

FY 2023 PERFORMANCE PLAN

Children’s Behavioral Healthcare Client Services Entry		CFSD/BHC		Jamii PremDas, x1540 Tika Trotter-Mason, x1667 Laura Ragins, x1592 Norma Jimenez x1524		
Program Purpose	Connect children who have behavioral health needs to services, divert them from court involvement, and engage their families.					
Program Information	<ul style="list-style-type: none"> Client Services Entry connects children and families to ongoing services in the Children’s Behavioral Healthcare Bureau. Services provided: <ul style="list-style-type: none"> <u>Information and Referral</u>: Information and referral: Intake staff provides information on service options and community resources. <u>Intake Assessment</u>: Mental health therapists conduct mental health/substance abuse assessments, formulate diagnoses, and provide service recommendations. <u>Psychological evaluation</u>: Psychologists conduct evaluations. <u>Court diversion</u>: Juvenile-court-based liaison provides immediate screening and linkage to services. <u>Community outreach</u>: Staff provides education about services to partners including schools, courts, and advocacy organizations. Services are licensed and regulated by the Virginia Department of Behavioral Health and Developmental Services. Oversight is provided by the Arlington Community Services Board. 					
Service Delivery Model	<ul style="list-style-type: none"> In FY 2023, intakes were available by appointment only and could be scheduled for the same day or within 24 hours. Additionally, services were delivered both in-person and virtually, based on the families’ clinical need and choice. In FY 2023, intakes were scheduled based on intake staff availability and staff capacity to accept new clients. Services will continue to be provided both in-person and virtually based on the families’ clinical need and choice. In FY 2024, program will phase in limited walk in SDA, as well as scheduled in person and virtual appointments. Co-located SDA appointments will be offered at identified Arlington public schools. 					
PM1: How much did we do?						
Staff	Total of 4.25 FTEs: <ul style="list-style-type: none"> 1.0 FTE Behavioral Health Manager- Supervisor 1.0 FTE Behavioral Health Therapist II—Information/Referral and Intake 0.50 FTE Behavioral Health Therapist II—Intake Assessments 0.50 FTE Psychologist 1.0 FTE Behavioral Health Therapist II—Court and Detention Services Clinician 0.25 FTE Behavioral Health Therapist II- School Based Clinician 					
Customers and Service Data	Units of Service	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
	# of I&R/Screening calls/inquiries	794	747	967	1,310	1,829
	# of intake assessments completed (includes preliminary assessments)	294	269	198	142	111

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	# of youth served by court liaison	142	54	46	41	29
	# of community outreach presentations	25	79	9	15	11

PM2: How well did we do it?

