FY 2023 PERFORMANCE PLAN

Senior Adult Mental Health (SAMH)	ADSD/SAMH	Juan Couto
Program Purpose	• Maximize each individual's level of functioning, improve/maintain their quality of life, and reduce the impact of mental health symptoms and disabilities on their functional effectiveness.	
Program Information	• During FY 2023, the SAMH program merged with Developmental Disabilities Services to form the Clinical and Developmental Services Bureau to support Community Services Board (CSB) functions. • The SAMH Program provides specialized geriatric mental health services through a multi-disciplinary treatment approach to Arlington residents 60 and over and Developmentally Disabled adults of all ages who have mental health needs. • SAMH therapists and psychiatrists are geriatric specialists who receive ongoing training in evidence based aging related practices. Treatment provided is trauma-informed and co-occurring capable. • SAMH Same Day Access (SDA) was implemented in March of 2018. SDA offers psychosocial assessments and comprehensive intakes on a walk-in basis for prospective clients; no appointment or screening is needed. Same Day Access intakes are offered in-person, Monday through Thursday from 9:00 AM until 12:00 PM. Individuals who are unable to come in-person to SDA due to significant mobility issues may be considered for a community-based SDA assessment. Clients who do not meet the program criteria are collaboratively linked with appropriate resources. • SAMH has a designated discharge planner who collaborates with Piedmont Geriatric Hospital regularlyto facilitate safe discharges for elderly Arlington residents who are admitted. • SAMH also collaborates with the Behavioral Health Division (BHD) to transition clients who have aged out and require geriatric specialized treatment. Referrals from internal and community partners are reviewed by the team's Program Manager and Public Health Nurse. • Outpatient mental health treatment is provided by therapists and psychiatrists and includes counseling, psychoeducation, evidence-based individual therapy, medication management, and linkage to peer supports and community resources. • Case management services (assessment, linkage, planning, and monitoring) are provided by mental health therapists to connect individuals with services and resources to maximize independent functioning and increase connections with the community. Case management can be provided concurrent with psychotherapy when indicated. • Home-based therapy and case management services are provided to individuals unable to come to the office due to significant mobility issues. • SAMH funding is 70% local, 13% state, and 17% other sources such as fees, federal and lease funds. • SAMH is a Community Services Board (CSB) program and adheres to the Virginia Department of Behavioral Health and Disability Services' regulations.	

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- Partners include Virginia Hospital Center, Behavioral Health Division (BHD), Adult Services, Developmental Disability Services, RAFT, Nursing Case Management, Aging and Disability Resource Center (ADRC),Treatment on Wheels (TOW), Culpepper Gardens, Mary Marshall Assisted Living Residence, PathForward, Residential Program Center, and Piedmont Geriatric Hospital.

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<tr><td>Service Delivery Model</td><td>

- In FY 2023, SAMH services were delivered in a hybrid model. Same Day Access services resumed in person in July. Clients demonstrating limited engagement, high acuity, and prominent risk issues were prioritized for in-person services either in the office or in their homes.
- Clients assessed by SDA were screened for substance use; those presenting with active substance use issues were specifically evaluated to determine the appropriate level of care (e.g., SAMH outpatient treatment, BHD intensive outpatient treatment, and/or substance use residential servces).
- In FY 2024, SAMH services will continue to be delivered utilizing a hybrid model.

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<tr><td colspan="2">PM1: How much did we do?</td></tr>
<tr><td>Staff</td><td>

Clients Served by a total 8.0 FTEs:

- 1.0 FTE Program Manager
- 4.0 Behavioral Health Therapists (3 FTEs and 2 part-time staff)
- 1.0 Behavioral Health Resident/Supervisee (Dedicated to DD Clinical Services)
- 1.0 FTE Behavioral Health Specialist
- 1.0 FTE Public Health Nurse

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<tr><td>Customers and Service Data</td><td>

	FY 2020	FY 2021	FY 2022	FY 2023
Clients Served	347	400	349	384
Total Intakes	92	145	134	102
Same Day Access (SDA)*	70	101	93	87
BHD Transfers	4	18	25	11
Piedmont Admissions	8	14	9	13
DD Psychopharmacology	10	12	7	11

*SDA data includes anyone who came through the SDA door, whether referred out, ineligible, or accepted.

