

FY 2023 PERFORMANCE PLAN

Behavioral Healthcare Intake		BHD/CSE	Mark Doering, x4847		
Program Purpose	<ul style="list-style-type: none"> Connect Arlington adults to mental health and substance abuse services through a single entry point. 				
Program Information	<ul style="list-style-type: none"> Behavioral Health Intake is the main entry point for Arlington adults seeking mental health services (for those from 18 to 60 years of age), and substance use services (for those 18 and over). The Department of Human Services initiated Same Day Access (SDA) for all programs in the Behavioral Healthcare Division starting in November 2017. This initiative allows clients to walk in and be offered an assessment that same day. The Virginia Department of Behavioral Health and Developmental Services (DBHDS) mandated that all CSBs have SDA in place by July 2019. The program provides the following services: <ul style="list-style-type: none"> Eligibility determination Comprehensive assessment to determine service needs Referral to services (County- and community-based programs) Services are licensed by DBHDS Partners: Behavioral Health Intake collaborates with: <ul style="list-style-type: none"> Emergency Services Outpatient mental health and substance abuse services Treatment on Wheels: services for homeless clients Arlington Addiction Recovery Initiative: distributing harm reduction tools Local hospitals and discharge planning services 				
Service Delivery Model	<ul style="list-style-type: none"> The program utilized the Same Day Access model and walk-ins were seen either in person or via telehealth with a clinician off site. The program anticipates providing both in-person and virtual intake assessments in FY 2024 and beyond to enhance access for all clients. 				
PM1: How much did we do?					
Staff	6.5 FTEs <ul style="list-style-type: none"> 0.5 FTE Program Manager, clinical (licensed clinician) 0.5 FTE Behavioral Health Therapist III (licensed) 2.5 FTE Behavioral Health Therapist II (licensed) 1.0 FTE Behavioral Health Therapist II, Bilingual (licensed) 1.0 FTE Psychiatric Nurse 1.0 FTE Behavioral Health Specialist 				
Customers and Service Data		FY 2020	FY 2021	FY 2022	FY 2023
	Unduplicated Clients Served	976	982	1,067	1,194
	Additional Walk-ins Connected to Resources	n/a	n/a	62*	219
	Unduplicated Psychosocial Intake Clients	727	640	722	682
	Total Intakes (duplicated)	782	672	781	741

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	Consumer Monitoring Clients (unduplicated)	N/A	N/A	877	1,225
*Beginning with FY 2022, clients who walk in but do not receive a full Intake service are broken out from the total clients served. While these clients do not receive a formal Intake service, they may receive counseling, referrals, and connections to resources from Intake clinicians.					

PM2: How well did we do it?

2.1	Number of days from intake to first clinical appointment
2.2	Clients seen on the same day
2.3	At-risk clients receive monitoring and support
2.4	Clinical documentation compliance

PM3: Is anyone better off?

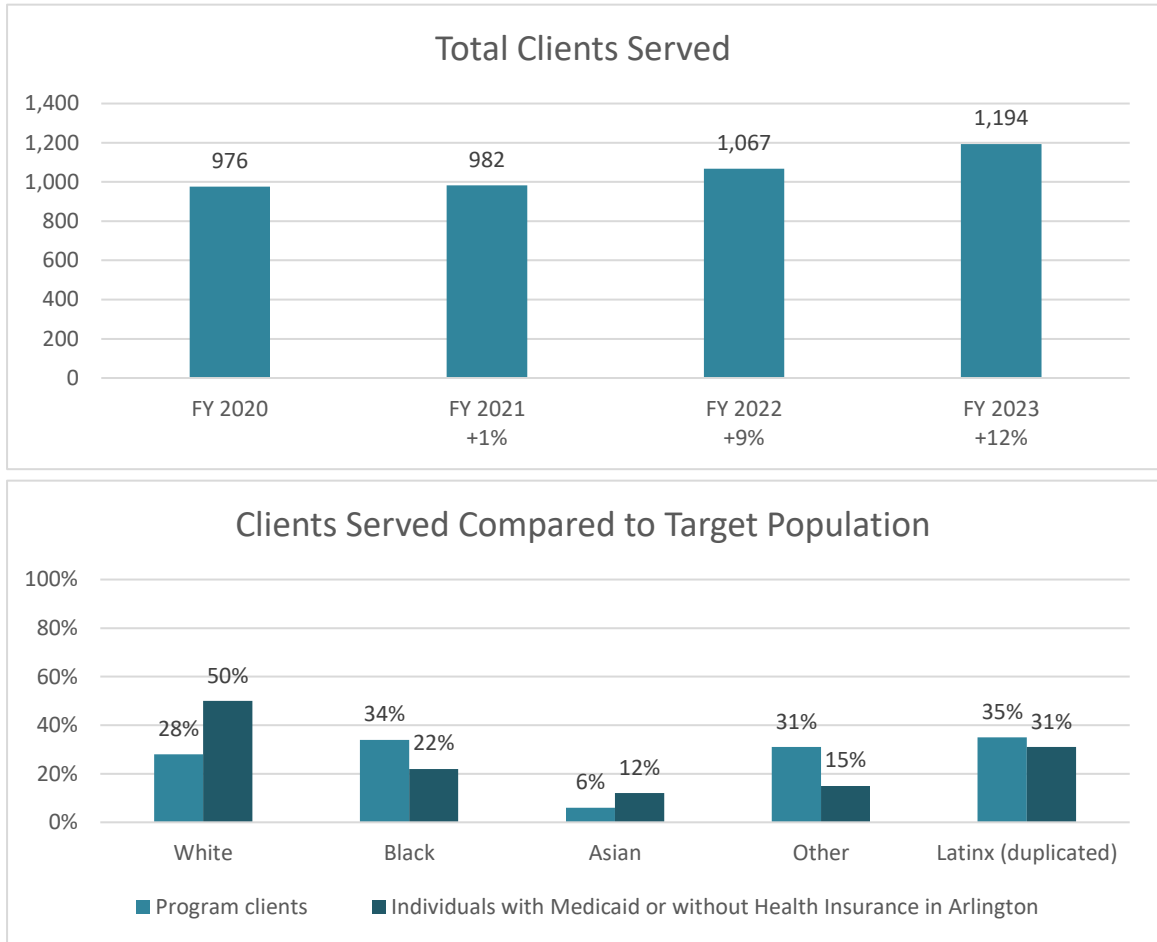
3.1	Clients believe they will get the help they need and know what the next step is
3.2	Clients are successfully linked to ongoing services

