

FY 2023 PERFORMANCE PLAN

Children’s Behavioral Healthcare Outpatient Services		CFSD/BHC	Jamii PremDas x1540 Tika Trotter-Mason x1667 Laura Ragins x1592 Norma Jimenez x1525
Program Purpose	Improve the well-being of youth with mental health and/or substance use disorders and maintain them in the least restrictive environment.		
Program Information	<ul style="list-style-type: none"> • Services are provided to Arlington children and youth ages 3 to 18, and include the following: <ul style="list-style-type: none"> ○ <u>Outpatient Therapy</u>: Therapists provide face-to-face therapeutic intervention and ongoing assessment to improve social, emotional and behavioral functioning. ○ <u>Case Management</u>: Therapists provide case management services including needs assessments, treatment planning, linkage to and coordination of resources, case consultations, active monitoring of service delivery, enhancement of community integration, supportive counseling with a problem-solving focus, and advocacy efforts. ○ <u>Youth Transition Case Management</u>: Therapists provide services to youth with mental illness who are approaching adulthood, assisting with planning for life after school and linking to services. ○ <u>Psychiatry</u>: Psychiatrists provide face-to-face diagnostic interviews and medication management services. (These services are included in the BHD Psychiatric Services Performance Plan.) • Service duration for therapy and case management is typically 9-15 months. • 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, services were delivered both in-person and virtually. Services were provided based on the families’ clinical need and choice. • In FY 2024, services will continue to be provided both in-person and virtually based on the families’ clinical need and choice. 		
PM1: How much did we do?			
Staff	<ul style="list-style-type: none"> • Total 17.70 FTEs: <ul style="list-style-type: none"> ○ 2.25 FTE Supervisors ○ 11.45 FTE Behavioral Health Therapists/Case Managers ○ 2.0 FTE Behavioral Health Therapists III/ Assistant Behavioral Health Managers ○ 1.0 Family Support Partner ○ 1.0 FTE Behavioral Health Specialist 		

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Customers and Service Data		FY 2020	FY 2021	FY 2022	FY 2023
	Total Unduplicated Clients served	390	306	277	207
	Clients receiving Outpatient Therapy	295	268	254	166
	Clients receiving Case Management	92	38*	46*	68*
	Clients receiving Youth Transition Services	16	20	23	16

*In addition to youth open to case management services, case management services were provided on an as-needed basis to many clients open to outpatient therapy.

PM2: How well did we do it?

2.1	Timeliness of progress note completion
2.2	Client show rate
2.3	Client/Family satisfaction with services

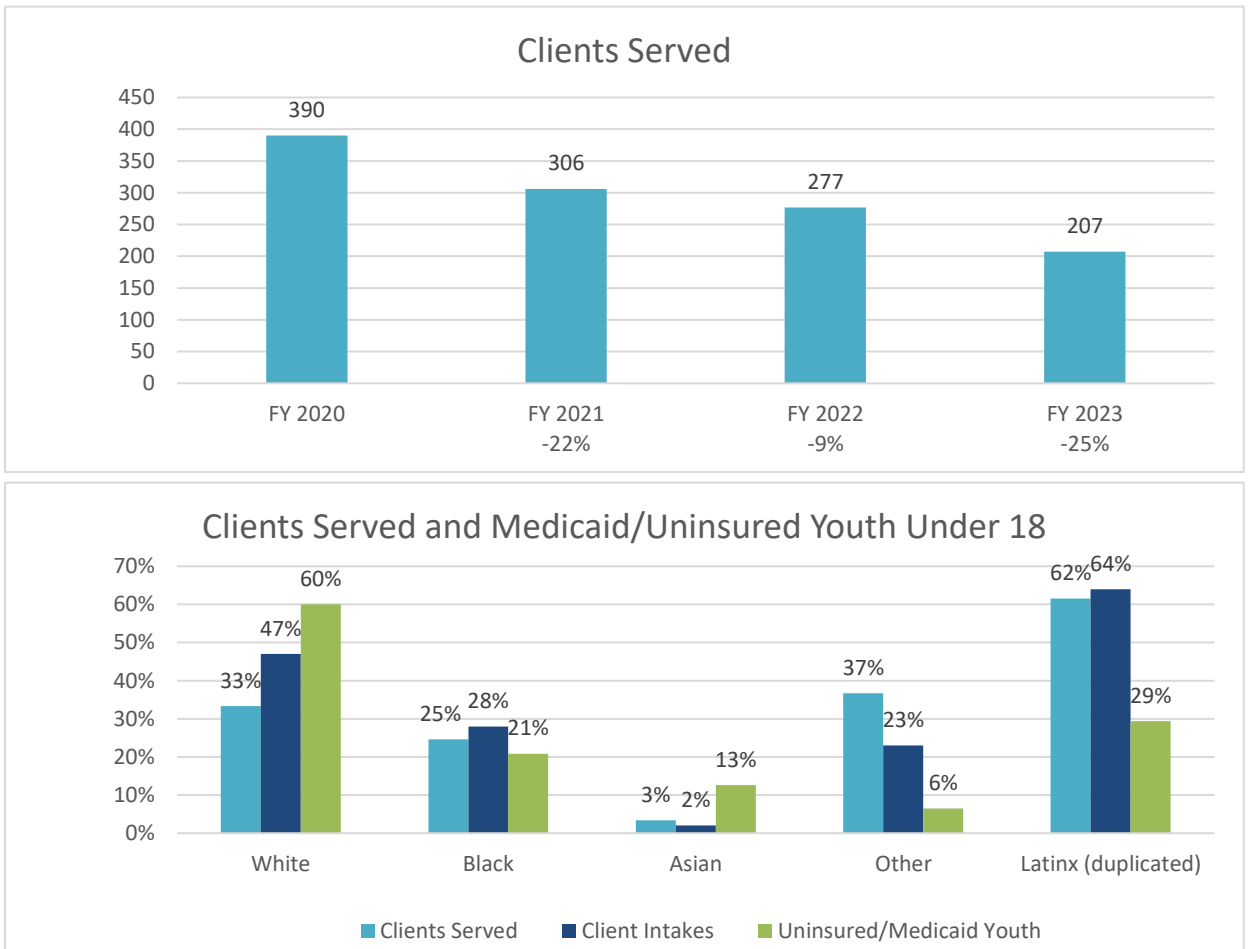
PM3: Is anyone better off?