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<tr><td colspan="2">PM2: How well did we do it?</td></tr>
<tr><td>2.1</td><td>Timeliness of Progress Note Completion</td></tr>
<tr><td>2.2</td><td>Documentation Compliance</td></tr>
<tr><td colspan="2">PM3: Is anyone better off?</td></tr>
<tr><td>3.1</td><td>Older Adults Remaining in the Community</td></tr>
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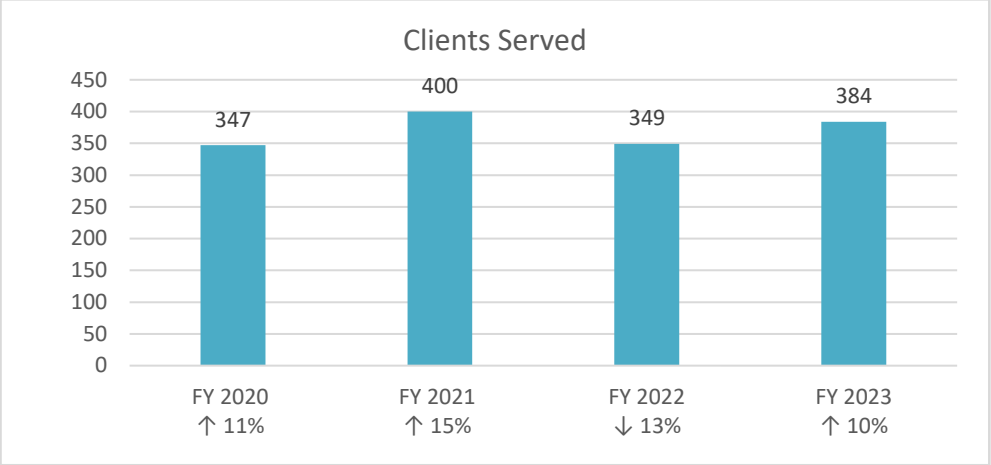
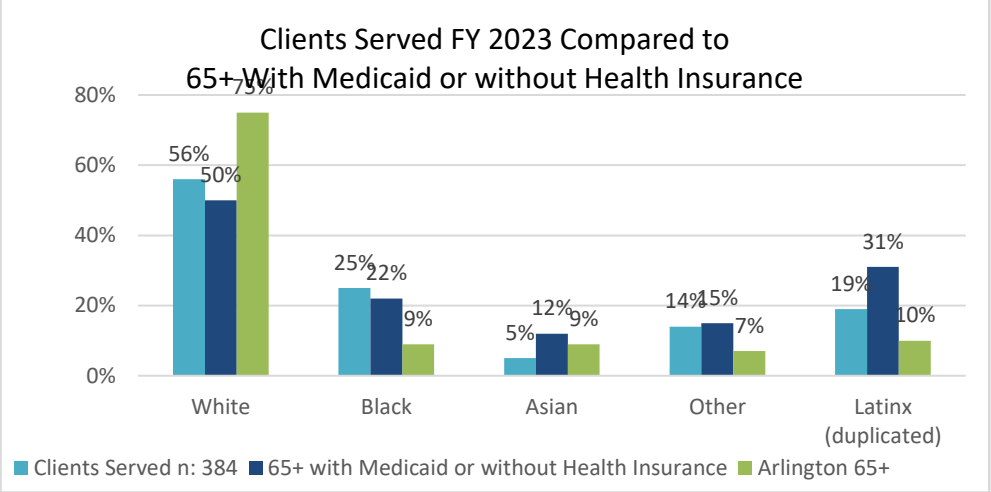
3.2	Improvement in level of functioning

SAMH		
Measure	1.0	Clients Served

Data





Data Summary

- SAMH clinical staff served 384 clients in FY 2023. This is a 10% increase from the prior year.
- Most clients served in the SAMH program in FY 2023 were White (56%), followed by Black (25%), Other (14%), and Asian (5%). Demographics of clients served are generally aligned with demographics of Arlington residents aged 65 and over with Medicaid or without health insurance. Latinx individuals are under-represented.
- The Latinx data (19%) presented is duplicated. The population identified as "Other" (14%) includes individuals who identify with more than one race.
- The White and Black populations are in line with the 65+ population in Arlington, while the Asian population is underrepresented.

