

FY 2023 PERFORMANCE PLAN

Assertive Community Treatment (ACT)		BHD/OP	Kassie Collingridge, x0900
Program Purpose	Help individuals with serious mental illness achieve and maintain community integration through stable housing, employment, and reduced episodes of hospitalization.		
Program Information	<ul style="list-style-type: none"> • The Assertive Community Treatment (ACT) team is an evidence-based treatment model that provides intensive, comprehensive, field-based, multidisciplinary treatment and support to adults with severe mental illness 24 hours a day, seven days a week. • Previously, this team was called the Program for Assertive Community Treatment (PACT). On July 1, 2021, new Behavioral Health Enhancements from the Department of Behavioral Health and Disability Services (DBHDS) went into effect. As a part of those efforts, PACT programs across the state were transferred to the ACT model and name. Licensing regulations changed to align with the model, and the program has worked to implement these changes ahead of time, which includes adding a full-time certified Peer Recovery Specialist. • The ACT Team serves individuals who have a primary diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, or a delusional disorder, with a history of multiple psychiatric hospitalizations, residential care, or partial hospitalization. Standard outpatient services are insufficient to serve these individuals, who may have difficulty engaging and be reluctant to participate in office-based services. • The ACT Team receives referrals primarily from the Outpatient Services Bureau teams in the Behavioral Healthcare Division. • The ACT Team collaborates with a wide array of community partners, including: <ul style="list-style-type: none"> • Emergency Services • Arlington County Police • Local and state hospitals • Pharmacies and medical doctors • Arlington County Detention Facility • Property managers • Local area crisis stabilization homes 		
Service Delivery Model	<ul style="list-style-type: none"> • Services were primarily delivered in-person and in the community FY 2023, following ACT program model guidelines. • Service delivery model is anticipated to remain the same in FY 2024. 		
PM1: How much did we do?			
Staff	12.8 FTEs and 2 PRNs <ul style="list-style-type: none"> • 1.0 FTE Program Manager • 1.0 FTE Assistant Program Manager • 0.8 FTE Psychiatrist • 1.0 FTE Administrative Technician • 3.0 FTE Psychiatric Nurses • 2.0 FTE Mental Health Therapists • 3.0 FTE Behavioral Health Specialists • 2.0 PRN Human Services Specialists • 1.0 FTE Peer Recovery Specialist 		

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Customers and Service Data		FY 2020	FY 2021	FY 2022	FY 2023
	Number of clients served (unduplicated)	101	108	106	108
	Number of new clients admitted to ACT	15	18	6	19
	Hours of service provided by clinicians	8,647	6,053	6,165	4,469

PM2: How well did we do it?

2.1	Organizational adherence to evidence-based ACT Model
2.2	Clinical documentation compliance
2.3	Percentage of services provided in the community

PM3: Is anyone better off?

