



Child/Adolescent Quality, Access
and Policy Committee

11/18/20

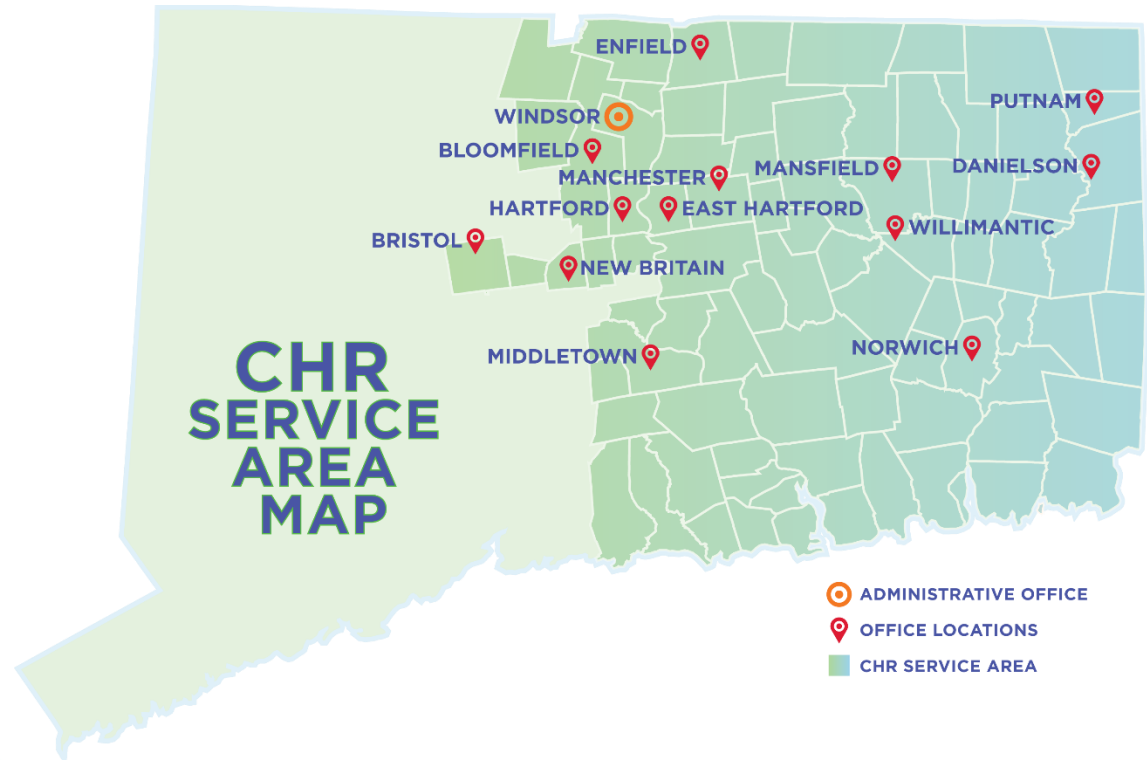
Presentation Focus

- The strengths, gaps, issues, and opportunities of outpatient behavioral health *from your organization's perspective*.
- Health equity challenges in service delivery and any creative approaches for mitigating them
- Experience with ED utilization, especially as regards the clinics' utilization of that service level and the challenges of reintegrating clients back from the ED or inpatient stays, as well as accepting referrals from hospitals to your clinic

Community Health Resources

CHR's mission is to help adults, children and families find **Real Hope** for the challenges of **Real Life** through an array of community- based mental health, substance use, child welfare, supportive housing, foster care, prevention and wellness services, and integrated care. Our name embodies our commitment to community-based care, instilling hope for a healthy, happy and productive future, and utilizing all available resources to achieve change. CHR is proud to provide services that achieve **Real Quality** with **Real Results**.

