

**FY 2022 PERFORMANCE PLAN**

<b>Children’s Behavioral Healthcare Client Services Entry</b>		<b>CFSD/BHC</b>		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"> <li>• 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"> <li>○ <u>Information and Referral</u>: Information and referral: Intake staff provides information on service options and community resources.</li> <li>○ <u>Intake Assessment</u>: Mental health therapists conduct mental health/substance abuse assessments, formulate diagnoses, and provide service recommendations.</li> <li>○ <u>Psychological evaluation</u>: Psychologists conduct evaluations.</li> <li>○ <u>Court diversion</u>: Juvenile-court-based liaison provides immediate screening and linkage to services.</li> <li>○ <u>Community outreach</u>: Staff provides education about services to partners including schools, courts, and advocacy organizations.</li> </ul> </li> <li>• Services are licensed and regulated by the Virginia Department of Behavioral Health and Developmental Services. Oversight is provided by the Arlington Community Services Board.</li> </ul>				
Service Delivery Model	<ul style="list-style-type: none"> <li>• Due to COVID-19, Same Day Access (SDA) services were suspended from March 17, 2020 through April 13, 2020 except hospital discharges and clients receiving emergency services. Beginning April 13, 2020 intakes resumed and were conducted using the secure virtual telehealth platform.</li> <li>• In FY 2021, intakes were available by appointment only and could be scheduled for the same day or within 24 hours. In FY 2022, services were delivered both in-person and virtually, based on the families’ clinical need and choice.</li> <li>• In FY 2022, 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.</li> </ul>				
<b>PM1: How much did we do?</b>					
Staff	Total of 5.50 FTEs: <ul style="list-style-type: none"> <li>• 1.0 FTE Behavioral Health Manager- Supervisor</li> <li>• 1.0 FTE Behavioral Health Therapist II—Information/Referral and Intake</li> <li>• 1.0 FTE Behavioral Health Therapist II—Intake Assessments</li> <li>• 0.50 FTE Psychologist</li> <li>• 1.0 FTE Behavioral Health Therapist II—Court Liaison</li> <li>• 1.0 FTE Behavioral Health Therapist II- School Based Clinician</li> </ul>				
Customers and Service Data	<b>Units of Service</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
	# of I&R/Screening calls/inquiries	794	747	967	1,310
	# of intake assessments completed (includes preliminary assessments)	294	269	198	142
	# of psychological evaluations completed	16	12	9	14
	# of youth served by court liaison	142	54	46	41