3.1	Clients maintained in the community
3.2	Clients achieve their treatment goals at discharge

Children’s Behavioral Healthcare Outpatient Services

Measure 1 Total Unduplicated Clients served

Data



Data Summary

- In FY 2023, 207 youth received outpatient services, which is a 25% decrease from FY 2022 (277).
- In FY 2023, the demographics of youth receiving outpatient services is consistent with the demographics of youth that received intake assessments in FY 2023.
- In FY 2023, the percentage of youth that identified as Black were consistent with the Medicaid and uninsured population.
- In FY 2023, youth that identified as Asian were underrepresented based on the population of Arlington uninsured and Medicaid youth.
- In FY 2023, youth that identified as White were underrepresented based on the population of Arlington uninsured and Medicaid youth.
- In FY 2023, youth that identified as Latinx were over-represented. There were 120 youth that identified as Latinx. 53 of those youth also identified as White, 2 identified as Black, and 64 identified as “Other” electing to identify using their nationality.
- Race data was available for 207/207 youth and ethnicity data was collected for 195/207 youth.

What is the story behind the data?

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- In FY 2022 and FY 2023, the decrease in the number of clients served can be attributed largely to increased staff vacancies and decreased staff workload capacity.
- In FY 2023, telehealth continued to reduce barriers to engagement for many families.
- The Mental Health Initiative supportive counseling was designed for some youth to receive supportive preventive counseling that did not meet SED criteria. In FY 2022, due to the prioritization of the clients with the highest clinical need and staff capacity the Mental Health Initiative was not utilized after December 2021. It is anticipated that as vacancies are filled this service will resume in FY 2024.
- The demographics of children receiving services in outpatient services were generally consistent with children receiving intake assessments.
- While the demographics of children served differ from the demographics of children that are uninsured and with Medicaid, they align more closely with the demographics of children who are receiving child welfare services.
- Black and Latinx children are disproportionately referred to children’s behavioral health services. The proportion of white youth served in children’s behavioral healthcare was lower than the proportion served in other child-serving programs. Among youth ages 0-17 receiving Developmental Disability services, more than 42% of youth identified as white, and 56% of the youth receiving services through alternative funding sources such as the Children Services Act identified as white. As a safety net program, children’s behavioral healthcare is designed to serve children who do not have access to alternative service options.

Recommendations

Target Dates

- Continue to prioritize hiring and retention of staff.
- Continue to offer a hybrid approach combining in-person and virtual services where appropriate.
- As staff vacancies are filled, resume services at pre-pandemic levels.
- Resume services for youth who do not have SED or substance use diagnoses but have identified risk factors as staffing allows.