- Over 800 employees
- Served over 25,000 in FY20
- 32 Child & Family programs
- 15 locations and 19 schools



Strengths for CHR

All clients need to have the same level of access to services. Ease of entry into services

- Staffed Assessment Center
- Immediate scheduling of intake appointments
- Triage to appropriate level of care
- We are working on creation of a call center to focus on even better customer service
 - Simple phone menus
 - Mature phone system
 - Live answer
 - Immediate resolution to the call

Strengths for CHR

Implemented a Hero Hotline to provide support to assist individuals who are in healthcare and education

Multiple outpatient locations

- Bloomfield
- East Hartford
- Enfield
- Manchester
- Mansfield
- 19 schools

Challenge- School based work is challenging with constant changes in learning model. School staff are overwhelmed and identification of students who need behavioral health intervention is not a top priority

Strengths for CHR

Telehealth

- Significantly reduces barriers for transportation
- Eliminates need to find childcare for other children
- Increased therapist availability to see clients (in particular, if they were split between different sites on different days)
- Providing equipment for telehealth

Challenge- young children, computer fatigue, internet access

Strengths for CHR

Ability to match Spanish speaking families

- Currently have Spanish Speaking therapists in 4 out of 5 of child and family outpatient locations

Challenge- Recruitment and Retention

Strategies: Hiring a diverse workforce

- 1.Hold positions until we can hire diverse candidates
- 2.Internships as we bring in more diverse interns, we can in turn hopefully hire these interns
- 3.Use relationships with master's level programs to recruit a diverse student population
- 4.Flexibility in schedule, providing scholarships and internships for employees to pursue their education.
- 5.Hiring incentives

Strengths for CHR

Evidence Based OP Treatment

- CBT, TF-CBT, MATCH, CFTSI, and implementing CBITS

Continuum of care

- 3 intensive home based programs (IICAPS, FFT, MDFT)
- Adolescent Substance Use Treatment (ACRA) and MDFT ASSERT for OUD
- Mobile Crisis for youth and adults
- Care Coordination
- Care for adults including DMHAS funded services for mental health and addiction
- Support services for adults, young adults including housing, supported employment
- Benefits to collaborating with other CHR programs and moving youth to higher or specialty levels of care

Challenge: Collaboration is harder when staff don't see each other, built mechanisms, triggers into health record

Strengths for CHR

Focus on integrated care and prevention for youth

- Vaping assessment and education
- Wellness focus on healthy eating and exercise
- Integrated care coordination
- Primary care services located at 3 of 4 outpatient locations
- Pharmacy services located at 2 main locations

Health Equity

It is an organizational priority

We work to continuously review and assess data related to the race and ethnicity of the clients we see compared to the make-up of the communities we serve and the race and ethnicity of our staff

Elevated asking required standardized questions to everybody about preferred language

- What language do you speak at home?
- What language do you most often speak outside of the home?
- What language do you prefer to speak at CHR?
- Would you like to use interpreter services?

Consistent data review to evaluate program needs around language competency

Health Equity

Integrating a cultural/religious assessment as second session

- What is something that you want your child to know that you learned growing up.
- What pieces of your history that you want your children to learn or carry on.
- Sometimes people participate in several traditions. Are there any other spiritual, religious or moral traditions that you identify with or take part in?
- Do you experience any difficulties related to your background, such as discrimination, stereotyping or being misunderstood?
- Improved engagement
 - For families who had a Family Assessment 81% of their subsequent appointments were completed; for families without such assessments 67% of appointments were completed.

Health Equity

Health literacy review of phone system, website, and physical sites

Formal arrangements for interpretation services including standardized training related to working with interpreters and review of issues with interpretation

Integration of data in our program Quality Reports

ED Visits and Hospitalizations

For FY20 the ED and Hospitalization rate for CHR Child and Family outpatient clients was 2%

- Have intensive teams and prioritize most at risk youth
- Wrap services around at risk youth
- Teaming
- Project Notify- DSS is using Project Notify to reduce preventable readmissions and improve care coordination for better health outcomes for Connecticut's Medicaid beneficiaries, as well as engaging the provider community and care managers informed.
 - follow up call regarding all notifications
 - Documentation in electronic health record to examine data

ED Visits and Hospitalization Data

Challenges

- Clients that have commercial health insurance plans may have financial barriers to participating regularly in treatment, particularly if they have high copays or deductibles. This means that some families choose to be seen less frequently than what's recommended because of the financial burden
- Availability of inpatient beds is a real challenge currently
- Need for increased collaboration with hospitals

ED Visits and Hospitalizations

Challenges

- OP tends to be the holding ground for clients coming from hospitals
 - when waitlists for the in home programs are long
 - when families refuse in home services
 - when there are no inpatient beds available and the families don't want to wait in the ED any longer
 - Step down from inpatient
- Currently increased acuity of cases
 - New admissions have moderate to high need of services vs the usual mix of clients that are low-moderate-high acuity

Questions

Contact Kathy Schiessl, LCSW

Senior VP of Child and Family Services

kschiessl@chrhealth.org

