

Van Buren
Community Mental Health Authority
Ends Monitoring Report
March 2022

SUBJECT: Children with Developmental Disabilities & Serious Emotional Disturbances
POLICY:

There will be improved functioning in children and their families whose functioning is impaired by developmental disability, a mental/emotional condition or substance use disorder.

For children there will be improvement in their:

- a. Functioning
- b. School performance
- c. Participation in their community
- d. Overall family functioning

This report is the first of two parts. The current report provides evidence of meeting the portions of the statements highlighted in yellow. Those statements not highlighted will be addressed in April 2022.

CEO Interpretation:

Improved functioning means that children served will demonstrate significant progress on validated scales measuring functioning; and that children served and their families will indicate the child has improved ability to handle daily life and cope with difficulties; and that the services received were appropriate and that families got the help they sought. Additionally, children with a history of admission to psychiatric hospitals will demonstrate a decreased need for these intensive and disruptive services.

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Children served will demonstrate significant progress on validated scales measuring functioning

Current data about youth served in Children's Intensive Services (CIS) and New Outlook (NOL) consistently show significant improvement in functioning as demonstrated by scores on the Child and Adolescent Functional Assessment Scales (CAFAS). The CAFAS is a reliable and valid instrument that is utilized throughout the Michigan CMH system which measures the functioning of youth. CIS & NOL serve youth with serious emotional disturbances and many needs. Additionally, youth served in these programs have CAFAS scores recorded regularly so evidence of change is present. For many years, these programs have tracked the CAFAS scores for youth at the time of admission, throughout their services, and at discharge. The programs' goal is that 75% of youth served will see a significant improvement in CAFAS scores. (Significant improvement in CAFAS scores is defined by the developer of the scale as a 20 point or more decrease.)

Over the past 16 years, 84.6% of the 1,467 youth tracked demonstrated significant improvement in CAFAS. For fiscal year 2021, 82.1% of youth from these programs served for 12 months or closed to services during the year demonstrated a significant improvement. The percentage of youth who demonstrated significant improvement in functioning during 2021 is statistically equivalent to long-term averages and exceeds the standard (75% of youth) that these programs have had in place for many years. Comparison data from the state from a voluntary Benchmarking initiative which ended, indicated that for the 17 CMHs who participated, on

average 52% of youth served demonstrated this meaningful and reliable change in CAFAS. The target standard for VBCMh is higher than this benchmark and as stated above was achieved.

Services received were appropriate and families got the help they sought.

In 2014, SWMBH decided to utilize the YSS for customer satisfaction and outcomes. The YSS is the instrument that VBCMh began using in 2009, and reports results on the Outcomes, Functioning and Social Connectedness scales. The YSS has items on the Appropriateness of Services scale that have relevance such as “The services my child and/or family received were right for us,” “My family got the help that we wanted for our child.” The percent of families indicating agreement with this domain showed 87% of VBCMh served families reporting agreement. The SWMBH average was 85% and national comparison sample for this domain was 76%. This data is from the prior year as SWMBH has not yet made the survey data available. The data has shown consistently high levels of agreement with these statements over the years of utilizing the full instrument.

Children with a history of admission to psychiatric hospitals will demonstrate a decreased need for these intensive and disruptive services.

Michigan Department of Health and Human Services (MDHHS) has a performance standard that fewer than 15% of youth hospitalized will be readmitted to the hospital within 30 days of discharge. The time period immediately following a discharge is considered a time with an increased likelihood of admission. Readmission rates are commonly used in health care as a quality indicator and the standard nationally is less than 15% in 30 days. VBCMh has always met on an annual basis the performance indicator of less than 15% of youth readmitted within 30 days and in fiscal year 2021, 2 youth of 29 admitted were readmitted within 30 days. This was a readmitted rate of 6.9%; the average reported over a number of years in Michigan is 9%. The readmission rate for VBCMh for youth in 2021 is statistically equivalent to long-term averages and remains under the target set by the state and lower than the state average. The number of youth hospitalized during the year more than doubled the previous year and long-term averages. This dramatic increase in hospitalizations reflects both state and national trends that youth mental health was very negatively affected by the many negative impacts of the COVID 19 pandemic.

100% of youth discharged from VBCMh services remained out of psychiatric inpatient for 6 months post discharge from VBCMh services; however we also saw that 6 youth were hospitalized more than once within the fiscal year again pointing to the dramatic increase in youth who are struggling within Van Buren County, in the state and nation.

Data published by MDHHS for the 2019 fiscal year shows that VBCMh spent 7.4% of its expenditures on youth for psychiatric inpatient care while the state average expenditure was 14.9%. Spending significantly less on inpatient care is an indicator of better client outcomes as it indicates people are not requiring this level of intensive service. In 2019, before the pandemic, both VBCMh and CMHs across the state showed increased spending on psychiatric inpatient for youth. Recent data suggest that the increased need for mental health services in the country is double what it was pre-pandemic across all levels of care.