What is the story behind the data?

- During FY 2023, the total number of clients served by SAMH program increased by 10%. During the Public Health Emergency in FY 2022, phone-provided therapy services were no longer allowed by the Department of Medical Assistance Services (DMAS); these services were required to be provided via videoconferencing or in-person, which likely contributed

to the decrease in clients served. In FY 2023, as clients became more familiar with videoconferencing services and gained access to mobile devices, the number of clients serviced by the SAMH program increased as expected (i.e., 10%).

- SAMH team consulted with colleagues at the CSCB to increase efforts to engage underserved populations in mental health services. SAMH team provided consultation to CSCB colleagues on complex cases, offered education on SAMH services to colleagues in order programs and community stakeholders, and participated in CSB client service integration meetings, regardless of whether of wether clients were opened to SAMH services at the time.
- Approximate age ranges of SAMH clients: 0-59 (17%), 60's (42%); 70's (32%); over 80 years (9%).
- Common primary diagnoses of clients included mood disorders (41%), schizophrenia, schizotypal, and delusional disorders (21%), intellectual disabilities (16%), neurotic, stress-related and somatoform disorders (11%), disorders of psychological development (4%), and mental and behavioral disorders due to psychoactive substance use (3%).
- During FY 2022, COVID safety concerns caused a decrease in the Piedmont Hospital census, resulting in lower census and referrals to the SAMH program. In FY 2023, Piedmont admissions were noted to have increased to 13, similar to the number of admissions during FY 2021 (14).
- During FY 2023, SAMH staff continued to deliver services utilizing a hybrid model, including offering in-office and telehealth appointments, as well as community outreach visits.
- The program is working collaboratively with BHD colleagues on transfers of individuals ages 60+. FY 2023 BHD transfer data may not reflect all accepted transfers to SAMH due to inconsistent data capture in the electronic health record. SAMH is currently collaborating with BHD colleagues to ensure consistent referral and transfer protocols are being followed in the electronic health record.
- SAMH team successfully completed CSB trainings aimed at increasing awareness of implicit biases in treatment and service delivery.

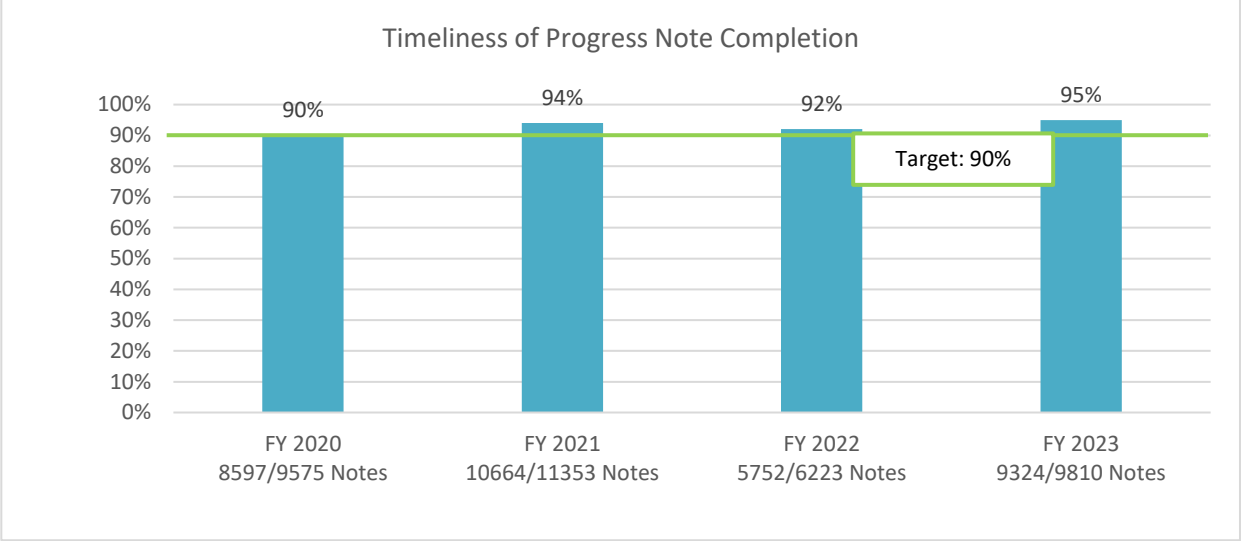
Recommendations	**Target Dates**
• Continue to discuss implicit biases and the impact on clients' services during team meetings and supervision.	• Ongoing
• Improve strategies to address substance use disorders by enrolling in specialized training that will better serve clients who have substance use histories.	• FY 2024, Q4
• Offer cultural humility outreach presentations/flyers for DHS staff, BHD colleagues, and partner with Developmental Services to discuss indicators and risk factors of co-occurring disorders.	• FY 2024, Q4
• Continue collaborating with the ADSD Outreach Team to target underserved populations.	• Ongoing