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BHD Intake

Measure	1	Total clients served (unduplicated)
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Data



Data Summary

- Between FY 2020 and FY 2023 the number of clients served increased 22%.
- The selected comparison population for the racial equity analysis is individuals with Medicaid or without other health insurance. 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 is collected from the agency’s electronic health record system.

What is the story behind the data?

- The team served more clients in FY 2023 than in FY 2022, likely due increased client acuity and community need.
- To meet the increasing need, Discharge Planning staff were cross trained on providing intake assessments.
- In FY 2023, the outpatient teams instituted a waitlist to help manage capacity. Intake clinicians provide ongoing services to these clients, including outreach and care coordination.
- A new position has been allocated for FY 2024 that will provide both substance use treatment services and intake services. This clinician will help complete intakes and provide more first clinical appointments for clients with substance use needs, decreasing the wait time for services.

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- The intake team serves a higher percentage of Latinx clients (35%) than the CSB (17%). This indicates that there is a significant need for ongoing services targeted to this population. In FY 2023, the Intake program worked with outpatient managers to locate another bilingual clinician who clients could be referred to.
- Many Spanish speaking clients without a diagnosis of serious mental illness (non-SMI) come through Intake seeking services. If the agency is unable to serve these clients due to staffing capacity, they are referred to community partners. In FY 2023 Q4, the program manager began attending meetings with community partners to determine possible treatment options for this population.

