

FY 2022 PERFORMANCE PLAN

Aging and Disability Resource Center		ADSD/CSCB/AAA	Helen King x1734 Shandia Johnson x1761
Program Purpose	Connect older adults (60+) and adults with disabilities to targeted long-term service and supports that stabilize care, nutrition and housing needs, promote autonomy and enhance quality of life.		
Program Information	<ul style="list-style-type: none"> • The ADRC serves as the No Wrong Door point of entry for services in the Department of Human Services’ (DHS) Aging and Disability Services Division. • Many customers come to the ADRC with complex needs such as housing instability, homelessness, emergency financial assistance, food and nutrition, in-home and personal care services, and transportation. The most frequently requested services are rental assistance to prevent eviction and stabilize housing, shelter intake, information and referrals to housing and long-term care residences, and coordination to secure permanent housing solutions. Other services include utility assistance, screenings and referrals to Meals on Wheels, AFAC, the Community Living Program (CLP) and CCC+ waiver for personal care services, payments for medications, transportation, mental health services, including same day access, and referrals to other County programs and services. • The ADRC serves customers through phone calls, walk-ins or scheduled appointments. As part of the intake process, ADRC staff conduct screenings, complete assessments, and provide information, assistance and referrals. The ADRC provides short-term case management to customers depending on their needs and empowers customers to actively participate in their care plan. • Staff work closely with County partners and community organizations to provide options that will address the immediate need as well as encourage self-sufficiency. • ADRC services are mandated by the federal Administration for Community Living and aligned with Virginia’s Care Coordination (CCEVP) model. Services include Senior Outreach to Services (S.O.S.), Options Counseling and Service Coordination and are tailored to meet the customer’s unique preferences, needs, values, and circumstances. Staff are trained and certified as Options Counselors and complete an annual recertification. Service Coordination consists of home visits to individuals who are unable to maintain independent living and self-sufficiency in their community without supportive services. • The ADRC is funded by the federal Older Americans Act, Virginia state funds and local funds and provides information and counseling to people with all levels of income in need of assistance navigating the network of long-term services and supports. The Virginia Department of Aging and Rehabilitative Services (DARS) plans to update the Intrastate funding formula which may reduce funding levels in 2023. 		
Service Delivery Model	<ul style="list-style-type: none"> • In March 2020, as a result of COVID-19, the ADRC shifted to remote Assistance from a Distance service delivery. Most services were successfully provided by phone. • The remote service delivery model implemented as a result of COVID has removed barriers to client walk-in appointments, such as mobility challenges, transportation, and waiting times. • In FY 2022, the ADRC continued to serve clients remotely and resumed in-person walk-in service. Walk-in services are available daily during normal business hours. The ADRC averages 8 walk-ins per week and in FY 2022 averaged 30 phone calls per day. 		

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- To help support the growing need and provide more clinical oversight to the team and address the acuity of needs, a dedicated supervisor for the ADRC was hired in March 2022 and two part-time contract staff were converted to full-time overstrength positions to help meet the demand.

PM1: How much did we do?

Staff	<ul style="list-style-type: none"> Total 7.00 Staff FTEs: <ul style="list-style-type: none"> 0.25 FTE AAA Director 1.00 FTE ADRC Supervisor 1.00 FTE Human Services Clinician III 1.00 FTE Human Services Clinician II 3.75 FTE Intake Specialists (2 overstrength positions) Total 1.00 Contractor FTE: <ul style="list-style-type: none"> 1.00 FTE Intake Specialist
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Customers and Service Data		FY 2019	FY 2020	FY 2021	FY 2022
	ADRC Clients Served (duplicated)	1,253	1,756	4,849	6,718
	Short Term Case Management Clients Served (duplicated)	3,767	3,174	2,959	3,067
	% ≥70	50%	50%	50%	56%
	% BIPOC	56%	63%	63%	63%
	% female	62%	60%	61%	56%
	% in poverty	59%	59%	61%	56%
	% live alone	58%	59%	61%	64%
	# languages served	18	24	23	24
	Contact Units (all contacts recorded in the encounter)*	5,695	4,212	5,818	4,245
	Number of Referrals completed by ADRC staff*	1,943	1,425	901**	1,083
	Time Spent (the sum of all time spent from the encounter)*	2,225	1,194	1,558	1,826
*Information is underreported					
**In FY 2021, the number of referrals decreased in part because the majority of requests were for emergency financial assistance, rather than services requiring a referral.					

PM2: How well did we do it?

2.1	Completion of case management work within 90 days
2.2	Quality of customer experience

PM3: Is anyone better off?

