As the pandemic was gradually controlled in 2021-22 due to widespread vaccination and testing, D’Veal was able to progressively return to more traditional, face-to-face service delivery in homes, schools, office, and community settings. In FY 2021-22, only 15% of service units were telehealth, and 85% were face-to-face. By the fourth quarter of 2021-22 only 8% of service units were telehealth. Figure 3 presents this data over the FY2020-21/FY2021-22 two-year period.

Figure 3. Percentage of Service Units Delivered Via Telehealth, FY2020-21 and FY2021-22



## Family Preservation Program

In addition to providing behavioral health services to youth, D’Veal has a Family Preservation program that supports the entire family. The goal of family preservation is to keep children safely in their home or reunify them with their family. This program works with families who are experiencing stressors placing them at risk for child out-of-home placement. This is not a mental health service per se, but in-home counselors provide support and referrals to strengthen families. Practical concerns such as housing, employment, transportation, and childcare are addressed, in addition to parenting and child behavior.

D’Veal served 59 families in Family Preservation during 2021-22. Table 7 summarizes information about the families served. Families had multiple and complex issues / service needs. Violence in the family, the need for parenting skills, and the need for mental health or substance abuse treatment were the most prevalent issues.

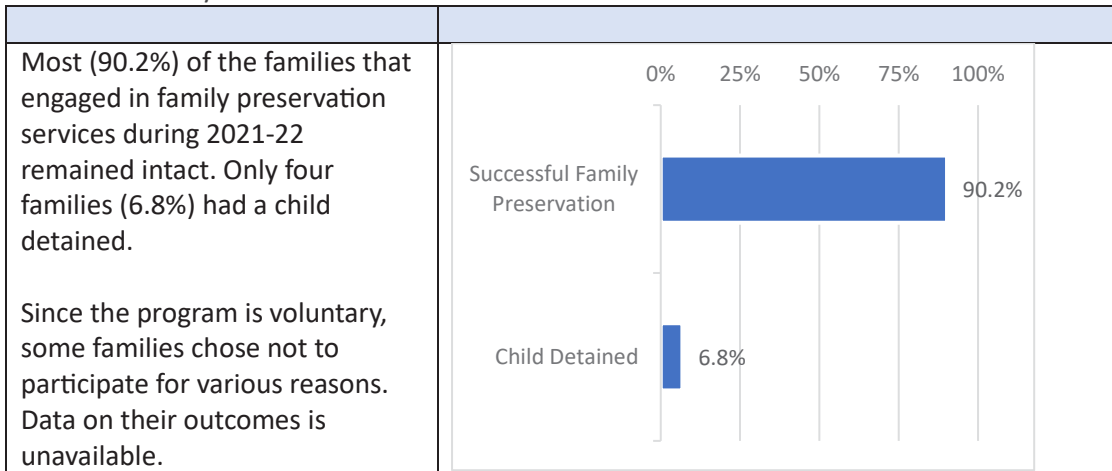
Table 7. Family Preservation Profile

	Number	Percentage
<b>Primary Caregiver</b>		
<b>Gender</b>		
Male	6	10%
Female	53	90%
<b>Primary Caregiver Age</b>		
Average	35.1 years	
20's	22	37%
30's	20	34%
40's	13	22%
50+	4	7%
<b>Caregiver Race/ethnicity</b>		
African American	4	7%
AAPI	2	3%
Caucasian	24	41%
Latinx	25	42%
Other	4	7%
<b>Number children in home</b>		
1	21	36%
2	26	44%
3-4	12	20%
<b>Family Issue / Service Need</b>		
Domestic Violence	20	34%
Parenting/Child Behavior	21	36%
Mental Health/ Substance Abuse	12	20%
Abuse / neglect	7	12%
Housing	4	7%

Family Preservation demonstrated successful results in 2021-22. Only four families had children detained or removed from the home for safety purposes. Ninety percent successfully completed the program and remained intact upon program completion (see Table 8).