2.1	Wait time between intake and first clinical appointment
2.2	Quality of intake assessment documentation

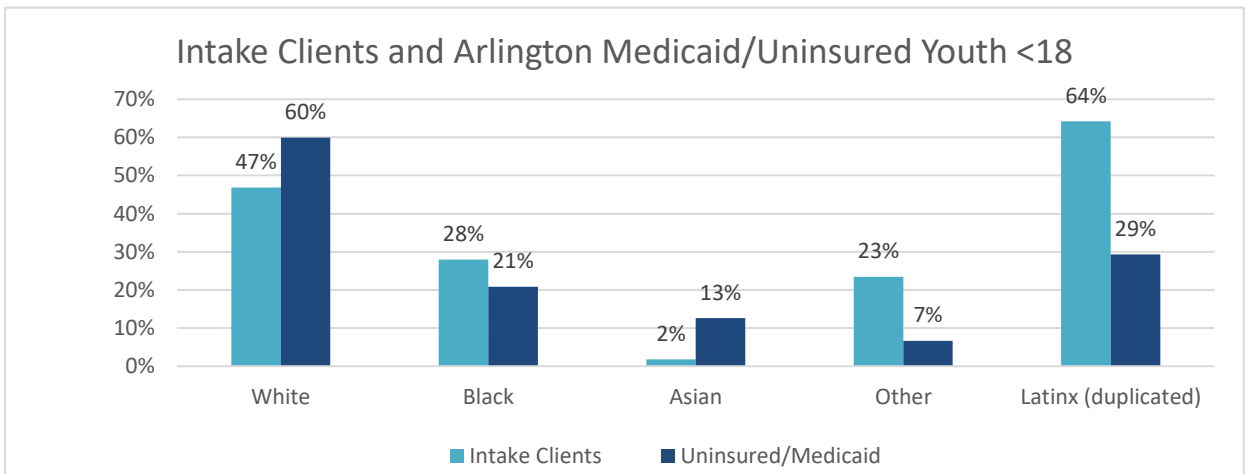
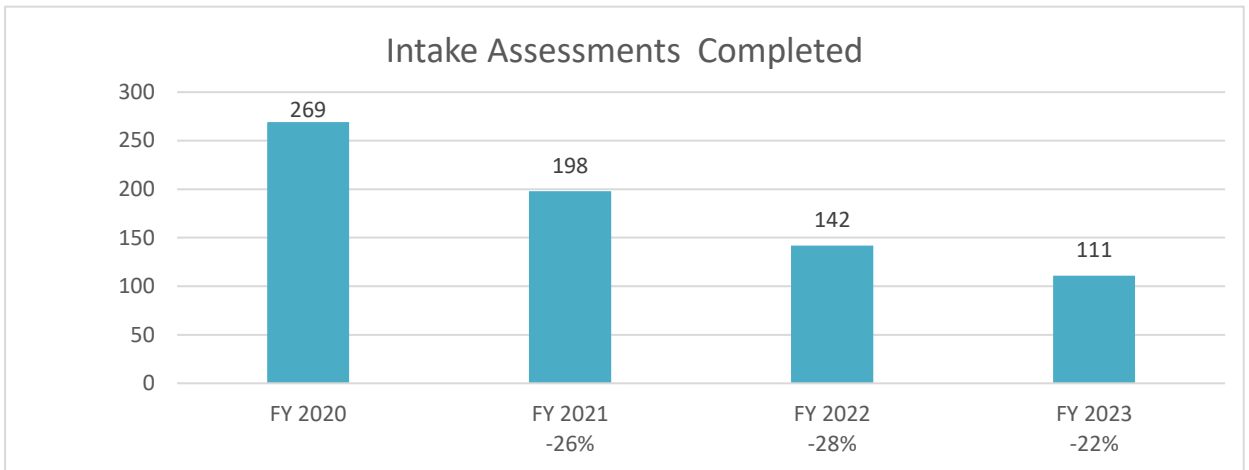
PM3: Is anyone better off?

3.1	Children and families are connected to ongoing services
3.2	Families believe they will get the help they need and know what to do next

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Measure 1 # of intake assessments completed

Data



Data Summary

- In FY 2023, there were 111 intake assessments completed which is a 22% decrease from FY 2022 (142).
- In FY 2023, the proportion of intake clients that identified as Black is generally consistent with the Medicaid and uninsured population.
- In FY 2023, youth that identified as Latinx were overrepresented based on the population of Medicaid and uninsured youth.
- In FY 2023, youth that identified as White were underrepresented based on the population of Medicaid and uninsured youth.
- 47 (67%) of the intake clients that identified as Latinx also identified as White. 22 of the 70 Latinx youth (31%) identified as “Other”, often reporting their nationality.
- Racial demographic data was provided for 100% of the intake clients and ethnicity data was provided for 98% (109/111) of intake clients.

What is the story behind the data?

- The decrease in the number of intakes can be attributed largely to the significant number of staff vacancies.