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

Forecast

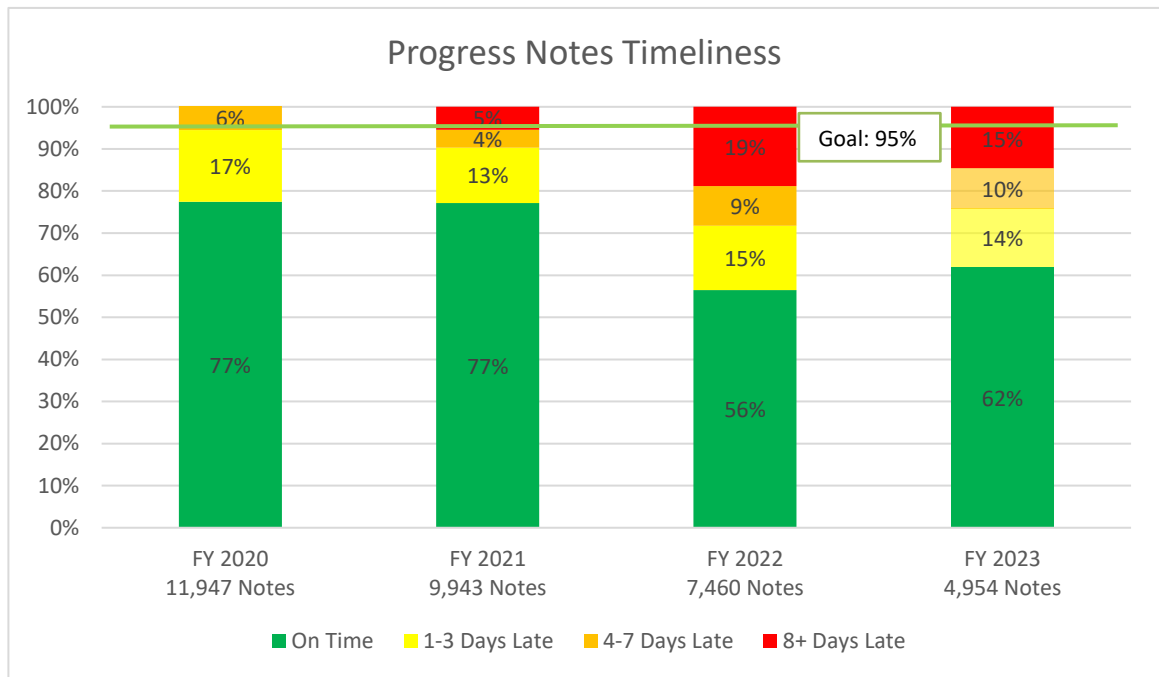
- For FY 2024, it is anticipated that the number of clients served will increase by 10% to 228.

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Measure 2.1 Timeliness of progress note completion

Data



Data Summary

- Documentation of client service is to be completed within one business day. In FY 2023, this target was achieved for 62% (3,604/4,954) of progress notes, improved from 56% in FY 2022.

What is the story behind the data?

- In FY 2023 there continued to be a significant increase in the number of clients being admitted to services with the highest clinical need which included children exhibiting self-harming behaviors, suicidal ideations and attempts, psychiatric hospitalizations with decreased hospital beds for youth. The intensity of client needs required clinicians to provide services during the hours where they would typically be completing their documentation.
- In FY 2023, staff continued to work through learning curve and other challenges associated with the new electronic health record which impacted documentation timeliness.
- In FY 2023, staff and supervisors continued to meet with the CFSD Compliance Analyst to assist with case transfers and ensure documentation met compliance standards.
- In FY 2023, there were meetings as needed with Information Systems Bureau to address configuration needs in the electronic health record to better support children services.
- In FY 2023, staff continued to work with their mentors and behavioral health therapist III to support them and assist with utilizing the electronic health record and increase efficiency with documentation completion.

Recommendations

- Provide a documentation refresher training that includes concurrent documentation and progress note timeliness.
- Continue to monitor documentation compliance and status monthly.