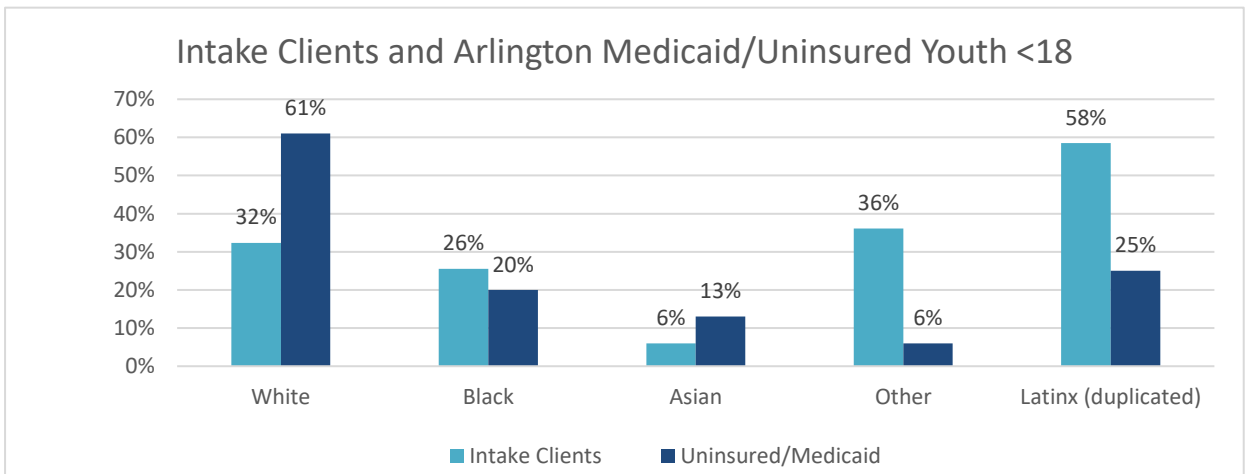
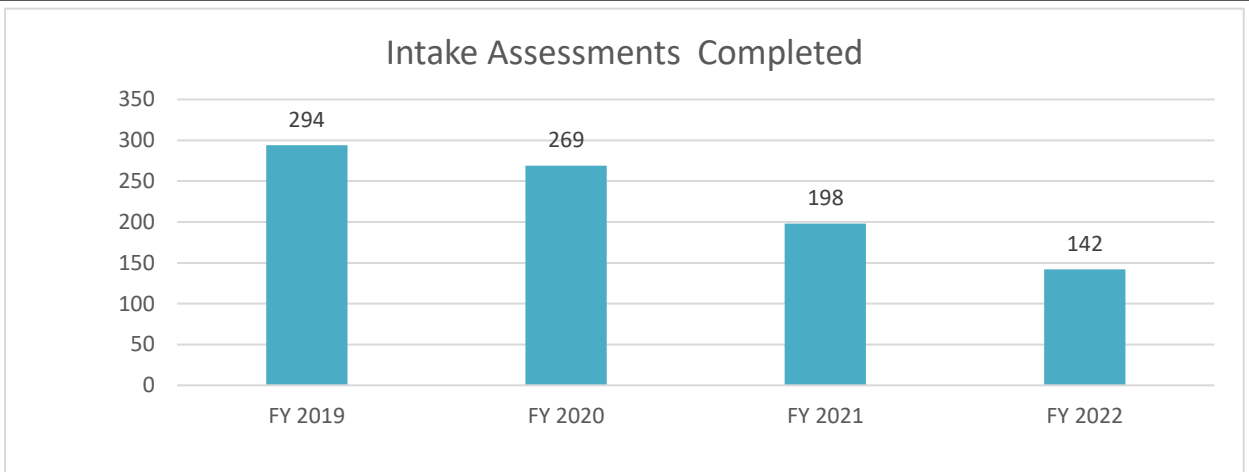
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	# of community outreach presentations	25	79	9	15
<b>PM2: How well did we do it?</b>					
2.1	Wait time between intake and first clinical appointment				
2.2	Quality of intake assessment documentation				
<b>PM3: Is anyone better off?</b>					
3.1	Children and families are connected to ongoing services				
3.2	Diversion of clients from court involvement				
3.3	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 2022, there were 142 intake assessments completed which is a 28% decrease from FY 2021 (198).
- In FY 2022, the proportion of intake clients that identified as Black or Asian is generally consistent with the Medicaid and uninsured population
- In FY 2022, youth that identified as Latinx were overrepresented based on the population of Medicaid and uninsured youth.
- In FY 2022, youth that identified as White were underrepresented based on the population of Medicaid and uninsured youth.
- 28 (24%) of the intake clients that identified as Latinx also identified as White. 41 of the 118 Latinx youth (58%) identified as “Other”, often reporting their nationality.
- Racial demographic data was provided for 133 out of the 142 intake clients and ethnicity data was provided for 118 out of the 142 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.
- Mental Health Initiative supportive counseling allows some youth to receive supportive preventive counseling that do not meet criteria for Serious Emotional Disturbance (SED). 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 2022, 79% (112/142) youth of that received an intake assessment were admitted for ongoing services. This is a slight decrease in the admission rate from FY 2021 (84%).
- In FY 2022, the majority of referrals came from schools or family/friends.
- In FY 2022, the majority of intake services continued to be provided virtually. Beginning in September 2021, services were offered both in-person and virtually.
- 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, 49% of youth identified as white, and 58% 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.
- In FY 2022, the most common referral source was friends, family, or self-referral.
- 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, after self-referral, the most common referral sources were schools and medical/behavioral health providers: 43% of Latinx youth were referred from these sources, as compared to 23% for non-Latinx youth. There are 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.

