Edgewood Center for Children and Families
Clients Served Fiscal Year 2020

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Introduction & Purpose

The purpose of this report is to provide an annual snapshot of all Edgewood clients served by program service type, agency-wide, and in each of the three regions, for the 2019-20 fiscal year. We anticipate that this report will continue to evolve as an internal leadership tool for continuous quality improvement that will eventually include program outcome data as our agency-wide outcomes plan is implemented. This report is also intended as a communication tool to be used in our collaborations with valued stakeholders that share our Edgewood mission — to promote the behavioral health of children, youth, and families and support a positive transition to adulthood.

Method

Edgewood Executive Directors for San Mateo, San Francisco’s Campus, and San Francisco’s Bay View regions, as well as key regional Directors and staff, provided the Research and Evaluation Department with data on clients served during the 2019-2020 fiscal year in programs that are not included in Edgewood’s client portal. Programs in portal were individually pulled from the agency’s database. The figures in this report illustrate all data collected. All “clients served” data was provided at the program level and then aggregated for regional or agency counts. The data presented is unduplicated. When a client enters, discharges, and then re-enters program that counts as an additional point of program contact.

Edgewood Regions & Service Types

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Edgewood Center for Children & Families: By Region

SF Community Programs
- Early Childhood Mental-Health Consultation
- Family Resource Centers (FRC) (Includes Differential Response Program)
- Food Bank
- Kinship Support Services
- School-Based Services (Behavior Coaching; Youth & Family Advocacy; School Climate Consultation)
- Transitional Housing Program (THP+)
- Kinship Mental Health
- Outpatient Clinic
- Therapeutic Behavioral Services (TBS)
- Wraparound

San Mateo
- Drop-In Center (North & South)
- Food Bank
- Kinship Support Services (includes Healthy Kin Program)
- Child & Family Treatment Collaborative
- Kinship Mental Health
- School-Based Mental Health Outpatient Services
- Therapeutic Behavior Services (TBS)
- Wraparound - Children & Youth (CY)
- Wraparound - Short-Term Adjunctive Youth & Family Engagement (SAYFE)
- Wraparound - Transition Age Youth (TAY)
- After-School Intensive Services (ASIS) (not included in the current report)

SF Campus
- Crisis Stabilization
- Hospital Diversion
- Residential Treatment (RC 14 & Kaiser Residential)
- Intensive Outpatient (IOP)
- Non-Public School (NPS)
- Partial Hospitalization (PHP)
Definitions

Client
A “Client” is the direct beneficiary of the service and may be a child, youth, young adult, caregiver, or professional.

Service
“Service” is counted as any direct contact provided to a client by Edgewood program staff. Treatment programs address a behavioral health condition for a child, youth, or young adult and include an intake and discharge.

Prevention and Early Intervention (PE&I) Programs
Prevention and Early Intervention (P & EI) programs are intended to help children and youth stay healthy, before behavioral health conditions develop. These services:

1. Provide a less intensive level of service, such as information, consultation, referrals, and support.
2. Are counted by tracking the child, youth, family member, caregiver, or service professional who received information or support - for example, in the climate coaching school-based service provided, the teacher is counted as the client and not the entire classroom.
3. Please see the Service Type Color Key on the next page for all programs by type and region.

Notes
- Some programs provide supplemental treatment to a client already enrolled, and therefore counted, in another Edgewood program. These include: TBS, Kinship Mental Health, and Healthy Kin. Clients served numbers for each of these programs are considered “duplicate” client counts for Edgewood’s total served, however do represent each program’s discreet total number served.
- The total numbers reported are unduplicated within programs. When a client enters, is discharged, and then re-enters program, they are counted again.
Edgewood Clients (Aggregate)

#’s of Clients Served (By Service Type)

- **Total Clients Served (Individual & Significant Adult)**
  - FY20: 5,868
  - FY19: 10,938
  - FY18: 10,759
  - FY17: 10,759
  - FY20: 9,053

- **Total Clients Served (Individual)**
  - FY20: 5,860
  - FY19: 5,639
  - FY18: 5,016
  - FY17: 5,016

- **Prevention & Early Intervention**
  - FY20: 4,627
  - FY19: 4,234
  - FY18: 3,285

- **Community-Based Treatment**
  - FY20: 455
  - FY19: 531
  - FY18: 524
  - FY17: 824