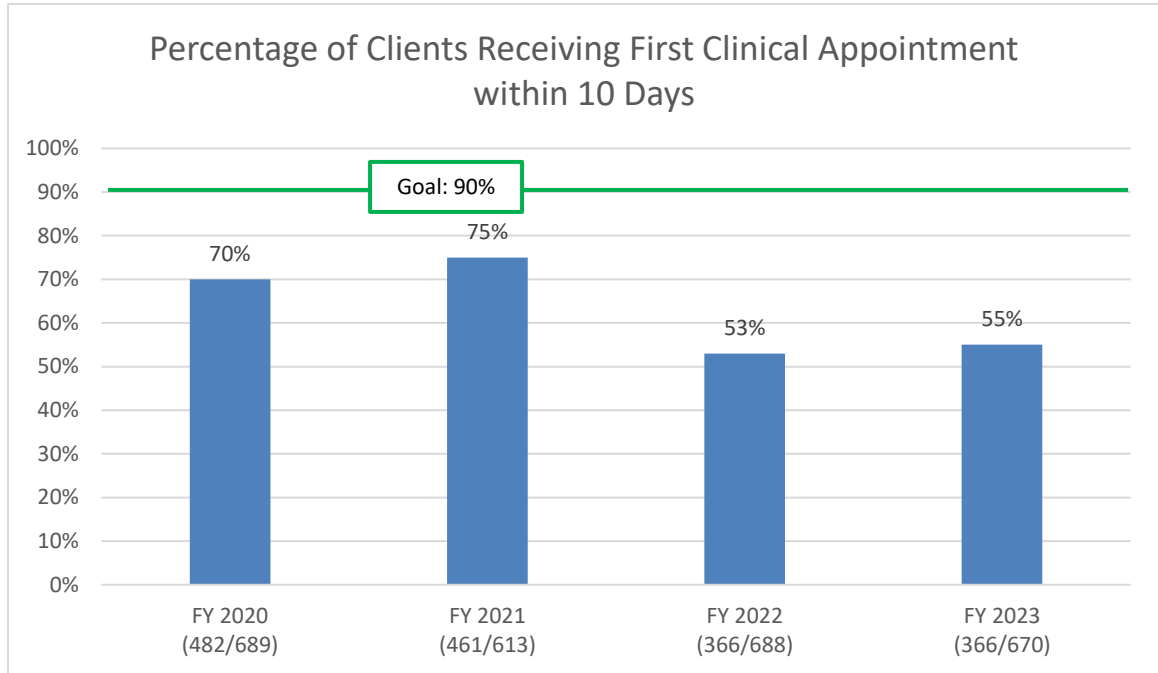
Recommendations	Target Dates
<ul style="list-style-type: none"> • Explore taking over Senior Adult Mental Health (SAMH) Intake program to increase walk-in options for SAMH clients and open up space on caseloads to allow more clients to be served in BHD and SAMH. 	<ul style="list-style-type: none"> • FY 2024 Q1
<ul style="list-style-type: none"> • Continue to collaborate with community partners and explore additional options for the Latinx community to seek services. Explore options to reach out to underserved Latinx populations to educate on treatment options. 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Participate in monthly CoC Executive Committee meetings and BHD Workgroup to improve collaboration and explore challenges with referrals and client connection to services. 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Review SDA walk-in hours and explore options to participate in community outreach events to provide education and information on SDA process and BHD services when staffing improves. 	<ul style="list-style-type: none"> • FY 2024 Q3
Forecast	
<ul style="list-style-type: none"> • In FY 2024, the program projects serving 1,200 clients. 	

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BHD Intake

Measure 2.1 Number of days from intake to first clinical appointment

Data



Data Summary

- In FY 2023, 55% of clients referred for services were offered a first clinical appointment within 10 business days.
- Clients who completed intakes through SDA were offered a first clinical appointment on average within 12 business days of their intake.
- Time to first clinical appointments ranged from 1 to 39 business days.

What is the story behind the data?

- Under SDA, the state goal is that 90% of clients referred for services are offered a first clinical appointment within 10 business days of their intake.
- In February 2023, agency prioritization criteria were updated to address meeting client needs with limited resources amidst a staffing shortage. Waitlists were created, and overall time until first clinical appointment increased. Over the course of the year, 46 clients were placed on BHD waitlists.
- In cases with high-risk clients where appointments were not immediately available, intake staff collaborated with outpatient services and were often able to receive earlier appointments that were not previously on the schedule. Waitlists are prioritized by client risk, with a goal of minimizing risk as much as possible.
- Staffing shortages had an impact on availability of first clinical appointments in all outpatient programs in FY 2023. Referrals to Substance Use services continued to have the longest delays to first appointments.

Recommendations

- Continue communication with outpatient programs to monitor staffing shortages and ensure appropriate slots for first clinical

