



**Community Health Needs Assessment –
Implementation Plan FY 2017 Update**

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guidance
center

healing young minds & hearts

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Table of Contents

Introduction 3

Priorities and Plans 3

FY 2017 Accomplishments..... 5

Introduction

The following report provides an update for the activities that took place during Fiscal Year 2017 (July 1, 2016 through June 30, 2017) in accordance with the Community Health Needs Assessment (CHNA) – Implementation Plan 2015. The first part of this report reiterates the priorities and plan previously communicated and is followed by the corresponding achievements. The complete 2015 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 2015 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

Leadership and staff 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 add systemic and repeatable funding streams that complement insufficient insurance payment.
2. Explore methods to increase access to care, knowing that a severe shortage of psychiatrists 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, formally known as 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 to end the stigma of mental illness.
5. Implement care coordination to create more effective utilization of health services for children at high-risk.

Our Progress

During the fiscal year 2017 (July 1, 2016 to June 30, 2017) we accomplished the following:

- 1. We solidified and expanded our partnerships with local funding partners to enable a systemic and repeatable funding streams:**
 - a. We have continued to successfully report outcome metrics and fully realize \$5.1M in funding from the DSRIP/1115 Waiver.
 - b. United Way of San Antonio and Bexar County continued to support our mission with \$1.2M in funding and in 2017 to include an outpatient triage, brief therapy, and assessment program.
 - c. Methodist Healthcare Ministries has funded us five years in a row with large gifts of \$400,000 annually and is on track to be a renewable funding source for years to come.
 - d. The Greehey Family Foundation has provided \$400,000 in program and capital funding, with a likelihood of future funding.
 - e. The Kronkosky Charitable Foundation has provided nearly \$900,000 in a six-year period with a likelihood of future funding.
 - f. We were the recipients of the inaugural round of capital funding from the John J. Santikos Foundation, a Fund of the San Antonio Area Foundation of upwards of \$700,000.

- 2. We increased access to care in several ways and 3. Expanded levels of care and types of care in the community.**
 - a. We added the physical space that came with the opening of the Crisis Assessment Center, increasing our capacity to accommodate more assessments. The Observation Unit provides a safe and secure place where the Admissions Staff can process more assessments than before. It is open 24-hours a day, seven-days a week.
 - b. We changed our telephonic triage model, making the process more concise; which enabled us to take more calls.
 - c. We also began offering the families the option to come in-person whenever needed without being scheduled. As a result the number of walk-ins has increased substantially over the last few years. For instance, in August 2015 we had 8 walk-ins, in August 2016 we had 33, and in August 2017 we had 70.

- d. While the overall number of patient days was the same as the previous year, the number of admissions grew by 29%.
 - e. We expanded service capacity at our first urgent need clinic at Westover Hills, with now four therapists, a full-time psychiatrist, a part-time nurse practitioner, and day treatment center. We increased the number of patient sessions from 799 in FY2015 to 2,022 in FY2016 and patient days in day treatment from 477 to 1,300.
 - f. We increased the capacity of our main campus day treatment facility which allows a child to stay with us 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. We offer this level of care at two locations in the community. The number of patient days in day treatment went from 4,564 in FY2016 to 6,017 in FY2017, a 32% increase, and a 122% increase over FY2015.
 - g. Our Outpatient services provided over 30,000 appointments in FY2017, including psychotherapy, psychiatric evaluations and medication management, psychological testing, and developmental and neuropsychological assessments.
 - h. We continued the partnership with UT Health-San Antonio Department of Psychiatry with their Child and Adolescent Psychiatry Division located on our campus.
 - i. We partner with Baylor College of Medicine so that their pediatric residents rotate through our hospital to increase the knowledge base of physicians in primary care. We also partner with local nursing schools so their students complete their 125 hours of psychiatric nursing training.
 - j. Working with our on-site pharmacy partner Genoa we rolled out Pyxis 4000, an automated *medication* dispensing system to our four inpatient living units insuring more consistency and efficiency of medication distribution.
 - k. We utilized telepsychiatry services with a Houston based partner.
- 4. We've deepened the relationships and outreach related to *One in Five Minds*, Clarity CGC's signature campaign to end the stigma of mental illness.**
- a. More than 6,000 individuals have pledged to take a stand on children's mental illness, and over 7,600 followers are active on our "1in5minds" Facebook page.

