

FY 2023 PERFORMANCE PLAN

| Clarendon House | | BHD | Monica Augustenborg x0244 Suzanne Somerville, x7340 |
|---------------------------------|--|------------|--|
| Program Purpose | Maximize community integration in the areas of housing and employment-related activities for adults with serious mental illness and reduce psychiatric hospitalizations. | | |
| Program Information | <ul style="list-style-type: none"> ○ Program components: <ul style="list-style-type: none"> ● <u>Psychosocial Day Program</u>: rehabilitation services and activities five days per week including vocational, social, independent living and illness self-management training and family support. ● <u>Case Management Services</u>: assessment, treatment planning, service linking, progress monitoring, advocacy, and problem-oriented counseling. ● <u>Psychiatric Services</u>: psychiatric assessment, medication therapy and basic health assessment and monitoring. ○ The majority of clients participate in all three components. ○ The program is a psychosocial rehabilitation program using curriculum-based interventions. By incorporating psycho-educational groups and other evidence-based practices, the emphasis is on directly educating people in the skills needed for independent housing, employment, social and family relationships, illness self-management, and independent living. ○ Partner: Friends of Clarendon House | | |
| Service Delivery Model | <ul style="list-style-type: none"> ○ In FY 2023, Clarendon House utilized a hybrid model. ○ Psychosocial Day Program classes were offered in person. ○ Virtual group meetings were run weekly by a peer support specialist. This allowed clients who may not have felt comfortable coming to the Sequoia campus to participate in services. ○ Case Management and Therapy services were primarily provided in-person but were offered virtually for clients who preferred video services or had mobility/transportation issues. ○ It is anticipated that the program will continue providing in-person classes in FY 2024, while still utilizing virtual services where appropriate. | | |
| PM1: How much did we do? | | | |
| Staff | Total 11 FTEs: <ul style="list-style-type: none"> ● 1 FTE Supervisor/Program Manager ● 1 FTE Assistant Program Manager ● 4 FTEs Psychosocial Day Program Staff: 1 FTE BH Therapists; 3 FTE Human Services Specialists ● 3 FTE Behavioral Health Specialists (Case Management Staff) ● 1 FTE Peer Specialist ● 1 FTEs Psychiatric Services Staff: 0.5 FTE Psychiatrist; 0.5 FTE Psychiatric Nurse | | |

FY 2023 PERFORMANCE PLAN

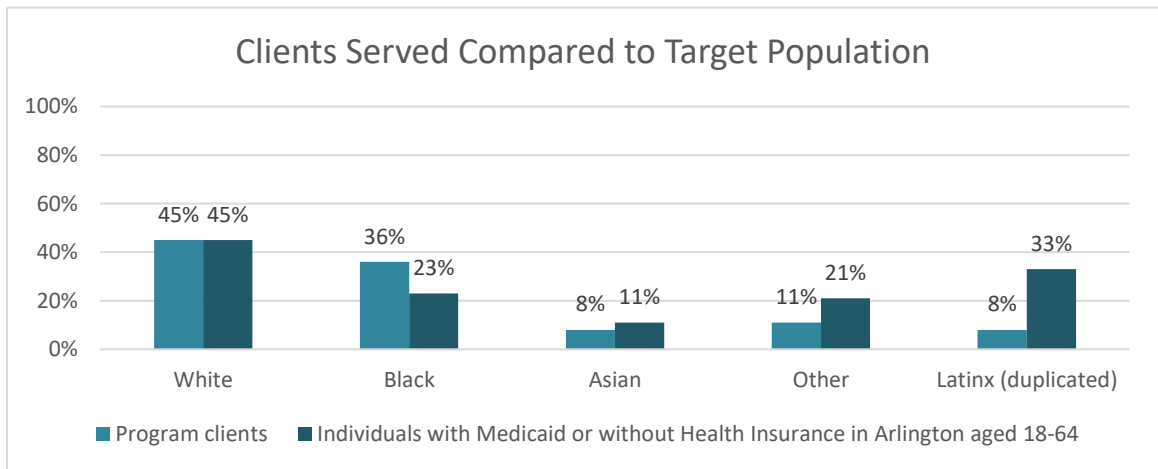
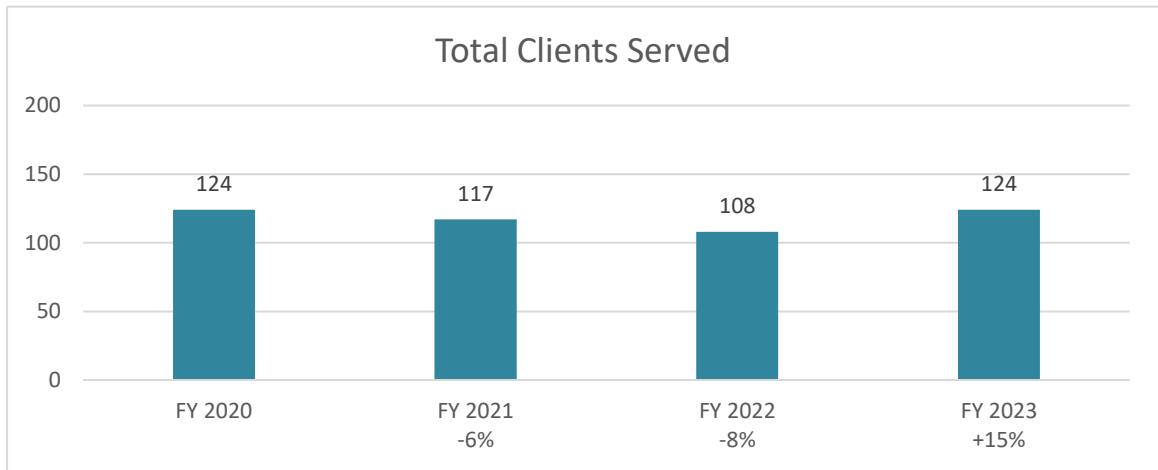
| | | | | | |
|---|--|----------------|----------------|----------------|----------------|
| Customers and Service Data | | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
| | Total unduplicated clients served | 124 | 117 | 108 | 124 |
| | Referral and Evaluation clients | N/A | N/A | N/A | 26 |
| | Day Program clients | 100 | 100 | 92 | 79 |
| | Case management clients | 97 | 94 | 88 | 87 |
| | Psychiatric services clients | 76 | 74 | 100 | 107 |
| | Therapy clients | N/A | N/A | N/A | 6 |
| | Day Program average daily census | 39 | 28 | 18* | 22* |
| <p>*In FY 2022, the program began providing in-person classes once again. These classes were strictly capped to prevent risk of infection, which led to a decrease in daily census. During the pandemic, the program relied on virtual classes, which could be larger without safety restrictions. In both FY 2022 and FY 2023 there were COVID outbreaks that caused temporary program closures. Average daily census began increasing in FY 2023 again when hours were expanded in April.</p> | | | | | |
| PM2: How well did we do it? | | | | | |
| 2.1 | Client satisfaction | | | | |
| 2.2 | Client engagement in psychoeducation classes | | | | |
| 2.3 | Medicaid revenue | | | | |
| PM3: Is anyone better off? | | | | | |
| 3.1 | Clients living in independent housing | | | | |
| 3.2 | Clients engaged in employment-related activities | | | | |
| 3.3 | Psychiatric hospitalization rate | | | | |