Target Dates

- Ongoing

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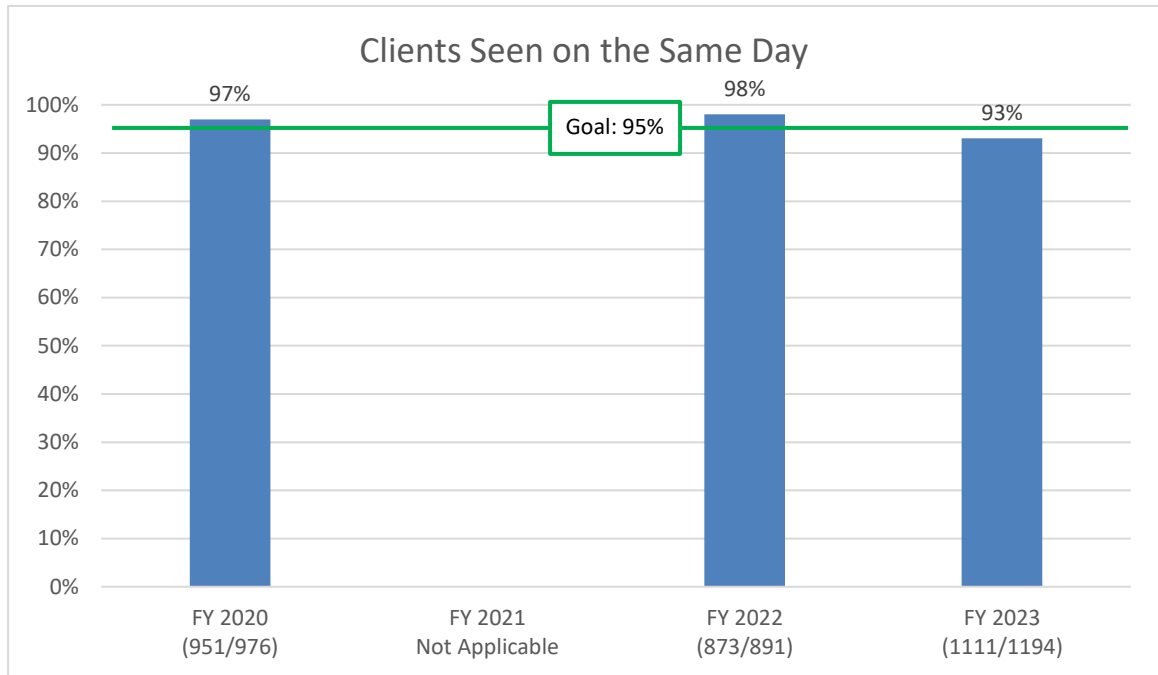
appointments. Continue to prioritize high-risk clients and discuss these during ongoing monthly meetings.	
<ul style="list-style-type: none"> Explore options to increase FAC offerings for Substance Use services through increased staffing or program changes. 	<ul style="list-style-type: none"> FY 2024 Q2
<ul style="list-style-type: none"> Monitor prioritization of referrals and time clients are waitlisted for services. 	<ul style="list-style-type: none"> FY 2024 Q1
<ul style="list-style-type: none"> Explore connection rates and timeliness for clients who are court-involved compared to those who are voluntarily seeking services. 	<ul style="list-style-type: none"> FY 2024 Q3
<ul style="list-style-type: none"> Continue to update and expand community provider list for all individuals not eligible for BHD services but in need of assistance. 	<ul style="list-style-type: none"> Ongoing
Forecast	
<ul style="list-style-type: none"> In FY 2024, it is expected that 60% of clients will receive their first clinical appointment within 10 business days of intake. 	

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BHD Intake

Measure 2.2 Clients seen on the same day

Data



Data Summary

- Walk-in SDA services continued in FY 2023 after being relaunched in FY 2022.
- 93% (1,111/1,194) of walk-ins were seen and assessed on the same day, slightly below the goal of 95%.
- Data is tracked through the electronic health record system.

What is the story behind the data?

- Walk-in SDA services continued in FY 2023 and 93% of clients were seen on the same day. Most assessments were done in-person, but some assessments (14%) were completed virtually. Intakes were scheduled on rare occasions to accommodate Covid positive or special circumstances when clients had barriers to attend during regular walk-in hours.
- The percentage of clients seen on the same day dropped due to ongoing staffing shortages in the intake program and an increase in clients seeking services in FY 2023.
- An additional 219 walk-ins were seen by the program staff. While they did not receive full assessments, they needed assistance with connection to resources. Staff helped these individuals determine the right front door to meet their needs, providing warm handoffs to partner teams and organizations. This further impacted staff's ability for same day assessments.
- In FY 2023, SDA walk-in hours were reduced due to staffing challenges. This did not appear to have a significant impact on client access, as most clients continued to seek services during the times that the Intake unit was open. Approximately 25 clients (2%) came in after hours seeking services, and they were referred to return to the program when it was open. The program will continue to monitor the impact of its updated hours in FY 2024.
- Of the 7% (83/1,194) of clients where intakes were not completed on the same day, the majority left because they were not aware how long the process would take, they felt like the wait times were too high, or because they came in after hours.