Target Dates

- FY 2024, Quarter 3
- Ongoing

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<ul style="list-style-type: none">• Continue with CFSD Compliance Analyst as needed to review documentation standards and expectations.	<ul style="list-style-type: none">• Ongoing
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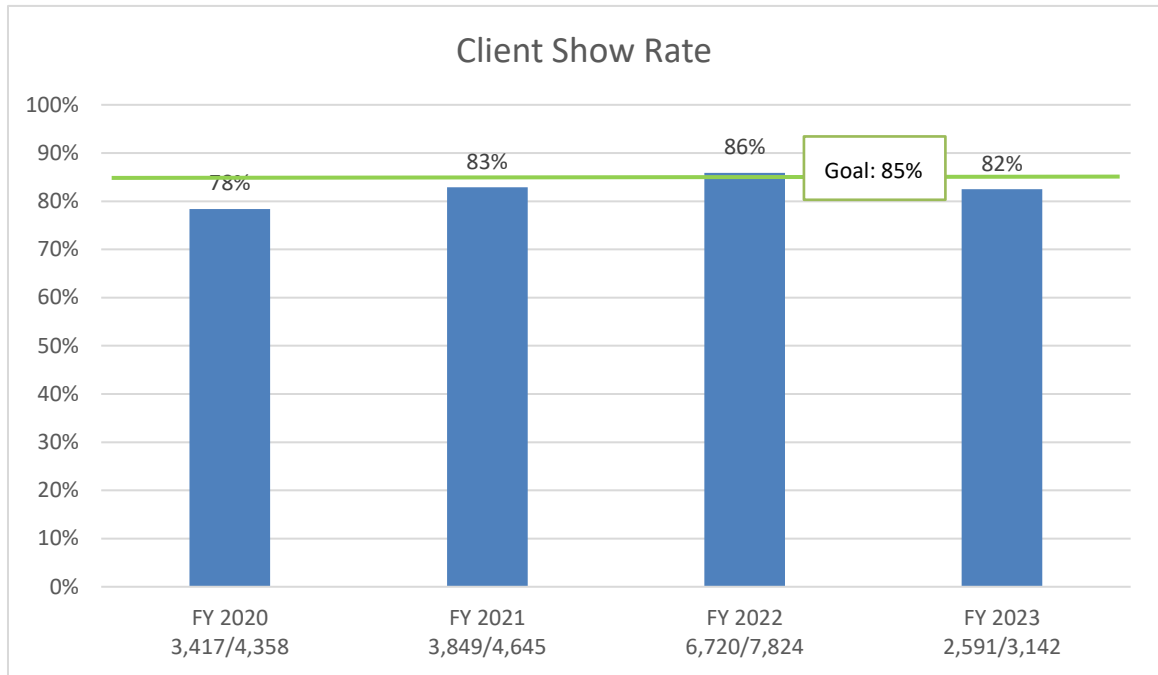
Forecast

<ul style="list-style-type: none">• Timeliness is projected to increase to 65% in FY 2024, as newly-hired staff become familiar with documentation processes.

Children’s Behavioral Healthcare Outpatient Services

Measure 2.2 Client show rate

Data



Data Summary

- For regularly scheduled in-person and virtual face-to-face meetings the overall show rate was 82% (2,591/3,142) for FY 2023, which is a slight decrease from 86% (6,720/7,824) in FY 2022. Data is obtained from the Welligent data system.

What is the story behind the data?

- Show rates continue to be high for outpatient and case management services.
- The show rate reflects scheduled individual, family and group therapy as well as face-to-face case management.
- Hybrid service delivery continues to offer telehealth as a way to reschedule appointments instead of cancelling and provides additional availability for staff to be able to have sessions.
- Staff are persistent with outreaching clients and families to engage them and ensure that they attended appointments.
- In FY 2023, the automated appointment reminder system was used inconsistently, which may have contributed to the slight decrease in show rate.

Recommendations

- Continue to adapt business processes to better meet client needs, including extending hours and/or providing out of office therapy (to include home visits and schools).
- Continue to offer hybrid services.
- Explore additional methods and training for using the automated appointment reminder system.
- Analyze trends of show rates to include appointment times, service modality, and clinician.