FY 2023 PERFORMANCE PLAN

Clarendon House

Measure 1 Total clients served (unduplicated)

Data



Data Summary

- From FY 2020 to FY 2023, the number of clients served returned to the pre-pandemic rate of 124.
- 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 72% of program clients in FY 2023 had Medicaid.
- Data for this measure is collected in the agency’s electronic health record.
- 1% of program clients (1) are missing data on race and 5% (6) are missing data on ethnicity. They have been excluded from the equity calculations.

What is the story behind the data?

- In April 2023, the program expanded hours from 9:30 AM – 1 PM to 8:30 AM – 3 PM. This expanded access has in turn expanded client participation to pre-pandemic levels.
- In FY 2023, Clarendon House began tracking clients who are being referred for ongoing services. These referral and evaluation clients attend classes and meet with staff and may have been counted under day program clients in the past.

FY 2023 PERFORMANCE PLAN

- In FY 2023, the program began offering therapy services to clients. This expanded access for clients who could not be referred to outpatient teams that were at capacity. In addition, it allows for enhanced collaboration as the therapist can quickly inform day program staff of any challenges the client is facing and possible impacts to their behavior.
- In FY 2023, the program did not meet its goal of accepting at least one new client into the program monthly. Eight new clients were admitted. Additionally, 26 clients joined the new referral and evaluation program, where they could try out the program and see if it was the right fit for them. For some of these clients, the program was not the right fit at the time, and they discharged. For others, they are still considering whether they are ready to fully engage with ongoing services.
- In FY 2023, the program hired an external consultant to do a program analysis. This analysis required intensive work from program staff, as they worked to collect data and document their observations on current operations. Results of the analysis are being finalized, and action steps will be implemented in FY 2024 to expand the services to reach a wider population of clients.
- While the majority clients exhibited greater willingness to come into services in FY 2023, some clients are concerned about exposure to COVID-19. Full psychosocial day services are only available in-person, but a peer-led virtual group is available for those who would prefer to participate remotely.
- The program serves clients with a variety of different preferred languages. In FY 2023, the program served clients speaking English, Spanish, Tagalog, and Vietnamese amongst other languages.
- In general, the racial backgrounds of program clients proportionately match the Medicaid population. When expanding the comparison population to include those who are uninsured, the program sees relatively fewer Latinx clients than are present in the community as a whole. The program hopes to increase services to this community in future years and hired a bilingual staff member at the end of FY 2023.

| Recommendations | Target Dates |
|--|--------------|
| • Continue collaborations with other programs across the agency, such as First Episode Psychosis, and develop specific classes tailored to these clients. | • FY 2024 Q3 |
| • Implement recommendations and develop actionable next steps based on the recently conducted program analysis. | • FY 2024 Q3 |
| • Continue to provide education and utilize enhanced safety measures to mitigate COVID-19 risk and ease client worries. | • Ongoing |
| • Accept at least one new client to the program each month. | • FY 2024 Q1 |
| • Determine ways to increase outreach to Latinx communities, including participating in County-wide community events and partnering with Hispanic/Latinx-focused organizations, and explore referrals to the program to determine if there are any variances with those admitted to the program. | • FY 2024 Q3 |