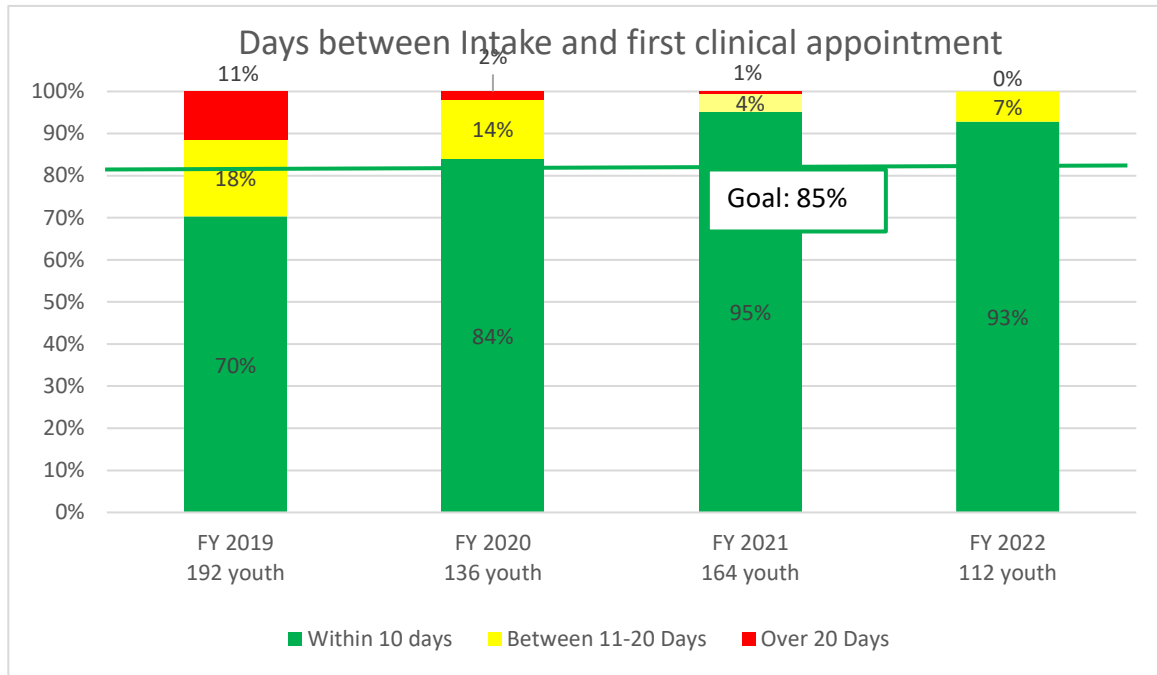
<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Continue to prioritize hiring and retention of staff</li> <li>• Explore community collaborations with faith and culturally based organizations and groups.</li> <li>• Analyze intake referral sources and races/ethnicity of youth referred for trends.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• FY 2023, Q4</li> <li>• FY 2023, Q3</li> </ul>

<b>Forecast</b>
<ul style="list-style-type: none"> <li>• For FY 2023, it is anticipated that the number of intakes will increase by 20% to 170 contingent on staff hiring and retention.</li> </ul>

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Measure 2.1 Wait time between intake and first clinical appointment offered

Data



Data Summary

- In FY 2022, 93% (104/112) appointments were offered within 10 days of the intake assessment. 7% (8/112) appointments were offered within 11-20 days of the intake 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. Data is obtained from a spreadsheet maintained by the program supervisor.

**What is the story behind the data?**

- In FY 2022, the average number of days from intake to first offered clinical appointment was 7 days which is consistent with FY 2021.
- The average number of days from intake to first clinical appointment attended was 11 days for FY 2022.
- 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.
- In FY 2022, telehealth 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. In FY 2022, families were encouraged to attend at least the first clinical appointment in person to facilitate rapport building and assessment.