Target Dates

- Ongoing
- Ongoing
- FY 2024, Q3
- FY 2024, Q2

Forecast

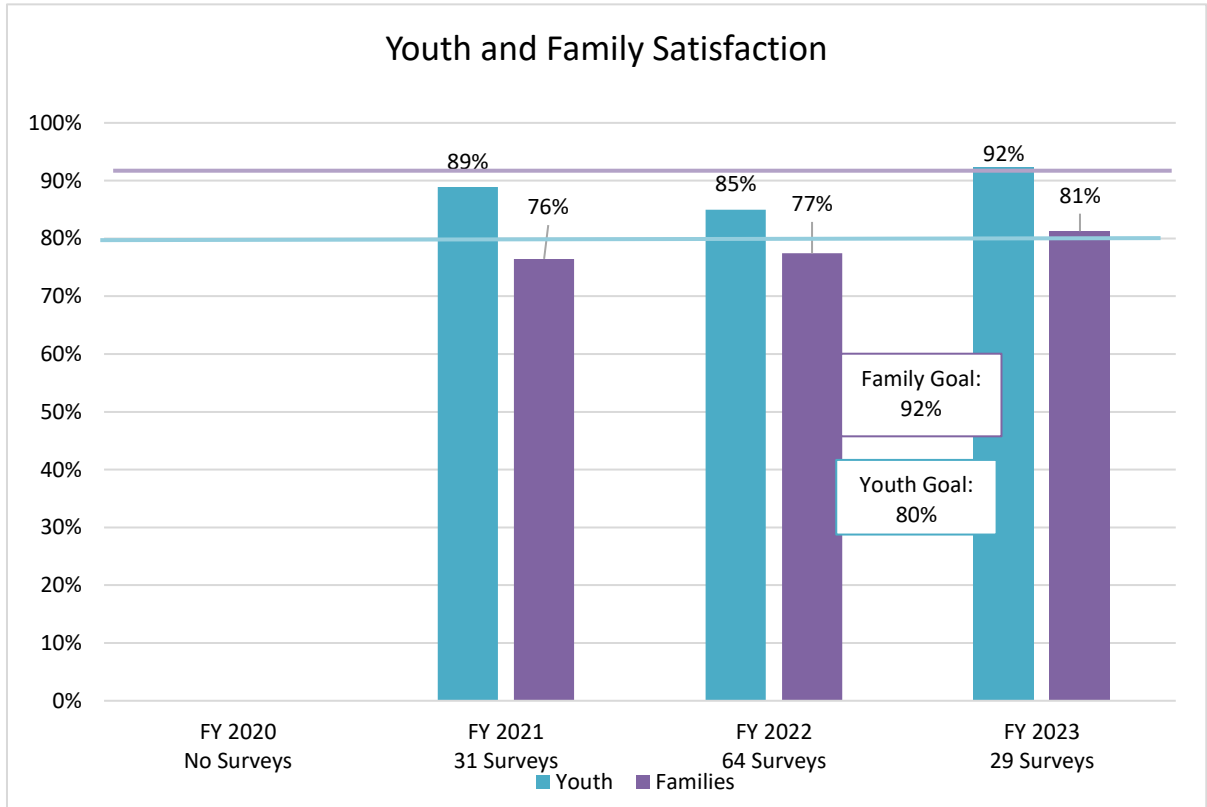
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- In FY 2024, it is anticipated that overall client show rate will increase to 85%.

Children’s Behavioral Healthcare Outpatient Services

Measure 2.3 Client/Family satisfaction with services

Data



Data Summary

- In FY 2023, 16 parent surveys were completed that included seven rated statements. 13 of 16 (81%) parents that responded to the question regarding satisfaction agreed that they were satisfied with the progress being made.
- In FY 2023, 13 youth surveys were completed that included seven rated statements. 12 of 13 (92%) youth that responded to the question regarding satisfaction agreed that they were satisfied with the progress being made.
- These surveys are administered online in both English and Spanish. In FY 2023, 64% (21) of respondents completed the survey in English and 36% (12) of respondents completed the survey in Spanish.
- In FY 2023, 7% (2 of 29) respondents indicated that they received services virtually only. 62% (18 of 29) respondents indicated that they received in-person services only. 31% (9 of 29) respondents indicated that they received both in-person and virtual services.
- In FY 2023 there were 6 surveys that did not answer the questions regarding satisfaction and are therefore excluded from the chart above.
- Responses that did not identify as either a family member or youth receiving services are excluded from the chart above.

What is the story behind the data?

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- In FY 2023, the survey was administered quarterly throughout the year.
- Satisfaction levels remained stable while services were offered both in-person and virtually.
- Parents report that therapy has been helpful because the therapist validates the youth’s feelings and is easy to talk to.
- Parents stated that being able to attend therapy sessions from home was also very helpful.
- Youth completing the surveys are usually adolescents, many of whom are not receiving services voluntarily.
- Comments include, “They always listen to my problems and the nurse is very kind.” and “Estoy muy agradecida con el servicio (I am very grateful for the service).”
- Youth and parent respondents both report that having someone that listens to them and understands them has been helpful.

Recommendations

Target Dates

- Explore additional survey distribution methods to increase response rate and prevent duplication – e.g., clinician-specific links, distributing survey in one major annual effort, etc.
- Continue to engage and encourage caregiver participation in treatment.