Forecast

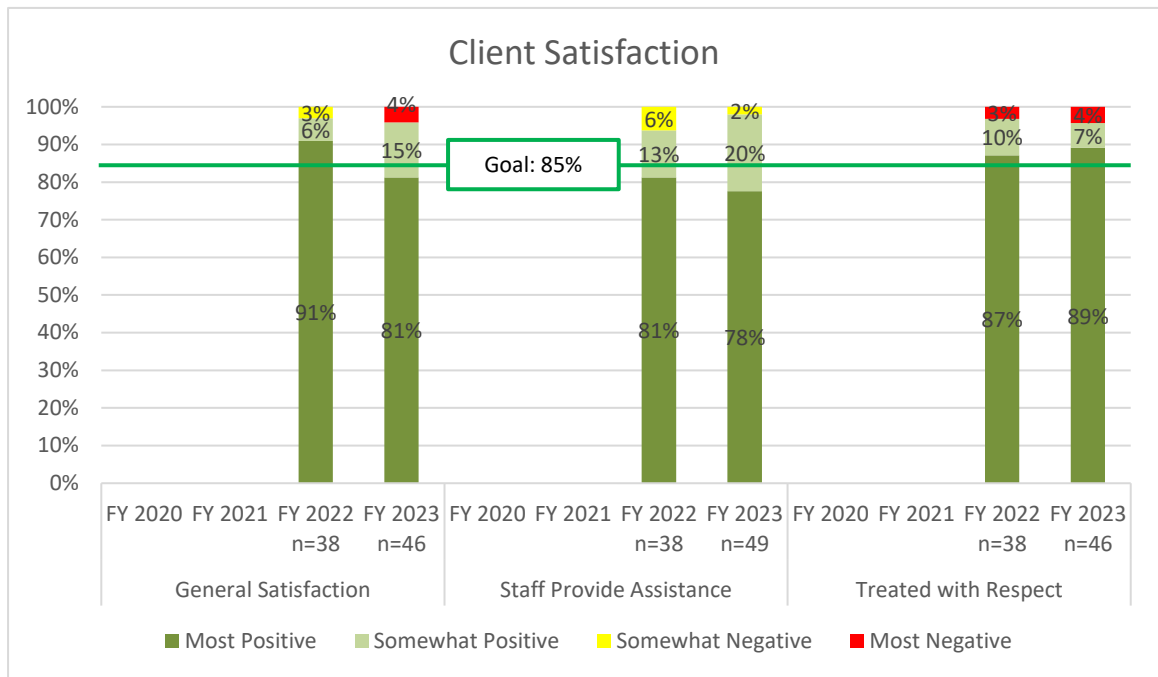
- In FY 2024, the program anticipates serving at least 124 clients.

FY 2023 PERFORMANCE PLAN

Clarendon House

Measure 2.1 Client satisfaction

Data



Data Summary

- A point-in-time survey is administered for one month to obtain a sample of the program effectiveness.
- In FY 2023, 53 surveys were collected from BHD clients receiving Clarendon House services. This was a 39% increase from FY 2022.
- Clients who abstained from answering the above questions or who marked themselves as "Neutral" are excluded from the chart.

What is the story behind the data?

- Clients reported high satisfaction in FY 2023, stating that they felt like the staff really cared about them, they appreciated peer support, and the community building skills.
- Survey scores remained very high, even though FY 2023 marked a year of transitions. The previous program manager retired after 30 years, and some program clients had worked with her for the majority of their lives. Program worked hard to maintain continuity and ensure that clients felt connected and safe in the program.
- 98% of respondents who answered the survey question on resource access (49/50) reported that staff connected them to resources as needed, indicating that the program is meeting client's case management needs.
- 71% of clients reported that they could not think of a way to improve their services. Those that did have recommendations for the program wanted additional meal opportunities, the return of the social club, and an increase in therapy and case management opportunities.
- In FY 2022, a new survey was launched. This survey included new questions and was offered in both a paper and online format. Clinicians were heavily involved in the distribution of the survey. They worked hard to ensure that as many client voices were heard as possible.