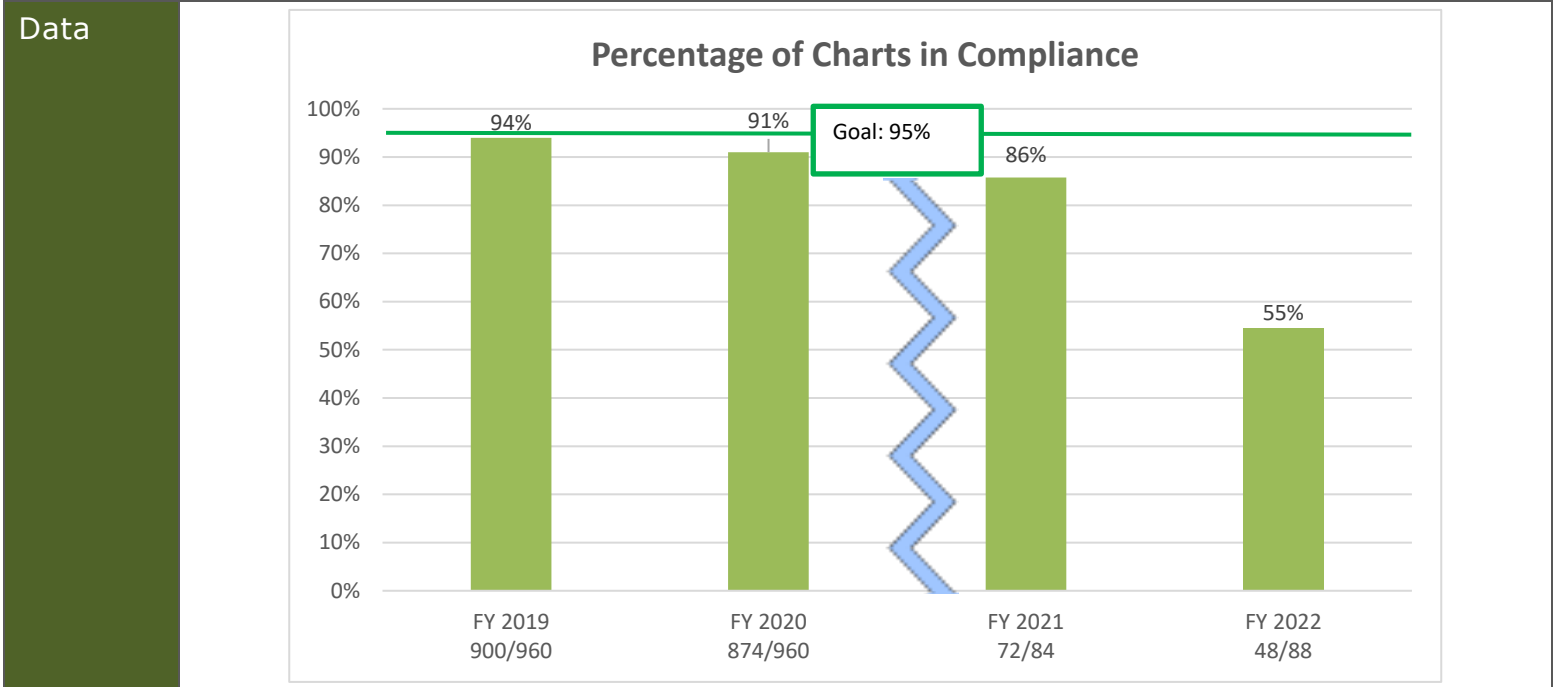
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<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Continue to recruit bi-lingual staff</li> <li>• Continue to offer intake appointments using the service delivery options preferred by families and recommended by the clinician</li> <li>• Continue to offer in-person first clinical appointments</li> <li>• Utilize database reports to ensure first clinical appointments are occurring on time.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing</li>   <li>• Ongoing</li> <li>• FY 2023, Q2</li> </ul>
<b>Forecast</b>	
<ul style="list-style-type: none"> <li>• In FY 2023, it is anticipated that 95% appointments will be offered within 10 days of the intake appointment</li> </ul>	

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Measure	2.2	Quality of intake assessment documentation
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<b>Data Summary</b>	<ul style="list-style-type: none"> <li>Charts are analyzed using the CSB chart-review process and include completion of required data elements and clinical thoroughness.</li> <li>In FY 2022, 88 intakes were analyzed. Of these, 48 intakes (55%) scored 90% or higher which is a decrease from FY 2021 (86%)</li> <li>In FY 2021, the measure was modified to measure charts in compliance instead of individual data elements.</li> </ul>
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**What is the story behind the data?**

- In FY 2022, the average percentage score of intakes reviewed was 89%.
- In FY 2022, there were 40 intake reviews that scored lower than 90%. 22 of these charts were from two clinicians (11 from each clinician).
- In FY 2022, the responsibility for intakes was shared among all clinicians which can consistency and capacity.
- There were 7 charts that rated below 70%. In these charts, the item most commonly out of compliance was “the presenting problem did not include the impact on daily functioning” (4 of 7 charts).
- In FY 2022, the implementation of the new electronic health record resulted in some delays in completing documentation, which impacted compliance.
- Chart audits resumed in January after implementation of the new electronic health record.
- In FY 2022, resources were created to assist staff with documentation compliance. These resources included weekly newsletters, tip sheets and additional training materials that are located on a shared drive folder for accessibility.

<b>Recommendations</b>	<b>Target Dates</b>
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<ul style="list-style-type: none"><li>• Continue to update training and train staff on the requirements and expectations for intake.</li><li>• Collaborate with the Compliance team to provide technical assistance with maintaining regulatory compliance.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li><li>• Q2, FY 2023</li></ul>
<b>Forecast</b>	
<ul style="list-style-type: none"><li>• In FY 2023, at least 60% of charts reviewed are expected to meet quality standards.</li></ul>	