- FY 2024, Q2
- Ongoing

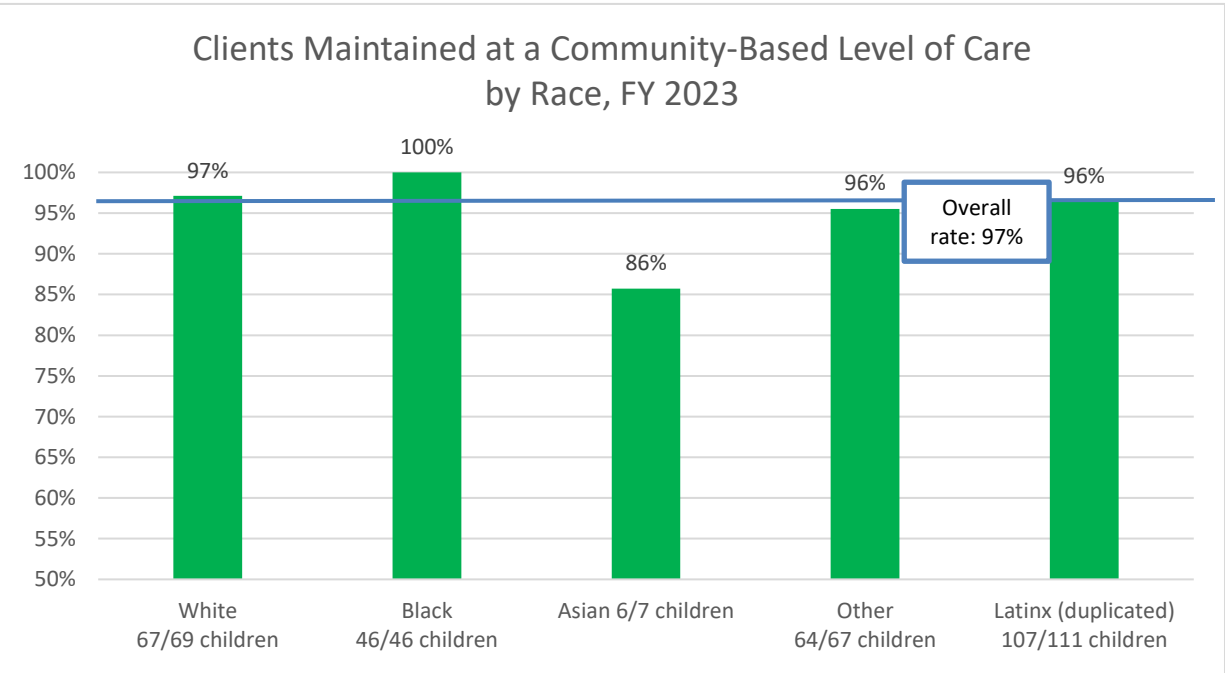
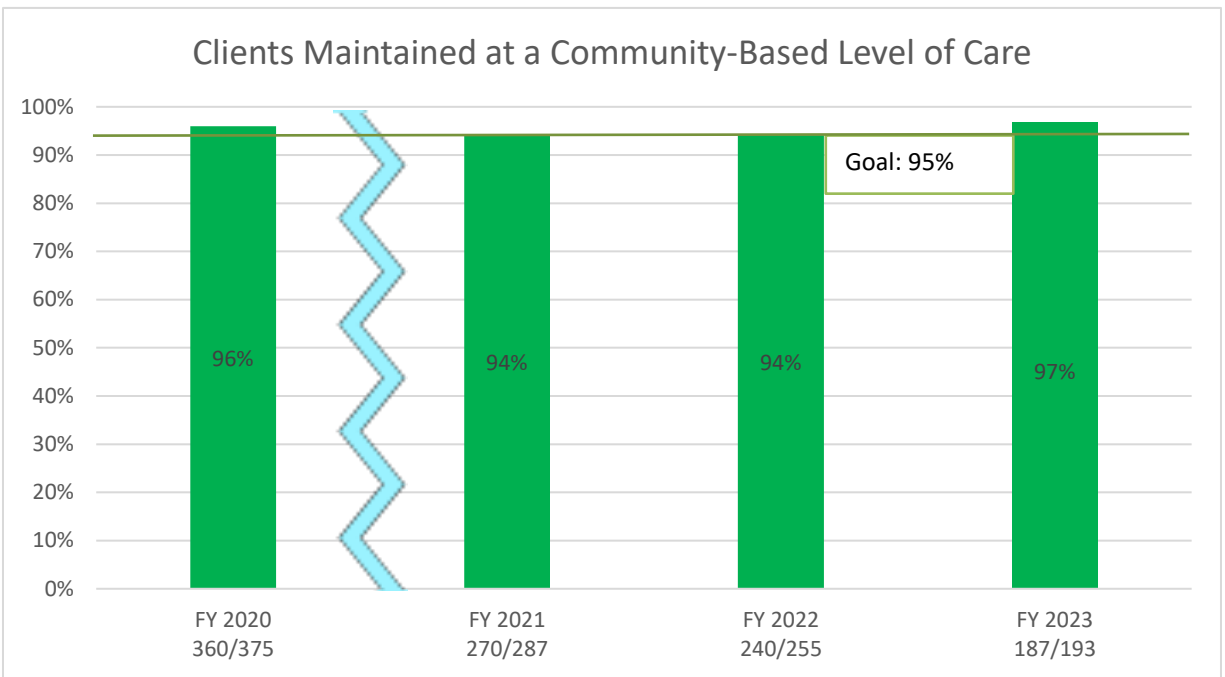
Forecast