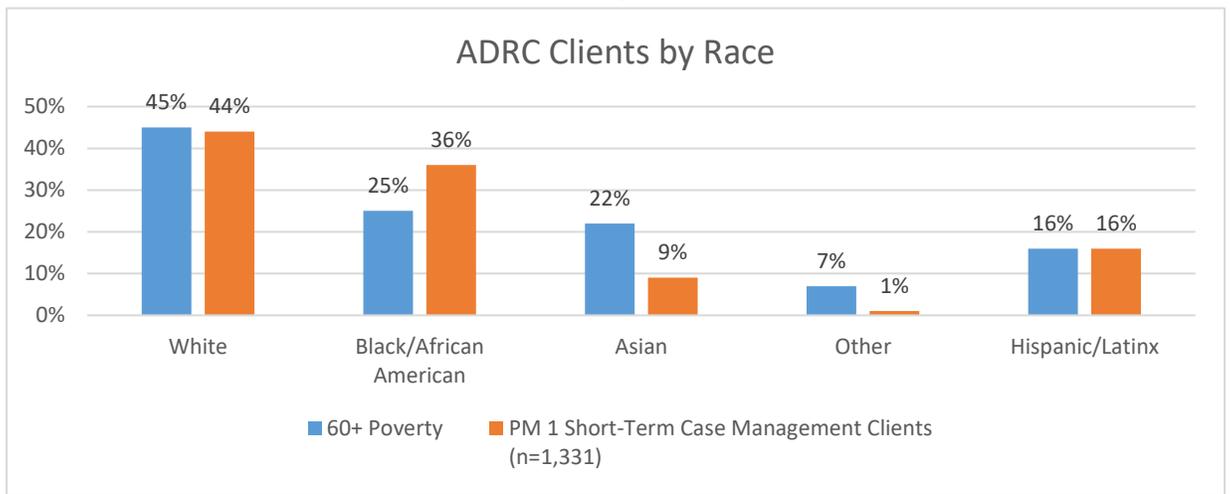
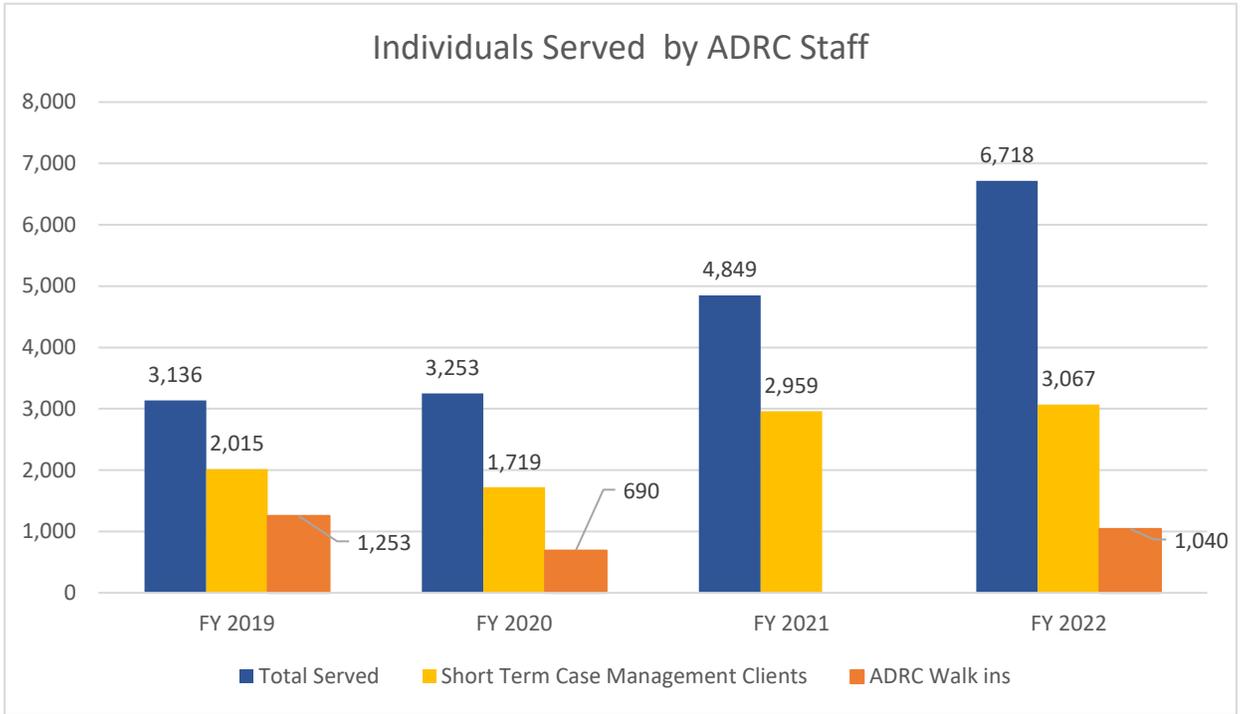
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3.1	Connection to services
3.2	Effectiveness of services

