

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 of the current year!

Agency Name: YSS

Program Name: Youth Development, Mentoring 1.07

Brief Description of Program:

The YSS Mentoring program matches adults with children as mentors. The services are provided to elementary and middle school students. Where appropriate, high school students are matched as mentors.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**
Improvement in classroom behavior, academic performance, and relationship skills are measured yearly.
- 2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**
Surveys are completed by mentees, teachers, mentors and parents at the end of the school year, the 4th quarter.
- 3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**
This will be the first year we have done the post surveys. The questions will be similar for all so that the responses can be compared and data based on the comparison.
- 4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**
Surveys will be completed in the 4th quarter, outcome data not available until year end.
- 5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**
We continue to struggle to recruit males and adult mentors in rural areas. Staff turnover has impacted numbers served this year.
- 6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):** 111 youth have been served through November 30.
- 7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?** We have a waiting list of 84 youth.
- 8. Comments:**

Program Name: Employment Assistance, 1.08

Brief Description of Program:

Youth Employment is a prevention strategy that provides pre-employment skills training and job search services to youth. Youth learn to write a resume, interview for a job and maintain employment. Part of the program includes Summer Camp opportunities.. These camps emphasize service leadership and life skills. Additionally 7th graders participate in the Teen Maze Event providing pre-employment skill building.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

- a. Youth will increase employment/volunteer readiness and knowledge.
- b. Increase the number of youth who participate in paid or unpaid work experience opportunities.
- c. Increase community awareness of youth employment issues in Story County.

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

- a and b: # and % of youth who receive skill development and indicate an increase in knowledge or skills based on a pre- and post-survey conducted before and after service delivery. Youth are surveyed pre- and post-services.
- c. Number of people reached with community awareness activities.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

No new tools.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

- a. 75
- b. 100%
- c. Had 10 media events

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

Over the last few years, the competition for jobs has increased with high school students competing for all jobs with adults and college students. As fewer jobs become available, we are

looking at how and what we deliver to youth. Staff turnover reflected in lower numbers.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

75

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

No.

8. Comments:

Staff Use Only:

Change/ Benefits demonstrated for client/ community?	Yes	No
Quantifiable Outcome Measures?	Yes	No
Outcomes Reported?	Yes	No

Program Name: Out of School – Kids Club 1.09

Brief Description of Program:

The YSS afterschool programs provide a safe, stimulating, and caring environment for K-6th grade children during out-of-school time. These programs are housed in the schools and in rural school districts of Gilbert, Ballard, Roland-Story, and Collins-Maxwell. The middle school programs are at no cost to families, and the elementary programs are on a sliding fee scale. Elementary Programs: 2 Gilbert, 1 Roland-Story, and 1 Ballard. The Middle School programs are in Collins-Maxwell and Ballard School Districts.

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

Positive interactions, promotion of physical health, and increasing academic success are all measured.

2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

We are using participant, teacher and parent surveys to assess the impact of the programs at the beginning and end of the school year. Additionally, the Youth Program Quality Assessment (YPQA) tool is used to assess the quality in the Middle School Program

3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

We are researching an additional tool to measure program quality for the elementary program.

4. **Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**

Pre-surveys were completed in the fall and data will be available at end of year.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

It is a challenge to maintain our sliding fee scale with wages increasing.

6. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

248 elementary programs and 42 in the middle school programs.

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

No

Comments: Would like to suggest that these updates would occur after the 2nd quarter, for more complete data.

Program Name: Out of School – Summer Enrichment 1.09

Brief Description of Program:

The goal of this program is to close the achievement gap by increasing access to high-quality summer learning opportunities to young people. For the past two years this , a community partnership, has been implemented in Ames and Nevada schools for 6 weeks. Fun developmentally appropriate programming has been provided incorporating literacy, math, and science. This programming is in its infancy, and is improving every year.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

The goal of the program it offer a high-quality summer enrichment program to young people who currently lack choices and opportunity.

2017-18 outcomes are below.