- In FY 2024, it is expected that parent and youth satisfaction will achieve 85% for both parents and youth.

Children’s Behavioral Healthcare Outpatient Services

Measure 3.1 Clients maintained in the community

Data



Data Summary

- In FY 2023, 97% (187/193) of clients who entered care in the community did not require an increased level of care (LOC) while receiving behavioral healthcare treatment and were safely maintained in a community setting. This is an increase from FY 2022, when 94% of youth were maintained at a community-based level of care.

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- Higher levels of care include hospitals, detention centers, group homes, and residential treatment centers.
- Youth who entered services at a higher level of care are excluded from this measure.
- Race data was available for 189/193 youth, and ethnicity data was available for 182/193 youth.

What is the story behind the data?

- In FY 2023, 97% of youth were able to be maintained in the community.
- In FY 2023, the continuation of hybrid services contributed to youth being maintained in the community. It provided additional flexibility, engagement and crisis management.
- The team continues to focus on maintaining youth in the community at the least restrictive level of care as a priority.
- Division-wide staffings, at times including juvenile court personnel, occur as needed with supervisory staff, where resources and strategies are discussed to maintain youth in the community.
- In FY 2023 Q3, the community experienced an increase in adolescent substance use, and due to limited community resources to meet that need, the agency piloted a short-term intensive substance use treatment group using contract staff and current staff.
- In June 2023, the agency initiated a contract with National Capital Treatment and Recovery for a higher level of community-based substance use treatment. The youth who needed high levels of care for substance use are disproportionately Latinx.
- The Diversion First Program continues to be utilized to decrease the likelihood of hospitalizations and rehospitalizations to provide stability.
- Specialized services including 988, Community Regional Crisis Response (CR2) and REACH services were utilized to maintain youth in the community when possible.
- BHB Bureau Director coordinates with Emergency Services, NatCap, and CR2 to enhance protocols and provide a coordinated continuum of care.
- Review of cases for youth placed outside the community did not reveal any racial disparities. For Asian youth, 6 out of 7 were maintained in the community. The placements for youth served in FY 2023 aligned with their clinical needs.

Recommendations

Target Dates

- | Recommendations | Target Dates |
|---|---|
| <ul style="list-style-type: none"> • Collaborate with Information Systems teams to review and clarify information collected in quarterly review. | <ul style="list-style-type: none"> • FY 2024, Q2 |
| <ul style="list-style-type: none"> • Continue to utilize the Children’s Regional Crisis Response, which provides 24-hour rapid response to mental health or substance use crises, as an alternative to hospitalization or residential treatment. | <ul style="list-style-type: none"> • Ongoing |
| <ul style="list-style-type: none"> • Continue to train and collaborate with community-based providers to use our agency as a resource prior to referring the youth to a higher level of care. | <ul style="list-style-type: none"> • Ongoing |
| <ul style="list-style-type: none"> • Continue to collaborate with Diversion First to maintain youth in a least restrictive setting. | <ul style="list-style-type: none"> • Ongoing |
| <ul style="list-style-type: none"> • Consider adding the Placement Living Situation to Intake and Discharge Summaries. | <ul style="list-style-type: none"> • FY 2024, Q2 |