This review of hospital admissions data indicate that youth served by VBCMh have less need of psychiatric inpatient services than youth served elsewhere in the state and the performance exceeds state set standards. The continued low inpatient utilization, low recidivism rates after 30 days and for 6 months post discharge from VBCMh services point to VBCMh services meeting

needs of youth with lower intensity and less disruptive levels of care. However, the overall needs for service and the level of acuity while in service have increased dramatically in recent years.

CEO Interpretation:

Improved school performance means that children served will demonstrate improvements on validated scales measuring school performance and children served in intensive programs will demonstrate improvement in grades and school attendance according to school records. Families of children served will indicate improved school performance.

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Research tells us that children that have relief from emotional distress and learn coping skills have improved school performance. The National Association of School Psychologists cites several hundred studies that “interventions that strengthen student’s social, emotional, and decision-making skills also positively impact their academic achievement, both in terms of higher standardized test scores and better grades.” So, the data included above that indicates that youth served improve in their functioning can reasonably be believed to indicate that youth served are improving their school performance.

The CAFAS has a subscale which rates functioning in school. In fiscal year 2018 (most recent year available) youth served at VBCMh demonstrated a 4-point improvement in the average subscale score between the initial CAFAS and the most recent CAFAS. Statewide data showed a 2-point improvement on the functioning in school subscale. We continue to ask the state for updated reports.

School records of grades and attendance were collected for children served in intensive services. The majority of school records indicate positive gains in grades and attendance:

- 89.1% of children served for whom year to year comparisons were available (41 of 46) demonstrated improvement in attendance and grades.

These percentages are consistent with those reported in previous years which have ranged from 81 to 92.4%. This data from school records is also consistent with parents’ perceptions of school functioning reported from many years of Youth Services Survey (YSS) data. The sample has been typically broader for those surveyed using the YSS and included families open only a short time and those who received non intensive services.

In 2019, funding was increased by the state for mental health services in schools. This increased funding resulted in an additional position for the Bangor Health Center (BHC) to deploy a full-time therapist in the Bangor elementary school and for multiple full-time therapist positions deployed by the Van Buren Intermediate School District. VBCMh and VBISD have collaborated on these efforts to increase mental health services to youth and to facilitate youth getting the appropriate level of services. In 2020, Van Buren County was selected as one of three counties to implement a five-year federal grant called Project Aware, to improve access for youth to appropriate mental health services. At the start of fiscal year 2021, funding was increased for the BHC to increase the part time position serving middle and high school age youth from 20 hours to 30 hours per week. Through grant and other funding increases we have also increased direct service staff hours targeted at youth through the addition of an Access Clinician position, 2 Outpatient Clinician positions and additional Clinician position serving youth with I/DD. During the

upheaval of the last two years, attracting and retaining staff focused on serving youth has been especially difficult for local CMHs. We recently filled a position within the Children's Intensive Services program that had been vacant for more than a year. More youth were served by VBCMh in the last year than in any preceding year.

CEO Interpretation:

Improved participation in their community means that children served will live in community based living arrangements, and families and children served will indicate that they get along better with friends and other people.

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Children served will live in community-based living arrangements

For the past 18 years, New Outlook has tracked data on children living in community-based living arrangements who are served by this program. One of the entrance criteria for the wraparound services provided by New Outlook is that the youth is at risk of removal from their home. The New Outlook data indicates that 91% of 1,411 youth served have remained in community-based living arrangements while in New Outlook services. In fiscal year 2021, 89% of youth served in New Outlook remained in community-based living arrangements. Also, for the past 18 years, 89% of youth discharged from New Outlook remained in community-based living arrangements for 90 days post discharge. The target set by the partner agencies is 80% for both youth currently served and those discharged over the long term, New Outlook has exceeded and continues to exceed this definition of successful outcomes.

CEO Interpretation:

Improved overall family functioning means that families served will indicate satisfaction with family life, and having social and family supports. Additionally, families served in intensive services will have fewer substantiated abuse and neglect issues.

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For families at risk for substantiated abuse or neglect complaints, who were served in intensive services, 95% (41 of 43) had fewer substantiated issues while in services. The collected information demonstrates positive outcomes. Although there is no benchmark data from another mental health service provider organization on this measure, VBCMh's New Outlook program has collected this information for many years and the partner agencies sponsoring New Outlook set a standard of 80% of families served by New Outlook will have fewer substantiated abuse or neglect complaints, and this benchmark was exceeded.

Summary

This was the eleventh year for collecting and presenting this data. Part 2 of the report is scheduled for next meeting and the motion asking if the data is relevant and compelling will be reviewed then.