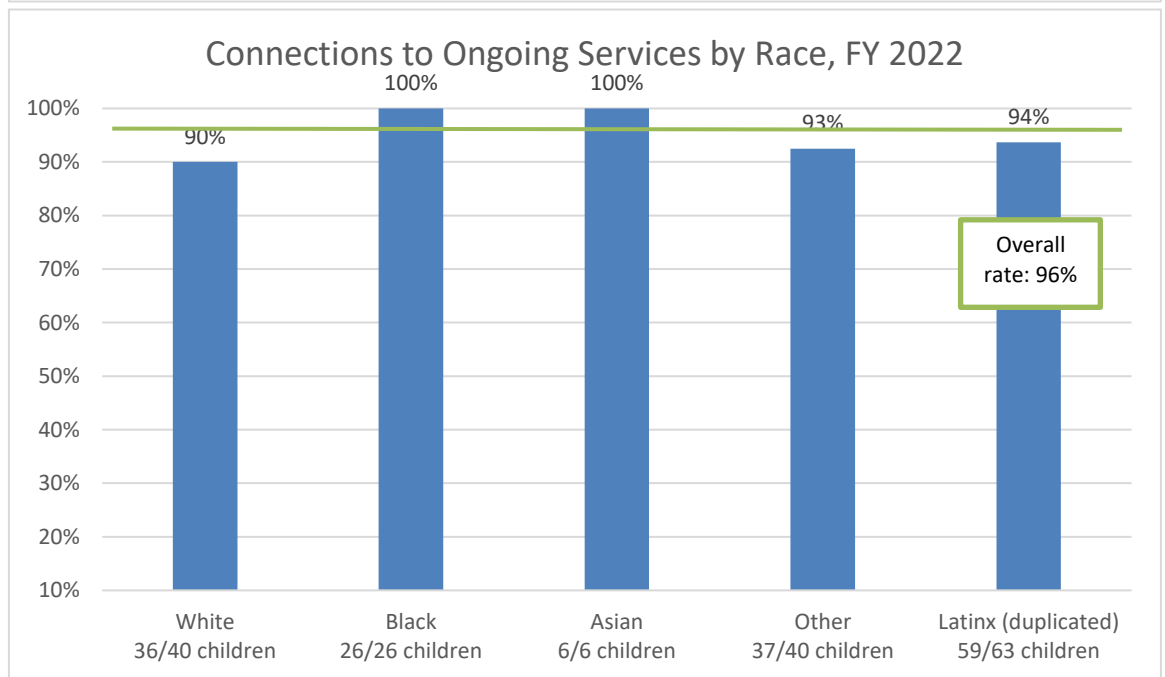
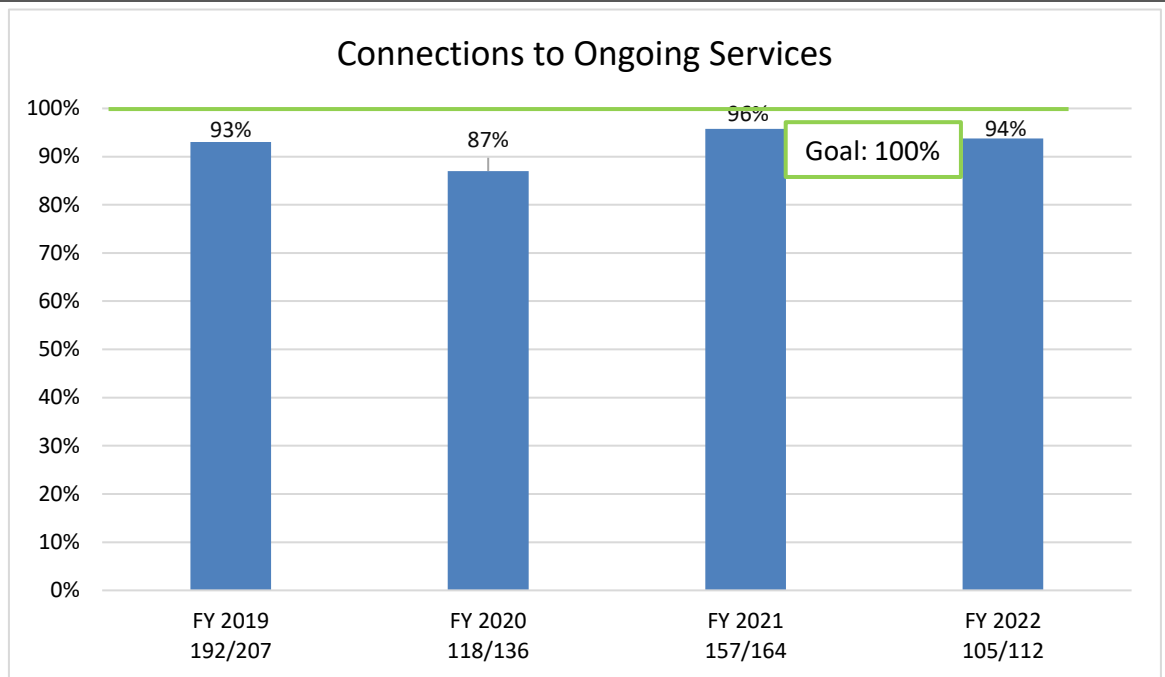
# Children's Behavioral Healthcare Client Services Entry

Measure

3.1

Children and families are connected to ongoing services  
**FY 2022 PERFORMANCE PLAN**