Recommendations

Target Dates

FY 2023 PERFORMANCE PLAN

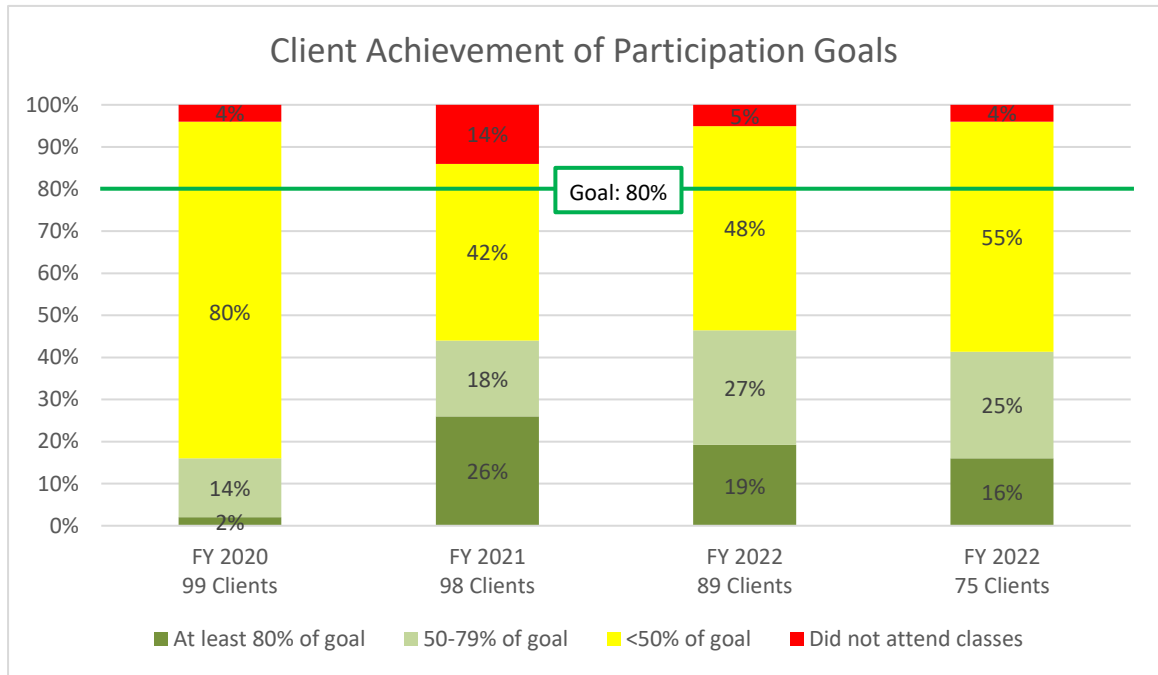
| | |
|---|--|
| <ul style="list-style-type: none">• Consider bringing the social club back online if it fits the current program model. | <ul style="list-style-type: none">• FY 2024 Q4 |
| <ul style="list-style-type: none">• Provide copies of the survey in all of the client’s preferred languages, to ensure all clients have the opportunity to give their feedback. | <ul style="list-style-type: none">• FY 2024 Q4 |
| Forecast | |
| <ul style="list-style-type: none">• In FY 2024, anticipate satisfaction will be 95% positive in all three areas. | |

FY 2023 PERFORMANCE PLAN

Clarendon House

Measure 2.2 Client engagement in psychoeducational classes

Data



Data Summary

- All clients have a goal for participation in psychoeducational classes. The goal varies based on each client’s specific needs and abilities. This data represents the percentage of clients who met their goals for participation in classes.
- Attendance data is tracked in a spreadsheet maintained by program staff. Clients who do not have a class-participation goal are excluded from this measure.

What is the story behind the data?

- In FY 2023, clients meeting participation goal decreased slightly, with 41% of clients meeting at least 50% of their participation goal. This was largely due to increased attendance goals aligned with program reopening.
- In FY 2023, clients who attended Clarendon House classes attended anywhere from 2 to 327 sessions throughout the year. The average client attended 76 sessions over the course of FY 2023, an increase from 57 the previous year (33%).
- Class attendance is often variable throughout the year, with some clients attending many classes one month, and then not attending any classes the next. When adding together all of the class sessions attended and all of the attendance goals for the year, 38% of clients (29/75) surpassed their total goal. The remaining clients achieved, on average, 56% of their total goal. This speaks to the accessibility of psychoeducational services for clients, who can attend classes on their schedules based on their needs.
- In FY 2023, an average 43% of clients reached their attendance goals each month. This dropped down to 23% in December and 33% in January due to the holidays and a temporary program closure caused by a COVID-19 outbreak.
- This data is based on client attendance sheets. Clients may forget to sign in for classes, which can lead to underreporting in the data.

FY 2023 PERFORMANCE PLAN

| <ul style="list-style-type: none"> Staff advocates reached out to clients who did not meet their goals to make sure their needs were met. | |
|--|---|
| Recommendations | Target Dates |
| <ul style="list-style-type: none"> Continue to run in person classes while adhering to safety protocols to protect clients and staff and expand in-person classes as conditions permit. | <ul style="list-style-type: none"> Ongoing |
| <ul style="list-style-type: none"> Continue to work with clients to ensure that the goals are realistic. Goals will be reviewed quarterly to confirm that they are appropriate. | <ul style="list-style-type: none"> Ongoing |
| <ul style="list-style-type: none"> Work with consumers who experience barriers to telehealth, providing them education on how to access virtual resources when they are unable to physically come into Clarendon House. | <ul style="list-style-type: none"> Ongoing |
| <ul style="list-style-type: none"> Remind staff to help clients sign in, to ensure all attendance is accurately counted. | <ul style="list-style-type: none"> Ongoing |
| Forecast | |
| <ul style="list-style-type: none"> In FY 2024, it is estimated that 50% of program participants will meet at least 50% of their individual participation goal. | |