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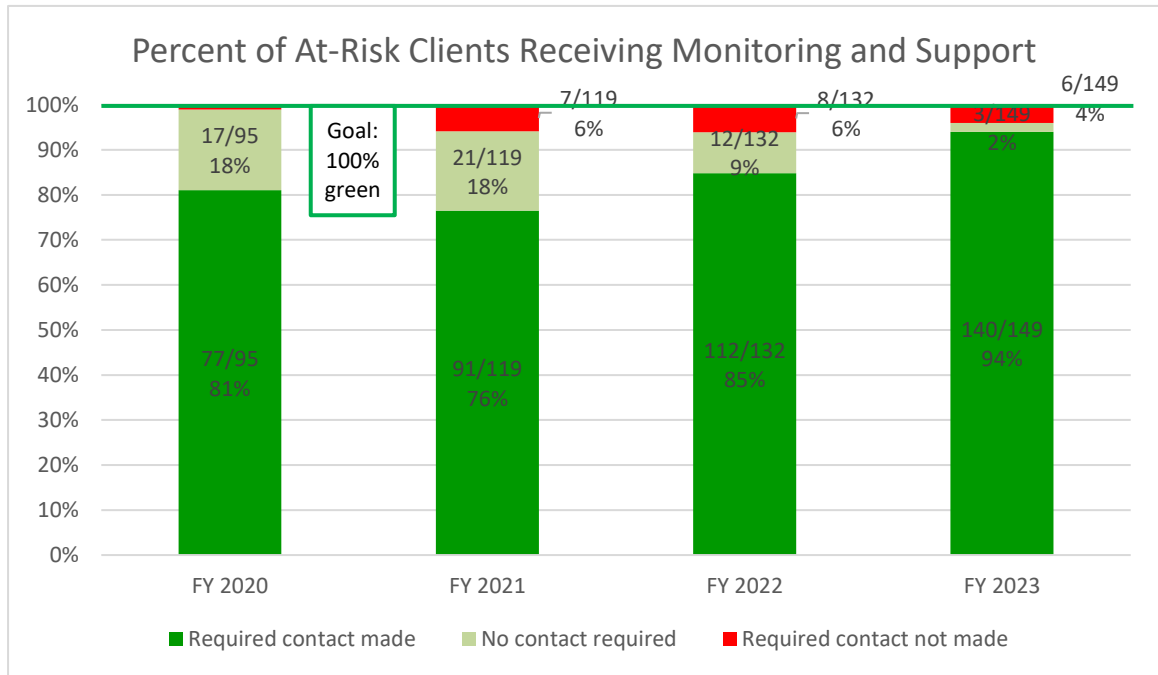
Recommendations	Target Dates
<ul style="list-style-type: none">Continue to monitor the impact of staffing shortages and change in walk-in hours on services in FY 2024.	<ul style="list-style-type: none">FY 2024 Q2
<ul style="list-style-type: none">Explore options to improve efficiency in walk-in services to decrease the total time clients take to complete the intake process.	<ul style="list-style-type: none">FY 2024 Q2
Forecast	
<ul style="list-style-type: none">In FY 2024, it is expected that at least 95% of the clients that walk-in for assessment during SDA will be assessed on the same day.	

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BHD Intake

Measure 2.3 At-risk clients receive monitoring and support

Data



Data Summary

- Intake staff complete risk management plans (RMPs) at intake for those clients who are discharged from hospitals, or who present with elevated risk.
- Until clients connect to a treatment team, intake staff monitor whether they are successfully implementing their RMPs. Monitoring mechanisms include review of data in the electronic health record, and outreach to the client and their family/supports.
- Data is extracted from the electronic health record and reviewed manually.

What is the story behind the data?

- If a client is following through with their RMP and has supports available, there is no need for intake staff to take additional action. Outreach occurs if it is part of the RMP, if the client is not following their plan, or if it is requested.
- In FY 2023, 94% (140/149) of at-risk clients received supportive contact post-intake and before assignment to a team, and 2% (3/149) did not require contact.
- Through review of the electronic health record, it was determined that six of the at-risk clients (4%) were not contacted as required by their RMP. This appears to have been due to staff or documentation error. While this resulted in no critical incidents, follow up training was provided to reduce issues in the future.
- The number of RMPs increased by 13% in FY 2023, indicating that more clients presented at high risk. Acuity has steadily increased over the last several years as RMP's are up 154% since 2018.
- In FY 2023, there was a change in same day access hours. Intake assessments were not offered on Fridays, which allowed staff time to track cases and follow up on high-risk clients to improve outreach and support.
- Clients were offered the option for outreach from a peer support specialist until they could get connected to ongoing services.

