



D'Veal Family and Youth Services

Annual Statistical Report
FY 2023-24



December 2025

D'Veal Family and Youth Services
Annual Statistical Report for Fiscal Year 2023-24

Introduction

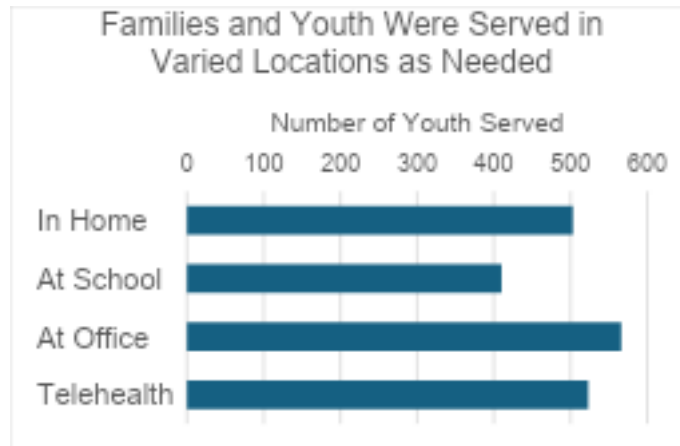
D'Veal Family and Youth Services offer behavioral health and child welfare services to youth and their families in the greater Los Angeles community, with emphasis on the San Gabriel Valley area. Since 1993, the agency has worked with youth and their families to help them develop skills they need to achieve positive outcomes and reach their potential. Services range from prevention and early intervention to more intensive treatment. D'Veal has record of excellence that is recognized through its national accreditation by The Joint Commission.

This report reviews D'Veal's performance in the 2023-24 fiscal year from July 1, 2023, through June 30, 2024. The purpose is to identify accomplishments and opportunities for organizational development.

Service Trends

D'Veal provided quality behavioral health and family services in 2023-24, continuing to serve families and youth in the aftermath of the Covid-19 pandemic which started in 2020. A total of 660 youth received D'Veal's behavioral health services in 2023-24. The average number of youths served per month was 386.8. Additionally, 55 families received family preservation, a child welfare service involving in-home treatment to prevent child out-of-home placement.

Youth were served in the environments most appropriate for them. They were seen in multiple locations during the year, including at home, school and office. Many also received telehealth services by phone or computer. These figures are shown in the next chart.



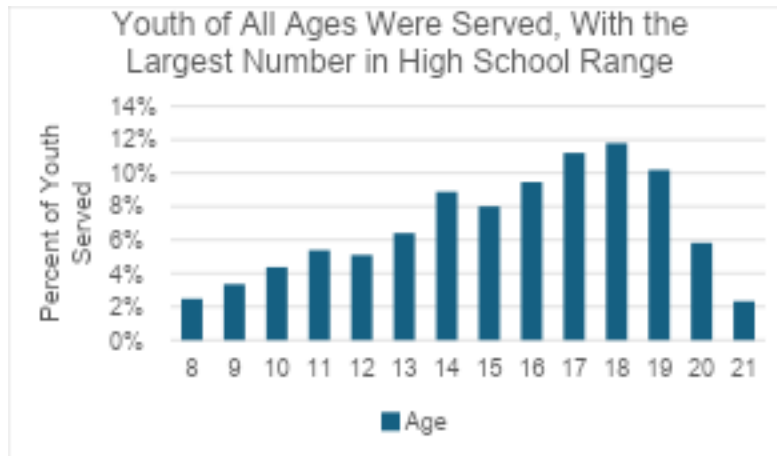
Families and youth were served throughout the greater San Gabriel Valley community in Los Angeles County. Schools were an important service resource for families, youth and D’Veal staff. Youth were served in seven high schools, four middle schools, and eight elementary schools. Many were served in the Pasadena (PUSD), Monrovia (MUSD), Glendora (GUSD) and Duarte Unified School Districts (DUSD). The next table gives an overview of some of the schools attended by clients where they received services from D’Veal.