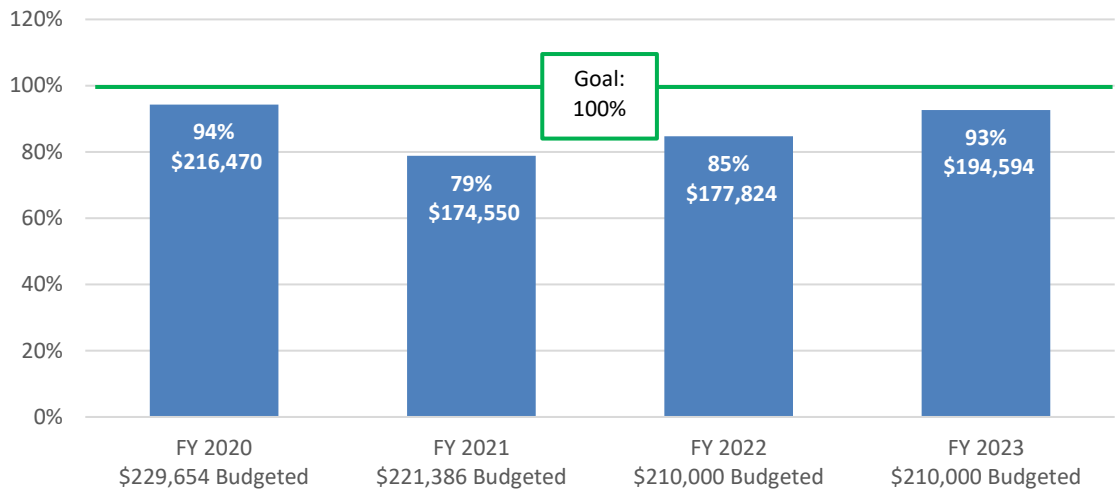
FY 2023 PERFORMANCE PLAN

Clarendon House

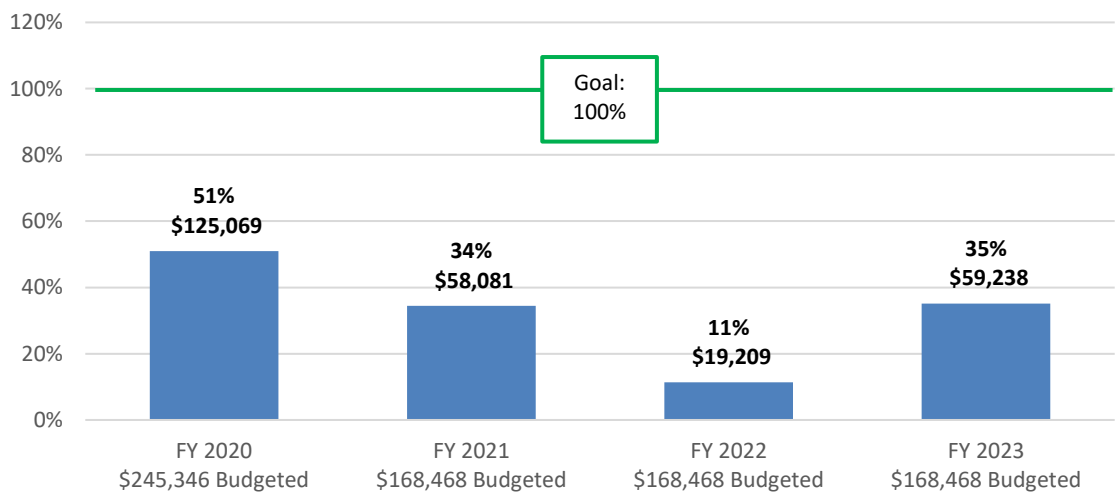
Measure 2.3 Medicaid revenue

Data

Case Management: Percent of Budgeted Medicaid Revenue Received



Day Program: Percent of Budgeted Medicaid Revenue Received



Data Summary

- In FY 2023, Medicaid revenue continued to increase for both Case Management and the Day Program. However, neither program received its budgeted revenue.

What is the story behind the data?

- In FY 2023, the case management program’s Medicaid revenues increased. This marks a continued year-over-year trend increase, despite the fact that one case management position was reallocated.

FY 2023 PERFORMANCE PLAN

- In FY 2023, the revenue for the day program increased to its highest level since the beginning of the pandemic. This correlates with increased class sizes and the expanded hours that began in April.
- In FY 2023, the day program rolled out new, targeted classes for specific client populations. These focused classes, such as “Thrive as you Age” targeting senior adults, may have increased interest in the day program and increased attendance.
- Many day program clients rely on Medicaid transportation to get to the program. Staffing shortages at the transportation agency led to clients sometimes being unable to make it into classes in FY 2023. These clients were already scheduled for services, taking up a program slot for the day, but could not be billed for services they did not receive. Constant outreach and coordination with the transportation companies has occurred to try and minimize the issues for clients.

| Recommendations | Target Dates |
|--|--|
| <ul style="list-style-type: none"> • Program staff will continue to work with clients to encourage engagement in day-program activities. | <ul style="list-style-type: none"> • Ongoing |
| <ul style="list-style-type: none"> • Continue to provide a class on cell phones to clients, to help improve technological literacy. | <ul style="list-style-type: none"> • Ongoing |
| <ul style="list-style-type: none"> • Consider amending the budgeted revenue for case management to reflect the change in staffing levels. | <ul style="list-style-type: none"> • FY 2024 Q2 |