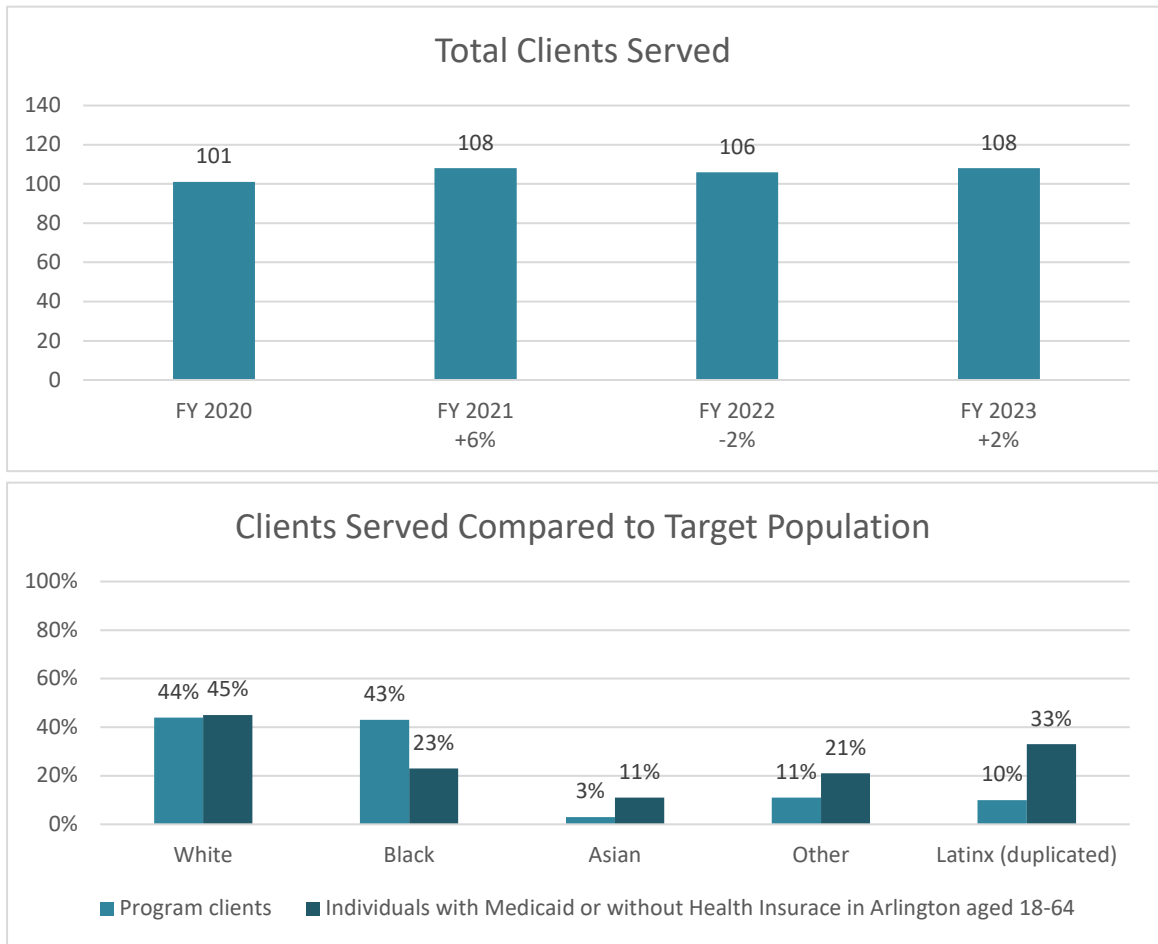
3.1	Psychiatric hospitalization rate
3.2	Clients living independently (in private households)
3.3	Clients employed in competitive jobs

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ACT

Measure 1 Total clients served (unduplicated)

Data



Data Summary

- Total clients served by ACT in FY 2023 was 108, which is comparable to previous years.
- The selected comparison population for the racial equity analysis is individuals with Medicaid or without other health insurance aged 18-64. These individuals are often those most in need. For many of those individuals, the Department of Human Services may be the only accessible mental health service provider.
- Data for this measure is collected in the agency’s electronic health record.

What is the story behind the data?

- 66% of ACT clients have a substance use challenge, higher than the agency’s overall percentage of 40%. Substance use can exacerbate mental health symptoms, adding to the complexity of serving these clients.
- 72% of clients are male, higher than the agency’s overall percentage of 56%. Many of the program’s clients are referred by the legal system, and a majority of those involved in the legal system in Arlington are male.
- In FY 2023, the age distribution of ACT clients was as follows:
 - 14% under 29, 50% ages 30-49, 31% ages 50-69, and 5% 70 and older.

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- In FY 2023, the program was able to welcome a substantial number of new clients to the program, with new client levels matching previous years. This was in part thanks to a collaborative effort with the Compliance team to streamline the intake process and ensure it was in line with regulatory guidelines.
- In FY 2023, the program experienced significant staffing challenges. While positions were filled at the very end of the fiscal year, overall staff service hours decreased. Staff utilized a well-organized visitation schedule, prioritized by client acuity, to ensure that client needs were met. The program model aided in this process – since each clinician knows all of the clients, they could ensure that the continuity of client services continued.

Recommendations

Target Dates

- Continue serving all clients with wrap-around, community-based services.
- Investigate demographic trends, and determine if there are opportunities to increase outreach to Latinx communities