- a. Of those students attending 75% of the time 75% of students will maintain or increase grade level reading and math schools of students involved in the program. Pre/post Program
- b. 70% of youth will show improvement in self-concept as a result of a summer enrichment program. Post Survey
- c. 70% of youth will have an improved attitude towards school, Post Survey
- d. At least 51% of the students attending the summer enrichment program will meet the guidelines for free and reduced lunch.

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

Post surveys will measure “b” and “c” and we will work with the school districts on measurement of “a”. This will occur Pre and post program. “d” will be reported by the school.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

Tools being developed.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

We have the following data from the Nevada School District and are awaiting the Ames District information.

- a. 75% of the students attended 75% of the time and 60% achieved or maintained scores (Nevada)
- b. 70.5% of the students attended at least 75% of the time and 49% maintained or maintained their scores.(Ames)
- c. Not measured

d. Over 52% of the youth attending the Ames and Nevada program were at the Free or Reduce lunch rate, only 29.87% of CM students.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

Current barriers are seeking funding for continuation of program.

6. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

205 students served, 98 in Ames and 107 in Nevada.

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

NA

8. **Comments:** Other schools have expressed interest in a similar program and expansion is limited by funding.

Program Name: Family Development 1.10 (FaDSS, Parent Education, Healthy Futures)

Brief Description of Program:

The Family Development Programs of YSS work with families on an individual basis providing intensive case management through certified Family Development Specialists. The core components are home visits, assessment, short- and long-term goal setting, referral and advocacy. Each program has a different emphasis for enrollment, but all work toward improving parenting skills and family functioning.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

Parents will move towards self-reliance

- Percentage of participants reporting improvement in employment

Activities to strengthen and enhance families

- Increase number of children involved in early childhood education

Increase number of families involved in their child's (6-18) education

- 2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

Measurements occur during home visits through interviewing.

- 3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

No changes in data collection..

- 4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**

Improved employment: 100%

Children 0-5 involved in ECE: 15%

Parents involved in Child's (6-18) education: 0%

- 5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

Needs are getting higher for youth and their abilities to get jobs. There is much competition with college students and adults.

- 6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

36 adults and 37 children

- 7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

No

- 8. Comments:** Collect progress at end of 2nd quarter.

Program Name: Substance Abuse Prevention and Education 1.12

Brief Description of Program:

Substance Abuse Prevention and Education programs are offered to all age groups with special emphasis on children and their parents. All programs are research-based to ensure result-based outcomes. Students learn about the dangers of alcohol and other drugs through a variety of effective programs.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**
 - a. Decrease early onset of use of tobacco, alcohol, and marijuana through comprehensive prevention programming.
 - b. Maintain or increase youth knowledge of alcohol, tobacco and other drugs and their harmful effects.
- 2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**
 - a. Iowa Youth Survey (IYS) age of onset of alcohol, tobacco, and marijuana. The survey is conducted every 2 years.
 - b. Participants will maintain or increase an understanding of the material regarding alcohol, tobacco, and other drugs and their harmful effects. (pre/post survey)
 - c. Participants will maintain or increase perception of harm regarding alcohol, tobacco, and other drugs and their harmful effects.(pre/post survey)
- 3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

Continue to use pre and post surveying
- 4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**
 - a. Comparing the 2016 and 2014Iowa Youth Survey (IYS) age of onset of alcohol, tobacco, and marijuana. The median age of first drink (more than a sip) continues to be 13-14 years of age. For tobacco (smoking whole cigarette) the median age continues to be 13-14, For Marijuana (first tried) onset increasing continues to be 15-16years of age. The rates of usage significantly dropped in the 2016 survey.
 - b. 92% of students maintained or increased knowledge based on pre- and post-curriculum assessments.
 - c. 81% Marijuana/95% Alcohol of participants maintained or increased perception of harm regarding alcohol, tobacco, and other drugs and their harmful effects

Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

Our challenge to be staying current on the drug trends and changing school needs.

5. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

2683

6. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

No

Comments:

Program Name: Child Safety – Talk about Touching 1.12

Brief Description of Program:

Talking About Touching is an evidence-based child abuse prevention program that teaches children to protect themselves from child abuse. This program discusses fire safety, gun safety, bullying, how to ask for help, as well as safe/unsafe touches. There are 13 sessions, each being 30 minutes in length.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

Our goal is that students will exhibit an understanding of the material regarding safe behaviors by scoring 80% or higher by pre/post surveys before and after delivery of curriculum.

