

# Fairfax-Falls Church Community Services Board

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LOB #269:

## **YOUTH AND FAMILY OUTPATIENT AND DAY TREATMENT SERVICES**

### **Purpose**

The Youth and Family Outpatient and Day Treatment Services provide assessment, therapy, case management, and crisis intervention services to youth, ages 4 to 18 (and their families), who have mental health and substance use disorders. This is done to address needs of these youth as soon as possible to improve their functioning, quality of life, and productivity now and in the future. Services are provided in coordination with other agencies, using a “Systems of Care” approach. Evidence-based practices are utilized such as cognitive behavioral therapy (CBT); trauma-focused CBT; solution-focused therapy; motivational interviewing, play therapy, case management, and medication management. Services are managed using a utilization management efficiency model.

### **Description**

**Youth and Family Outpatient Services** provide mental health and substance use disorder treatment and case management for children and adolescents, and their families. Services are provided using evidenced-based practices, for youth who are, or are at risk of being, seriously emotionally disturbed, and for those who have issues with substance use or dependency. Youth may be experiencing emotional or behavioral challenges, difficulties in family relationships, or alcohol or drug use. Family socioeconomic and other issues are frequently present. In FY 2015, 70 percent of the families serviced had incomes below \$50,000. Of the youth served, 28 percent are ages 4 through 12; 51 percent are ages 13 through 17; and 21 percent are ages 18 through 21. For youth ages 4-12, family or schools are the main referral sources. For those ages 13-17, court referrals are more frequent, and school referrals are reduced. Programs are funded through state block grants, as well as County, state and federal funding. Revenue is also received from Medicaid, private insurance, and payments from parents.

Outpatient sessions for mental health are usually once every one or two weeks for four to six months, or longer when needed. Medication appointments may be a part of outpatient treatment services. The services are for youth ages 8 to 21 requiring a developmental approach. Services cease or decrease when improvement occurs and services are no longer needed, when the youth and/or family are no longer motivated, are no longer working on the treatment goals, or when service is no longer desired by the youth and/or family. Medication and case management services may continue to occur after therapy ends. Therapy can be reconvened at any time at a later date. Services are offered in Chantilly, Merrifield, Reston, South County, and Springfield. Offices are open from 8:30 a.m. to 5 p.m. with evening services offered twice per week.

Substance use services are available for middle and high school-aged youth and families. The goal is to reduce and then stop using alcohol and/or drugs after entry into the program. For Substance Use Outpatient Services, group therapy is held twice weekly for 10 weeks, with additional individual appointments available as needed. Family therapy is an important part of treatment and is required in the treatment plan.

Youth who have co-occurring mental health and substance use issues receive services to address both. Home-based or wraparound services are sometimes recommended and are provided through the Comprehensive Services Act (CSA) system. Case management services are provided for youth who need assistance with medication management, CSA service provision, or other needs.

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## **Adolescent Day Treatment**

Day Treatment Services are offered at the Merrifield Center for youth ages 13-18 with mental health and/or substance use issues, whose treatment needs cannot be met with office visits at an outpatient site. Youth attend day treatment all day, five days a week, for three to six months. Fairfax County Public Schools provides an alternative school at the day treatment site, with youth attending school in the morning and therapeutic treatment in the afternoon. In therapy, youth work on their emotional and behavioral issues. For youth who use alcohol or other drugs, the goal is for them to reduce and then stop using alcohol or other drugs after entry into the program. Most youth are prescribed psychiatric medication. Psychiatric services can be continued with a current psychiatrist; at times, a CSB psychiatrist will be involved. Day treatment services cease when improvement occurs and services are no longer needed, when the youth and/or family are no longer working on the treatment goals, or when service is no longer desired by the youth and/or family. At times, youth may need to go to a residential program when day treatment is not able to meet their needs. When day treatment is no longer needed, many youth continue outpatient counseling.

## **Virginia Independent Clinical Assessment Program (VICAP)**

The Department of Medical Assistance (DMAS) requires an independent clinical assessment as part of the service authorization process for Medicaid and FAMIS children's community mental health rehabilitative services (CMHRS). This includes children and youth up to the age of 21 enrolled in Medicaid and FAMIS fee-for-service or managed care programs. Magellan, the Behavioral Health Services Administrator, contracts with the local Community Services Boards to conduct the independent clinical assessment. Since the inception of this requirement on July 18, 2011, the Fairfax-Falls Church CSB has completed approximately 1,600 independent assessments. The affected children's community-based mental health rehabilitative services are Intensive In-Home services, Therapeutic Day Treatment and Mental Health Skill-Building Services. Each child must have an independent assessment prior to receiving service authorization from Magellan. Each independent clinical assessment requires approximately 2.5 to 3 hours to complete, including face-to-face time with the individual and family, documentation requirements and case coordination.

Assessments must be filed with Magellan within one business day. VICAP is staffed with resources largely borrowed from the Youth and Family Outpatient Program, including a part-time manager and 13 licensed/license eligible clinicians who provide a total of 18 assessments per week. In addition, the VICAP program is supported by a part-time clinical supervisor (who is assigned to the adult program), a business specialist who is responsible for scheduling, and an assigned staff member at the reimbursement unit who manages the submissions to Magellan.