Forecast

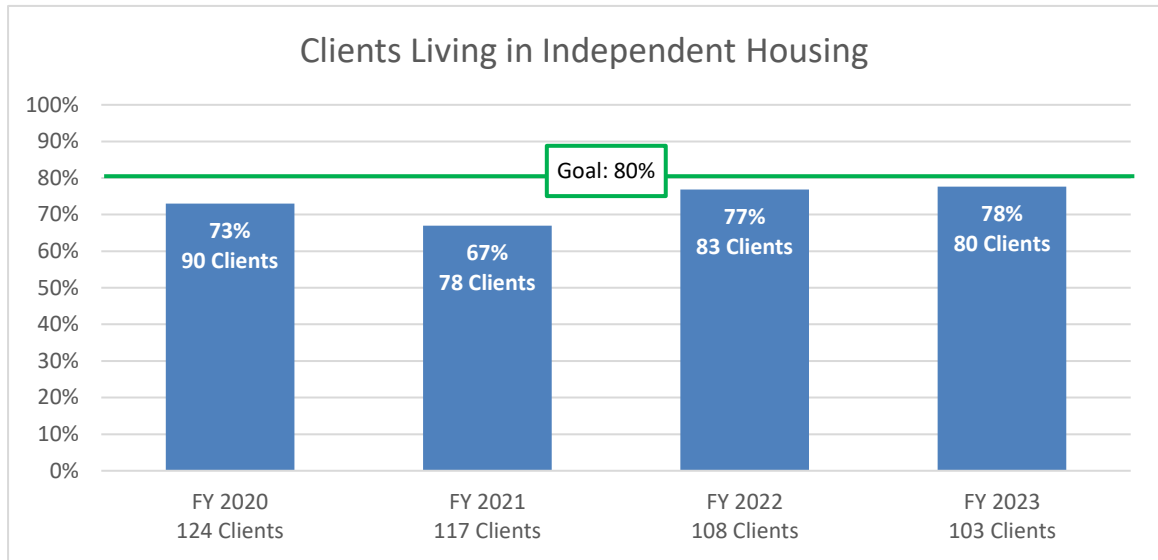
- In FY 2024, it is anticipated that revenues will remain at 93% for case management and increase to 42% for day program as the program completes a full year of the expanded hours.

FY 2023 PERFORMANCE PLAN

Clarendon House

Measure 3.1 Clients living in independent housing

Data



Data Summary

- In FY 2023, 80 clients lived independently— 78% of all ongoing clients served.
- “Independent housing” means the client is living in his/her own place with or without staff or family support.” This does not include supervised, institutional, or correctional settings, such as an assisted-living facility (ALF) or a group home.
- The goal is based on local experience: results of functional assessment that indicated 81% of clients have moderate, slight, or no problem with self-care and independent living. These clients are considered potentially able to live independently with support, if necessary.
- Clients who were only received Referral and Evaluation services (21 in FY 2023) are excluded from this measure.

What is the story behind the data?

- The percentage of clients living independently increased slightly in FY 2023, although the number of clients slightly decreased.
- The goal of the program is to place clients in the level where they will best thrive, which may not always be independent housing.
- Helping clients maintain their housing is a time intensive task. When staff learn that a client may lose their residence, they quickly determine possible interventions to help keep the client in place. In the event that a client does need to move to housing, staff seeking out equivalent housing options.
- Program staff are constantly assessing clients to determine what their current level of need is as directed by Medicaid. As clients continue to age, additional supports may be needed, requiring a move out of independent housing to assisted living.
- Clients in assisted living often need additional support to maintain their housing as well. In FY 2023, there was a transition in the vendor of assisted living for multiple program clients. Program staff provided significant case management support to these clients and helped them process their feelings over the change.

Recommendations

Target Dates

FY 2023 PERFORMANCE PLAN

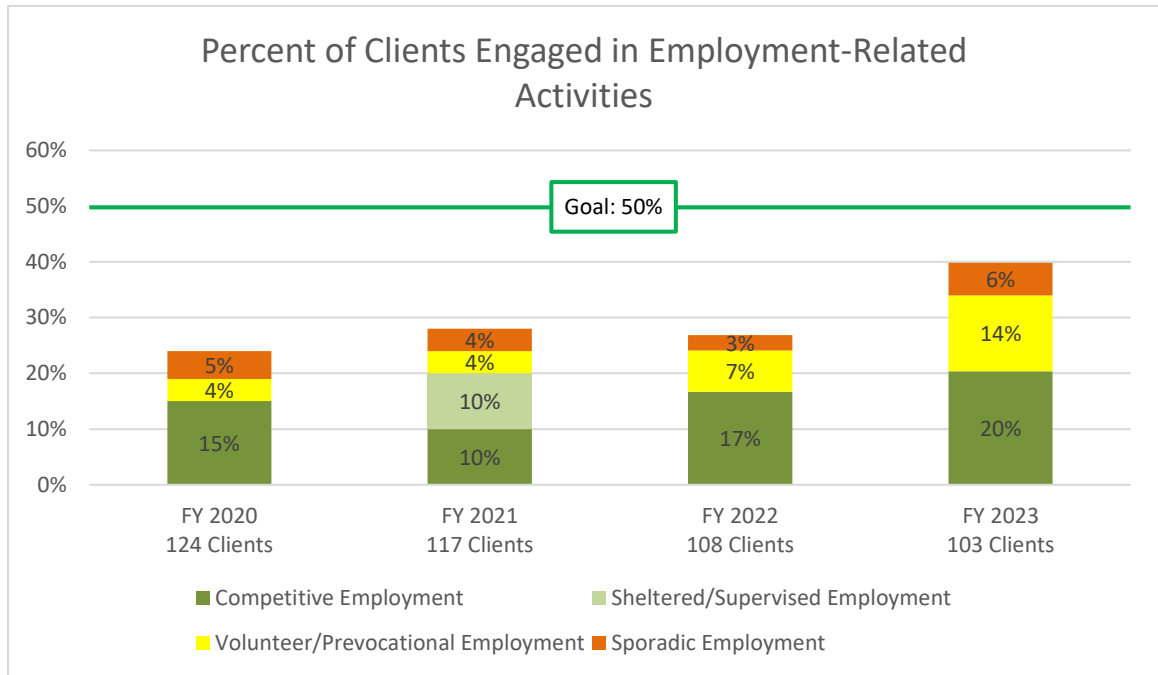
| | |
|--|--|
| <ul style="list-style-type: none">• Continue working with clients to pursue independent housing whenever appropriate. | <ul style="list-style-type: none">• Ongoing |
| <ul style="list-style-type: none">• Track the outcomes for clients who receive eviction notifications. Consider replacing this measure with a measure that tracks eviction results (client maintained their housing, client moved into equivalent housing, client moved into non-equivalent housing, client not rehoused). | <ul style="list-style-type: none">• FY 2024 Q1 |
| Forecast | |
| <ul style="list-style-type: none">• In FY 2024, anticipate 78% of all clients will live in independent housing. | |