- 2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

Pre/post surveys before and after delivery of curriculum.

- 3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

No change in tools used.

- 4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**

92% of students understood the material at 80% or higher.

- 5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

We continue to seek alternative programs in which to present the programs, such as preschools, afterschool programs and parent groups.

- 6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

169

- 7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

No.

Comments:

Program Name: HIV/AIDS Prevention and Education 4.1.12

Brief Description of Program:

The purpose of this program is to increase community awareness of HIV and provide services to youth as part of a comprehensive Adolescent Pregnancy Prevention program.

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**
Percentage increase in number of presentations, newspaper articles, mailings with civic, social and community groups, events.
2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**
Number of presentations and actual number served.
3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**
No changes.
4. **Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**
Change measured in 4th quarter.
5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**
YSS is the only organization reaching youth. HIV can take up to 10 years to show up. Prevention is our focus.
6. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**
4048 participants received HIV information through presentation. 24 presentations, newspaper articles and meetings with civic, social and community groups.
7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**
No.

Comments:

Program Name: Emergency Assistance, TLP 2.01

Brief Description of Program:

This service works with homeless youth to provide living skills such as budgeting, running a household, seeking and maintaining employment, completing GED or other education, and teaching young moms the skills to meet their child's developmental needs.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

The goal is to promote self-sufficiency and skill development to help end long term chronic homelessness and help these youth obtain living wage jobs.

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

Clients are assessed at entrance, quarterly and exit when possible using the Casey Life Skills assessment to assess improvement in life skills areas. Clients also complete a matrix quarterly to help them identify goals that they would like to work on while they are in the program.

Additional measures are taken at exit that include the percentage that discharge to safe and appropriate settings (like permanent housing); percentage of participants completing the program based on a positive opportunity, and percentage who report at exit developing and maintaining positive relationships with caring adults during their time in the program.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

- a. Improvement in Casey Life Skills
- b. % Discharged to safe and appropriate settings
- c. % showing positive relationships with caring adults

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

There were 13 youth discharged this reporting period.

- a. Of the clients who had Casey Life Skills collected 100% showed improvement in 4 out of the 6 areas.
- b. 92% were discharged to safe and appropriate settings.
- c. 85% reported having positive relationships with caring adults.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

The Transitional Living program is working on getting lower barriers to housing introduced into the program so higher needs youth can be served. Due to working on lower barriers a couple

that was in the program caused significant damage to a site, and that is in the process of getting fixed.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

22 clients have been served since July 1, 2017.

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

During this time we have not been able to serve 2 potential clients due to a waiting list. When their time came up to be served they had already found other options. We also had several people call and when they hear there is a waiting list they do not want to go through the steps of being put on a list and look for other housing options, though we do not know if these people are appropriate for the program since they never did an assessment.

Comments:

Program Name: Emergency Shelter, Rosedale 2.08

Brief Description of Program:

Rosedale Shelter provides an array of services including traditional court ordered placement, mobile outreach for diversion, a sliding fee scale for private placements to stabilize familial crisis, and telephonic crisis intervention. The Asset funds utilized for emergency shelter placement support the staffing, facility, and programming costs associated with operating the 24/7 shelter and providing diversion services.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

All youth served through Rosedale’s array of emergency services are in some level of crisis when admitted. Rosedale staff work with the youth and family to stabilize the crisis and provide a welcoming, structured environment for the youth during their stay.