Aging and Disability Resource Center

Measure	1	Number of Individuals Served
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Data



Data Summary	<ul style="list-style-type: none"> In FY 2022 the ADRC served 6,718 individuals, an increase of 39% from FY 2021. This number is a duplicated count because often clients return for additional services.
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- The number of short-term case management clients grew 28% over FY 2021.
- The ADRC serves predominately White and Black/African American residents. The percentage of Black/African American residents served is higher than the population of Arlington residents 60+. The Asian and Other races served is significantly lower than the percentage of the population 60+.

What is the story behind the data?

- In March of FY 2020, the ADRC moved to a remote service delivery model. Prior to March 2020, the ADRC served, on average, 97 walk-ins per month. Walk-in services were suspended in FY 2021 and resumed in FY 2022.
- In FY 2022, the ADRC answered, on average, 471 calls per month, an increase of 17% from FY 2021.
- The number of individuals served is based on data captured in the walk-in schedule and CRIA Communication (FY 2019) and the ADRC Contact Logs (FY 2020 and beyond). Encounters are used to track short term case management clients. This represents any interaction greater than 15 minutes.
- The ADRC is able to serve a greater volume of customers as a result of the additional staff support and by continuing the remote service for clients. The ADRC continues to address a high volume of requests for rental assistance, food, emergency shelter and dental needs.
- In March of FY 2020, staff began recording all phone calls in a Client Intake Log Excel spreadsheet to provide insight into the requests for assistance staff were addressing. In FY 2022, the team started to utilize a Microsoft Form to collect this information, allowing for more consistency in data entry.
- Contact units decreased in FY 2022 but time spent increased. This is likely a result of data entry inconsistencies in Peer Place. The ADRC continues to serve individuals with complex needs that require a higher volume of care coordination to assist with service delivery.
- Referrals are made to internal and external partners. The number of referrals increased in FY 2022.

Recommendations

- Evaluate ADRC models in other jurisdictions to determine best practices for capturing clients served.
- Train staff to ensure consistency in data entry and tracking across platforms.
- Explore developing a measure to report unduplicated clients served.

Target Dates

- Q4 FY 2023
- Quarterly
- Q4 FY 2023

Forecast

- For FY 2023, we project the number of clients served will reach 7,000.

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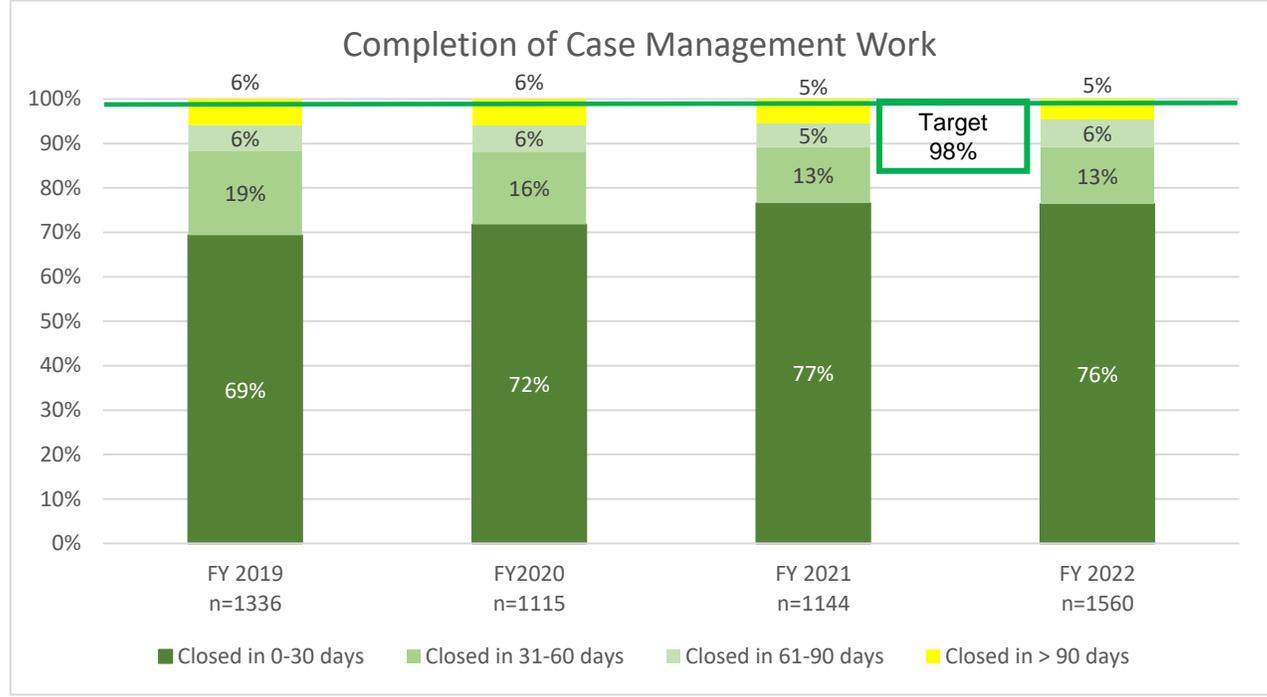
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Measure