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- On December 20, 2021, the program implemented emergency standards of care and priority populations where intakes were prioritized for those with Medicaid and no insurance. Intakes were also prioritized for those without behavioral health/case management resources and had the highest clinical need.
- In FY 2023, services continued to be prioritized for youth and families with Medicaid and no insurance. New intakes were scheduled based on staff workload capacity.
- In FY 2023, all new intakes were assigned timely with no waitlist.
- In FY 2023, 70% (78/111) youth of that received an intake assessment were admitted for ongoing services. This is a slight decrease in the admission rate from FY 2022 (79%).
- In FY 2023, there was an increase in referrals for youth in need of services for substance use who required a higher level of care. The team collaborated with referral sources to identify appropriate levels of care and the needs of the community.
- In June 2023, the agency initiated a contract with National Capital Treatment and Recovery for a higher level of community-based substance use treatment.
- In Q3, the agency piloted a short-term intensive substance use treatment group using contract staff and current staff.
- The majority of referrals come from schools or family/friends.
- In FY 2023, intake services were provided equally both virtually and in-person. 48 intakes were provided in person and 30 intakes were provided virtually.
- In FY 2023, the team collaborated with community and faith organizations on outreach to address inter-generational mental health supports (including seniors, adults and youth). Additionally, the clinical and the prevention team collaborated to provide ACES training, restorative yoga, lock and talk and suicide prevention.
- The proportion of white youth admitted to ongoing services was lower than the proportion served in other child-serving programs. As a safety net program, children’s behavioral healthcare is designed to serve children who do not have access to alternative service options.
- The proportion of Latinx youth served is significantly higher than the percentage in the population of youth with Medicaid or without insurance. For Latinx youth, the most common referral source was their family/friends: 39% of Latinx youth were referred from these sources. There continues to a limited number of community providers who employ Spanish-speaking staff. To ensure that the needs of these youth are met, the program emphasizes recruitment of bilingual and bicultural staff.

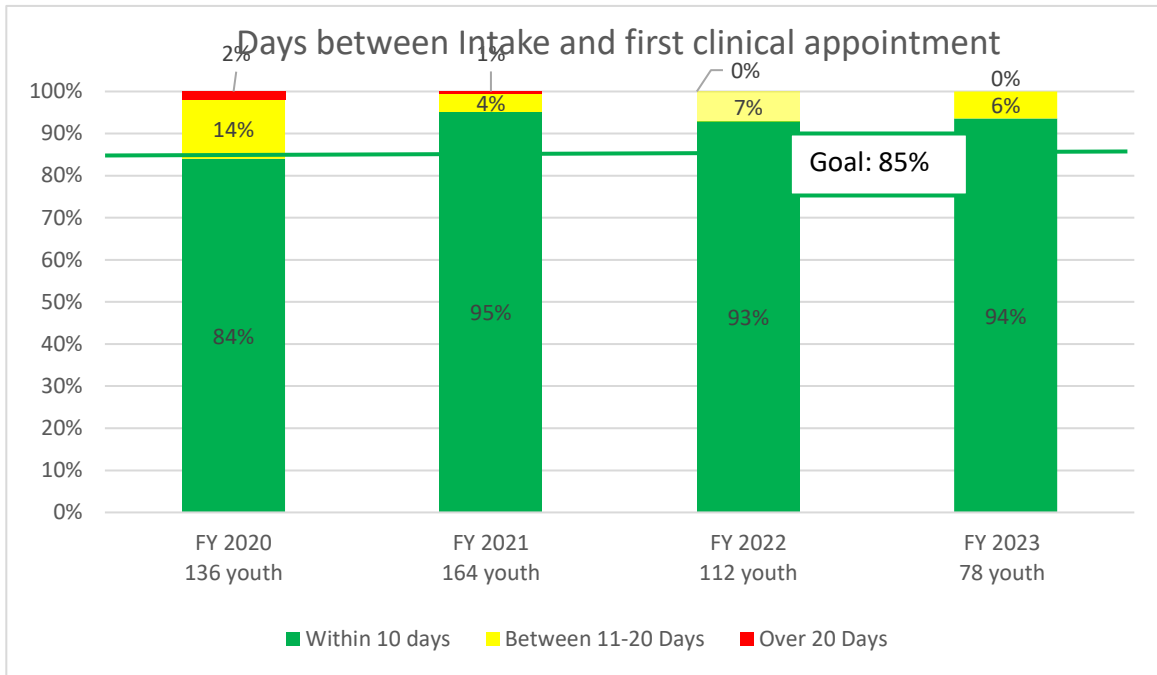
Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue to prioritize hiring and retention of staff. • Continue to collaborate community collaborations with faith and culturally based organizations and groups. 	<ul style="list-style-type: none"> • Ongoing • Ongoing

Forecast
<ul style="list-style-type: none"> • For FY 2024, it is anticipated that the number of intakes will increase to 200 contingent on staff hiring and retention.