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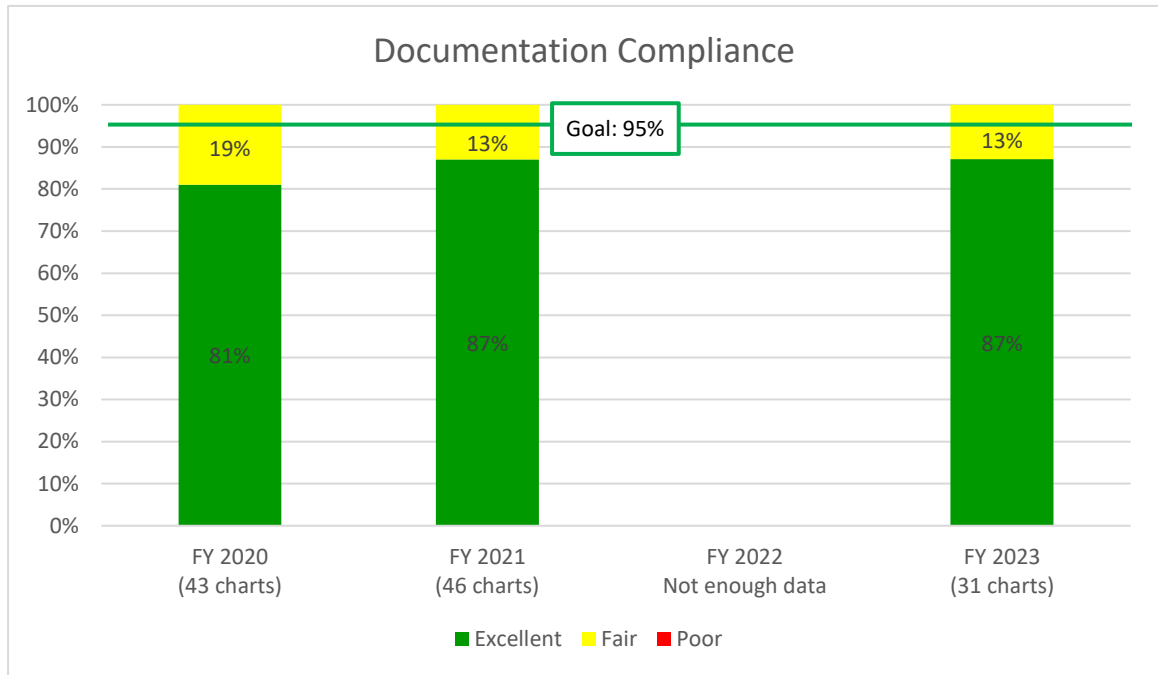
<ul style="list-style-type: none"> Intake program staff provided outreach asking outpatient programs for earlier FAC appointments, when possible, to try and expedite connection of high-risk clients. On average, clients at high risk were offered an FAC within 9 days, shorter than the overall average of 12 days. 	
Recommendations	Target Dates
<ul style="list-style-type: none"> Continue monitoring high-risk clients. 	<ul style="list-style-type: none"> Ongoing
<ul style="list-style-type: none"> Continue to review completed RMPs and provide staff with feedback and training on risk assessment and monitoring for clients with elevated risk. 	<ul style="list-style-type: none"> Ongoing
<ul style="list-style-type: none"> Continue to offer peer supports, crisis support numbers and additional resources to high-risk clients. 	<ul style="list-style-type: none"> Ongoing
Forecast	
<ul style="list-style-type: none"> In FY 2024, it is expected that appropriate supportive contact will be provided to all at-risk clients. 	

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BHD Intake

Measure 2.4 Clinical documentation compliance

Data



Data Summary

- The Compliance Review Team (CRT) and the program manager review one chart per staff each month and came to a consensus on scores when there was a discrepancy.
- In FY 2023, 87% of charts were rated as excellent (27/31).

What is the story behind the data?

- The vast majority of charts reviewed in FY 2023 were rated as excellent (90% or higher).
- In FY 2023, over half the charts scored perfect marks (16/31).
- The Compliance Review Team noted that the team did an exceptionally great job with comprehensive assessments and session notes.
- The few charts that were rated as fair exhibited some documentation timeliness issues. Staffing shortages and increased walk-in numbers impacted staff’s ability to complete timely documentation during busier periods.

Recommendations

Target Dates

- | | |
|---|--------------|
| • Continue monthly reviews of charts in collaboration with CRT. | • Ongoing |
| • Continue to provide feedback and training to staff on issues identified in the chart review process. | • Ongoing |
| • 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. | • FY 2024 Q1 |

Forecast

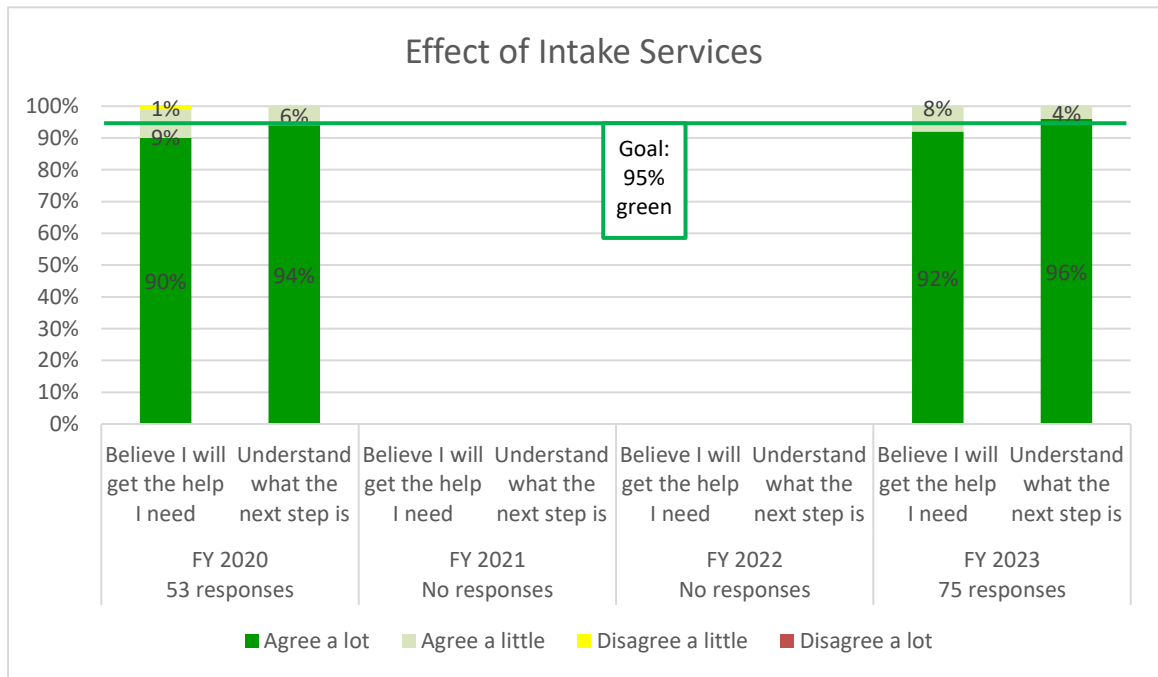
- In FY 2024, it is anticipated that 90% of charts will receive a consensus rating of “excellent.”

