



**Community Health Needs Assessment –
Implementation Plan FY 2019 Update**

clarity | child
guidance
center

healing young minds & hearts

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Introduction

The following report provides an update for the activities that took place during Fiscal Year 2018 and 2019 (July 1, 2017 through June 30, 2019) in accordance with the Community Health Needs Assessment (CHNA) – Implementation Plan 2018. The first part of this report reiterates the priorities and plan previously communicated and is followed by the corresponding achievements. The complete 2018 CHNA Plan can be found on our website at this link:

<https://www.claritycgc.org/about-clarity/reports-for-the-community>

Priorities and Plan (from the 2018 Implementation plan)

As a non-profit private hospital, Clarity CGC has the capability and capacity to do the following:

- Partner with the community to receive funding from individuals, corporations, foundations and the local United Way.
- Re-invest funds directly into our services rather than a dividend/shareholder.
- Recruit top professionals at competitive costs, particularly due to our affiliation with the UT Health.

In return, with a strong and unwavering focus on our mission, we have a responsibility to:

- Meet the need of any family regardless of their ability to pay.
- Make treatment increasingly accessible.
- Provide the best services possible by optimizing the use of resources.
- Educate the community.

In evaluating the results of our key stakeholder interviews and survey respondents, we ranked the opportunities identified in the following manner:

- Does the opportunity align with our values, our mission and our vision?
- Is it a core competency currently? If not, is it a complementary core competency that strengthens our value proposition?
- Is there another organization or entity that could better address the need versus Clarity CGC?
- Is there a viable funding stream for sustainability purposes?
- Does the opportunity create the foundation to impact improvements in other areas of need, if implemented?
- What are the benefits in quantifiable terms of implementing the opportunity? Conversely, what consequences occur if it's not implemented?

Our Plan

Clarity Child Guidance Center's leadership evaluated the opportunities revealed in the Community Health Needs Assessment and, with the guidance of the Board of Directors, developed a strategic plan to address gaps in the community. Items prioritized were the following:

1. Continue investing in development to enable systemic and repeatable funding streams to our existing business model of billing insurance companies.
2. Explore methods to increase access to care, knowing that a severe shortage of psychiatrists and other mental health professionals has been an ongoing societal issue.
3. Expand levels of care and types of care in the community.
 - a. Deployment of neighborhood-based clinics over a period of several years to expand access to mental health care, alleviating wait times for initial care and transportation issues.
 - i. Expand traditional longer-term outpatient therapy to include a brief psychotherapy model.
 - ii. Include medication management at the clinic, when feasible.
 - iii. Offer day treatment (partial hospitalization) when feasible.
 - b. Deploy brief therapy options beyond the neighborhood clinics.
 - c. Evaluate non-medical based levels of care, such as intensive outpatient, respite beds, etc.
 - d. Evaluate addition of substance abuse services and support.
 - e. Evaluate home- and school-based partnerships for services.
4. Deepen the relationships and outreach related to One in Five Minds™, Clarity CGC's signature campaign(s) to increase awareness and educate the public regarding children's mental well-being.
5. Implement care coordination to create more effective utilization of health services for children at high-risk.

Our Progress

During fiscal years 2018 and 2019 (July 1, 2017 to June 30, 2018) we accomplished the following:

- 1. We solidified and expanded our partnerships with local funding partners to enable systemic and repeatable funding streams:**
 - a. We have continued to successfully report outcome metrics and fully realize \$4.9M in funding from the DSRIP/1115 Waiver in FY2018.
 - b. United Way of San Antonio and Bexar County continued to support our mission with \$1.1M in funding in 2018. They changed their funding strategy in 2019 and we were awarded a \$338,000 annual grant for their Strong Individuals and Families Impact Council for the next 3 years.
 - c. Methodist Healthcare Ministries has funded us five years in a row with large gifts of \$400,000 annually, including FY2018 and FY2019.
 - d. Christus Health Foundation gave a \$100,000 grant for the first time in FY2019, a partnership we hope to continue.
 - e. We received funding from Harvey Najim Foundation (\$750,000 over 2 years) and the Kronkosky Foundation (\$100,000) to implement a new electronic medical record system.
 - f. We were awarded capital improvement funding for the renovation of our living units by Charity Ball Association, \$225,000, and courtyard and drainage improvements from the Nancy Smith Hurd Foundation, \$150,000, as well as a Signature grant from the Junior League of San Antonio for \$500,000 over the next five years to renovate our community education center.
 - g. USAA Foundation awarded \$197,000 to support implementation of a One in Five Minds™ Military Child and Family campaign to address the special needs of military families.
 - h. Other grants over \$50,000 included: Greehey Family Foundation, Najim Family Foundation, H-E-B Tournament of Champions, Mays Family Foundation, and the Valero Foundation.

2. We increased access to care in several ways; and

3. Expanded levels of care and types of care in the community.

- a. We expanded the use of the Crisis Assessment Center, diverting behavioral health emergencies from medical emergency rooms and increasing our capacity to accommodate patients who require immediate access to psychiatric care. The Crisis Assessment Center provides a safe and secure place where the Admissions Staff can expedite treatment and increase the numbers of patients accessing services. It is open 24-hours a day, seven-days a week, 365 days a year. Staff works collaboratively with community first responders to facilitate access to care.
- b. In March, 2019 we started a daily Admission/Assessment workgroup with key team members to optimize and increase admissions and utilization of our inpatient beds.
- c. We created and are fully developing a patient/family-centered discharge program to assist with transition from inpatient hospitalization to outpatient therapy. Any time up to two weeks post-discharge from the hospital, families are encouraged to visit our new Family Support Center (FSC) if they have questions, concerns or need resources. Families may be seen by appointment, though walk-ins are never turned away and phone calls always receive a response. The FSC coordinators help support continuity of care in a multitude of ways: answering questions regarding a child's diagnosis; assuring medications have been filled and used correctly; assessing whether the child is still stable; ensuring safety plans are understood and followed; helping to make outpatient appointments; providing onsite resources (food, clothes, etc.); connecting families to community resources; helping the family in any way they might need to transition their child back home and to school; and more.
- d. We began offering families the option to come in-person whenever needed without being scheduled for an appointment. As a result, the number of walk-ins has increased substantially over the last few years.
- e. The number of inpatient days increased in FY2018 to 18,233, up 9% over 2017; and decreased in FY2019 to 17,928, 7% over FY2017. Meanwhile, the number of inpatient admissions went up by 18% in FY2019 compared to FY2017. It shows that while we're admitting more patients, their length of stay continues to decrease.
- f. We increased the capacity of our main campus day treatment facility. Day treatment, also known as Partial Hospitalization Program (PHP), allows a child to stay with us from 8:00 a.m. until 3:00 p.m., Monday through Friday, for intensive treatment coming out

of hospitalization or as a measure to prevent hospitalization. Our day treatment patient days, which had reached a record high in FY2017, decreased due to the low census at Westover Hills. This decrease resulted in the closing of day treatment services at the satellite clinic. In FY2019, we provided 5547 patient days in PHP at our main campus, 8% less than in 2017, however admissions were down by only 4%, showing reduction in patient stays at our main campus as well.