Data



Data Summary

- In FY 2022, 94% (105/112) of clients for whom ongoing services were recommended began services.
- In FY 2022, 59 youth that connected to services identified as Latinx. 28 of those youth also identified as white and 29 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?**

**FY 2022 PERFORMANCE PLAN**

- The percentage of clients that began services following intake assessment decreased slightly from 96% in FY 2021 to 94% in FY 2022.
- In FY 2022, the demographics of the youth that connected to services were generally consistent with the demographics of youth that received an intake. However, the connection rate for white children was slightly below the overall rate. Of the 40 intakes for white children, 4 did not result in connection to services. All of these youth that did not connect did not engage with the clinician after multiple attempts to engage.
- In FY 2022, 5 of the 7 intakes that did not connect to ongoing services did not show after multiple attempts by the therapist to contact and schedule. For 4 of the 7 youth, the family’s first clinical appointment was offered 8 or more days after their intake date. 5 of the 7 youth were male.
- In FY 2021 and 2022, connection rates remained above pre-pandemic levels in part due to the decrease in barriers to accessing services virtually (e.g., transportation, work, childcare).
- In July 2021, in-person service delivery resumed based on clinical need and caregiver preference.

**Recommendations**

**Target Dates**

- Continue to use virtual 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.

- Ongoing
- Ongoing
- Ongoing
- Ongoing

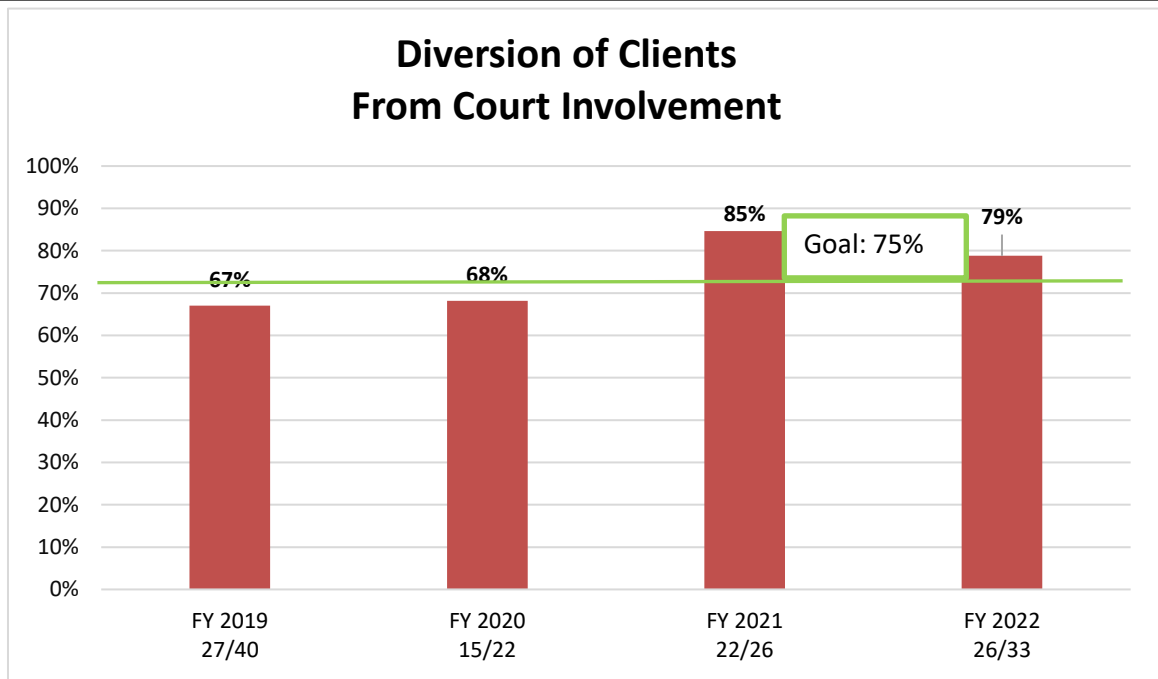
**Forecast**

- In FY 2023, it is anticipated that 95% of the families will begin services.

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Measure 3.2 Diversion of clients from court involvement

Data



Data Summary

- Of the 41 youth served by the court liaison, 33 (80%) met diversion criteria: they had not appeared in court before but were at risk of becoming court-involved.
- In FY 2022, 79% of diversion clients (26/33) had no court involvement at least 60 days after intervention.
- Data was obtained from Court Intake Services by the DHS Court Liaison.