FY 2023 PERFORMANCE PLAN

Clarendon House

Measure 3.2 Clients who are engaged in employment-related activities

Data



Data Summary

- During FY 2023, 40% of ongoing clients (41 clients) participated in employment-related activities: 20% (21 clients) in competitive work and 20% (20 clients) in employment related activities. No clients were involved in non-competitive work.
- Clients who were only received Referral and Evaluation services (21 in FY 2023) are excluded from this measure.

What is the story behind the data?

- As the job market improved in FY 2023, the percentage of clients engaged in competitive employment returned to pre-pandemic levels.
- Classes educate clients on workplace skills, interviewing, and how to work with employers.
- Clarendon House staff meet with Job Avenue staff to discuss shared clients and how to best serve them. Clarendon House case managers are often in communication with employers and clients, and work with them to resolve issues that occur.
- In FY 2023, an outside evaluator provided a program assessment to determine Clarendon House’s alignment with other Psychosocial Rehabilitation offerings across the country. During the assessment, it was determined that the program put a greater emphasis on employment than the national model, and the evaluator encouraged the program to increase their focus on client socialization and coping skills.

Recommendations

- Replace this measure with one that tracks a more holistic measure, such as increases on client scores on the [Flourishing Scale](#).

Target Dates

- FY 2024 Q4

FY 2023 PERFORMANCE PLAN

- Update the measure to track clients' progress on increasing socialization and coping skills as measured by the newly selected assessment.