- g. We expanded service capacity at our first urgent need clinic at Westover Hills with four therapists, a full-time psychiatrist, and a part-time nurse practitioner.
- h. Our Outpatient services provided over 28,500 appointments in FY2018, including psychotherapy, psychiatric evaluations and medication management, psychological testing, and developmental and neuropsychological assessments.
- i. We continued the partnership with UT Health-San Antonio Department of Psychiatry with their Child and Adolescent Psychiatry Division located on our campus.
- j. We partner with Baylor College of Medicine. Their pediatric residents rotate through our hospital to increase the knowledge base of physicians in primary care regarding children's mental wellness. We also partner with local nursing schools, enabling their students to complete their 125 hours of psychiatric nursing training.
- k. Working with our on-site pharmacy partner, Genoa, we rolled out Pyxis 4000, an automated medication dispensing system, to our four inpatient living units ensuring more consistency and efficiency of medication distribution.
- l. We utilized telepsychiatry services with a Houston based partner.
- m. We launched the First Step Program, a program allowing families to see a psychologist quickly to get a first general evaluation of the child's needs and be counseled about the next treatment options best effective for the child. We see 10 to 20 families a week.

- 4. We have deepened relationships and outreach related to *One in Five Minds*, Clarity CGC's signature campaign(s) to increase awareness and educate the public regarding children's mental well-being.**
- a. More than 10,864 individuals have signed up by either pledging, joining an event or downloading a guide from our website and now receive our bi-monthly e-news. Over 9,456 followers are active on our 1in5minds social media channels which include Facebook, Twitter, Instagram, Pinterest or Tumblr.
 - b. One in Five Minds reaches people online with quality content on children's mental health. It includes 178 blog articles, 31 videos, and 5 downloadable PDF guides. During FY2018 and 2019, over 62,000 unique visitors came to the website and the guides were downloaded 1,600 times. Our May 2018 readership survey showed that 90% of our e-news readers would recommend the campaign. It helped in different ways: 73% reported it helped them understand children's mental health better; 33% reported it helped them reach out to family/friends or to a professional; 30% said it helped them find treatment or support options they didn't know about; and, 32% said it helped them feel less alone.
 - c. Under the umbrella of One in Five Minds, we organized Strong Minds, Happy Hearts (SMHH) events in local schools in an effort to bring face-to-face support to parents. Parents/guardians learn about signs/symptoms of mental illness and can access the system of care through onsite exhibitors. We hosted five SMHH events in FY2018 and FY 2019 at these locations: Tripoint (April 2018), NEISD (Nov 2018), Lanier HS / SAISD Special Ed (Dec 2018), Region 20 (Feb 2019), YMCA Selma (April 2019), reaching over 250 people.
 - d. May is Mental Health Awareness Month, and we delivered a powerful community message with the "Maynicure" event in May 2018. We sent 65,000 e-newsletters and reached 91,000 people through social media and on our website. The "Maynicure" party held at the Witte Museum was attended by over 200 people.
 - e. Following a successful pilot, USAA granted us funding for a full-fledged "Military Child and Family" information campaign through our www.1in5minds.org website. The new grant was awarded in December, 2017 and renewed in December, 2018. It allowed us to build extended content regarding military children's mental health and wellness. It includes now 20 articles, 7 videos and 3 downloadable PDF guides for parents. During

the 2018 campaign, over 25,000 people visited the Military Child and Family webpage and 2,734 were reached in person. The grant has been renewed for FY2020.

- f. Under the stewardship of the H.E. Butt Foundation, Clarity CGC partnered with Communities in Schools to develop and implement a pilot program for teachers at Lee High School (NEISD). The pilot includes a dedicated website platform (toolbox) and the availability of an onsite coach. The goal is to help teachers recognize children’s mental health issues in their classroom and be better equipped to respond. After a successful first year, the pilot was expanded to three other feeder schools in the fall of 2019.
- g. As a community service, we continue to host regular community education events where professionals can earn CEU credits to maintain licensing and/or certifications at no charge. During FY2018 and 2019, we held 21 events and 1610 attendees heard from regional experts and earned CEUs. Video replays of the presentations are available on-demand through our YouTube channel and Clarity CGC website, and were viewed over 321,000 times in the past 2 fiscal years with 1.9 million minutes of content streamed.
- h. In addition, over 386 professionals and educators attended our fifth annual Claritycon, a 1.5-day children’s mental health summit, offering 20 breakout session speakers. The conference featured renowned speakers such as Abigail Baird, PhD, Professor of Psychology at Vassar College, Keynote Title: "What Were You Thinking? The Teen Species", and Michael Anderson, LP and Timothy Johanson, MD, co-author of New York Times best-selling *In an Instant*, Luncheon Title: "Sticks and Stones: Fostering Resilient Kids". Claritycon 2019 was held in July, 2019 and will be included in next year’s report.
- i. We also provided education sessions in the community to 1528 attendees and hosted numerous on campus tours. We conducted 36 United Way presentations to 1458 attendees representing multiple companies/corporations in the community.