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

When a youth is discharged from an emergency shelter stay, Rosedale staff request that they complete a Consumer Satisfaction survey. The survey is optional and anonymous. One of the questions on the survey is “Do you feel safer now than you did upon admission to Rosedale?” These surveys are tabulated and aggregated by our Quality Assurance Department.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

Consumer Satisfaction Survey – upon leaving

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

18/19 youth that completed the consumer satisfaction survey during the reporting period replied affirmatively that they felt safer at discharge than they did at admission.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

We have a limited number of beds available per gender and all of our beds are in double rooms. Therefore, we are occasionally limited by our facility constraints to serve a specific gender or a youth in need of a single room.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

7 Story Co Admissions were served for placement services at Rosedale Shelter for the reporting

period of 7/1/17 through 11/30/17. We had 9 diversions from shelter placement that utilized our alternative to placement services (i.e. family mediations and “time out” up to 47 hours) as our intervention to meet the needs of these youth and families. We also served 9 families through our sliding fee scale. These families engaged with Rosedale Shelter through our 24/7 toll-free Helpline.

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

In July, we turned away one client because we did not have a bed for placement. We have limited female beds available and all the beds were full at the time of referral.

Comments:

Program Name: Storks Nest 2.11

Brief Description of Program:

Stork's Nest is an incentive-based system where parents earn points by keeping doctor appointments, meeting with WIC coordinators, and other activities that help keep their babies healthy. The points can be used to "buy items at the Stork's Nest store like diapers, clothing, baby bedding and other infant related items."

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**
 - a. Increase number of Story County women participating in the Stork's Nest program: # of women enrolled in the Stork's Nest Program
 - b. Increase parenting knowledge: # of participants attending group educational programs at the Stork's Nest; % of participants indicating an increase in knowledge of how child is developing.

- 2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**
 - a. Tool: Enrollment Paperwork (ongoing).
 - b. Tool: Attendance records/ Pre/post survey.

- 3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

No change in tools.

- 4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**
 - a. 45 families participated in the program through November 30. Increase in enrollment measured after 4th quarter.
 - b. 37 families participated and 82% increased
 - c. their knowledge about child development and parenting.

- 5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

Transportation is the biggest barrier we face in our efforts to serve more families outside of the Ames area. Due to transportation barriers (no vehicle, no driver's license, and no money for gas), families are unable to make it to our educational programming and to shopping hours. We continue to explore a partnership.

- 6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

45 participated in the program through November 30.

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

No

Comments:

Program Name: Crisis Intervention, 3.09

Brief Description of Program:

Rosedale Shelter provides an array of services including traditional court ordered placement, mobile outreach for diversion, a sliding fee scale for private placements to stabilize familial crisis, and telephonic crisis intervention. The Asset funds utilized for telephonic crisis intervention are from the City of Ames only and support the staff time required to provide interventions over the phone to families in crisis or experiencing familial conflict.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

All youth and families served through Rosedale’s telephonic crisis intervention service are in some level of crisis. The staff may use a safety/crisis prevention plan, create a de-escalation plan, process options for accessing familial support, and make appropriate referrals for ongoing services. Such services may include therapy (individual or family), medication management, longer term out of home placements, and others.

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

Rosedale staff utilize a screening tool to guide the caller through identification of supports, needs, and the level of service required.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

No change in tool.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

Rosedale staff responded to 41 families through telephonic crisis intervention in this reporting period.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

Many referral sources, including families, struggle to understand the changing paradigm of maintaining kids in their homes rather than removing them for out of home placement. We continue to educate system partners such as law enforcement, DHS and JCS, and families accessing our 24/7 crisis line about telephonic crisis intervention.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

Rosedale staff responded to 41 families through telephonic crisis intervention in this reporting

period.

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

No.

Comments:

Program Name: Substance Abuse Treatment Outpatient, 3.16

Brief Description of Program:

Family Counseling and Clinic provides substance use assessment and treatment, psychiatric evaluation, and medication management, mental health evaluation and in-office/school therapy by licensed clinicians as well as in-home skill based services. Services assist families and clients in dealing with problems related to school, family communication, running away, involvement with the law, conflict with peers, physical and sexual abuse, depression and other emotional or behavioral concerns.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

YSS has expanded its substance use, skills based, counseling/therapy, and medical/psychiatric services in the past year providing the agency increased ability to provide more youth and families with these services. YSS has reduced the wait time for clients to receive services in some Story County locations to 24 - 48 hours. Implementation of new processes have improved both customer service and satisfaction. The ability of YSS to provide these services within Story County has allowed families without reliable transportation and the ability to take time off of work, more access to services that directly impact the mental health of their children. Funds provided by ASSET allows uninsured persons the ability to access services which may have otherwise been out of their reach.