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Measure 2.1 Wait time between intake and first clinical appointment offered

Data



Data Summary

- In FY 2023, 94% (73/78) appointments were offered within 10 days of the intake assessment. 6% (5/78) appointments were offered within 11-20 days of the intake assessment. There were no appointments offered in more than 20 days from the intake assessment.
- Data includes all individuals who received an intake and was offered a subsequent face to face clinical appointment. Preliminary assessments are excluded. Data is obtained from a spreadsheet maintained by the program supervisor.

What is the story behind the data?

- In FY 2023, the average number of days from intake to first offered clinical appointment was 7 days which is consistent with FY 2023.
- The average number of days from intake to first clinical appointment attended was 10 days for FY 2023.
- In FY 2023, 3 of the 5 youth that were offered an appointment after 10 days were recommended for piloted short term intensive substance use group that began April 18, 2023.
- At intake, all eligible clients are offered an initial clinical appointment of either Tuesday or Thursday at 1 pm the following week. This appointment is scheduled prior to the end of the intake appointment. If the assigned therapist has a scheduling conflict for the first client appointment, the intake therapist and/or supervisor will conduct the first clinical appointment.
- Some non-urgent clients decline the first appointment offered and prefer to wait to schedule an alternative time, which may fall outside the 10 days.
- An email system continues to be implemented to notify the therapist and the Supervisor of the assignment and to contact the family.

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- Telehealth has reduced barriers to engagement and made rescheduling more accessible. The decision to offer virtual or in-person services was based on the clinical need and child and family agreement/request. Families were encouraged to attend at least the first clinical appointment in person to facilitate rapport building and assessment.
- In the first six months of FY 2023 (as of December 2022) there were 17 intake appointment no show/cancellations, for a cancellation rate of 13%.

Recommendations

Target Dates

- Track intake cancellations and reasons.
- Analyze race and ethnicity data of intake cancellations.
- Continue to recruit bi-lingual staff.
- Continue to offer intake appointments using the service delivery options preferred by families and recommended by the clinician.
- Ensure consistent data capture for school-based intakes.
- Utilize database reports to ensure first clinical appointments are occurring on time.