- **Crisis Stabilization**
  - FY20: 156
  - FY19: 317
  - FY18: 472
  - FY17: 425

- **Residential Treatment**
  - FY20: 194
  - FY19: 217
  - FY18: 225
  - FY17: 253

- **Day & After-school Treatment**
  - FY20: 131
  - FY19: 168
  - FY18: 184
  - FY17: 229

*Note: All individual youth clients have at least one significant adult figure involved in their treatment. Hence, to get to the total clients served count for FY 20, we included 391 Kinship Support Services and Family Resource Center caregiver clients and the individual youth client with a significant adult. This number is most likely higher. Throughout this report, however, we only report information on individual clients (N=3,621).*
Edgewood Clients (Aggregate)

% Racial/Ethnic Identity

- Latino/Other Spanish American: 31%
- Black/African American: 19%
- Unknown: 15%
- Chinese/Chinese American: 14%
- Other: 11%
- Other Asian: 3%
- Chicano/Mexican American: 2%
- Middle Eastern/North African: 1%
- Vietnamese: 1%
- White/Caucasian: 0.5%
- Chinese/Chinese American: 0.5%
- Other: 0.5%
- Asian: 0.5%
- Pilipino/Filipino: 0.5%
- Pacific Islander: 0.5%
- Middle Eastern/North African: 0.5%
- Unknown: 0.5%

% Gender Identity

- Female: 58%
- Male: 38%
- Declined to State: 3%
- Female-to-Male (FTM)/Transgender Male/Trans Man: 0.75%
- Male-to-Male (MTF)/Transgender Woman/Trans Woman: 0.2%
- Gender Queer/Gender Non-Binary/Neither Exclusively Male or Female: 0.1%

% Sexual Identity

- Heterosexual/Straight: 63%
- Lesbian/Gay/Homosexual: 18%
- Bisexual: 10%
- Queer: 4%
- Other/Not Listed/Additional Sexual Orientation Category: 4%
- Questioning/Unsure: 2%

*Race/Ethnicity, Gender and Sexual Identity counts for this report do not include P & EI programs.
Edgewood Clients (Aggregate)

% Age Distribution

*Age distribution counts for this report do not include P & EI programs.
Edgewood Clients (Aggregate)

% County Distribution

- San Francisco: 70%
- San Mateo: 28%
- Alameda: 1%
- Other: 1%

Note: The following counties equalled less than 1%: Contra Costa, Solano, Marin, Sonoma, Sacramento, Santa Clara, Shasta, Placer, Stanislaus, Napa, Monterey, Yuba, San Joaquin, Santa Cruz, Mendocino, Fresno, San Benito

Intakes & Discharges - Agency-wide

- Intakes: 758
- Discharges: 714
Edgewood Clients FY 20 (Aggregate)

%’s Clients Serviced by Service Type

- Prevention & Early Intervention: 74.0%
- Community-Based Treatment: 13.0%
- Day & After-School Treatment: 4.0%
- Residential Treatment: 4.0%
- Crisis Stabilization Unit: 5.0%

Edgewood Clients Served FY 2020: 10
Edgewood Clients Served
Between FY's 17-20 (4 Year Overview)

Prevention & Early Intervention (#'s)


Community-Based Treatment (#'s)

- Outpatient Clinic SF (School-Based Mental Health Outpatient Services): 106 (2017), 95 (2018), 128 (2019), 115 (2020)

Residential Treatment (#'s)


Day & After-School Treatment (#'s)

Edgewood Clients Served FY 20 (Aggregate)

Prevention & Early Intervention (#’s)

- Early Childhood Mental Health Consult. 1,237
- Family Resource Center (FRC) 430
- Drop-In Center (North & South Combined) 344
- Food Bank 260
- Kinship Support Services 242
- School-Based Services (Behavior Coaching, Youth & Family Advocacy, School Climate Consultation) Transitional Housing Program (THP+) 12

Community-Based Treatment (#’s)

- Wraparound 241
- Outpatient Clinic SF & SM (School-Based Mental Health Outpatient Services) 106
- Therapeutic Behavioral Services (TBS) 68
- Kinship Mental Health (SF & San Mateo) 40

Day & After-School Treatment (#’s)

- Partial Hospitalization (PHP) 57
- Non-Public School (NPS) 44
- Intensive Outpatient (IOP) 30