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

Outcomes are measured using “Successful”, “Partially Successful”, “Unsuccessful”, or “No Treatment Plan Developed” categories designated when youth are discharged from services. Review of data during this time frame demonstrates that over 80% of Story County clients who were discharged from substance use treatment services were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode. Partial success is measured by achieving more than 50% of treatment objectives. Success is measured by achieving more than 75% of treatment objectives.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

Review of data during this time frame demonstrates that over 80% of Story County clients who were discharged from substance use treatment services were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

Review of data during this time frame demonstrates that over 80% of Story County clients who

were discharged from substance use treatment services were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode. Partial success is measured by achieving more than 50% of treatment objectives. Success is measured by achieving more than 75% of treatment objectives.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

The continued transition of Treatment Services being defined as a “medical service” under many healthcare plans challenge our ability to serve everyone who walks through the door. Credentialing and billing infrastructure have become increasingly more complex and difficult to manage. As systems transition and try to catch up with the rapid pace of healthcare change our programs are being stretched to the limit to ensure quality services are accessible locally. The lack of enforcement of the Federal Parity act decreases private insurance coverage of Behavioral Healthcare services leaving many children and families without affordable access to services. The increasing pressures to provide integrated care in volume challenges our limited workforce, creating more demand than can be provided at a quality level. The demands of interoperability in electronic data and government requirements within the greater healthcare systems are beyond our current IT infrastructure. Locally, Statewide and Nationally, the Mental Health, Child Welfare, and Addiction treatment providers and other Safety Net providers will be at greater risk than any other time in recent history. The consumer’s served in the new environment will be more acute, more at risk, more medically unstable, and ultimately more costly to manage. It is essential that we continue to adopt and implement to scale more costly, intensive, and proven evidence based practices such as Multidimensional Family Therapy and Parent Child Interactive Therapy. Local funding will be essential in our ability to transform service delivery over the next year. YSS is unmatched locally in its pursuit of the best training possible for all of its service providers.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

Services Provided in Story County from July 1 to November 30, 2017

July 1 to November 30, 2017	Substance Use
#Assessments	37
#Served	38
#Individual Sessions	55

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

Only clients evaluated as outside of provider’s scope of competence or needing a higher level of care were referred outside of the agency.

Comments:

Program Name: Family Counseling Center, 3.17

Brief Description of Program:

Family Counseling and Clinic provides substance use assessment and treatment, psychiatric evaluation, and medication management, mental health evaluation and in-office/school therapy by licensed clinicians as well as in-home skill based services. Services assist families and clients in dealing with problems related to school, family communication, running away, involvement with the law, conflict with peers, physical and sexual abuse, depression and other emotional or behavioral concerns.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

YSS has expanded its substance use, skills based, counseling/therapy, and medical/psychiatric services in the past year providing the agency increased ability to provide more youth and families with these services. YSS has reduced the wait time for clients to receive services in some Story County locations to 24 - 48 hours. Implementation of new processes have improved both customer service and satisfaction. The ability of YSS to provide these services within Story County has allowed families without reliable transportation and the ability to take time off of work, more access to services that directly impact the mental health of their children. Funds provided by ASSET allows uninsured persons the ability to access services which may have otherwise been out of their reach.

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

Outcomes are measured using “Successful”, “Partially Successful”, “Unsuccessful”, or “No Treatment Plan Developed” categories designated when youth are discharged from services. Review of data during this time frame demonstrates that over 80% of Story County clients who were discharged from mental health treatment services were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode. Partial success is measured by achieving more than 50% of treatment objectives. Success is measured by achieving more that 75% of treatment objectives.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

Review of data during this time frame demonstrates that over 80% of Story County clients who were discharged from mental health treatment services were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

Review of data during this time frame demonstrates that over 80% of Story County clients who were discharged from mental health treatment services were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode.