- FY 2024, Q1
- FY 2024, Q2
- Ongoing
- Ongoing
- FY 2024, Q2
- FY 2024, Q1

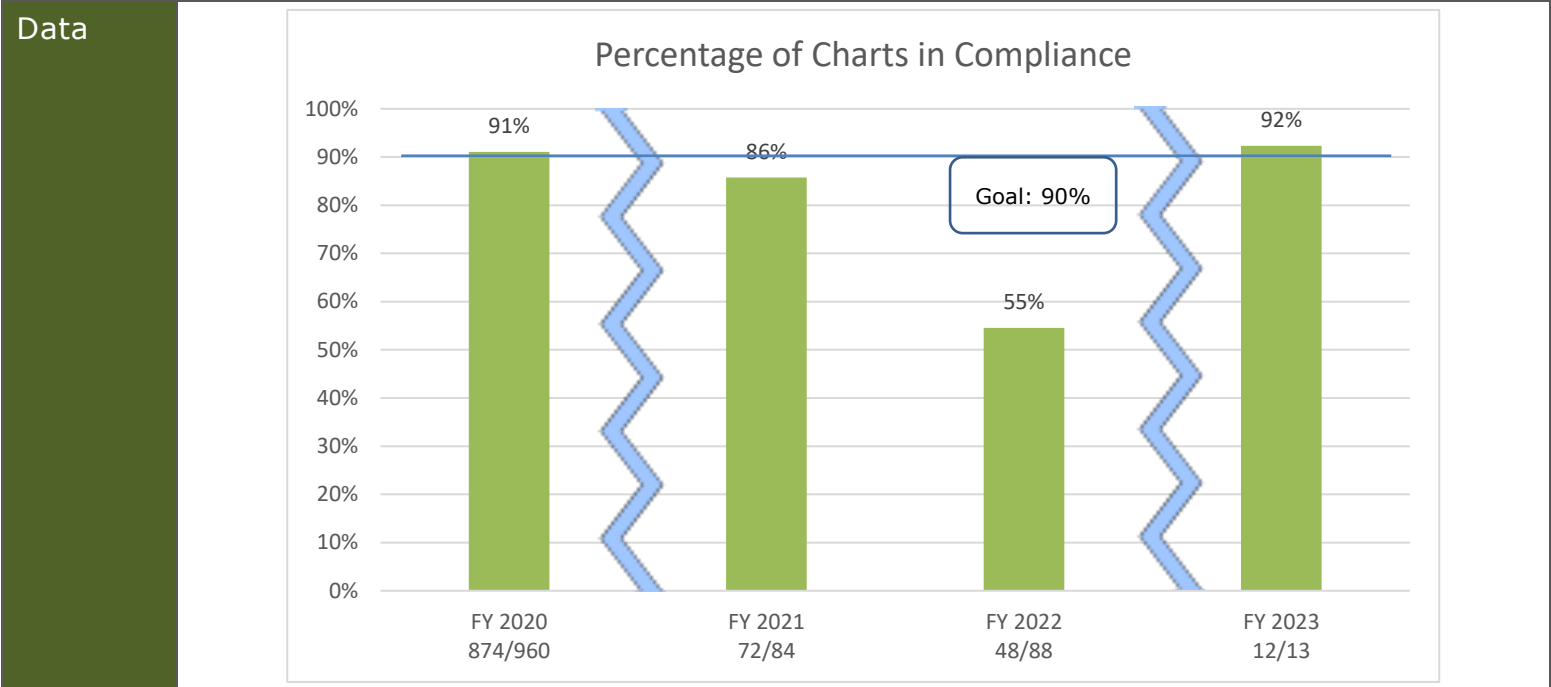
Forecast

- In FY 2024, it is anticipated that 95% appointments will be offered within 10 days of the intake appointment

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Measure	2.2	Quality of intake assessment documentation
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Data Summary	<ul style="list-style-type: none"> Charts are analyzed using the CSB chart-review process and include completion of required data elements and clinical thoroughness. In FY 2023, 13 intakes were analyzed. Of these, 12 intakes (92%) scored 90% or higher. In FY 2023, the measure was modified to measure intake charts reviewed by the Compliance Review Team that were in compliance. In FY 2021 and 2022, the measure included charts for ongoing services as well as intakes.
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What is the story behind the data?

- In FY 2023, the average percentage score of intakes reviewed was 96%.
- In FY 2023, there was 1 intake review that scored lower than 90%.
- In FY 2023, the intake team excelled with following steps to ensure releases of information were signed as well as ensuring high risk clients were identified with assessments and alerts so that other clinicians are aware.
- In FY 2023, the most common errors noted related to coding service type, likely due to coding changes due to the pandemic.
- In FY 2023, there was one primary intake clinicians which minimized the likelihood of errors and inconsistency with documentation.
- In FY 2023, the supervisor continues to provide enhanced oversight and training to ensure that intake charts are in compliance.

Recommendations	Target Dates
<ul style="list-style-type: none"> Increase the number of clinicians providing intake assessments Continue to update training and train staff on the requirements and expectations for intake. 	<ul style="list-style-type: none"> FY 2024, Q2 Ongoing

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<ul style="list-style-type: none">• Continue to collaborate with the Compliance team to provide technical assistance with maintaining regulatory compliance.	<ul style="list-style-type: none">• Ongoing
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Forecast