Forecast

- For FY 2024, we project an increase in *Clients Served* to 422.

SAMH		
Measure	2.1	Timeliness of Progress Note Completion

Data



Data Summary

- The CSB standard for timeliness of progress notes requires that at least 90% of notes be entered and signed in the EHR within 24 hours or one (1) business day of a client service.
- In FY 2023, 95% (9324/9810) of progress notes met the timeliness standard.

What is the story behind the data?

- Timeliness of progress note completion continues to exceed the goal of 90%.
- In FY 2023 the number of progress notes entered increased to pre-pandemic levels, likely due to clinicians becoming more knowledgeable about the new electronic health record and the 10% increase in total clients served by SAMH program.
- Timeliness data was reviewed with staff each month, including during monthly chart audits. Staff were also provided trainings and resources to assist them in meeting expectations (i.e., consultation with Compliance Team and Welligent SuperUsers).

Recommendations	Target Dates
• Program Manager and Quality Assurance (QA) will continue to audit the timeliness report monthly and provide a copy to review with each clinician.	• Ongoing
• QA will continue to provide timeliness reports, review session note completion, and offer technical assistance to ensure compliance.	• Ongoing

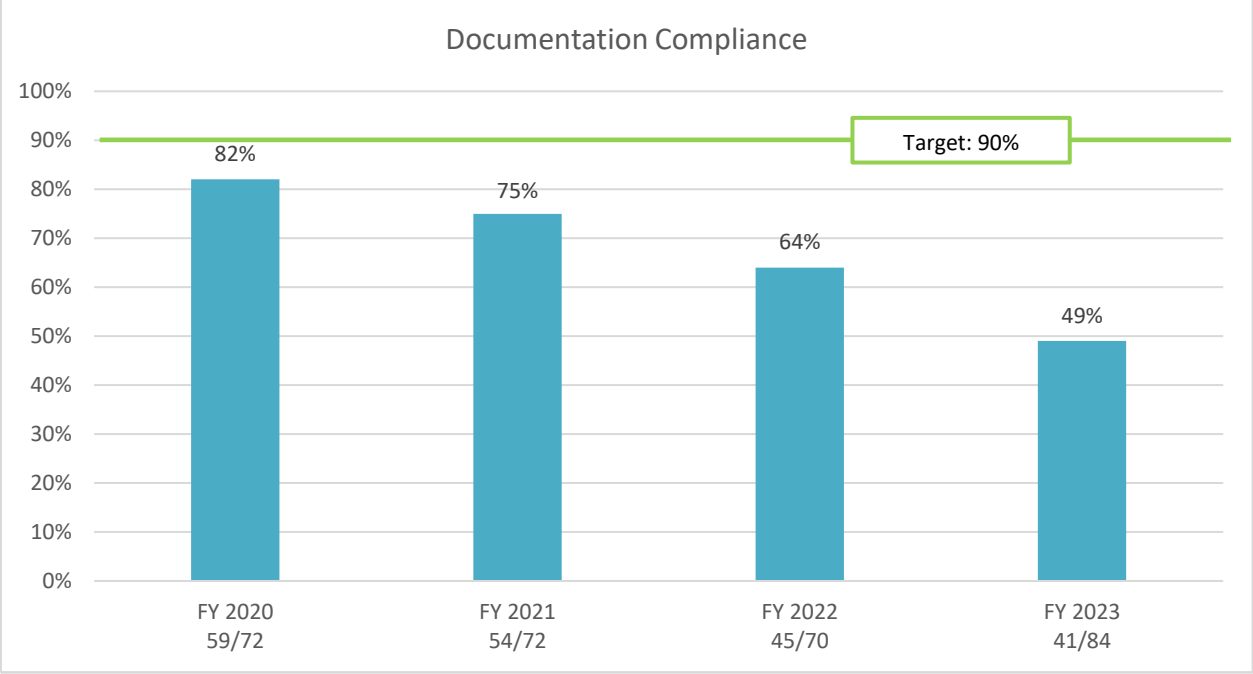
Forecast

- In FY 2024, anticipate that timeliness will continue to meet or exceed the standard of 90%.

SAMH

Measure	2.2	Documentation Compliance

Data



Data Summary

- The compliance benchmark for the CSB is 90%.
- SAMH Manager and CRT completed monthly chart reviews for each clinician to arrive at a consensus score. Results from the chart reviews were transcribed into a consensus tool, and a review was conducted to reach a consensus score.
- In FY 2023, 49% (41/84) of charts reviewed by the manager and CRT met the minimum compliance standard of 90%. Data was reported in the CSB Chart Review Database.
- To achieve this score, both the program manager and CRT independently completed chart reviews by the end of each month.

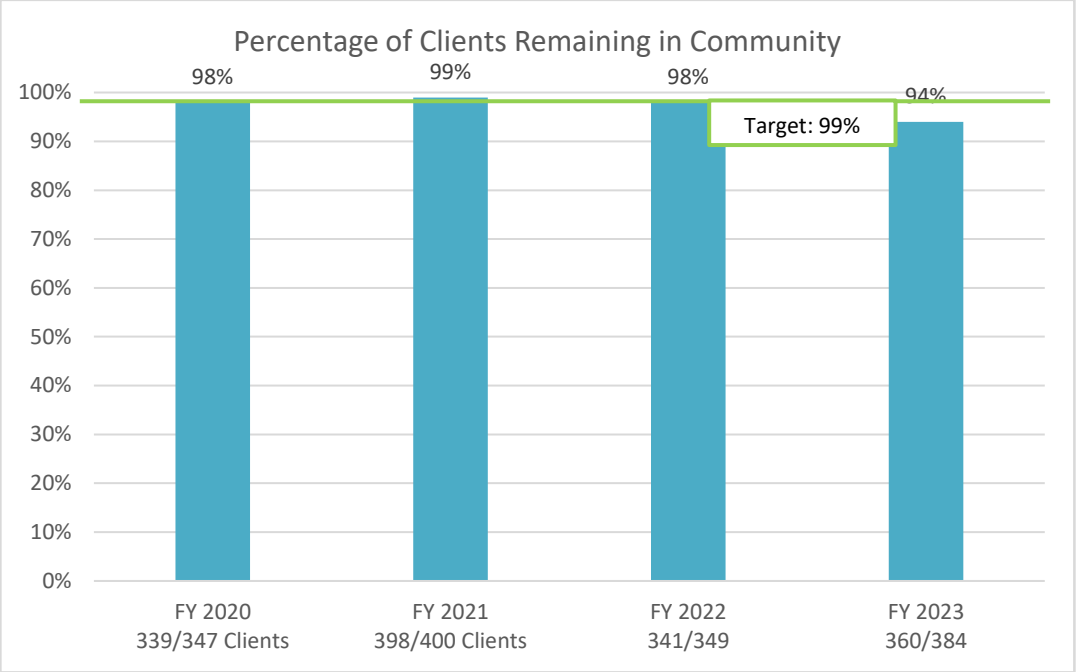
What is the story behind the data?