- b. Under the umbrella of this campaign, we also 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 one SMHH event in February with 100 people.
- c. In January 2017, over 360 people attended the Texas Premiere of the film *No Letting Go* at the Palladium Santikos Theater, also featuring 15 community agencies. Randi Silverman, the writer, co-producer of the movie depicting her family's story gave a presentation and a Q&A.
- d. May is Mental Health Awareness Month, and we've solidly owned the delivery of a community message that has involved Maynicures™ for women. Overall, 43,000 people engaged with us in FY2017 through social media, our website or at our launch event.
- e. With the help of a grant from USAA, we piloted a Military Parent information campaign on our 1in5minds.org and reached 19,000 people on our website and 45,000 on Facebook. The grant was renewed and expanded for FY2018.
- f. We continue to host regular community education events for professionals at no charge as a community service. During these events, 725 attendees heard from regional experts and earned Continuing Education Unit (CEU) credits. Video replays of the presentations are available on-demand through our YouTube channel and Clarity CGC website and were viewed over 144,000 times in the past year and with 838,000 minutes of content streamed.
- g. In addition, over 350 professionals and educators attended our fourth annual Claritycon™, a 1.5-day children's mental health summit, offering 20 breakout sessions with speakers. The conference featured renowned speakers such as Elizabeth McInvale, PhD the founder of the Peace of Mind Foundation and an expert on Obsessive Compulsive Disorder (OCD), Kristin Neff, PhD Associate Professor of Educational Psychology at the University of Texas at Austin and Linea and Cinda Johnson, co-authors of *Perfect Chaos A Daughter's Journey to Survive Bipolar, A Mother's Struggle to Save Her*.

- h. We also provided education sessions in the community to 1528 attendees and hosted benchmarking tours to people. We conducted 36 United Way presentations to 1458 attendees representing multiple companies in the community.

5. 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 navigate treatment and removes potential barriers to care. Whether it is setting up appointments, or helping to navigate 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, by providing a trip through our on-site food pantry developed in partnership with the San Antonio Food Bank; or providing a warm hand-off to other community partners for other social determinant needs based on the family's unique situation. Care Coordination is the best way to keep patients compliant with the treatment plan, while removing barriers to care.

As a result of our outreach and increase of access:

- The number of assessments provided by Clarity CGC has grown 4,450 in FY2014 to 5,134 in FY2017, 15% growth in 3 years but -slightly less than last year (5,335). We continue to see a high number of walk-ins, and are able to provide these families with directions for next steps.
- The total number of patient days provided in FY2017 was 22,755, a 7% increase year-over – year.
- 63% of admissions to our inpatient program were first-time patients.

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:

- 97% 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.
- 86% reported that their child had improved as a result of their inpatient or day-treatment stay at Clarity. 91% also said they had a better understanding of their child as a result.
- Over 97% parents would definitely, or probably recommend Clarity CGC to their family members or friends

In closing

Fiscal year 2017 was a challenging time for Clarity CGC and the mental health field in general. Child and adolescent commitments were ended in Bexar County. A commitment allows for more time to treat the child. Clarity CGC physicians will only consider commitment for a child after several short-term (three to five days) admissions with no significant improvement. Without the commitment option, a severely mentally ill child does not receive the level of care needed and is not truly stable. The elimination of this option in Bexar County was a major limitation to access of care.

In addition, The San Antonio State Hospital (SASH), the only other nonprofit resource for adolescent hospitalization, closed for more than eight months in 2017. That meant Clarity CGC was the **ONLY** not-for-profit resource for kids 3–17 in South Texas. There was already a 45-bed shortage in our area with SASH fully-functional, so the closure multiplied the number of children in crisis, increasing the cost of care, and significantly straining our budget and resources.

What has kept us going is the staff at Clarity CGC. Through our model of care called Claritycare™, we continued to provide outcomes seen as Best-In-Class. Our teams are also working together to improve efficiency of care and create a lean environment. Your ongoing support helps us heal kids so they grow to become resilient adults.

Our job is to continue to provide excellent services to the families we serve, and to create more capacity so that the treatment needed by children is much more accessible. As a result of our services, we help heal young minds and hearts.