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BHD Intake

Measure 3.1 Clients believe they will get the help they need and know what the next step is

Data



Data Summary

- A point-in-time survey is administered for one month to obtain a sample of the intake program effectiveness.
- Results are based on responses to the items "I believe I will get the help I need" and "I understand what the next step is."

What is the story behind the data?

- After a two-year hiatus related to the pandemic, the Survey was administered again in FY 2023.
- Overall feedback from client surveys continued to be positive with clients believing they will get the help they need and understanding the next steps.
- Survey also inquired about face to face vs. telehealth service preferences. 88% (66/75) indicated they would prefer face to face services while 12% reported interest in virtual. However, several comments included the desire to have services both virtually and in person.

Recommendations

Target Dates

- Continue to provide client centered services that clearly lay out next treatment steps.
- Discuss options with outpatient services for all first clinical appointments to be conducted in person.

- Ongoing
- FY 2024 Q2

Forecast

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- In FY 2024, it is expected that 95% of respondents will respond that Intake has helped them determine next steps.

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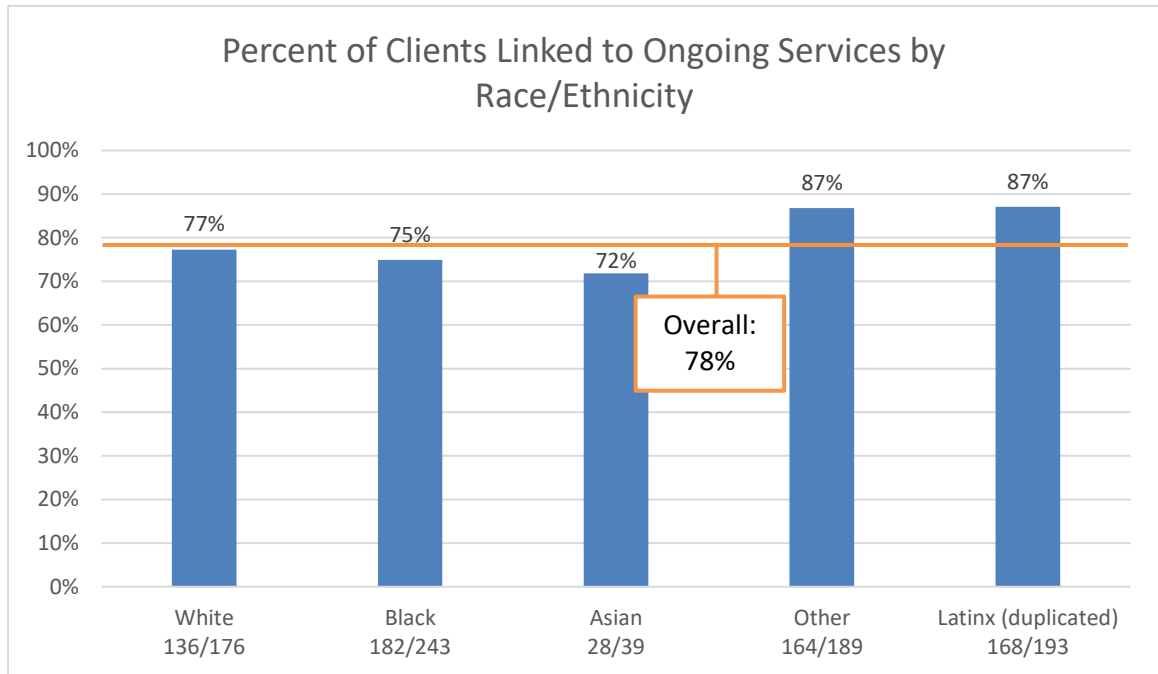
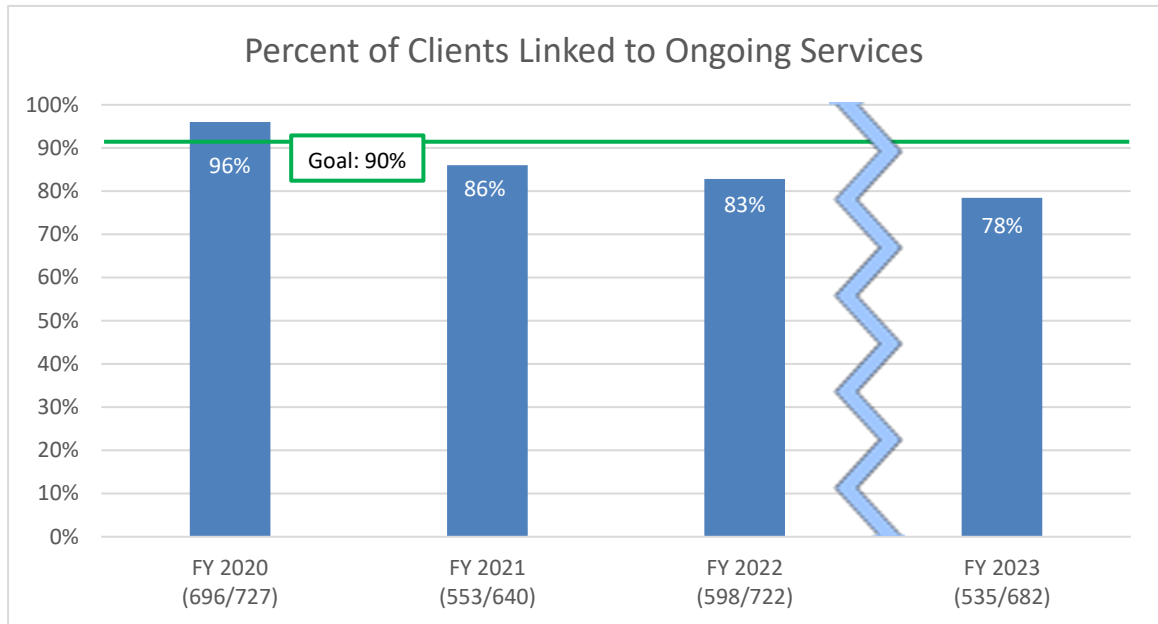
BHD Intake