## **Benefits**

Youth and Family Outpatient and Day Treatment Services help improve personal, school, family, and community functioning. These services have a beneficial impact on the following areas:

- **Personal:** Individual well-being, improved mental health, decreased use of drugs, alcohol and other substances.
- **Family:** Personal behavior and involvement at home.
- **School:** Attendance, participation, behavior, career development, and academic progress.
- **Community:** Positive involvement in community activities; fewer negative events in the community involving violence or criminal activities.

Youth and Family Services provide high quality mental health and substance abuse services in a broad service continuum. These services provide youth the opportunity to reach their individual potential and live successfully in the community. They provide families, including parents and siblings, the opportunity and support to foster healthy development.

CSB partners with multiple child serving agencies and adult services programs to provide a continuum of services to meet the unique needs of each youth and his or her family.

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## Mandates

Services are required at times through Juvenile and Domestic Relations District Court order. Mandatory Outpatient Treatment orders are monitored by Youth and Family Services staff. The VICAP process, a DMAS managed care function, addresses the utilization of intensive home-based services, adolescent day treatment, and mental health support service.

## Trends and Challenges

Over the last seven years, referrals for substance abuse treatment for youth have decreased dramatically, even though alcohol and marijuana use among youth remain an issue. Results from the Fairfax County Youth Survey indicate that more students reported using alcohol than any other substance in the survey. Forty percent of Fairfax County students reported drinking alcohol at least once in their lifetime and 19 percent reported drinking alcohol in the past month. Approximately 9 percent reported binge drinking in the past two weeks. Marijuana was the second most commonly used substance by Fairfax County students overall, with 20 percent reporting using it in their lifetime.

On the other hand, there has been an increase in requests for services for children and adolescents with autism.

The diagnostic profile includes youth with major depression (trauma-sex abuse); bipolar disorder; psychosis; adjustment disorder; and autism. Families frequently experience numerous personal challenges with mental health, substance use, and socioeconomic factors such as low-income, long work hours, lack of adequate child care, parental mental health issues, and problems with other children in the family.

## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #269: Youth and Family Outpatient and Day Treatment Services</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$3,981,100	\$4,114,760	\$5,018,229
Benefits	1,436,847	1,503,868	2,036,362
Operating Expenses	647,737	650,185	1,141,250
Work Performed for Others	(28,750)	(21,700)	(30,000)
<b>Total Expenditures</b>	<b>\$6,036,934</b>	<b>\$6,247,113</b>	<b>\$8,165,841</b>
Total Revenue	\$1,304,978	\$2,053,954	\$2,232,911
<u>Transfers In:</u>			
Transfer In from General Fund	\$4,731,956	\$4,193,159	\$5,932,930
<b>Total Transfers In</b>	<b>\$4,731,956</b>	<b>\$4,193,159</b>	<b>\$5,932,930</b>
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	68 / 67.5	68 / 67.5	68 / 67.5
<b>Total Positions</b>	<b>68 / 67.5</b>	<b>68 / 67.5</b>	<b>68 / 67.5</b>

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## Metrics

LOB Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of youth served in outpatient and day treatment	1,657	1,570	1,593	1,600	1,600
Cost to serve each youth in outpatient and day treatment	\$3,956	\$3,845	\$3,714	\$4,362	\$4,362
Percent of youth who maintain or improve school functioning after participating in services	91%	93%	90%	90%	90%
Percent of youth who maintain or improve behavioral functioning at home after participating in services	89%	93%	92%	92%	92%
Percent satisfied with services	95%	97%	93%	90%	90%

During the past fiscal year, a total of 1,593 youth were served in Youth and Family Outpatient and Day Treatment Services, a slight increase over FY 2014. It should be noted that the number served reflects the number of children, but does not include their family members. Family members receive case management, education and supports to assist with recovery efforts and family functioning, but cases are not opened for family members. The cost to serve each child/adolescent was \$3,714, which is a slight decrease from the past three years. The cost is expected to increase in FY 2016 due to increased staffing and personnel costs.

In FY 2015, 90 percent of children, adolescents and their families reported an improvement in school functioning, which is defined as improvement in school attendance, behavior, and academic achievement. In FY 2015, 92 percent of children, adolescents and their families reported an improvement in functioning at home, which is defined by behavior and interpersonal relationships. These outcomes are consistent with results over the past three years, with some fluctuation. Factors that contribute to variation in outcomes over fiscal years include acuity of each child's emotional and behavioral issues, attendance at treatment sessions and overall family functioning at the start of treatment. Programs monitor variation in outcomes to assess patterns and make changes as needed.

It should be noted that as national and community trends have shifted away from residential placements, community-based outpatient and day treatment evidence-based programs are often serving the population that would have previously received residential treatment. This population usually has more significant levels of impairment and instability. With this instability, there are more psychiatric crises such as suicidal behavior, and the length of stay is longer due to increased impairment. Additionally, case management and other supports such as Wraparound or home-based services through Comprehensive Services Act (CSA) funding are needed with this population.

During the last five years, Outpatient and Day Treatment services were augmented to provide integrated treatment for children with co-occurring mental health and substance use issues. This integration provides a more holistic and comprehensive approach to care, and also creates efficiencies in the service model. Significant efforts have been made to improve utilization management functions, resulting in efficiencies with service episode time and reduced waits when programs are resourced appropriately.