**What is the story behind the data?**

- In FY 2021 and 2022, the overall numbers served by the court liaison therapist remained lower than pre-pandemic totals due to a variety of factors, e.g. Dept. of Juvenile Justice reforms, Juvenile and Domestic Relations Court (JDRC) cases being overall low, and the impacts of the pandemic.
- For the 7 youth that did not remain on diversion status, 5 youth did not start or complete community-based recommended services.
- The interagency truancy team continued with the revised approach specific to the stressors associated with the continued COVID pandemic. Prior or after an interagency truancy team meeting, the court liaison would attempt to meet with the youth/family to screen for behavioral health needs and any other additional needs. Ten truancy assessments were completed from November 2021-June 2022.
- The Dept. of Juvenile Justice reforms have successfully maintained reduced diversion, supervision and probation caseloads. While the court liaison continued to provide consultation and linkage support for youth with behavioral risk factors, the focus is shifting to early intervention, outreach and prevention for youth and their caregivers.
- The court liaison therapist continued to offer intakes via telehealth or in-person.
- In FY 2022, the court liaison therapist began offering JDRC weekly meetings to assist in consultation and linkage to resources as needed.

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<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Explore alternative measure for FY 2023 to focus on secondary diversion (youth that are already court involved and case closure).</li> <li>• Continue to provide time-limited supportive counseling for youth and their caregivers who do not meet criteria for outpatient services but would benefit from improved coping skills, depending on capacity.</li> <li>• Court Liaison will continue to collaborate with schools to increase knowledge sharing about community behavioral health resources.</li> <li>• Continue to work with the court services unit to reassess the needs and expectations of the position (as needed)</li> <li>• Continue joint BHB/CSU leadership collaboration to address successes and opportunities for improvement and share programmatic updates.</li> <li>• Bureau Director will continue to meet with Deputy Director at court services as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Q2, FY 2023</li>   <li>• Ongoing</li>   <li>• Ongoing</li>   <li>• Ongoing</li>   <li>• Ongoing</li>   <li>• Ongoing</li> </ul>
<b>Forecast</b>	
<ul style="list-style-type: none"> <li>• For FY 2023, it is expected that 85% of youth referred for diversion services will not have court involvement within 60 days following initiation of services.</li> </ul>	