Partial success is measured by achieving more than 50% of treatment objectives. Success is measured by achieving more than 75% of treatment objectives.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

The continued transition of Treatment Services being defined as a “medical service” under many healthcare plans challenge our ability to serve everyone who walks through the door. Credentialing and billing infrastructure have become increasingly more complex and difficult to manage. As systems transition and try to catch up with the rapid pace of healthcare change our programs are being stretched to the limit to ensure quality services are accessible locally. The lack of enforcement of the Federal Parity act decreases private insurance coverage of Behavioral Healthcare services leaving many children and families without affordable access to services. The increasing pressures to provide integrated care in volume challenges our limited workforce, creating more demand than can be provided at a quality level. The demands of interoperability in electronic data and government requirements within the greater healthcare systems are beyond our current IT infrastructure. Locally, Statewide and Nationally, the Mental Health, Child Welfare, and Addiction treatment providers and other Safety Net providers will be at greater risk than any other time in recent history. The consumer’s served in the new environment will be more acute, more at risk, more medically unstable, and ultimately more costly to manage. It is essential that we continue to adopt and implement to scale more costly, intensive, and proven evidence based practices such as Multidimensional Family Therapy and Parent Child Interactive Therapy. Local funding will be essential in our ability to transform service delivery over the next year. YSS is unmatched locally in its pursuit of the best training possible for all of its service providers.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

Services Provided in Story County from July 1 to November 30, 2017

July 1 to November 30, 2017	Mental Health
#Assessments	109
#Served	699
#Individual Sessions	869

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

Only clients evaluated as outside of provider’s scope of competence or needing a higher level of

care were referred outside of the agency.

Comments:

Program Name: MH Evaluation by Psychiatrist, 3.17

Brief Description of Program:

Family Counseling and Clinic provides substance use assessment and treatment, psychiatric evaluation, and medication management, mental health evaluation and in-office/school therapy by licensed clinicians as well as in-home skill based services. Services assist families and clients in dealing with problems related to school, family communication, running away, involvement with the law, conflict with peers, physical and sexual abuse, depression and other emotional or behavioral concerns.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

YSS has expanded its substance use, skills based, counseling/therapy, and medical/psychiatric services in the past year providing the agency increased ability to provide more youth and families with these services. YSS has reduced the wait time for clients to receive services in some Story County locations to 24 - 48 hours. Implementation of new processes have improved both customer service and satisfaction. The ability of YSS to provide these services within Story County has allowed families without reliable transportation and the ability to take time off of work, more access to services that directly impact the mental health of their children. Funds provided by ASSET allows uninsured persons the ability to access services which may have otherwise been out of their reach.

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

Outcomes are measured using “Successful”, “Partially Successful”, “Unsuccessful”, or “No Treatment Plan Developed” categories designated when youth are discharged from services. Review of data during this time frame demonstrates that over 80% of Story County clients who were discharged from psychiatric treatment services were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode. Partial success is measured by achieving more than 50% of treatment objectives. Success is measured by achieving more than 75% of treatment objectives.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

Review of data during this time frame demonstrates that over 80% of Story County clients who were discharged from psychiatric treatment services were successful or partially successful in achieving 50% or more of their treatment plan goals at discharge.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

Review of data during this time frame demonstrates that over 80% of Story County clients who

were discharged from psychiatric treatment services were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode. Partial success is measured by achieving more than 50% of treatment objectives. Success is measured by achieving more than 75% of treatment objectives.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

The continued transition of Treatment Services being defined as a “medical service” under many healthcare plans challenge our ability to serve everyone who walks through the door. Credentialing and billing infrastructure have become increasingly more complex and difficult to manage. As systems transition and try to catch up with the rapid pace of healthcare change our programs are being stretched to the limit to ensure quality services are accessible locally. The lack of enforcement of the Federal Parity act decreases private insurance coverage of Behavioral Healthcare services leaving many children and families without affordable access to services. The increasing pressures to provide integrated care in volume challenges our limited workforce, creating more demand than can be provided at a quality level. The demands of interoperability in electronic data and government requirements within the greater healthcare systems are beyond our current IT infrastructure. Locally, Statewide and Nationally, the Mental Health, Child Welfare, and Addiction treatment providers and other Safety Net providers will be at greater risk than any other time in recent history. The consumer’s served in the new environment will be more acute, more at risk, more medically unstable, and ultimately more costly to manage. It is essential that we continue to adopt and implement to scale more costly, intensive, and proven evidence based practices such as Multidimensional Family Therapy and Parent Child Interactive Therapy. Local funding will be essential in our ability to transform service delivery over the next year. YSS is unmatched locally in its pursuit of the best training possible for all of its service providers