Representative Schools and Districts Where Youth were Served by D’Veal

High Schools	Middle Schools	Elementary Schools
John Muir (PUSD)	Santa Fe Computer Magnet	Royal Oaks (DUSD)
Monrovia (MUSD)	(MUSD)	Monroe (MUSD)
Glendora (GUSD)	Clifton (MUSD)	Plymouth (MUSD)
Duarte (DUSD)		Valley View (DUSD)

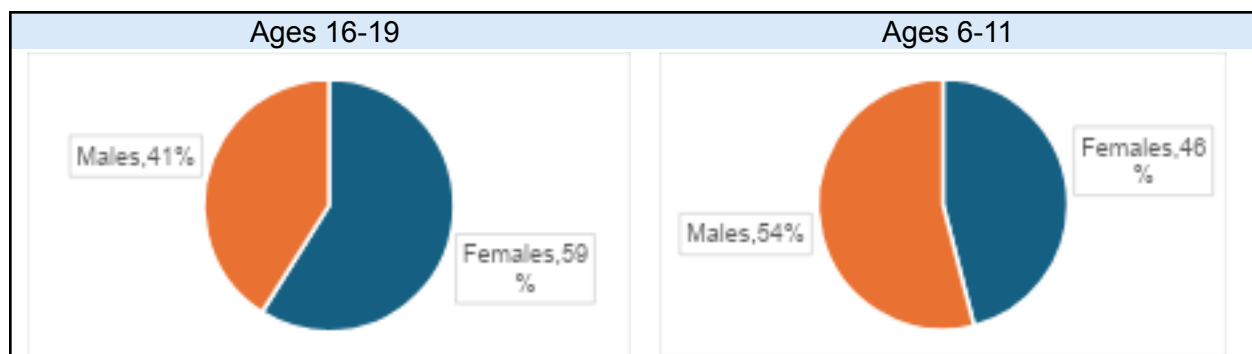
Client Profile

As seen in the next chart, D’Veal served youth at all age levels. The largest number (43%) was in the 16- to 19-year-old range. Twenty-eight percent were ages 12 to 15 and 17% were 6 to 11.



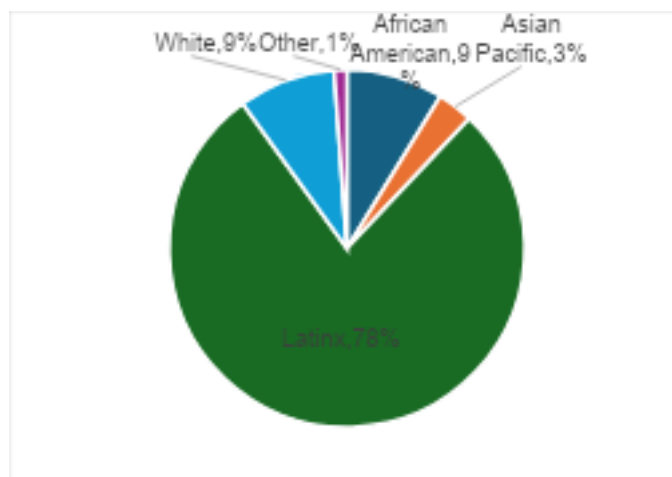
Overall, slightly more female youth were served than male youth. However, this varied somewhat by age group. As seen in the following chart, more boys than girls were served among elementary school youth (54% vs. 46%). However, among high school students ages 16-19, more females were served (59%) than males (41%).

More females were served in high school, more boys were served in elementary school



The race/ethnicity of youth served by D'Veal in 2023-24 was predominantly Latinx (78%). African American and White youth comprised 9% each, with the remainder Asian Pacific and Other ethnicities. This distribution is generally similar to the demographics of San Gabriel Valley school districts (Pasadena, Monrovia, Duarte). D'Veal served about 10% more Latinx and African American youth than would be expected by district demographics and about 10% fewer Asian Pacific and White youth.

Race/ethnicity of Youth Served



D'Veal Staff

One hundred and sixteen staff worked at D'Veal in 2023-24. There were 21 new hires. Thirty-three left the agency. About half (48%) of the staff who left did so in less than one year. Eighty-three staff were employed on the last day of the fiscal year (June 30, 2024),. Seventy-five percent of active staff had over one year of service at the agency.

D'Veal Staffing in 2023-24

	Number	Average length of service
Total Staff that Worked 2023-24	116	
New hires during 2023-24	21	
Staff leaving agency in 2023-24	33	2.5 years
Staff active at year-end (06/30/2024)	83	6.7 years

The largest numbers of D'Veal staff were therapists and other direct service providers, the latter including behavior specialists, family preservation team members and wraparound providers. Therapists and other service providers comprised 68 of the 116 staff members working during the year. Also, 16 highly qualified service supervisors/managers were employed to train and manage service delivery.

As seen in the next table, therapists had the shortest average length of service, at 2.0 years. Their turnover rate was about double that of other agency staff. However, service supervisors and other (non-therapist) service staff averaged over five years of D'Veal service. Support department and administrative staff averaged 8.9 and 16.5 years of service, respectively.