Measure

3.2

Clients are successfully linked to ongoing services

Data



Data Summary

- In FY 2023, 78% (535) unduplicated clients received an intake assessment and attended at least one ongoing service appointment within 30 days of intake. Data is extracted from the electronic health record.
- The State SDA goal is that 75% of individuals referred for services return for the recommended services/follow up appointment.
- Equity disaggregation excludes 48 clients missing race data.

What is the story behind the data?

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- In FY 2023, 78% of clients were successfully linked to ongoing services. This is technically a decrease from the prior year, but that is because the connection timeframe changed. Prior to FY 2023, the expectation was that clients would be connected in 60 days. The expectation has been aligned with the state standard of 30 days. Based on the prior standard of 60 days, 84% of clients would have been marked as connected. This indicates we continued to connect clients successfully despite staffing shortages and waitlists.
- The increase in face-to-face services while still having telehealth options likely continued to help reduce barriers for individuals access to services.
- In FY 2023, outpatient services clinicians continued to use a variety of methods to complete first clinical appointments, including in-person and telehealth via phone or video. There were discrepancies in communication regarding the type of first clinical appointments which may have impacted connection rates.
- In FY 2023, an automated text/call reminder system was established to help remind clients of their appointments. Intake staff continued to make efforts to provide reminder calls to clients prior to their first clinical appointment. If a client does not show for their appointment, intake staff are alerted and engage in outreach with the client to reschedule. Additionally, Intake staff took time on days when same day access was not offered to call clients and remind them of appointments.
- When the number of days between intake and first clinical appointment is longer, clients are less likely to successfully link to ongoing services.
- An equity analysis conducted in FY 2023 did not show a significant disparity amongst racial groups. However, it was noted that Latinx clients connected to services at a higher rate than other demographics. This may correlate with the significant efforts of the Intake team to match these clients with care, including identifying another bilingual clinician who could provide outpatient services.

Recommendations	Target Dates
<ul style="list-style-type: none"> • In FY 2024 Outpatient staff will begin to directly outreach and reschedule clients who miss FAC appointments to reduce challenges and timing of rescheduling appointments. 	<ul style="list-style-type: none"> • FY 2024 Q1
<ul style="list-style-type: none"> • Continue to review data and explore why clients are not connecting to services to identify potential barriers to treatment. Additionally, review the impact of waitlisting clients. 	<ul style="list-style-type: none"> • FY 2024 Q2

Forecast
<ul style="list-style-type: none"> • In FY 2024, it is expected that 78% of clients who complete an intake will be connected to ongoing services within 30 days.