Table 8. Family Preservation Outcomes



Behavioral Health Outcomes

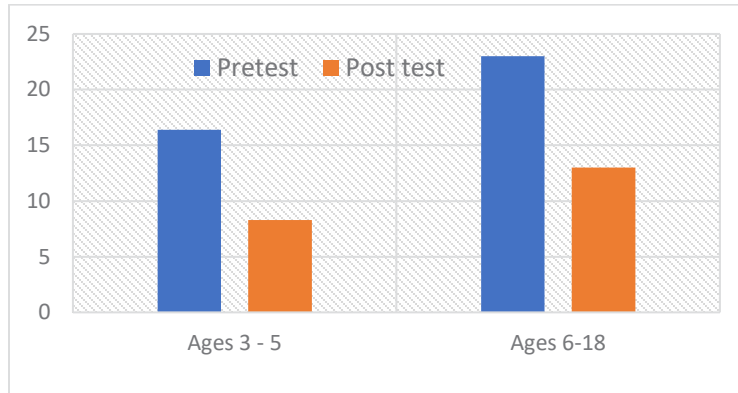
Los Angeles County Department of Mental Health (LADMH) requires behavioral health providers to rigorously evaluate client outcomes. D’Veal utilizes several standardized outcome measures to assess youth progress over time and allows staff to make any necessary adjustments to service. D’Veal clinicians conduct assessments, and outcome data are entered into the LADMH information system. This process helps LADMH ensure that youth throughout Los Angeles County are receiving quality care and benefiting from services.

Outcome results from two standardized measures are reviewed below. Both measures indicate that youth served by D’Veal benefit greatly from services. Problem behaviors declined and indicators of emotional wellbeing improved.

The Pediatric Symptom Checklist 35 (PSC-35) is required for use in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program throughout California. It is a screening tool to evaluate children’s emotional and behavioral challenges. It measures anxiety/depression, behavior/interpersonal relationships, and attention. Separate forms are used for youth ages 3 – 5 and 6 – 18.

Figure 4 shows that children/youth in both age groups improved on the PSC-35, as evidenced by a decline in scores. Older children began treatment with a higher level of mental health challenges but improved by a comparable amount as did younger children. About 30% of each age group were in a clinically significant range on their initial assessment. These percentages declined by 20% or more by the end of treatment.

Figure 4. Children/youth Improvement on the PSC-35



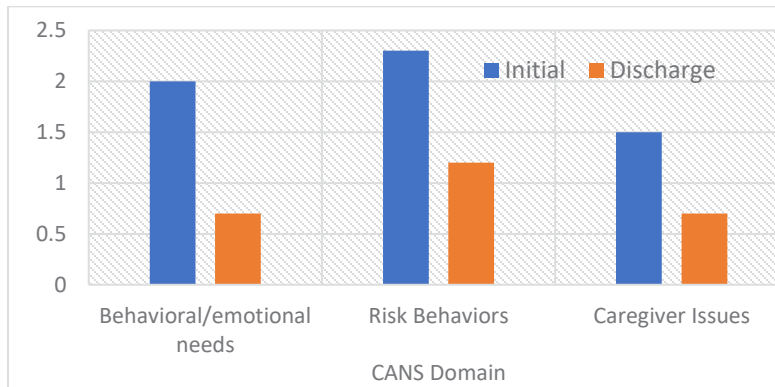
Another key outcome measure required by LADMH and utilized across California is the Child and Adolescent Needs and Strengths (CANS) assessment. This is a multi-purpose tool developed for children’s services to support decision making about youth and family needs. The CANS assessment guides conversation between service providers and family members about the well-being of children and families. It helps identify youth/family strengths and needs, aids in case planning, and informs decisions about treatment. It measures change over time and service outcomes.

Figure 5 presents D’Veal’s CANS results for 2021-22. Three specific domains are included. The Behavioral/emotional Domain includes items such as youth depression, anxiety, anger management, conduct, and adjustment to traumatic experiences. The Risk Behaviors Domain includes items related to self-harm, danger to others, runaway and delinquent behavior. The Caregiver Issues domain pertains to the caregiver’s strengths and challenges, and includes items such as appropriate supervision, involvement with care, health/mental health, and residential stability.

All three domains showed measurable improvement from the beginning to completion of services. Of the three domains, Risk Behaviors were the highest at the beginning of service, with teenagers scoring highest in this area. However, decreases in these behaviors were considerable. Behavioral/emotional needs showed the most improvement for all age groups.

Perhaps most importantly, the CANS – by virtue of its collaborative approach to assessment - incorporated youth and family input into treatment planning. By engaging all parties in goal setting and service implementation, D’Veal facilitated a process leading to positive outcomes.

+Figure 5. Children/youth Improvement on the CANS



### Conclusion

D'Veal Family and Youth Services worked extensively in 2021-22 to support families, improve behavioral health of children/youth and enhance the community. Over forty thousand hours of service were provided by staff to facilitate the positive outcomes reported here. The agency has grown and adapted to challenges. It is well positioned for continued success in the future.



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