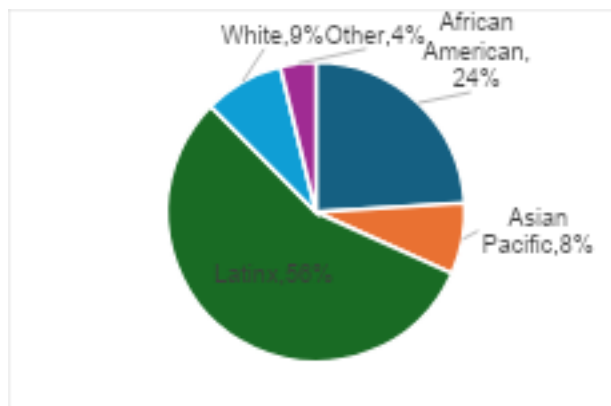
Number of Staff Employed and Average Length of Service, by Position Type

Position Type	Number Worked 2023-24	Average Length of Service (combined active and term)
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Therapists	38	2.0 years
Other Direct Service Staff	30	5.2 years
Supervisors/managers of Service Providers	16	5.3 years
Support Department Staff	27	8.9 years
Administration	5	16.5 years

D'Veal staff are diverse. Over half (56%) were Latinx and 24% were African American. This profile was generally similar to the profile of clients.

Race/ethnicity of D'Veal Staff



Youth Needs and Services Provided

D'Veal's aim is to provide integrated, behavioral health care for youth with complex needs. During the intake process, youth and families are assessed in a comprehensive manner. One area of focus is on the environmental history of youth, particularly their exposure to adverse childhood experiences (ACEs) that may affect their behavior and health.

Review of the youth admitted in 2023-24 found that 70% had at least one adverse childhood experience, and 32% had two or more. The most common ACEs were as follows:

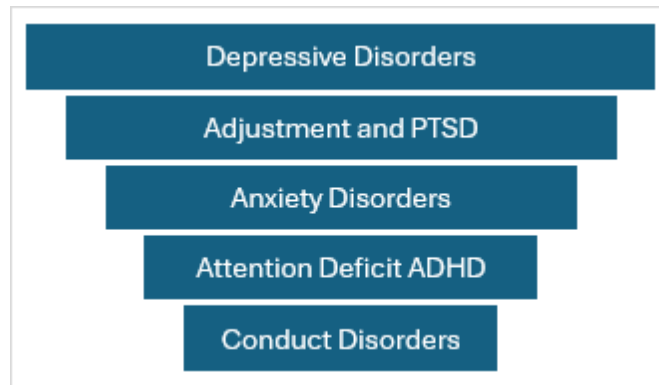
- Disruption in caregiving, loss of attachments – 63% of youth
- Witness to family violence – 22% of youth
- Neglect of youth needs – 18% of youth
- Emotional abuse – 17% of youth

A diagnostic process is helpful in creating goals and objectives for youth treatment. Once a youth problem area has been identified, a service plan can be developed. Specific goals,

objectives and interventions are agreed upon by youth and family members. This is a mutual process that guides the course of treatment with family involvement.

The most common diagnostic categories identified among D'Veal youth during the year are shown below. While no two youth present exactly the same types of problems, depression, adjustment and anxiety are the most common.

Typical Diagnostic Categories of Youth Served



Based on the initial assessment, an individualized service plan is developed for every youth, incorporating proven, evidence-based services. The next table shows the number of youths prescribed with various behavioral health services. Among the 660 youth receiving behavioral health services in 2023-24, most received individual therapy in home, school or office settings as appropriate. Many received rehabilitation and skill building to teach social skills, adjustment and coping methods. These are not the same as individual therapy but offer complementary training for successful outcomes. Other services provided to youth and families included family therapy, medical education and support as needed. Additional services provided included family therapy, wraparound, family preservation and crisis intervention.