- Ongoing
- FY 2023 Q3

Forecast

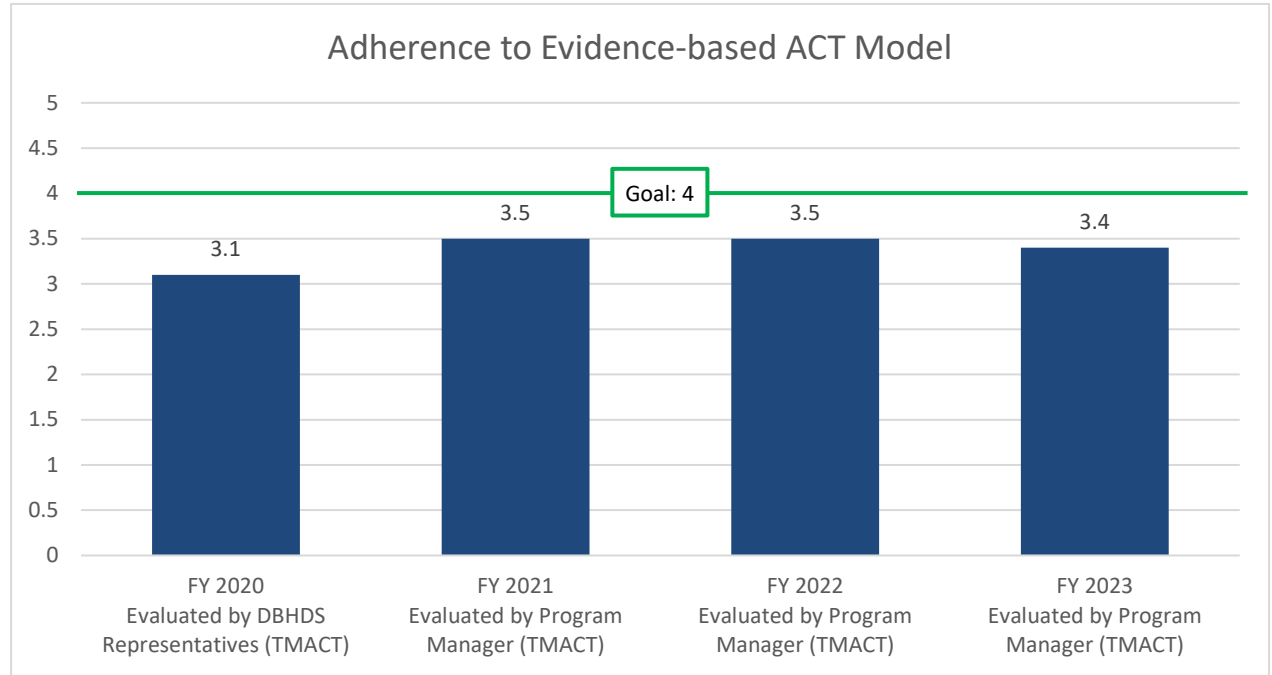
- In FY 2024, the program projects serving 108 clients.

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ACT

Measure 2.1 Organizational adherence to evidence-based ACT Model

Data



Data Summary

- The TMACT is used to assess ACT program fidelity and guide higher quality ACT implementation efforts.
- The view of ACT offered through the TMACT is a contemporary update that comprises the following:
 - *Flexible and individualized application of resources*, where the team delivers highly responsive, individualized, biopsychosocial and rehabilitative services in people’s natural environments that address their goals and needs and are provided with appropriate timing and intensity.
 - *A team approach to treatment delivery*, where a multidisciplinary group of providers with individual areas of expertise share responsibility for meeting people’s complex service needs, integrating care, and providing an armory of service interventions; and
 - *Recovery-oriented services as the focus of care*, where the team promotes self-determination and respects consumers as experts.
- ACT earned an overall score of 3.4 out of 5 on the TMACT. The minimum score expected by DBHDS is 3.2. Evaluation conducted by Program Manager.

What is the story behind the data?

- In FY 2023, TMACT scores slightly decreased. This decrease was primarily due to challenges brought on by staffing vacancies:
 - The vocational specialist was diverted from focusing on employment to ensuring that all clients were seen.
 - The substance use peer specialist position was vacant, so the specialty service could not be provided.
 - Caseload counts exceeded TMACT standards.