5. Care Coordination Implementation

- a. Our care coordination department was created to provide more effective utilization of health services for children at high-risk of harm to self and others, as well as to reduce the need for re-admission. The Care Coordination team helps the family understand and manage treatment and removes potential barriers to care. Whether it is setting up appointments or helping find and access other supports from the system of care, this team serves as a discharge guide and navigator. Additionally, the team can provide

support for food-insecurity with a trip through our on-site food pantry (developed in partnership with the San Antonio Food Bank and supplemented by our Bridge the Gap initiative) and/or provide a warm hand-off to community partners for other social determinant needs based on the family's unique situation. Care Coordination is the best way to keep patients and their families following a treatment plan while helping remove barriers to care.

- b. As a result of our outreach and increase of access:
 - i) The number of Acute admissions (inpatient and partial hospitalization) provided by Clarity CGC has grown from 5,134 in FY2017 to 5395 in FY2018. In FY2019, by January 27th, we had already reached 4035 unduplicated Acute admissions. Due to implementation of a new electronic medical records platform, data beyond January 28, 2019 has not currently been validated, however, first half of FY2019 data represents an increased in children served. In addition to Acute admissions, there were an additional 2100 children assessed and not admitted through our Crisis Assessment Center and these were referred to the appropriate service, level of care, or other resource.
 - ii) The total number of patient days provided in FY2018 was 23,974, a 5% increase year-over –year.
 - iii) Approximately 60% of admissions to our inpatient program were first-time patients.

- c. Through our voice of the consumer reporting system, utilizing the top-two boxes of “always” and “usually”, we are able to measure the satisfaction of the families we serve:
 - i) 95% of inpatient parents report that the staff understand their children’s strengths and weaknesses and show a genuine interest in them. 99% said their child was treated with respect.
 - ii) 85% reported that their child had improved as a result of their inpatient or day treatment stay at Clarity. 95% also said the treatment staff responded to their concerns with care.
 - iii) Over 95% of parents would definitely, or probably recommend Clarity CGC to their family members or friends.

In Closing

Fiscal year 2018 and 2019 were challenging for Clarity CGC as we saw a reduction in payments and inpatient lengths of stay while our costs continue to increase.

Among lessons learned are how to creatively manage change, to pro-actively plan and balance project implementation while taking into account limited staff and resources, and how to strategically look ahead and project for the future.

Clarity CGC went through executive staff changes, funding changes, and a small, mid-management staff reduction. We had several positive program innovations and increased our community development and outreach efforts. With each change, lessons were learned to make agency communication and procedures evolve more smoothly while taking into account current resources available and any limitations for procuring new ones. Institution of daily operational meetings has smoothed the pathway to change and increased internal communications. New facilities management has allowed for better, more precise resource use and distribution.

Additionally, the following new community outreach efforts have been developed over the past year to benefit our children:

- 1) Bridge the Gap—community groups collect food, clothing, personal hygiene items, etc. to be distributed to patients and their families;
- 2) Food for the Soul—community groups come once monthly to provide a meal for our inpatient kids; and
- 3) Caring for Clarity—community groups come perform various maintenance on campus, such as power-washing, gardening and minor repairs.

These outreaches provide resources for our kids. They also increase the community's awareness of barriers to care and acceptance that children's mental illness is every bit as important as their physical well-being.