Behavioral Health Services Provided to Address Youth Needs

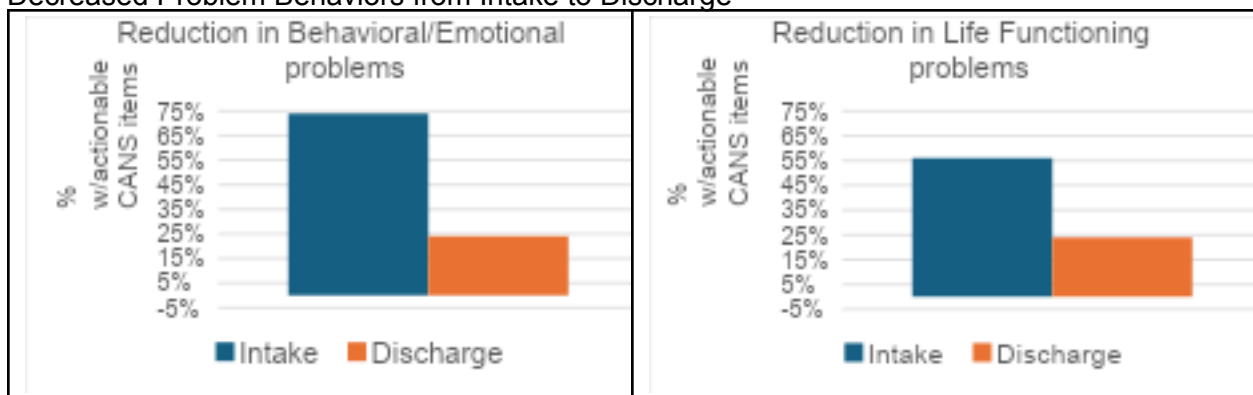
Service	Number of Youth
Individual Therapy	596
Rehabilitation/Skill Building	467
Family therapy	216
Group therapy / rehab	128
Medical education / support	219
Crisis intervention	49
Family Preservation	55
Wraparound	40
Therapeutic Behavioral Services	29

Service Outcomes and Success Rates

The Child and Adolescent Needs and Strengths Assessment (CANS) is a psychometric tool developed to support care planning and decision making. It is administered by D'Veal staff every six months throughout treatment and allows for tracking changes in youth needs and improvements made.

The next charts show that youth improved significantly after receiving D'Veal's services. Actionable needs (i.e., problem behaviors) declined from intake to discharge in two key areas: behavioral and emotional problems, and life functioning. Both categories showed significant improvement overall. Behavioral/emotional problems began at a higher level than life functioning problems, but both areas improved comparably.

Successful Outcomes on the Child and Adolescent Needs and Strengths Assessment: Decreased Problem Behaviors from Intake to Discharge



The specific areas most improved on the CANS are shown below. These include depression, anxiety, adjustment to trauma and anger management. Additional improvements included family and school functioning.

Specific Areas of Improvement from Intake to Discharge, as Measured by CANS Assessments

Behavioral/Emotional Problems	Life Functioning Problems
• Depression • Anxiety • Adjustment to Trauma • Anger Management	• Family functioning • Social functioning • School behavior • School achievement

Family preservation program

In additional to its behavioral health services, D'Veal also provided family preservation services to 55 families in 2023-24. This is a child welfare program designed to offer in-home services to support families and reduce child out-of-home placement risk.

Families are referred to this program by county child welfare (DCFS) and are at risk for child removal and out-of-home placement. Review of records showed that the most common reasons for referral in 2023-24 were:

- Parental substance abuse
- Family mental health needs
- Domestic violence
- Family relationship problems.

Family preservation had positive outcomes overall. Nearly 9 in 10 (89%) families who engaged in the program completed it successfully and kept their children at home. A few families had children removed by DCFS, had parents arrested, or did not complete service goals. This program also had various administrative issues affecting program completion, including court closing the case, family moving out of the area or transferring to another program. It was noted that families with domestic violence presenting problems tended to have less successful outcomes.

Client Satisfaction with D'Veal Family and Youth Services

Satisfaction surveys were completed by 165 families served by D'Veal. The purpose was to find out how well D'Veal met family needs and what improvements are needed.

Overall, family satisfaction statistics were very high. Virtually no negative responses were received, and satisfaction rate exceeded 95%. Families felt they were treated by staff with respect. They felt they were spoken to in ways they understood. They liked the services received and felt they were helpful. They felt comfortable asking staff questions and reported that staff were willing to see family and child as often as needed.

Here are some of the comments made by clients.

- *"The whole team is great, thank you all so much!"*
- *"[therapist name] is a wonderful great emotional support."*
- *"[therapist name] treats our family with respect."*

- *“[staff name] has been a huge help during our time with D’Veal and I appreciate all the help we’ve also been given by everyone else there.”*
- *“Everybody I dealt with was very good, I liked the services. [staff name] was really nice.”*
- *“Thank you for all the hard work you guys do! Everyone is very helpful!”*
- *“[therapist name] should receive a star for great work.”*

The survey also received some suggestions for improvement. There primarily involved turnover of therapy staff.