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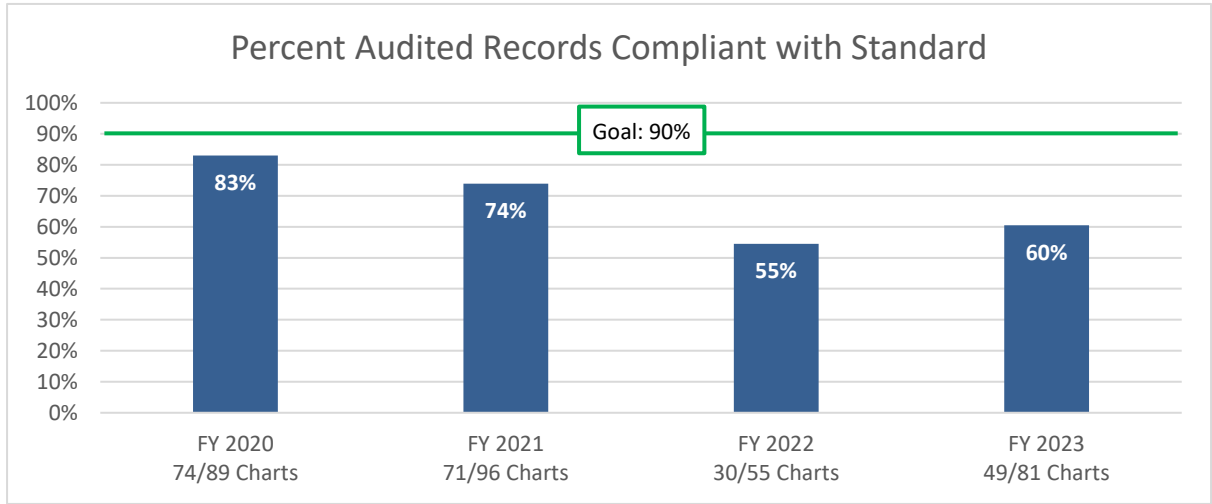
Recommendations	Target Dates
<ul style="list-style-type: none"> • ACT Manager and Assistant Manager will continue to help staff adhere to the fidelity standards 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Participate in the ETMACT process offered by DBHDS, providing electronic records for the agency to do a remote program review. Compare ETMACT results to self-evaluation to identify additional areas for growth. 	<ul style="list-style-type: none"> • FY 2024 Q1
<ul style="list-style-type: none"> • Once new staff members are fully onboarded, provide vocational and substance use services following TMACT guidelines. 	<ul style="list-style-type: none"> • FY 2024 Q2
<ul style="list-style-type: none"> • Repeat self-evaluation using the TMACT tool in FY 2024. 	<ul style="list-style-type: none"> • FY 2024 Q3
Forecast	
<ul style="list-style-type: none"> • In FY 2024, it is anticipated that the overall score on the TMACT is projected to increase to at least 3.5. 	

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Measure 2.2 Clinical documentation compliance

Data



Data Summary

- The data is based on monthly audits performed by the DHS Compliance Review Team (CRT) using a set of clinical record item standards, as well as monthly reviews performed by ACT program manager using the same criteria. A clinical record must score 90% or above to meet compliance standards.
- In FY 2023, the compliance consensus score was 60%.

What is the story behind the data?

- Documentation compliance improved in FY 2023. The Compliance team noted that the ACT team did an exceptional job ensuring all assessments and authorizations were kept up to date to prevent a lapse in client coverage. Documentation of client sessions was thorough, and client centered, and clients were accurately screened for risk.
- ACT experienced significant staff turnover in FY 2023, and it took some time for new staff members to learn the intricacies of program documentation. Documentation improved over the course of the year, but some ongoing documentation challenges remain.
- Documentation requirements for authorization of ACT services significantly increased beginning in FY 2022 with the addition of the Comprehensive Needs Assessment (CNA) and a Monthly progress note summarizing services and progress towards goals.

Recommendations

Target Dates

- | | |
|--|--|
| <ul style="list-style-type: none"> • Continue with documentation monitoring, supervision, counseling and training activities by program supervisor and CRT. | <ul style="list-style-type: none"> • Ongoing |
| <ul style="list-style-type: none"> • ACT supervisor to continue to monitor staff’s morale and provide additional support (as identified by staff) during the holiday months to help ensure compliance with records. | <ul style="list-style-type: none"> • Ongoing |
| <ul style="list-style-type: none"> • Continue to provide coaching and training to staff as needed. | <ul style="list-style-type: none"> • Ongoing |
| <ul style="list-style-type: none"> • Utilize new dashboards to track staff member timeliness on session notes, and work with staff members who are having trouble getting in all of their notes on time. | <ul style="list-style-type: none"> • FY 2024 Q1 |