- FY 2024 Q4

Forecast

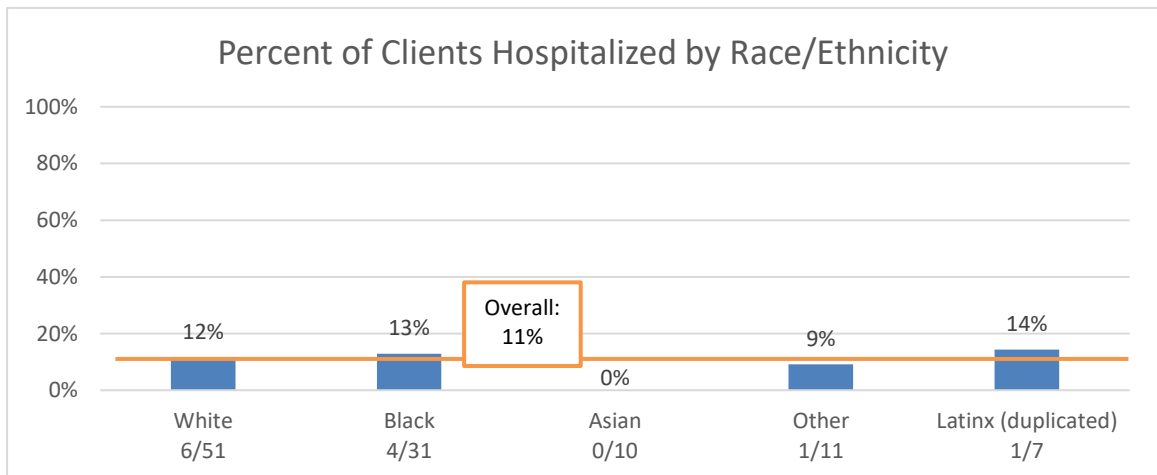
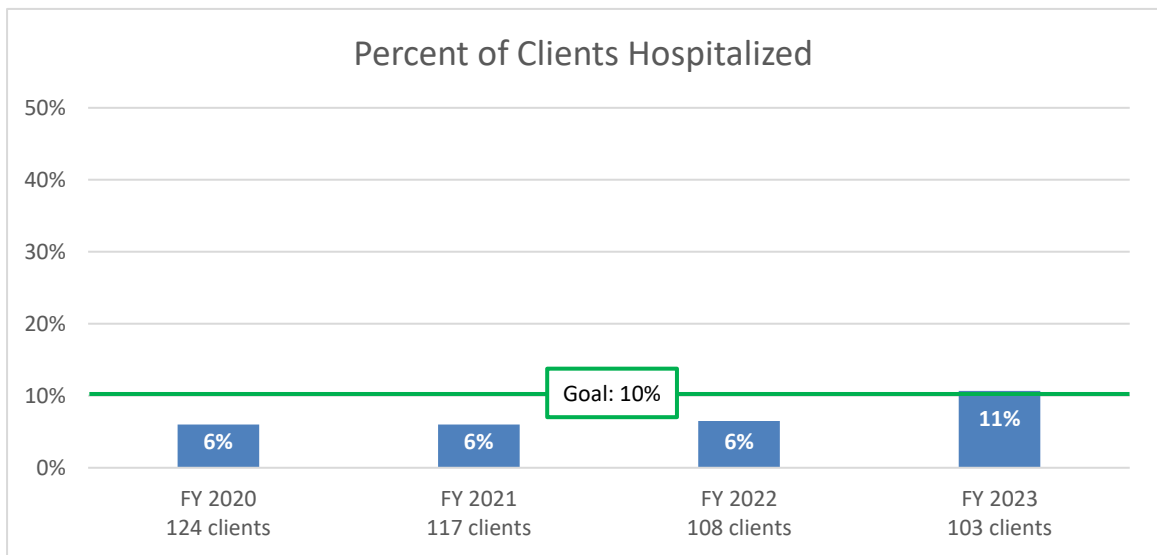
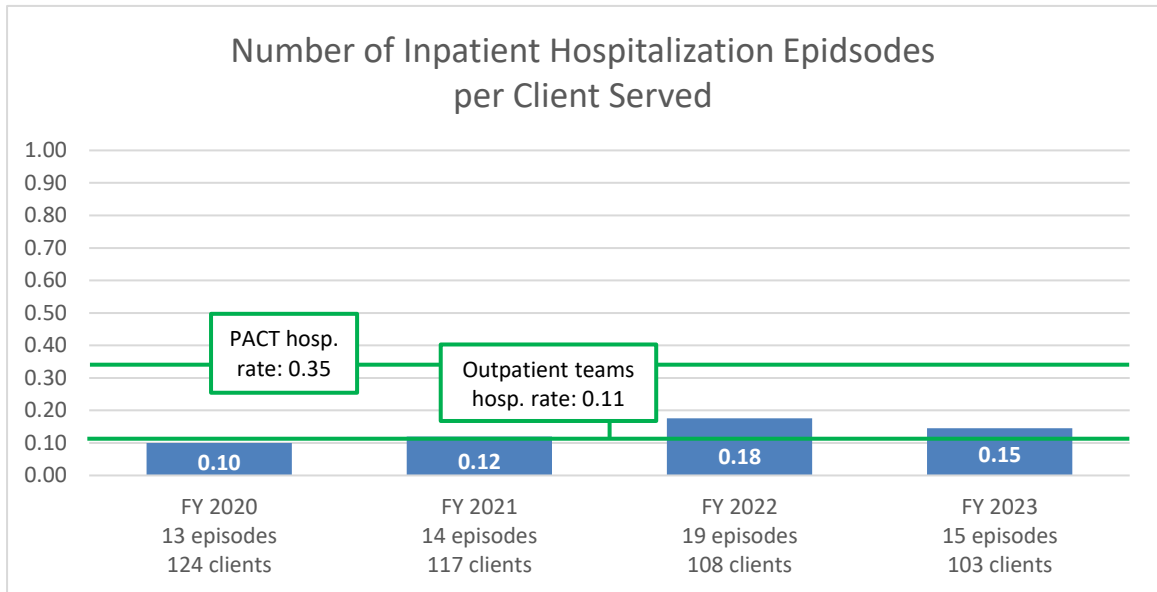
- In FY 2024, anticipate 20% of clients will engage in competitive employment as the country continues fighting the COVID-19 pandemic.

FY 2023 PERFORMANCE PLAN

Clarendon House

Measure 3.3 Psychiatric hospitalization rate

Data



FY 2023 PERFORMANCE PLAN

| | |
|---------------------|--|
| Data Summary | <ul style="list-style-type: none"> In FY 2023, there were 15 episodes among 103 ongoing clients served, for a rate of 0.15 episodes per person served. In FY 2023, 11 clients were hospitalized for psychiatric symptoms, which is 11% of the ongoing clients served. Clients who were only received Referral and Evaluation services (21 in FY 2023) are excluded from this measure. |
|---------------------|--|

| |
|---|
| What is the story behind the data? |
|---|

| |
|---|
| <ul style="list-style-type: none"> In FY 2023, a slightly higher percentage of clients was hospitalized, but episodes per clients decreased. A few clients who were high utilizers of the state hospital were discharged, leading to the decrease in overall episodes. The increase in the number of clients hospitalized may be linked to rising acuity in the community. The pandemic increased feelings of fear and isolation for many individuals, which has raised risk levels. In the past 32-year history of the program, there had been two suicides amongst program participants. No suicides were experienced by program participants in FY 2023. An equity analysis conducted in FY 2023 indicated no major variations in hospitalization rate by race or ethnicity. One of the factors that helps keep the hospitalization rate low is the program’s focus on intensive, continual collaboration between program staff, medical staff, and others involved with clients. Review of program data indicates that clients are most likely to be hospitalized when they do not take their psychiatric medications regularly, or when they have difficulty coping with stress factors. |
|---|

| Recommendations | Target Dates |
|---|---|
| <ul style="list-style-type: none"> Continue to monitor hospitalization rates. | <ul style="list-style-type: none"> Ongoing |
| <ul style="list-style-type: none"> Continue to encourage medication compliance and educate clients on effective coping skills. | <ul style="list-style-type: none"> Ongoing |

| |
|-----------------|
| Forecast |
|-----------------|

| |
|--|
| <ul style="list-style-type: none"> In FY 2024, anticipate 0.15 episodes per clients served and for 11% of clients to be hospitalized. |
|--|