<ul style="list-style-type: none">• In FY 2024, it is anticipated that the percentage will remain consistent at 92%. This percentage could be impacted by increasing the number of intake clinicians which could present a challenge with maintaining this percentage.
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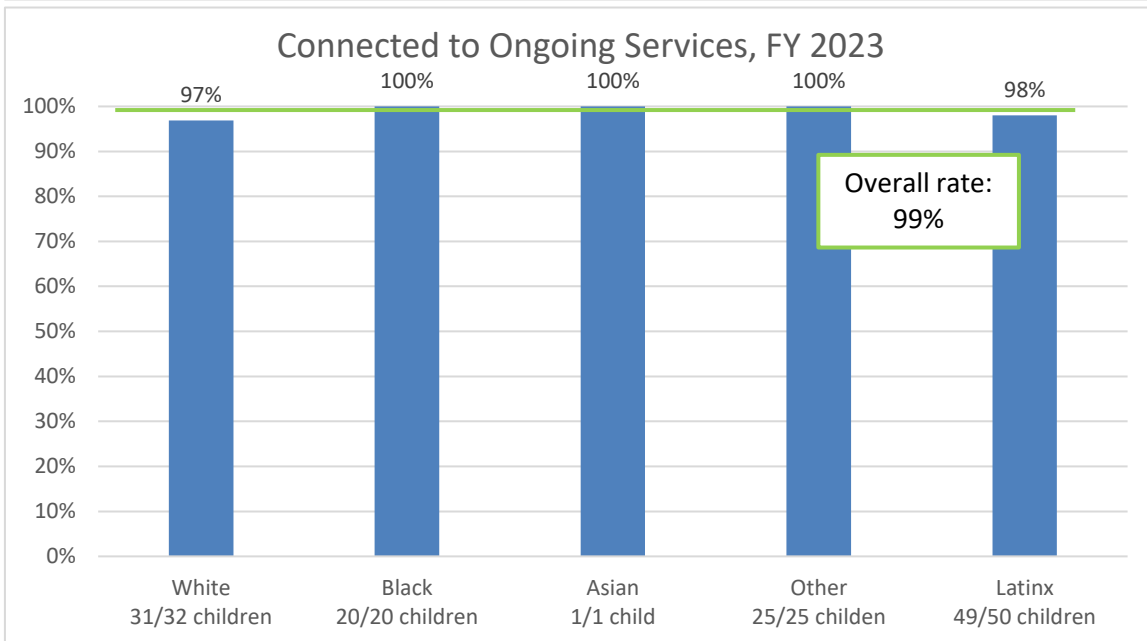
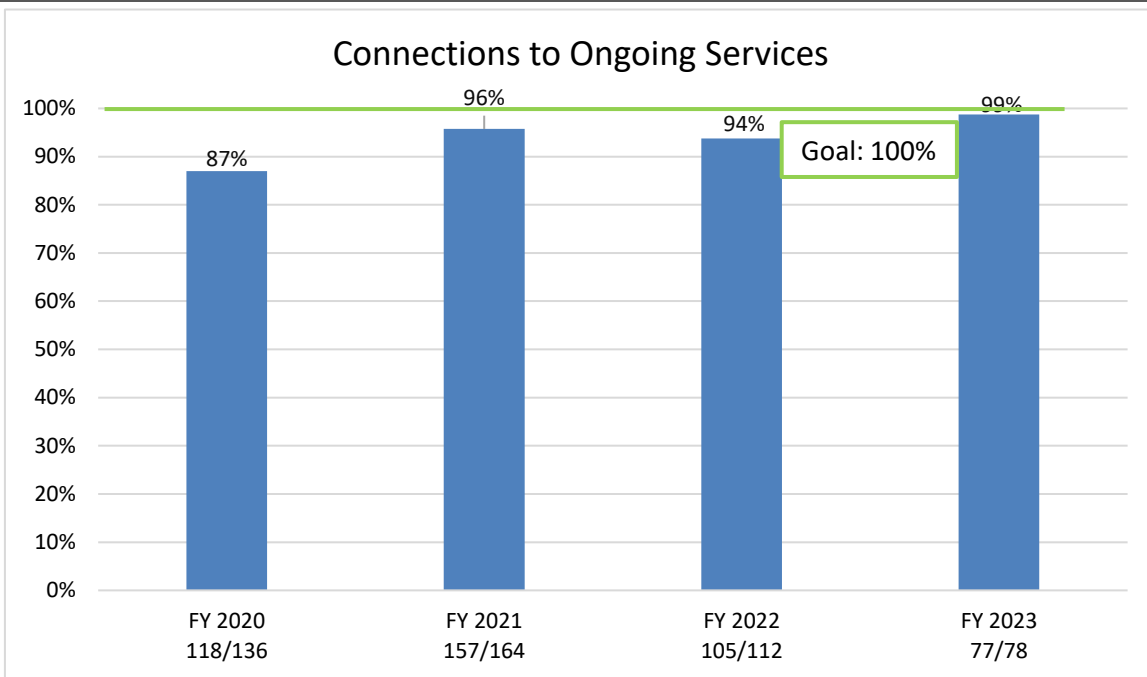
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Measure

3.1

Children and families are connected to ongoing services
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Data



Data Summary

- In FY 2023, 99% (77/78) of clients for whom ongoing services were recommended began services.
- In FY 2023, 49 youth that connected to services identified as Latinx. 28 of those youth also identified as white and 20 of those youth identified as a race that was categorized as "Other".
- Data is obtained from a spreadsheet maintained by supervisors. Clients for whom services were not recommended (e.g., preliminary assessments) are excluded.