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Forecast

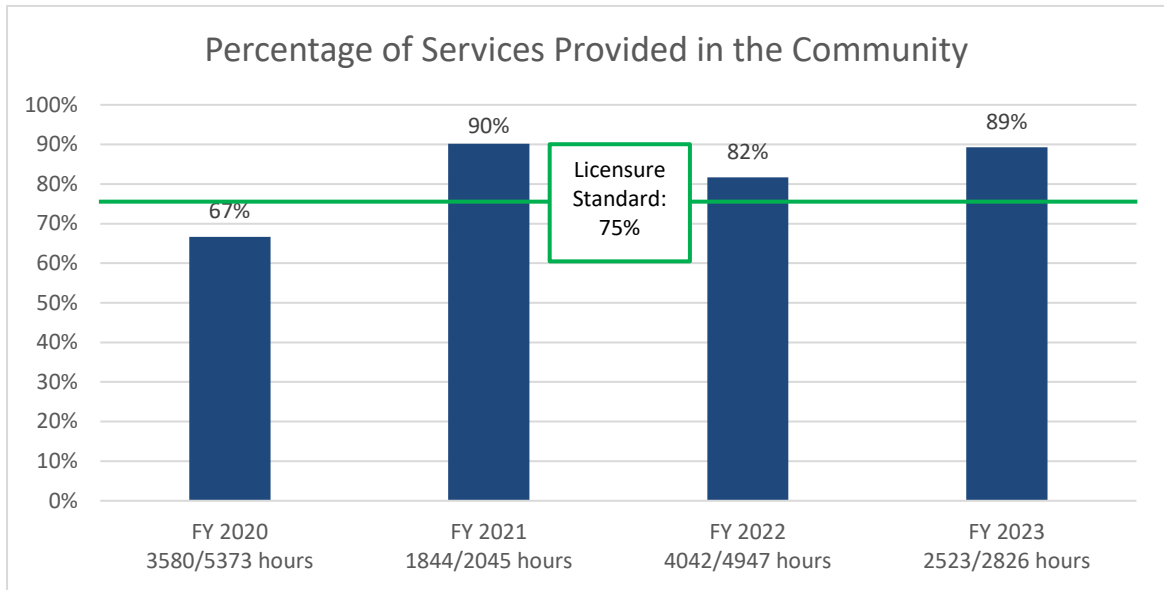
- It is anticipated that audit scores will increase to 70% in FY 2024.

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Measure 2.3 Percentage of services provided in the community

Data



Data Summary

- Because ACT is a community-focused treatment modality, in accordance with licensure regulation, a minimum of 75% of total face-to-face contacts must be provided in the community. Data is extracted from the electronic health record (EHR) and telehealth contacts are excluded.
- At 89%, the ACT team exceeded the standard of the percentage of time spent in the community in FY 2023.

What is the story behind the data?

- The program continued to greatly exceed the standard in FY 2023.
- Video telehealth services were not commonly provided by the program, as clients face barriers accessing these services. Clients were instead provided face-to-face services in a variety of environments, including in their homes with appropriate safety precautions.
- Occasionally clients are not able to receive face-to-face services due to continued need to isolate due to illness or other commitments.

Recommendations

- Continue to provide the majority of client services in the community, practicing effective safety standards.

Target Dates

- Ongoing

Forecast

- In FY 2024, it is anticipated that the percentage of services provided in the community will remain at 89%.

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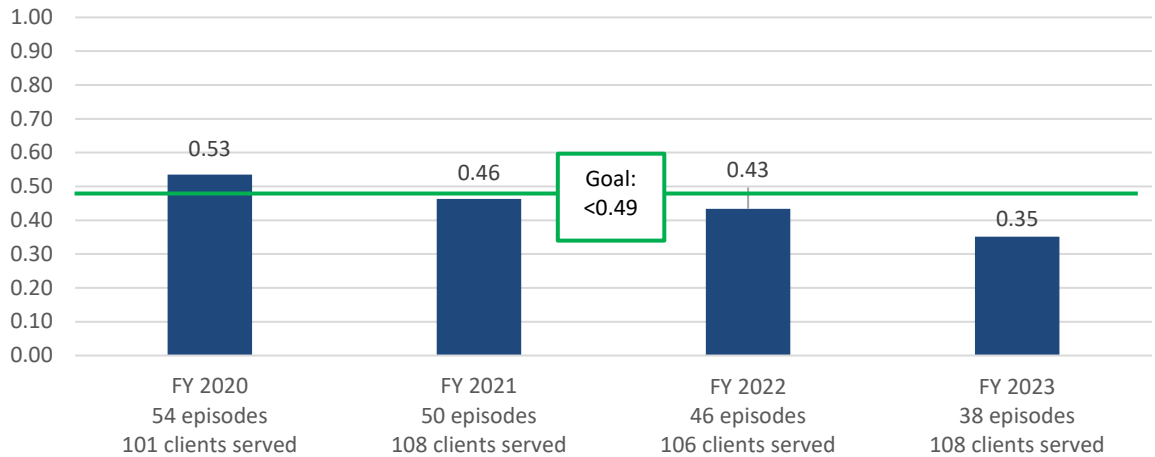
Measure