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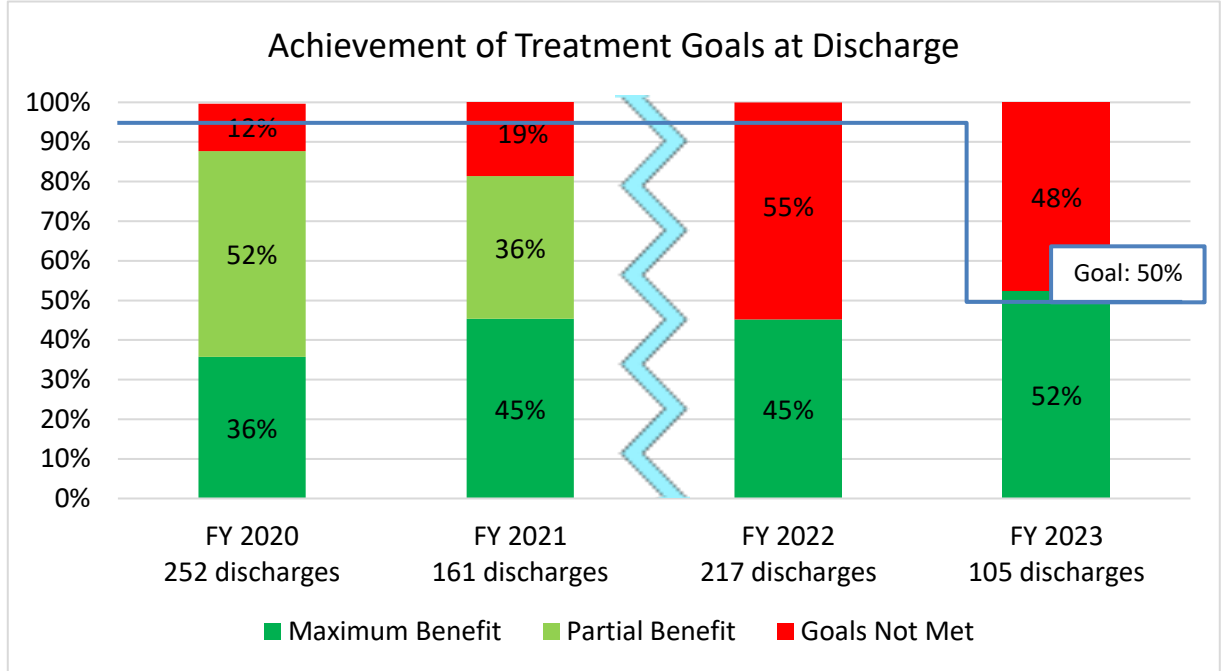
Forecast

- For FY 2024, it is expected to stay consistent at 97% of youth served will remain in the least restrictive environment during time of treatment

Children’s Behavioral Healthcare Outpatient Services

Measure 3.2 Clients achieve their treatment goals at discharge

Data



Data Summary

- In FY 2023, 52% (55/105) of discharges occurred when clients achieved all their treatment objectives, which is slightly higher than FY 2022.
- Children who were discharged from multiple services may be reflected multiple times in this data.
- Treatment goals address decreasing symptoms and/or improving functioning and include the client’s own words describing desired behavioral changes. Goals are met by achieving specific, measurable objectives.
- 6 youth were excluded from the denominator because their discharge was due to relocation.
- Data is obtained from the Welligent data system and reviewed by supervisors.
- In FY 2022, a new electronic health record was implemented which does not recognize partial benefit from therapy as completion of treatment.

What is the story behind the data?

- In FY 2023, 55 (52%) youth achieved maximum benefit at discharge.
- In FY 2023, there was an increase in the percentage of youth that achieved maximum benefit- the largest amount in four years.
- In FY 2023, the high level of maximum benefit at discharge reflects the capacity to provide effective treatment services and realistic, client centered goal setting.
- In FY 2022, the electronic health record limited the discharge reasons/dispositions and does not enable the clinician to document the partial treatment completion of progress toward goals.
- Some of the reasons that clients did not complete treatment include: never engaged, lost contact, and refused services offered.

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<ul style="list-style-type: none"> In the instances in which the client never engaged in services, there were several unsuccessful outreach attempts by staff and the client never engaged after the initial intake appointment. 	
Recommendations	Target Dates
<ul style="list-style-type: none"> Continue to ensure that clinicians establish realistic treatment goals to support maximum benefit consistent with an episodic model of care. Continue to utilize both in-person and telehealth services to increase engagement. Explore Welligent training for discharge reasons to review discharge planning and protocols with clinicians to ensure that the accurate discharge reasons/dispositions are captured. 	<ul style="list-style-type: none"> Ongoing Ongoing FY 2024, Q3
Forecast	
<ul style="list-style-type: none"> In FY 2024, it is expected that 80% of clients will achieve treatment goals at discharge, including both maximum and partial benefit. 	