- A new electronic health record system was implemented in FY 2022. Factors contributing to the decrease in scores in FY 2023 included continuous staff learning curve of the Welligent Electronic Health Record and a transition in SAMH leadership.
- A new supervisor was hired in January 2023, and has provided consistent oversight of the chart review process since that time. The program was integrated into a new bureau, Clinical and Developmental Services in FY 2023 to provide enhanced management oversight and quality support.
- One clinician experienced two periods of extended leave which resulted in higher caseloads for other team members.
- Common citations included timeliness of quarterly reports and treatment plans, incorrect coding on progress notes, treatment plans not signed or no verbal consent documented, unsigned diagnosis, and DLA-20 not completed as required.
- Clinicians received monthly feedback regarding their documentation performance and consulted regularly with compliance, which helped improve their scores later in the fiscal year.

Recommendations	Target Dates
• Continue to review CSB charts monthly with clinicians in supervision. • SAMH Manager and ADSD QA will continue to collaborate monthly with CRT to reach consensus scores. • Periodic team meetings with compliance staff to review compliance requirements and brainstorm solutions. • Collaborate with CRT to ensure chart compliance related to internal CSB transfers. • Clinicians and Program Manager will continue to monitor Welligent To Do List to enhance compliance. • Clinicians will be encouraged to seek additional training and/or consultations from CRT and Welligent SuperUsers to address challenges and/or growth areas linked to their clinical documentation. • Collaborate with ADSD QA to monitor for compliance of common citations and documentation requirements and provide corrective feedback to staff during ongoing supervision meetings with program manager.	• Ongoing • Ongoing • Ongoing • FY 2024 Q4 • Ongoing • FY 2024 Q4 • Ongoing
Forecast	
• In FY 2024, anticipate that 80% of charts will be fully compliant.	

SAMH		
Measure	3.1	Older Adults Remaining in the Community

Data



Data Summary

- This measure assesses the percentage of clients who are stabilized by the SAMH program and living independently in the community.
- In FY 2023, the team was able to maintain 94% of clients in the community.
- Of the clients discharged from the program this fiscal year, 12 were discharged prior to stabilization.
- Program Manager collaborates with ADSD QA to review data in the electronic health record to identify closure reasons for all discharged clients on a quarterly basis.

What is the story behind the data?

- Clients maintained in the community are defined as SAMH clients who remain open to the program (including those with short term psychiatric hospitalizations who return to the program) or individuals who are discharged to the community after mental health symptoms stabilize.
- Clients not maintained in the community are those who leave the program before psychosocial stabilization is reached such as: clients who terminate against staff advice, refuse to follow treatment recommendations, don't engage in services, lose contact, transition to a higher level of care, or become institutionalized.
- In FY 2023, the discharge policy was updated to improve the process. This policy closely aligns with the CSB policy and required clinicians to proactively review clients with a potential discharge during supervision and seek guidance on steps according to revised policy. Clients with ongoing and persistent disengagement and loss of contact were discharged.

- As more SAMH clients presented with acute medical complexities, the SAMH team provided a higher number of intensive case management hours to enhance psychosocial stability and reduce risks of not being maintained safely in the community.
- Due to a greater turnover at the Mary Marshall Assisted Living Residence, clinicians were able to transition their higher acute clients living in the community to Mary Marshall to enhance care, supervision and quality of life.

Recommendations	Target Dates
• Continue hybrid model (video telehealth and in-person) of service delivery driven by client acuity, risk issues, and other salient clinical factors. • Continue to monitor client reasons for premature discharge and implement interventions as needed. • SAMH will finalize the recently updated SAMH discharge policy to align with discharge reasons in the electronic health record, which also addresses recommendations for re-engagement attempt methods.	• Ongoing • Ongoing • FY 2024, Q3