3.1

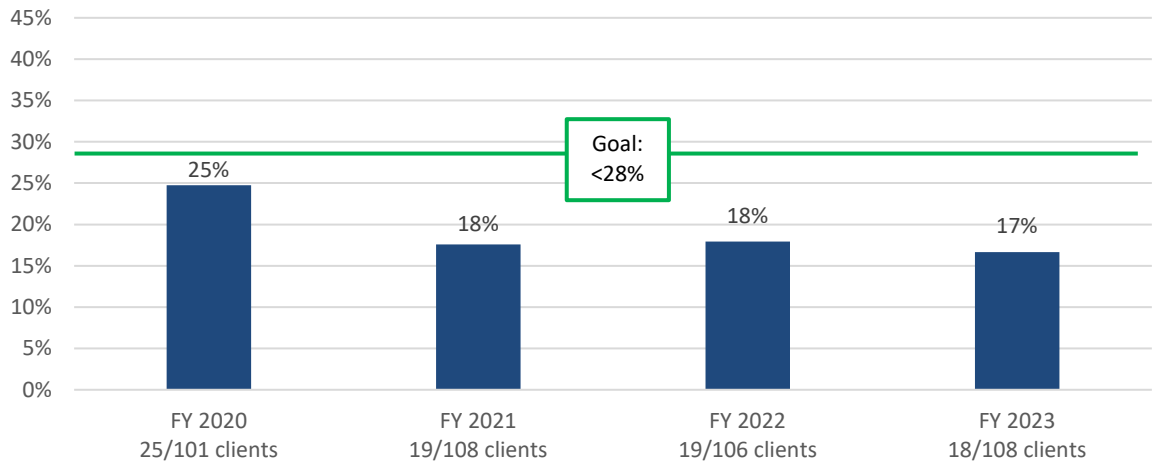
Psychiatric hospitalization rate

Data

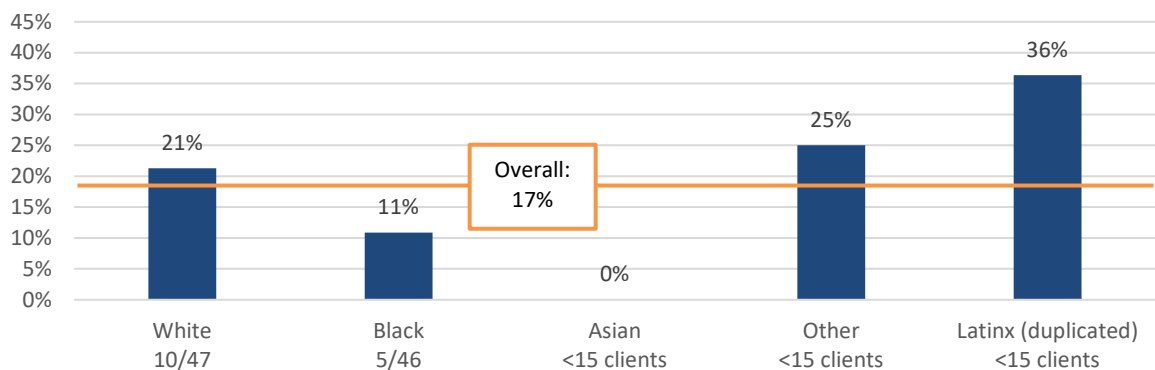
Number of Psychiatric Hospitalization Episodes Per Client Served



Percent of Clients Hospitalized



Percent of Clients Hospitalized by Race/Ethnicity



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Data Summary

- The psychiatric hospitalization rate reflects the number of hospitalizations that occurred during each fiscal year. In FY 2023, there were 38 episodes among 108 clients served for a rate of 0.35 episodes per person served. Data is collected manually by program staff.
- In FY 2023, 18 clients were hospitalized, which is 17% of the 108 clients served, under the benchmark rate.
- The benchmarks for psychiatric hospitalizations are based on recommendations from state agencies and historical program trends.

What is the story behind the data?