- *[Parent] was not happy that the client's previous therapist did not communicate with her to let her know that client will be receiving a new therapist.*
- *“[Client's name] therapists keep changing and it is hard for [client name] to trust a therapist when there are changes in therapist.”*
- *“[A problem is the] revolving staff, no consistency in therapists. [Client name] has been with D’Veal since 2021 and constantly changing Therapist.”*

Case Study

The following case study (“A.W.”) was reported by one of D’Veal’s therapists to illustrate the types of issues faces by clients, and to personalize some of the statistics presented in this report. Every family and youth is unique, but this story illustrates a typical youth served. D’Veal staff are skilled in adapting its services to each family situation.

“A.W., a 13-year-old black male, was referred to D’Veal’s Wraparound services following exposure to domestic violence within the home. Despite witnessing violence between adults and physical abuse toward an older sibling, A.W. demonstrated resilience while navigating multiple placement transitions. After a brief placement with his mother that ended due to her legal and mental health challenges, A.W. was placed with a relative and later transitioned to a resource parent when continued care was not possible.

During this period of instability, A.W. experienced academic and behavioral challenges, including difficulty managing impulses, peer interactions, and school expectations. He also had an active Individualized Education Plan (IEP) for Dyslexia and ADHD and struggled academically. Sleep disturbances were reported. These challenges were understood within the context of trauma exposure and disrupted attachments. Despite these barriers, A.W. remained engaged in services and responsive to support.

A significant strength emerged when A.W. was reunified with his biological father, who promptly confirmed paternity and committed to providing a stable, nurturing home. Since this transition, A.W. has made notable and sustained progress. He has demonstrated improved emotional regulation and school behavior, discontinued risky behaviors, and achieved academic success, including earning honor roll recognition and back-to-back Student of the Month

awards. He has also become actively involved in organized sports, supporting both physical health and positive peer relationships. And with the help of neurofeedback, his sleep patterns have regulated.

A.W. has developed a strong, secure bond with his father characterized by mutual respect, trust, and affection. He has taken pride in contributing to the household through age-appropriate responsibilities and has shown increased confidence and independence. A.W. has since been adopted and is thriving in a stable, permanent home environment.

The client continues to maintain connections with his siblings. The Wraparound team supported family engagement by organizing a shared outing with his siblings and mother, during which A.W. expressed gratitude and appreciation. As A.W. approaches his final court date, he is on track to successfully graduate from the Wraparound program, reflecting the significant progress made through family support, consistency, and his own strengths.”

Summary

This annual report for fiscal year 2023-24 summarized information on D’Veal’s clients, services and outcomes. It was noted that agency operations have stabilized following the Covid-19 pandemic that began in Spring 2020.

D’Veal Family and Youth Services served 660 youth in its behavioral health programs during the year. Clients were served in diverse settings including home, school, and office. Many also continued to receive services via telehealth methods. Youth were served from seven high schools, four middle schools and eight elementary schools. School districts served included Pasadena, Monrovia, Duarte and Glendora Unified. Nearly half (43%) of youth served were teens aged 16 to 19. Clients were of diverse race/ethnicity, with about 85% being Latinx or African American.

Seventy percent of the youth served had at least one Adverse Childhood Experience (ACE) in their background, with one-third having two or more ACEs. The most prevalent of these were disruption of caregiving/loss of attachment, witness to family violence, neglect of needs and emotional abuse. These led to diagnoses such as depression, PTSD and anxiety disorders. Various therapeutic services provided by D’Veal staff including individual and group therapy, rehabilitation/skill building, medication management as needed, and family counseling.

Outcomes based on Children and Adolescent Needs and Strengths (CANS) assessments showed that youth made important progress on their problems from the time of intake to discharge. Problem severity decreased over time. The largest reductions were in depression, anxiety, adjustment, and family and school functioning.

Surveys showed that families were very satisfied with D’Veal. They appreciated the helpfulness of staff. Staff were seen as respectful and caring and were clear in their communications with families and youth.

A representative case study of a teen client, “A.W.,” was presented to illustrate the unique features of individuals served in the program and the positive impact they experience..

Appendix
Fiscal Information

D'Veal Financial Summary, FY 2023-24	
Total revenue and support	9,778,732
Total expenses	9,490,373

To review a full copy of D'Veal Family and Youth Services' Audited Financial Statements, visit the agency website www.dveal.org.