Edgewood Clients Served FY 2020

3,621 Clients Served in FY 20
Edgewood Clients Served
FY 2020

SF Community-Based Services

# of Clients Served

1,237
430
260
167
48
12
104
48
34
20
1,250
2,472

Early Childhood Mental Health Consult.
Food Bank
School-Based Services
School-Based Mental Health (Outpatient Clinic)
Wraparound

Family Resource Center (FRC)
Kinship Support Services
Transitional Housing Program (THP+)
Therapeutic Behavioral Services (TBS)
Kinship Mental Health

Prevention & Early Intervention

Community-Based Treatment

Racial/Ethnic Identity (#’s)

724
494
310
176
47
12
12
9
9
5
5
2
2
2
1

Latino/Other Spanish American
White/Caucasian
Middle Eastern/North African
Chicano/Mexican American
Other
Japanese/Japanese American
Declined to State

Black/African American
Other Asian
Vietnamese
Other
East Indian/Pakistani
Chinese/Chinese American
American Indian/Alaskan Native
Pilipino/Filipino
Korean/Korean American
Polynesian
Unknown
Pacific Islander

13
SF Community-Based Services (cont.)

Gender Identity (#'s)
- Female: 1,354
- Male: 811
- Declined to state: 47

Age Distribution (#'s)
- Age 0-5: 97
- Age 6-17: 455
- Age 18-25: 995
- Caregivers/26+: 28

Intakes & Discharges (#'s)
- Intakes: 169
- Discharges: 150
San Mateo

# of Clients Served

- Drop-In Center (North & South Combined): 344
- Kinship Support Services (Includes Healthy Kin Program): 75
- Wraparound - Children and Youth (CY): 91
- Wraparound - Transition Age Youth (TAY): 59
- Wraparound (SAYFE): 57
- Kinship Mental Health: 20
- Therapeutic Behavioral Services (TBS): 20
- School-Based Mental Health Outpatient Services (Outpatient Clinic): 2

Racial/Ethnic Identity (#’s)

- Latino/Other Spanish American: 136
- Black/African American: 67
- Pilipino/Filipino: 55
- Pacific Islander: 33
- Unknown: 8
- Vietnamese: 5
- Chinese/Chinese American: 4
- Japanese/Japanese American: 2
- Polynesian: 2
- Middle Eastern/North African: 2
- Other Asian: 2
- East Indian/Pakistani: 1
- American Indian/Alaskan Native: 1

Gender Identity (#’s)

- Female: 317
- Male: 287
- Declined to State: 1
- Female-to-Male (FTM)/Transgender Male/Trans Man: 1
- Male-to-Female (MTF)/Transgender Female/Trans Woman: 5

Age Distribution (#’s)

- Age 18-25: 317
- Age 6-17: 175
- Caregivers/26+: 56

Intakes & Discharges (#’s)

- Intakes: 133
- Discharges: 156
Short Term Benefits of Report: Awareness About Our Reach

Why is it important to collect demographic and aggregated data on clients served?

These are basic and necessary first steps for designing, implementing, and assessing the impact of our programs and investments, and the answers can only be found by gathering and analyzing demographic data – disaggregated by variables such as race, ethnicity, gender, and sexual orientation. These dimensions, and others such as age, and geography, allow us to illuminate effective strategies, gaps and overlaps, and opportunities to measure impact for distinct communities and populations that we serve. Such data will also point us to an understanding of who we need on our staff and in our leadership so that Edgewood and our partners reflect and engage the communities we serve, which is essential for ensuring that our approaches are culturally-responsive and relevant.

Next Steps:

- Document long-term impact
- Supplement clients served numbers (quantitative evidence) with qualitative data and evidence
- Implement an agency-wide qualitative study, linking clients served with trauma-informed agency shift, and DEI (diversity, equity, inclusion) to client impact
- Determine best practices and approach for including client and staff voice into Edgewood's narrative
- Align categories with grant requirements
- Collect client data on trauma and the impact of Edgewood's TIS organizational shift and purpose

Conclusion

This report represents an opportunity, and critical first step towards being data-driven. Edgewood's tools to collect and share demographic data on clients served have been improved over the past several years – and now is the time to position our organization to leverage our client data for impact, and to engage with such data collection tools to inform continual improvements and to ensure our organization has the kind of data that can be used effectively to better serve our community and be more trauma-informed.

Questions about this report?
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