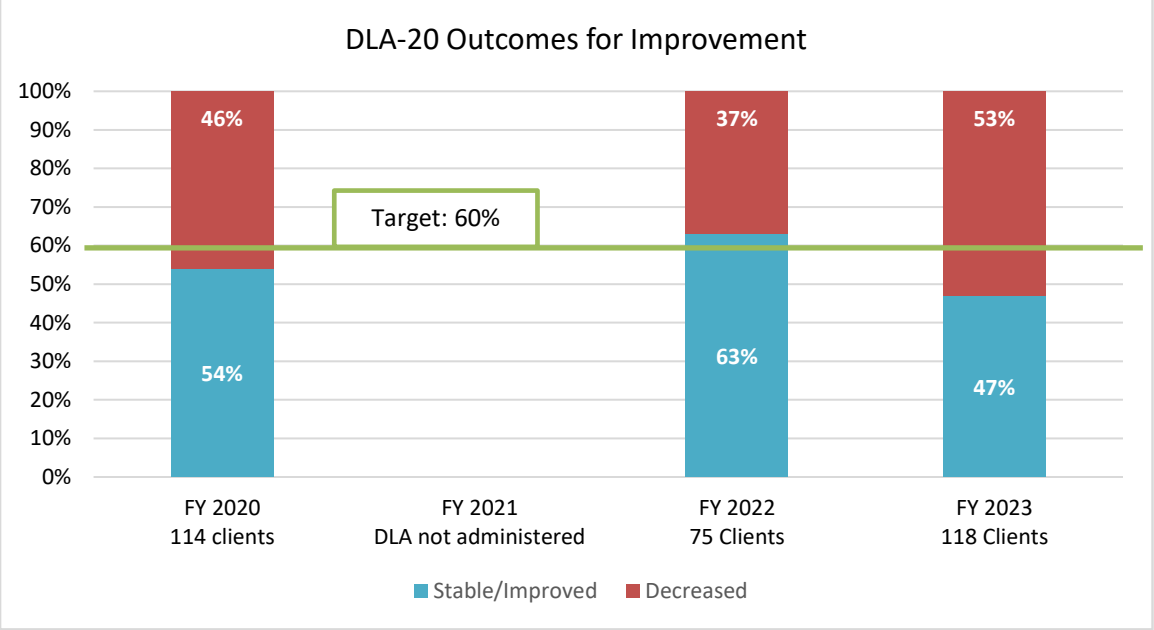
Forecast

- In FY 2024, it is anticipated that 99% of clients will be maintained in the community.

Senior Adult Mental Health

Measure	3.2	Improvement in level of functioning

Data



Data Summary

- The DLA-20 measures clients' level of functioning, needs, and impairments compared to the general population. The lower the score, the lower the level of functioning. Scoring also reflects the impact of support services on clients' level of functioning. Clients can improve without the score changing, but progress is also reflected by improved scores.
- The DLA-20 is administered to SAMH clients in six-month intervals, with clients being seen face-to-face within the previous 30-days.
- Of the 118 clients who had more than one DLA assessment in FY 2023, 47% stabilized or improved their level of functioning, while 53% showed a decrease.

What is the story behind the data?

- Completion of the DLA-20 requires face-to-face contact in the past 30 days. In FY 2022, the number of clients for whom a DLA-20 was completed decreased due to many clients' preference for phone-based telehealth services during the pandemic. In FY 2023, face-to-face contact requirements resumed, resulting in more complete data collection.
- Many clients assessed were found to need more care coordination because of social isolation and physical decline.
- A significant number of the clients referred and accepted for services also had either a Nursing Case Management need or had a need for daytime supervision in a structured program such as Adult Day Program.
- Several clients were referred for short term rehab due to a hospitalization causing a short term decline in functional ability.
- Of note, 41% of SAMH clients are 70 and older, the DLA scores for this age cohort are expected to decline at a greater rate due to the number of chronic diseases as they age in place.

Recommendations	Target Dates
• SAMH to continue to ensure those who have declined in functional status are aware of other ADSD services and resources to access to improve their stability. • SAMH Nursing will join Nursing Case Management for evidence-based chronic disease and fall prevention training and will implement the program for SAMH clients whose DLA scores have declined. • SAMH program manager and ADSD QA will collaborate to track data for clients accessing services through SAMH and Nursing Case Management, Community Living Program, and/or Adult Day Program.	• Ongoing • FY 2024, Q4 • FY 2024, Q3

Forecast
• In FY 2024, at least 50% of DLA scores are expected to remain stable or increase due to a greater number of acute medical complexities and chronic disease risk factors experienced as the population continues to age.