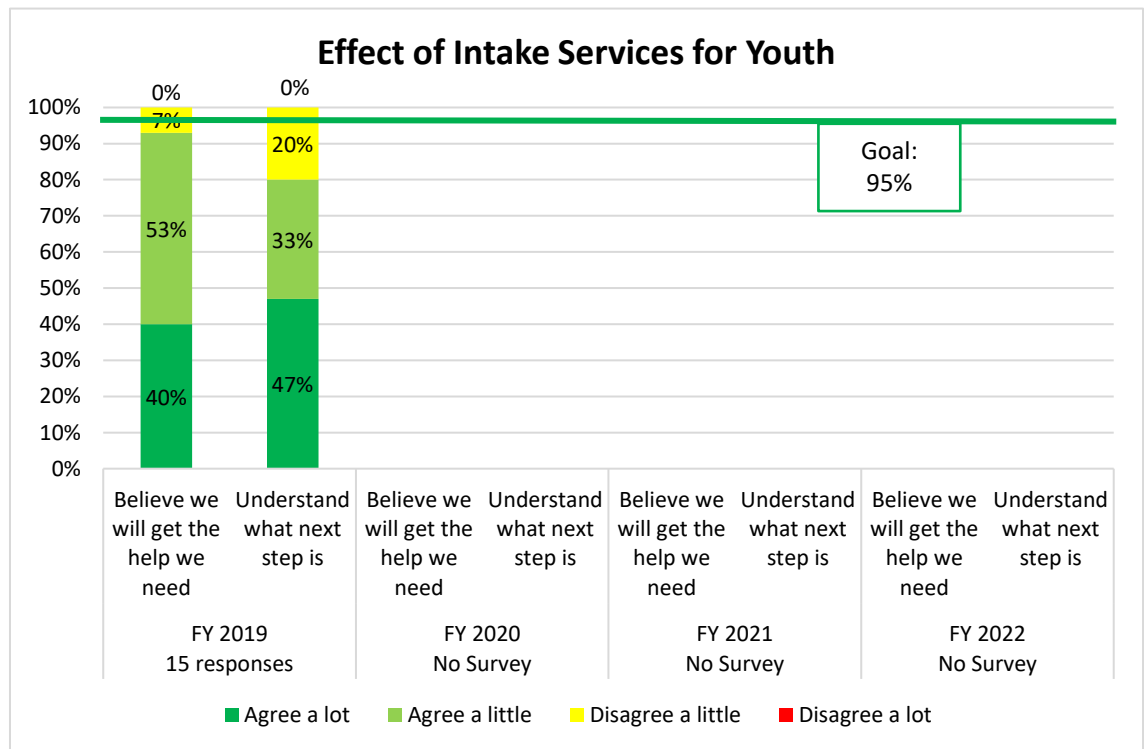
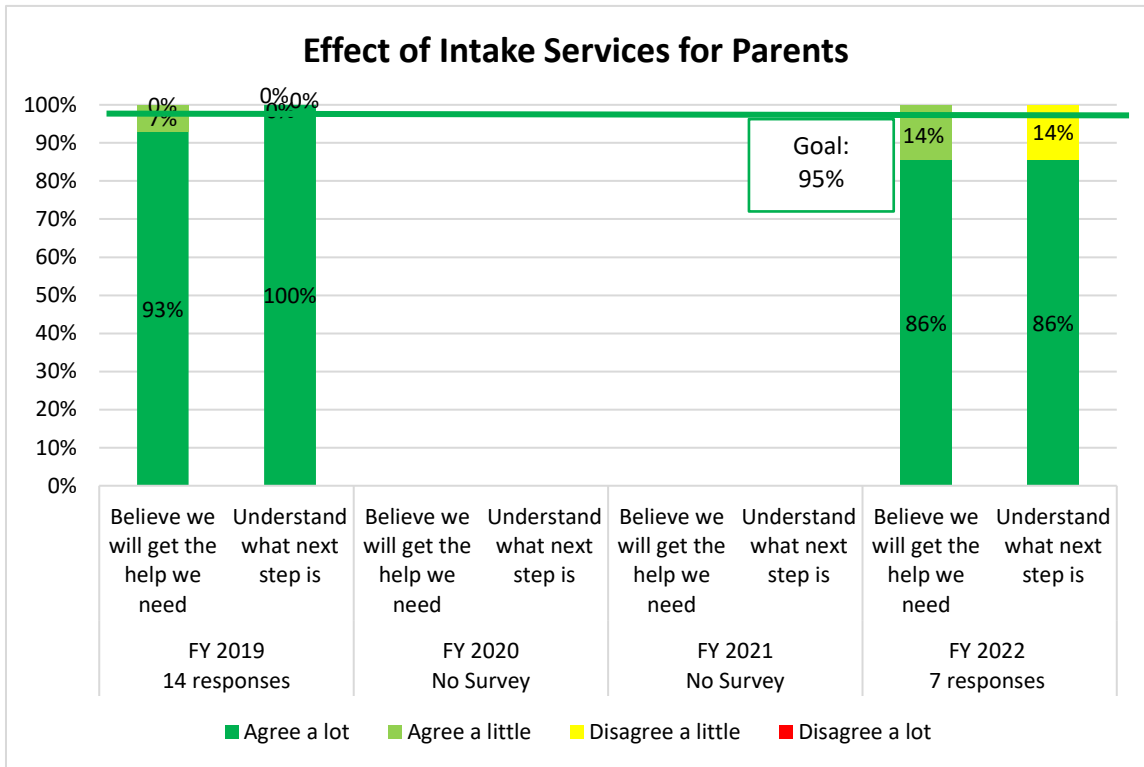
**Children’s Behavioral Healthcare Client Services Entry**

Measure

3.3

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

Data



**FY 2022 PERFORMANCE PLAN**

<b>Data Summary</b>	<ul style="list-style-type: none"> <li>In FY 2022, the survey was administered quarterly</li> <li>10 responses were received from caregivers, and 4 from youth. 7 caregivers answered the survey questions reported in this measure. The number of responses from youth was too small to analyze.</li> <li>In FY 2022, 7 caregivers completed the survey in English, and 3 in Spanish. 6 respondents identified as Hispanic and 4 as non-Hispanic.</li> <li>In FY 2022, 6 caregivers reported receiving their intake virtually, and 4 in person.</li> <li>In FY 2020 and 2021, survey was not administered consistently due to the impacts of the pandemic.</li> </ul>	
<b>What is the story behind the data?</b>		
<ul style="list-style-type: none"> <li>In FY 2022, the survey was distributed electronically on a quarterly basis to all families that had received an intake within that quarter. Response rate was low (7% caregivers, 3% youth).</li> <li>Survey comments indicated general satisfaction with services. 9 out of 10 caregivers said they would recommend the program to a friend.</li> </ul>		
<b>Recommendations</b>		<b>Target Dates</b>
<ul style="list-style-type: none"> <li>Explore survey distribution method to achieve a better response rate.</li> <li>Distribute surveys throughout the year to increase response rate.</li> </ul>		<ul style="list-style-type: none"> <li>Q3, FY 2023</li> <li>Q1, FY 2023</li> </ul>
<b>Forecast</b>		
<ul style="list-style-type: none"> <li>For FY 2023, it is projected 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.</li> </ul>		