What is the story behind the data?

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- The percentage of clients that began services following intake assessment increased slightly from 94% in FY 2022 to 99% in FY 2023.
- In FY 2023, the one youth that did not connect to services initially accepted but later declined.
- In FY 2023, the demographics of the youth that connected to services were generally consistent with the demographics of youth that received an intake.
- In FY 2022 and FY 2023, connection rates remained above pre-pandemic levels in part due to the decrease in barriers to accessing services virtually (e.g., transportation, work, childcare).
- Services are delivered in a flexible manner that is not only clinically appropriate but is also person centered to meet their needs.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue to use virtual services and community-based services where appropriate. • Continue to review with staff the expectations of discussing and documenting race and ethnicity during the intake process. • Continue to track demographic information weekly on the SDA tracker. • Continue with engagement outreach support between the time of intake and the first appointment. • Offer place-based services at identified schools to increase accessibility. 	<ul style="list-style-type: none"> • Ongoing • Ongoing • Ongoing • Ongoing • FY 2024, Q2

Forecast

- In FY 2024, it is anticipated that 99% of the families will begin services.

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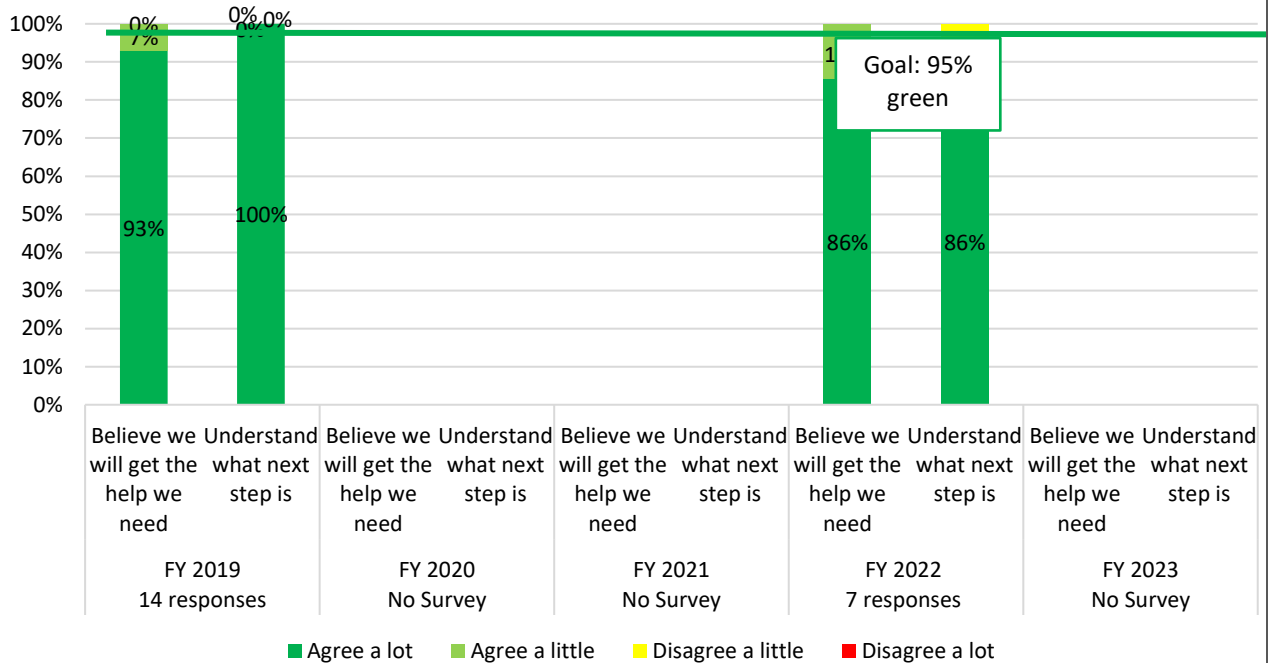
Measure