- Hospitalization rates continued to fall in FY 2023, with fewer clients and fewer episodes than in prior years.
- The ACT team engaged in concerted efforts to ensure clients were served in the community whenever possible, and prioritized home visits by client acuity and risk level. When clients presented to Emergency Services, ACT clinicians worked with the Emergency Services team to divert clients from hospitalization when appropriate.
- In FY 2023, state hospitals continued to limit admissions due to staffing concerns. This continued a trend that began in FY 2021 and may have led to fewer clients being accepted for hospitalization.
- In FY 2023, the ACT program successfully graduated a client who had been hospitalized multiple times over the past couple of years, which may have also contributed to the decrease.
- A race equity analysis was completed for FY 2023 and found that Latinx clients were hospitalized at a higher rate than other races and ethnicities. The cases were reviewed, and this will be monitored over the next year to determine if it is a trend or an outlier caused by a small data set.

Recommendations

Target Dates

- | | |
|--|--------------|
| • Continue to assess clients on an ongoing basis and provide early intervention. | • Ongoing |
| • Continue to collaborate with emergency services staff on assessment of high-risk clients and admission to crisis stabilization homes if warranted. | • Ongoing |
| • Utilize the new Crisis Intervention Center when it is the most appropriate diversionary service for clients. | • FY 2024 Q2 |
| • Monitor hospitalization by race to determine if there are any ongoing trends that should be addressed in the following years. | • FY 2024 Q4 |

Forecast

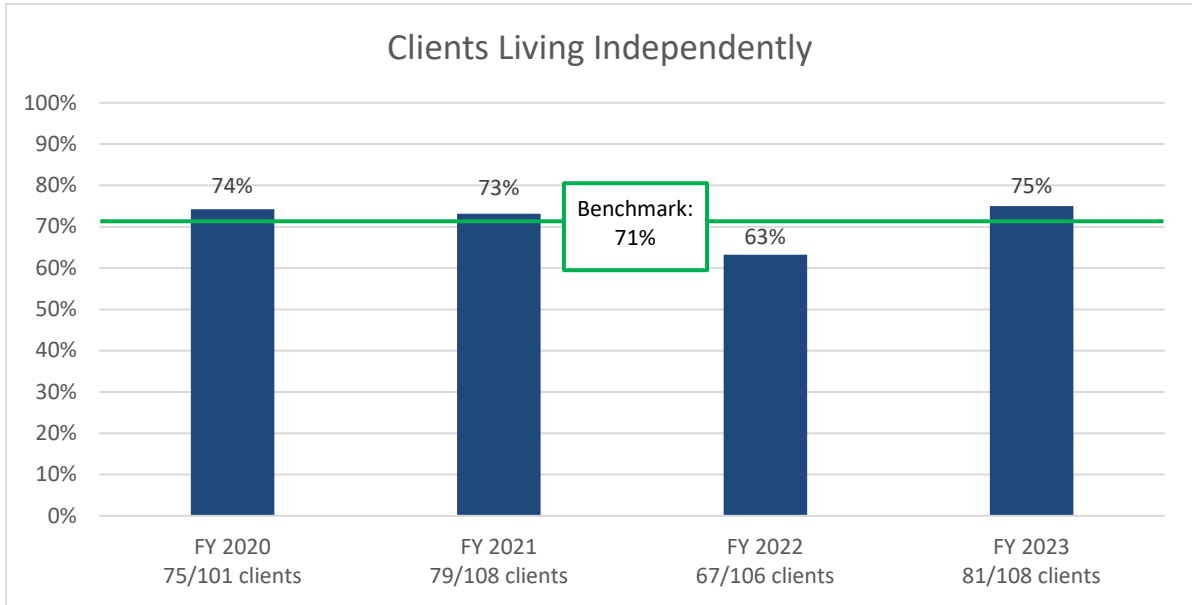
- In FY 2023, it is anticipated that the hospital episode rate will be 0.35 episodes per person served, with about 17% of the clients served having at least one episode.

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Measure 3.2 Clients living independently (in private households)

Data



Data Summary

- This data represents the number of clients served who lived independently in the community. “Independently” is defined as those clients who lived by themselves in their own apartment. Data is collected manually by program staff.
- In FY 2023, 75% of clients lived independently.
- The benchmarks for clients living independently are based on recommendations from state agencies and historical program trends.

What is the story behind the data?

- In FY 2023, the percentage of clients living independently increased to 75%, reaching levels similar to prior years. This increase was largely attributable to collaborative work with the Permanent Supportive Housing team, which was able to expand access for program participants. This helped many new and existing ACT clients gain housing.
- ACT services help ensure these clients remain in the community. By providing consistent in-home services, clinicians are able to identify possible issues and work on them before they would threaten a client’s housing.