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

Services Provided in Story County from July 1 to November 30, 2017

July 1 to November 30, 2017	Psychiatric
Assessments	103
Served	501
Individual Sessions	2508

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

Only clients evaluated as outside of provider's scope of competence or needing a higher level of care were referred outside of the agency.

Comments:

Program Name: Nursing Care Coordination, 3.17

Brief Description of Program:

Family Counseling and Clinic provides substance use assessment and treatment, psychiatric evaluation, and medication management, mental health evaluation and in-office/school therapy by licensed clinicians as well as in-home skill based services. Services assist families and clients in dealing with problems related to school, family communication, running away, involvement with the law, conflict with peers, physical and sexual abuse, depression and other emotional or behavioral concerns.

1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:

YSS has expanded its substance use, skills based, counseling/therapy, and medical/psychiatric services in the past year providing the agency increased ability to provide more youth and families with these services especially with the use of nursing care coordination as support to psychiatric telehealth services. YSS has reduced the wait time for clients to receive services in some Story County locations to 24 - 48 hours. Implementation of new processes have improved both customer service and satisfaction. The ability of YSS to provide these services within Story County has allowed families without reliable transportation and the ability to take time off of work, more access to services that directly impact the mental health of their children. Funds provided by ASSET allows uninsured persons the ability to access services which may have otherwise been out of their reach.

2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:

Outcomes are measured using “Successful”, “Partially Successful”, “Unsuccessful”, or “No Treatment Plan Developed” categories designated when youth are discharged from services. Review of data during this time frame demonstrates that over 80% of Story County clients who were discharged from psychiatric treatment services using telehealth were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode. Partial success is measured by achieving more than 50% of treatment objectives. Success is measured by achieving more that 75% of treatment objectives.

3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):

Review of data during this time frame demonstrates that over 80% of Story County clients who were discharged from psychiatric treatment services using telehealth services were successful or partially successful in achieving 50% or more of their treatment plan goals at discharge.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

Review of data during this time frame demonstrates that over 80% of Story County clients who

were discharged from psychiatric treatment services using telehealth services were successful or partially successful in achieving 50% or more of their treatment plan goals by the end of their treatment episode. Partial success is measured by achieving more than 50% of treatment objectives. Success is measured by achieving more than 75% of treatment objectives.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

The continued transition of Treatment Services being defined as a “medical service” under many healthcare plans challenge our ability to serve everyone who walks through the door. Credentialing and billing infrastructure have become increasingly more complex and difficult to manage. As systems transition and try to catch up with the rapid pace of healthcare change our programs are being stretched to the limit to ensure quality services are accessible locally. The lack of enforcement of the Federal Parity act decreases private insurance coverage of Behavioral Healthcare services leaving many children and families without affordable access to services. The increasing pressures to provide integrated care in volume challenges our limited workforce, creating more demand than can be provided at a quality level. The demands of interoperability in electronic data and government requirements within the greater healthcare systems are beyond our current IT infrastructure. Locally, Statewide and Nationally, the Mental Health, Child Welfare, and Addiction treatment providers and other Safety Net providers will be at greater risk than any other time in recent history. The consumer’s served in the new environment will be more acute, more at risk, more medically unstable, and ultimately more costly to manage. It is essential that we continue to adopt and implement to scale more costly, intensive, and proven evidence based practices such as Multidimensional Family Therapy and Parent Child Interactive Therapy. Local funding will be essential in our ability to transform service delivery over the next year. YSS is unmatched locally in its pursuit of the best training possible for all of its service providers

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

559 sessions have occurred.

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

Only clients evaluated as outside of provider’s scope of competence or needing a higher level of care were referred outside of the agency.

Comments: