| **Children's Behavioral Healthcare Outpatient Services** | CFSD/BHC | Jamii PremDas x1540<br>Tika Trotter-Mason x1667<br>Laura Ragins x1592<br>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 | • Services are provided to Arlington children and youth ages 3 to 18, and include the following:<br>  ○ Outpatient Therapy: Therapists provide face-to-face therapeutic intervention and ongoing assessment to improve social, emotional and behavioral functioning.<br>  ○ Case Management: 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.<br>  ○ Youth Transition Case Management: Therapists provide services to youth with mental illness who are approaching adulthood, assisting with planning for life after school and linking to services.<br>  ○ Psychiatry: Psychiatrists provide face-to-face diagnostic interviews and medication management services. (These services are included in the BHD Psychiatric Services Performance Plan.)<br>• Service duration for therapy and case management is typically 9-15 months.<br>• Services are licensed and regulated by the Virginia Department of Behavioral Health and Developmental Services. Oversight is provided by the Arlington Community Services Board.<br>• Beginning March 24, 2020 all services transitioned to telehealth due to the COVID pandemic. |
| Service Delivery Model | • In FY 2022, services were delivered both in-person and virtually. Services were provided based on the families' clinical need and choice.<br>• In FY 2023, 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 | • Total 15.45 FTEs:<br>  ○ 2.25 FTE Supervisors<br>  ○ 11.20 FTE Behavioral Health Therapist II/Case Manager<br>  ○ 1.0 Family Support Partner<br>  ○ 1.0 FTE Behavioral Health Specialist |

Customers and Service Data

| | FY 2019 | FY 2020 | FY 2021 | FY 2022 |
|---|---|---|---|---|
| Total Unduplicated Clients served | 382 | 390 | 306 | 277 |
| Clients receiving Outpatient Therapy | 308 | 295 | 268 | 254 |
| Clients receiving Case Management | 135 | 92 | 38* | 46* |
| Clients receiving Youth Transition Services | 22 | 16 | 20 | 23 |

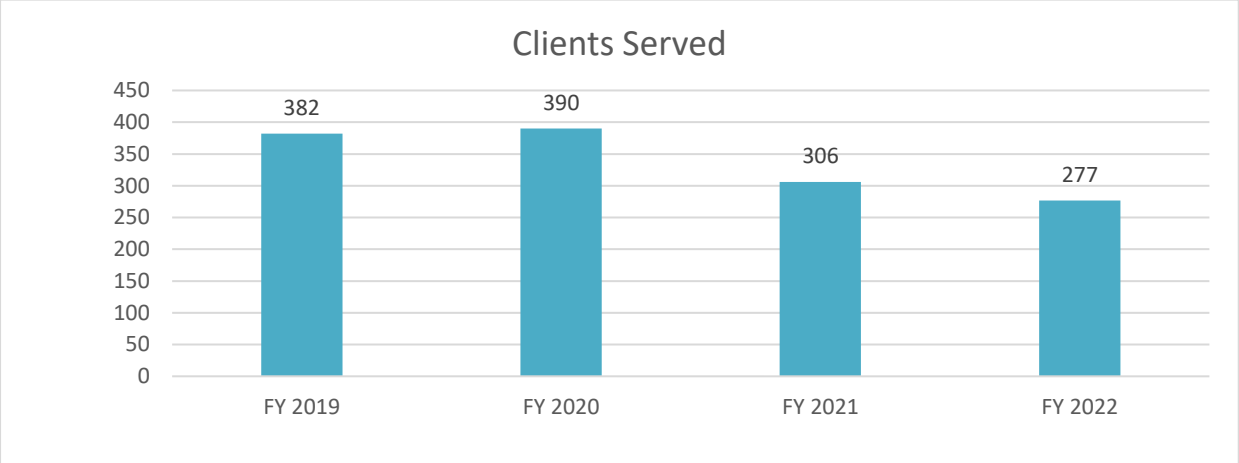
*In addition to youth open to case management services, case management services were provided on an as-needed basis to many clients open to outpatient therapy.

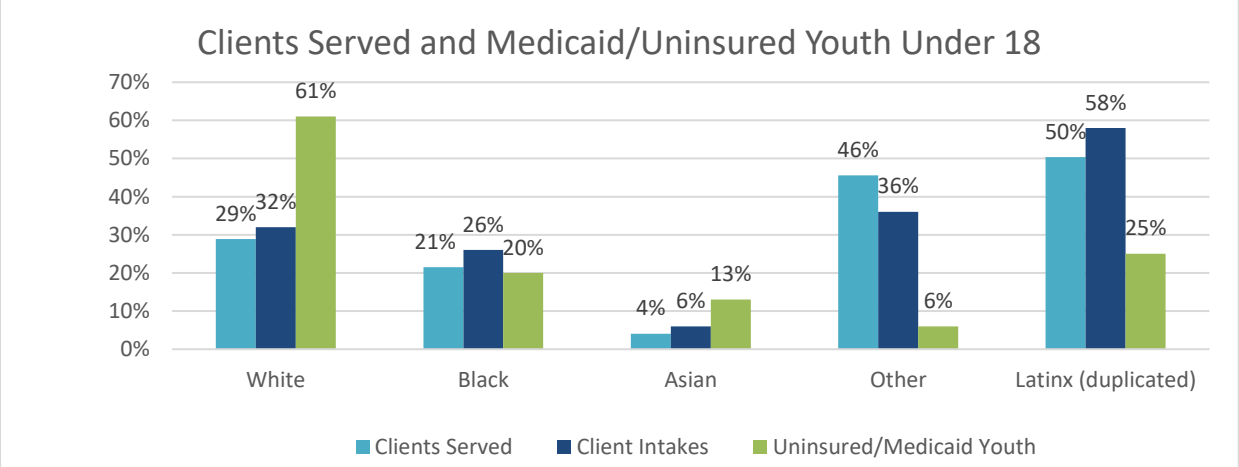
| | |
|---|---|
| **PM2: How well did we do it?** | |
| 2.1 | Timeliness of progress note completion |
| 2.2 | Client show rate |
| 2.3 | Client/Family satisfaction with services |
| **PM3: Is anyone better off?** | |
| 3.1 | Clients maintained in the community |
| 3.2 | Clients achieve their treatment goals at discharge |

## Children's Behavioral Healthcare Outpatient Services

| Measure | 1 | Total Unduplicated Clients served |
|---|---|---|

Data




Data Summary

- In FY 2022, 277 youth received outpatient services, which is a slight decrease from FY 2021 (306.)
- In FY 2022, the demographics of youth receiving outpatient services is consistent with the demographics of youth that received intake assessments in FY 2022.
- In FY 2022, the percentage of youth that identified as Black were consistent with the Medicaid and uninsured population.
- In FY 2022, youth that identified as Asian were underrepresented based on the population of Arlington uninsured and Medicaid youth.
- In FY 2022, youth that identified as White were underrepresented based on the population of Arlington uninsured and Medicaid youth.
- In FY 2022, there were 124 youth that identified as Latinx. 39 of those youth also identified as White and 82 identified as "Other" electing to identify using their nationality.

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

- In FY 2022, the decrease in the number of clients served can be attributed largely to the decrease in the number of intakes due to increased staff vacancy and decrease in staff capacity.

- In FY 2022, 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.
- 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 closed with the demographics of children who are below federal poverty level.
- 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 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.

| **Recommendations** | **Target Dates** |
|---|---|
| • Continue to prioritize hiring and retention of staff<br>• Explore intended population<br>• Continue to offer a hybrid approach combining in-person and virtual services where appropriate.<br>• Resume services for youth who do not have SED or substance use diagnoses but have identified risk factors as staffing allows. | • Ongoing<br>• FY 2023, Q2<br>• Ongoing<br><br>• FY 2023, Q4 |

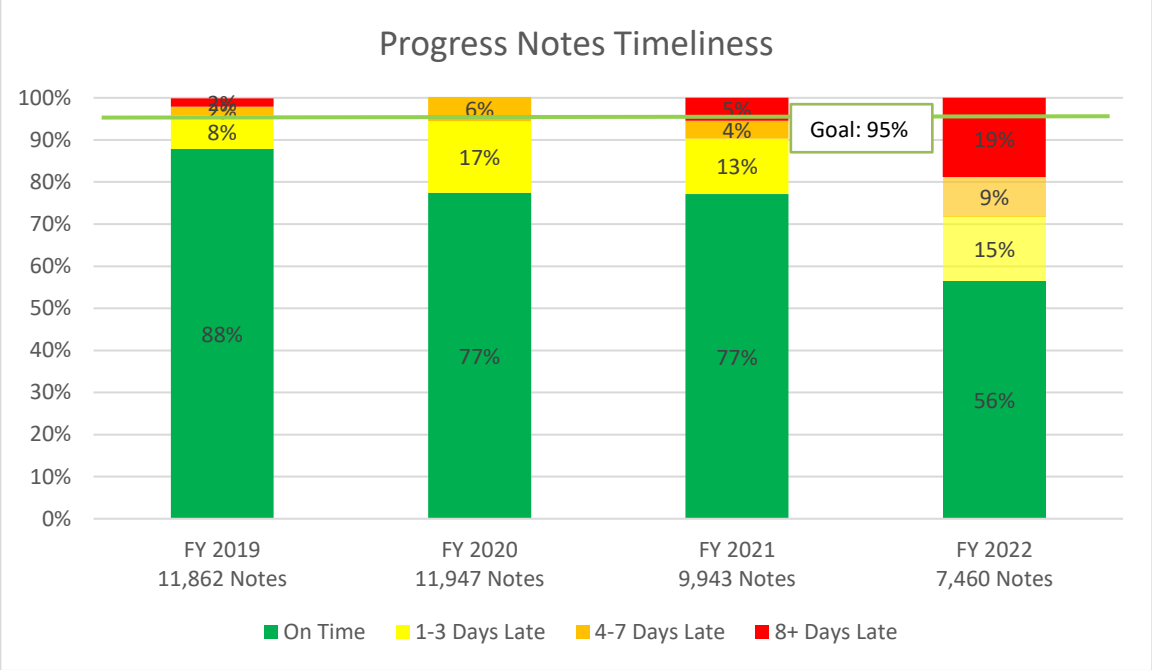
**Forecast**

- For FY 2023, it is anticipated that the number of clients served will increase by 10% to 305.

## Children's Behavioral Healthcare Outpatient Services

| 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 2022, this target was achieved for 56% (4,212/7,460) of progress notes. |
|---|---|

### What is the story behind the data?

- In FY 2022, in quarter 1 the CSB implemented a new electronic health record which impacted the timeliness of note submission because of the adjustment to learning the new system and correcting documentation errors.
- In FY 2022, in quarter 1 and quarter 2 the program experienced a high resignation rate and caseloads were shifted to existing staff and supervisors which also impacted progress note timeliness.
- In quarter 1 and quarter 2 of FY 2022 there was a significant increase in the number of clients receiving intakes and 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 2022, cheat sheets were created to assist clinicians with documentation. Ongoing trainings on the electronic health record were conducted monthly that focused on specific areas of documentation. There was a training for supervisors as well to help with strategies to monitor and track documentation in the electronic health record and tips for supporting staff. Meetings were also held to create and review reports to determine status of documentation compliance.
- In FY 2022, in quarters 3 and 4 staff and supervisors met with the CFSD Compliance Analyst to assist with case transfers and ensure documentation met compliance standards.
- In FY 2022, there were meetings with Information Systems Bureau to address configuration needs in the electronic health record to better support children services.

| |
|---|
| • In FY 2022, in quarter 4 new staff were provided mentors to support them and assist with utilizing the electronic health record and increase efficiency with documentation completion. |

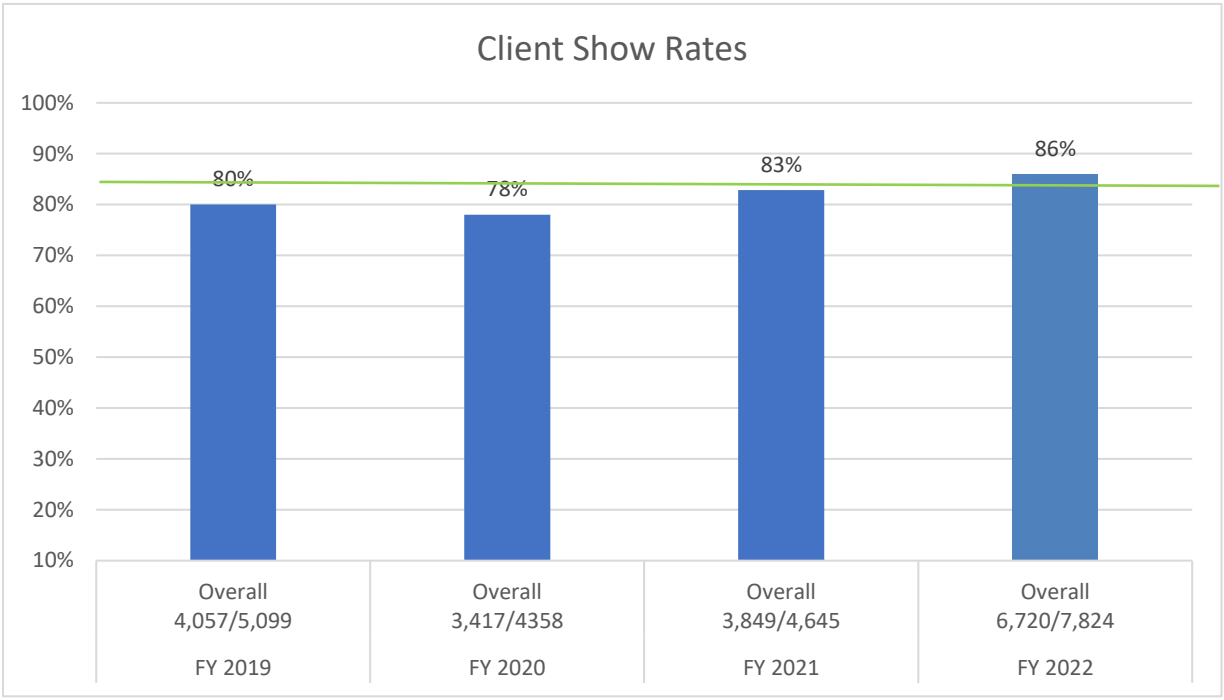
| Recommendations | Target Dates |
|---|---|
| • Provide a documentation refresher training that includes concurrent documentation and progress note timeliness<br>• Monitor documentation compliance and status monthly<br>• Continue with CFSD Compliance Analyst as needed to review documentation standards and expectations. | • FY 2022, Quarter 3<br>• FY 2022, Quarter 1<br>• Ongoing |

| Forecast |
|---|
| • Timeliness is projected to increase to 65% in FY 2023. |

## 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 86% (6,720/7,824) for FY 2022, which is an increase from 83% (3,849/4,645) in FY 2021. Data is obtained from the Welligent and Cerner 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.
- In FY 2022, hybrid service delivery offers telehealth as a way to reschedule appointments instead of cancelling.
- In FY 2022, the staff were persistent with outreaching clients and families to engage them and ensure that they attended appointments.
- In FY 2022, hybrid service delivery provides additional availability for staff to be able to have sessions.
- The automated appointment reminder system continues to contribute to the high show rates.

| Recommendations | Target Dates |
|---|---|
| • 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).<br>• Continue to offer hybrid services.<br>• Analyze show rates for first clinical appointments in-person. | • Ongoing<br>• Ongoing<br>• FY 2023, Q2 |

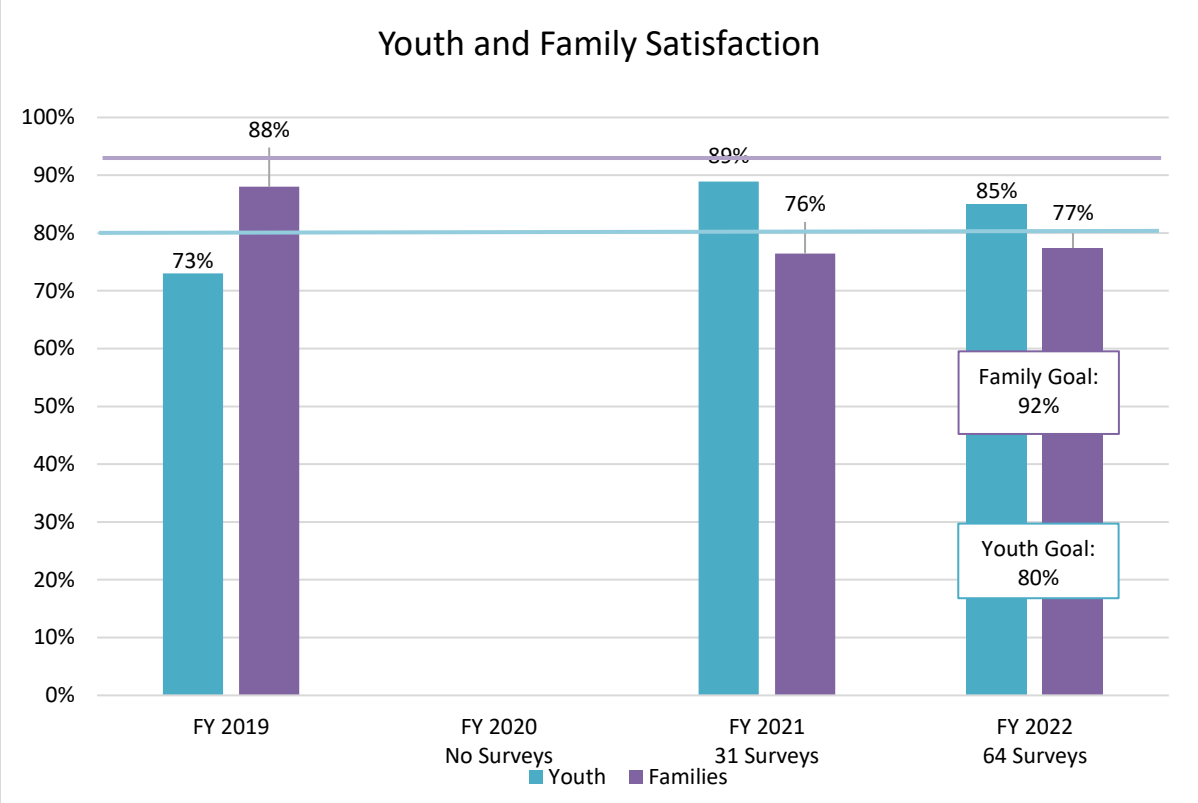
**Forecast**

- In FY 2023, it is anticipated that overall client show rate will remain at 86%.

## Children's Behavioral Healthcare Outpatient Services

| Measure | 2.3 | Client/Family satisfaction with services |
|---|---|---|

**Data**




**Data Summary**

- In FY 2022, 37 parent surveys were completed that included seven rated statements. 24 of 31 (77%) parents that responded to the question regarding satisfaction agreed that they were satisfied with the progress being made.
- In FY 2022, 27 youth surveys were completed that included seven rated statements. 17 of 20 (85%) 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 2022, 77% (51) of respondents completed the survey in English and 23% (15) of respondents completed the survey in Spanish.
- In FY 2022, 52% (34 of 65) respondents indicated that they received services virtually only. 14% (9 of 65) respondents indicated that they received in-person services only. 34% (22 of 65) respondents indicated that they received both in-person and virtual services.
- Surveys that did not answer the questions regarding satisfaction are excluded from the chart above.

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

- In FY 2022, 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.
- Youth respondents report that having someone that listens to them and understands them has been helpful.
- Both youth and parents indicated that being able to attend services virtually has been very helpful

| Recommendations | Target Dates |
|---|---|
| • Explore additional survey distribution methods to increase response rate and prevent duplication<br>• Continue to engage and encourage caregiver participation in treatment<br>• Explore implementing measure to review status 90 days post discharge. | • FY 2023, Q2<br>• Ongoing<br>• FY 2023, Q2 |

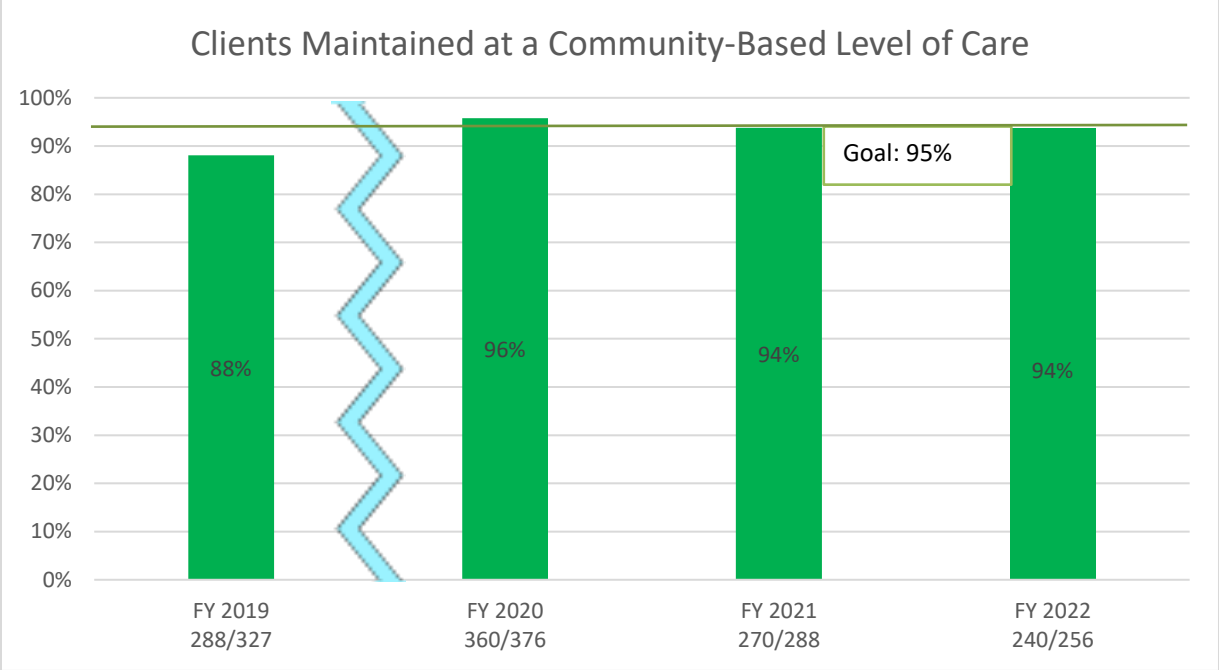
**Forecast**

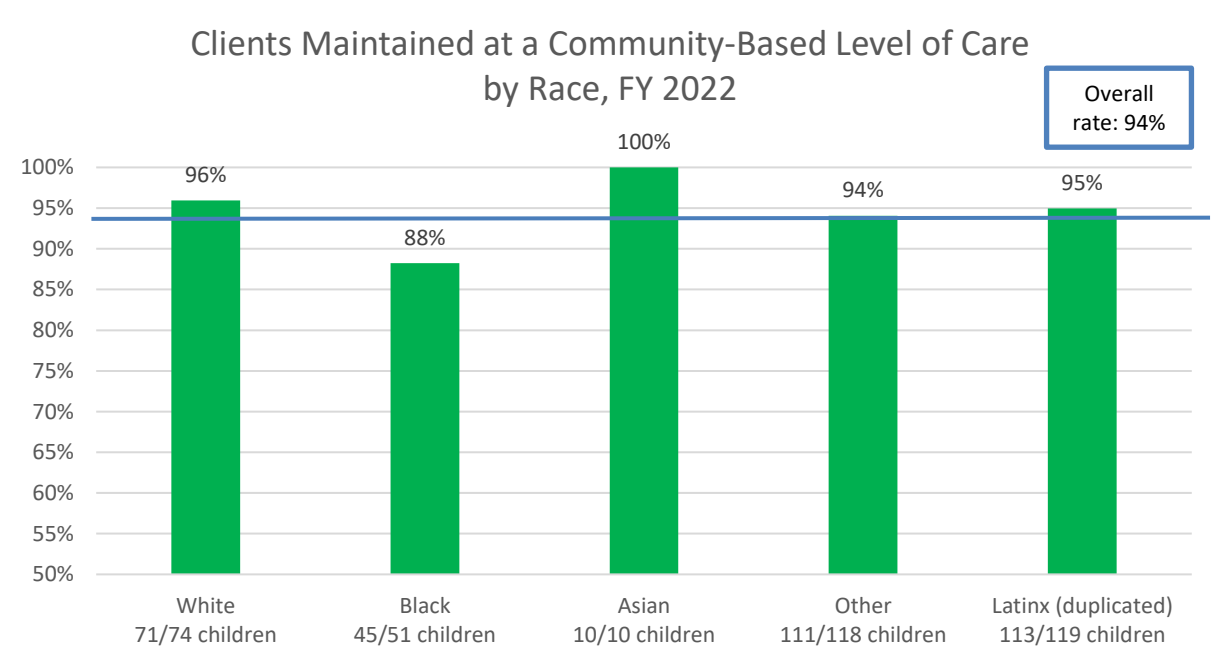
- In FY 2023, it is expected that parent and youth satisfaction will achieve 80% for both parents and youth.

## Children's Behavioral Healthcare Outpatient Services

| Measure | 3.1 | Clients maintained in the community |
|---|---|---|

**Data**




**Data Summary**

- In FY 2022, 94% (240/256) 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 consistent with FY 2021, when 94% of youth were maintained at a community-based level of care.

- In FY 2022, the percentage of black youth that entered care in the community and required other restrictive placements was slightly higher than other races.
- 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 and ethnicity data were available for 253 of 256 youth.

## What is the story behind the data?

- In FY 2022, 94% of youth were able to be maintained in the community.
- In FY 2022, the implementation 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. In FY 2022, only two youth were placed in residential treatment centers, the highest level of long-term care.
- Division-wide staffings with juvenile court personnel occur as needed with supervisory staff, where resources and strategies are discussed to maintain youth in the community.
- There was a decrease in the availability of in-person community providers in FY 2021 and 2022, so the frequency and intensity of services provided by program staff were increased to meet the needs of youth and maintain them in the community.
- The Diversion First Program was implemented in FY 2022 Q3, which was utilized to decrease the likelihood of hospitalizations and rehospitalizations to provide stability.
- Specialized services including Children's Regional Crisis Response (CR2) and REACH services were requested to maintain youth in the community when possible. In FY 2022, CR2 expanded their capacity to include lifespan services.
- BHB Bureau Director coordinates with Emergency Services 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 trends contributing to racial disparities. The placements for youth served in FY 2022 aligned with their clinical needs.

| Recommendations | Target Dates |
|---|---|
| • Collaborate with Information Systems teams to review and clarify information collected in quarterly review. | • FY 2023, Q3 |
| • Work with Emergency Services to review disaggregated race data for youth. | • FY 2023, Q3 |
| • 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. | • Ongoing |
| • 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. | • Ongoing |

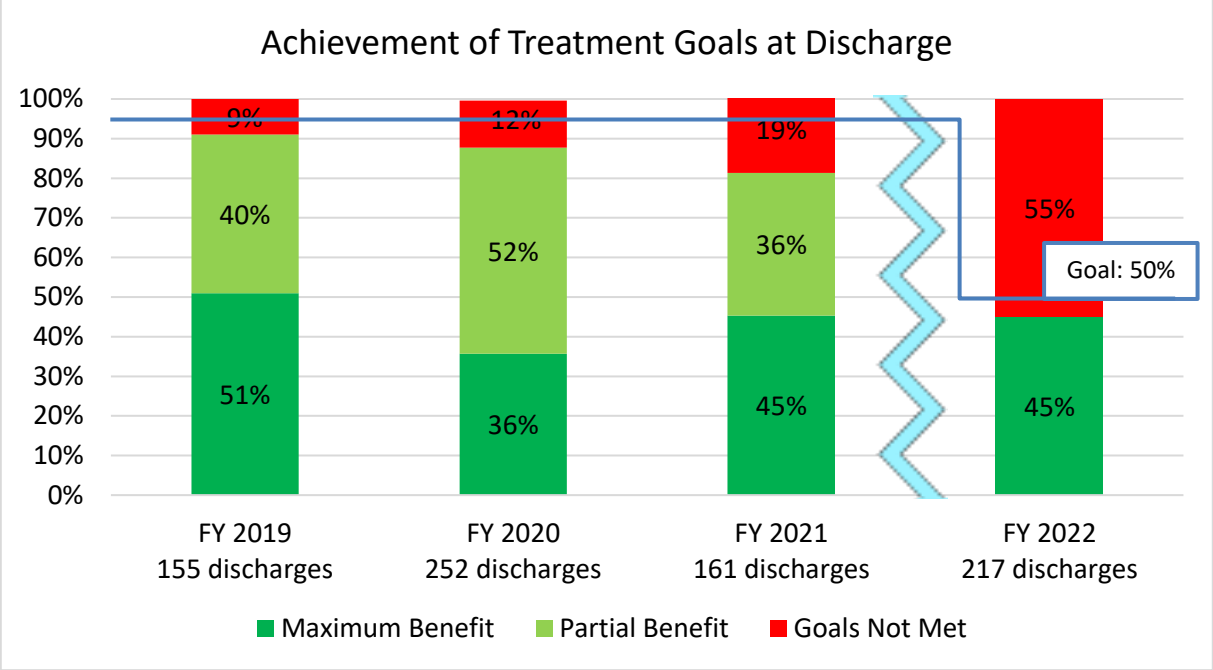
## Forecast

- For FY 2023, it is expected that 95% 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 2022, 45% (98/217) of discharges occurred when clients achieved all their treatment objectives, which is consistent with FY 2021.
- 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.
- In FY 2022, data collection was modified to include only those who completed all of their treatment goals.
- Data is obtained from the Cerner and 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 2022, 98 (45%) youth achieved maximum benefit at discharge.
- In FY 2021, clients were kept open to services longer and more outreach was provided due to need for stabilization resulting from the COVID pandemic. In FY 2022, the clients achieved increased stabilization and were closed to services.
- In FY 2022, as a result of resignations, some clients elected to discontinue services instead of continuing with a new clinician.
- 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, moved and refused services offered.
- 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. Several families responded to outreach attempts by rescheduling appointments but were no shows at the time of the appointment.

| Recommendations | Target Dates |
|---|---|
| • Explore with Information Systems team the possibility of adding partial treatment benefit as a discharge reason.<br>• Review discharge planning and protocols with clinicians to ensure that the accurate discharge reasons/dispositions are captured.<br>• Continue to ensure that clinicians establish realistic treatment goals to support maximum benefit consistent with an episodic model of care.<br>• Continue to utilize both in-person and telehealth services to increase engagement. | • FY 2023, Q2<br>• FY 2023, Q2<br>• Ongoing<br>• Ongoing |

**Forecast**

- In FY 2023, it is expected that 50% of clients will achieve treatment goals at discharge.