3.2

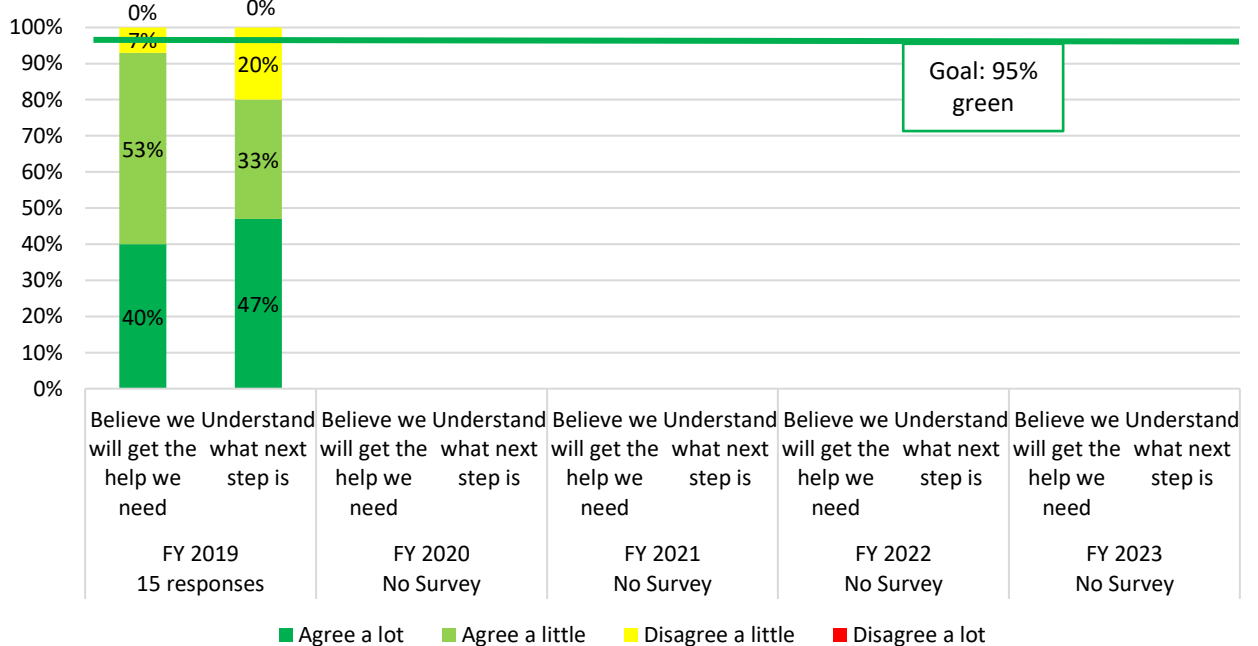
Families believe they will get the help they need and know what to do next

Data

Effect of Intake Services for Parents



Effect of Intake Services for Youth



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Data Summary	<ul style="list-style-type: none"> • The survey was not distributed in FY 2020, 2021, or 2023. • In FY 2022, the survey was distributed electronically at the end of the year to those families that received an intake during the fiscal year.
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What is the story behind the data?

- In FY 2023, due to limited staff workload capacity, survey distribution was not prioritized.
- In FY 2024 (Q2), the Bureau Director and QA Manager will meet with the intake team to review the survey and discuss distribution methods and expectations. Surveys will be distributed weekly beginning December 1, 2023 via CFSD Behavioral Health referrals email address.

Recommendations	Target Dates
<ul style="list-style-type: none"> • QA Manager will meet with the SDA team to review and discuss survey and distribution methods. • Review survey content and survey distribution method to achieve a better response rate. • Distribute surveys weekly to increase response rate, and review with staff in weekly supervision. 	<ul style="list-style-type: none"> • Q2, FY 2024 • Q2, FY 2024 • Q2, FY 2024

Forecast

- For FY 2024, it is projected that there will be at least a 25% response rate for surveys, and that at least 95% of parents and 95% of youth respondents will believe they received the help they needed and understand what the next steps will be.