

Van Buren  
Community Mental Health Authority  
Ends Monitoring Report  
February 2024

**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 June 2024.**

**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.**

**Monitoring report**

**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 18 years, 84.3% of the 1,681 youth tracked demonstrated significant improvement in CAFAS. For fiscal year 2023, 86% of youth from these programs demonstrated a significant improvement. The percentage of youth who demonstrated significant improvement in functioning during 2023 is statistically equivalent to long-term averages and exceeds the standard (75% of youth) that these programs have had in place for many years. Our only external comparison data from within the state comes from a voluntary benchmarking initiative which ended multiple years ago. That project indicated that for the 17 CMHs who participated (including VBCMh,) on

average 52% of youth served demonstrated this meaningful and reliable 20 point or more change in CAFAS. The target standard for VBCMh of 75% 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. The VBCMh reports provide results on the Outcomes, Functioning and Social Connectedness scales. The YSS has additional scales including the Appropriateness of Services scale that has 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 most recent SWMBH survey results, the overall regional score on this scale remained statistically unchanged from prior years. The SWMBH average was 81.3% and the most recent national comparison was 76% reporting satisfaction in this area. Families served by VBCMh had an average of 82.6% reporting satisfaction. The data for this domain 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 back into the hospital. 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 2023, 1 youth of 29 admitted was readmitted within 30 days. This was a readmitted rate of 3.4%; the average in Michigan has been 9% across the last several years. The most recent data on the MDHHS website (fiscal year 2021) indicates the statewide rate was 9.1% of youth were readmitted within 30 days. The 30 day readmission rate for VBCMh for youth in 2023 is statistically equivalent to VBCMh long-term averages and remains well under the target set by the state and the state average.

Although there are not in state comparison or standards set for longer than 30-day readmission rates, VBCMh also tracks readmissions over longer lengths of time. During FY 23 and into the start of FY 2024, 5 youth were readmitted to psychiatric inpatient within 6 months of discharge and 8 youth total were readmitted within one year.

The total number of youth hospitalized during the year in 2021 more than doubled the long-term averages and have remained at this elevated rate in 2022 and 2023. (In 2022, 31 youth were hospitalized and 1 was readmitted within 30 days of discharge.) The dramatic increase in hospitalizations since prior to the pandemic reflects both state and national trends that youth mental health was very negatively affected by the many impacts of the COVID 19 pandemic.

This review of hospital admissions and readmission data indicate that youth served by VBCMh receive follow up care and are readmitted to the hospital less frequently than youth served elsewhere in the state and the performance exceeds state set standards. The continued low recidivism rates after 30 days, at 6 months and one year post discharge from inpatient 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 the most recent year available from the state (2018) 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, however the state is ending their requirement to use the CAFAS at the end of this year so it is likely we will not receive these reports. An instrument called the MichiCANS will be required beginning in FY 2025.

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:

- 83% of children served for whom year to year comparisons were available (60 of 72) 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 and beginning in October 2022, this was increased again to full time.

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 reported to be especially difficult for CMHs.

**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 20 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 1,468 youth served have remained in community-based living arrangements for 6 months after discharge from New Outlook services. In fiscal year 2023, 81% (22 of 27) youth served in New Outlook remained in community-based living arrangements after discharge. The target set by the partner agencies is 80%. 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, 88% (43 of 49) 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 with a history of substantiated complaints will have fewer substantiated abuse or neglect complaints, and this benchmark was exceeded.

**Summary**

This was the fifteenth year for collecting and presenting this data. Part 2 of the report is scheduled for the June meeting (following completion of survey results.) The motion asking if the data is relevant and compelling will be reviewed then.