Recommendations

Target Dates

- Continue to collaborate with housing specialist and staff from PSH to find housing for homeless clients who are willing to go through this process.
- Continue to have PSH staff attend ACT meetings monthly.

- Ongoing
- Ongoing

Forecast

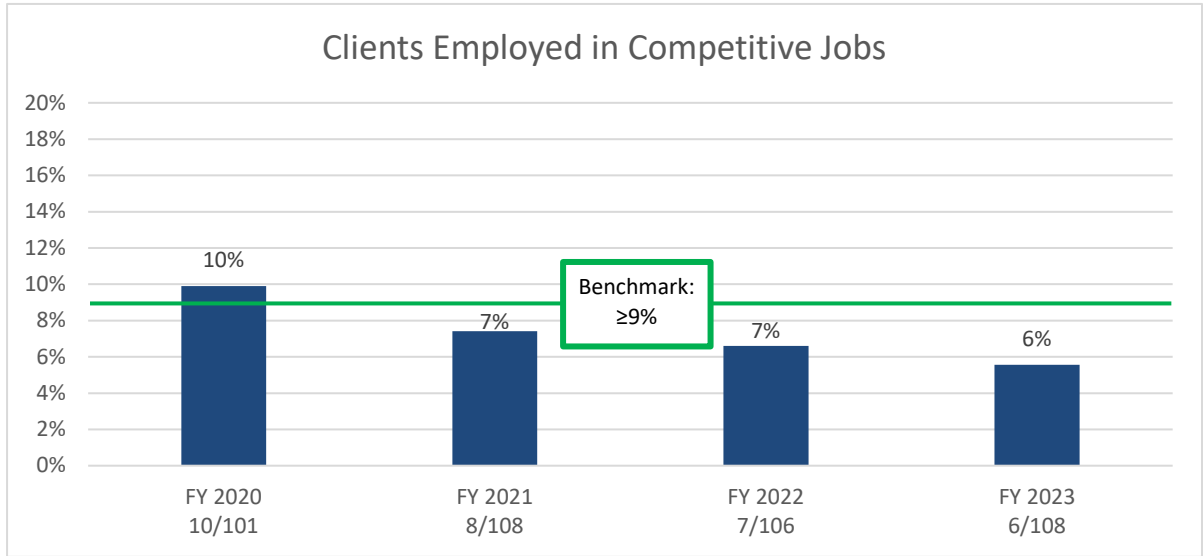
- In FY 2024, 75% of ACT clients are projected to be living independently.

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Measure 3.3 Clients employed in competitive jobs

Data



Data Summary

- This data reflects the number of clients who held part-time or full-time employment during each fiscal year. Data is collected manually by program staff.
- In FY 2023, 6% of clients held competitive jobs. This is similar to the number of clients with a competitive job in FY 2022.
- The benchmarks for competitive employment are based on recommendations from state agencies and historical program trends.

What is the story behind the data?

- In FY 2023, the number of clients employed continued to decrease. This corresponded with the redeployment of the vocational specialist position to work on care coordination in the midst of the staffing shortage.
- The COVID-19 pandemic continued to have an impact on clients finding employment in FY 2023. Several clients were not comfortable looking for employment due to anxiety of contracting the disease. Many of the jobs available to ACT clients are in indoor environments with many individuals.
- This measure only counts clients who are engaged in competitive employment. Thirteen ACT clients are engaged in other vocational activities, such as seasonal or volunteer work. Additionally, two ACT clients are pursuing educational degrees to increase their job opportunities.

Recommendations

- Continue to provide job development, support, and assessment as needed given the impact of the pandemic.
- Consider updating the metric to include clients in seasonal and volunteer positions, as well as those engaged in education and those applying for jobs.

Target Dates

- Ongoing
- FY 2024 Q4

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<ul style="list-style-type: none">• Once new staff are trained, redeploy the employment specialist position to focus on obtaining and maintaining client employment.	<ul style="list-style-type: none">• FY 2024 Q2
<ul style="list-style-type: none">• Have ACT nursing staff discuss COVID-19 mitigation strategies with clients.	<ul style="list-style-type: none">• FY 2024 Q2
Forecast	
<ul style="list-style-type: none">• In FY 2024, it is anticipated that 6% of clients will be competitively employed.	