2.1

Completion of Case Management Work within 90 Days

Data



Data Summary

- This metric shows customer encounters that were initiated, resolved and closed within the Fiscal Year. This metric is broken down into 30-day increments to better capture the nature of the work.
- For the short term management cases that were closed in FY 2022, the team achieved a 95% completion rate within 90 days. Most cases that closed in FY 2022 were closed within 30 days (76%) indicating that customers did not require long-term case management services.
- The percentage of cases open more than 90 days was consistent with FY 2021.

What is the story behind the data?

- The ADRC helps customers navigate the full range of available long-term services and supports and helps people access public and private programs. Most cases and encounters are resolved within 90 days, but a percentage require more intensive and ongoing support.
- The ADRC provides Options Counseling, short-term case management, and intensive interventions to preserve and stabilize housing and economic security. The target is to complete case management and service coordination within 90 days or refer to ongoing case management services like Adult Services, Nursing Case Management or other community programs.
- The Team Lead sends monthly reminders to the staff to review open encounters has led to more encounters being closed as they are completed.
- Clients often experience needs across multiple programs, resulting in variation in the amount of time required for case resolution.
- The ADRC works closely with the customer to empower the individual in care planning and partners with both County and community partners to ensure that needs are met.

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- ADRC staff meet weekly to discuss complex cases. This allows for cross team collaboration and facilitates collaboration on some of the more challenging cases.
- The assessment tool implemented in FY 2020 continues to serve as a valuable resource to staff to assess client acuity and refer to the most appropriate program: ADRC, Adult Services, Nursing Case Management or Adult Protective Services. When customers require longer-term services, the goal is to rapidly connect those customers to appropriate resources and staff. Peer Place is regularly used for internal transfers to the Community Living Program and Nurse Case Management.

Recommendations

Target Dates

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| <ul style="list-style-type: none">• Continue to utilize the CSCB assessment tool to connect individuals with the most appropriate services and resources.• Consider alternative tools to refer clients to Adult Services and APS, such as Microsoft Forms, to automate data collection. | <ul style="list-style-type: none">• Ongoing• Q1 FY 2023 |
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Forecast

- For FY 2023, anticipate 96% of the ADRC cases will be closed within 90 days.

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Measure 2.2 Quality of customer experience

Data



Clarity	Staff explained options in a way I could understand
Wait Time	How many people did you speak to before you were connected to a person who could help you?
	How satisfied were you with the length of time it took to get a resolution?
Quality	Staff listened to my needs.
	Staff treated me with respect and dignity.
	I received the information that I needed.

Data Summary

- This measure assesses the quality of the customer experience based on the clarity of the information provided, the time it took to get to resolution, and the customer service provided by the staff.
- In FY 2022, clients with completed cases were called individually and surveyed by the team lead. Staff completed a MS Forms survey for each client contacted.
- A total of 102 clients were contacted. 56 of those recipients responded in FY 2022, a 55% response rate. Results reflected satisfaction rates exceeding 90% for clarity, wait time, and quality.

What is the story behind the data?

- In FY 2022, over 90% of clients responding expressed satisfaction with the clarity, wait time, and quality of services.
- Despite the increase in volume, the ADRC team continues to emphasize providing responsive customer service through the CARES model and explaining information to help individuals navigate the range of long-term services and support.

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- There is an ongoing challenge to complete the customer satisfaction surveys at existing staffing levels. Due to the increased volume of customers, and the acuity and complexity of customer needs, staff were limited in their ability to collect survey data.
- Many of the clients contacted did not remember their interaction with the ADRC, or had a new case open and may have confused their new encounter with the encounter being surveyed.
- As an attempt to offer more options to clients to provide feedback, staff added a link to the satisfaction survey in their email signature line. The team received no additional responses from this step.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Explore alternative methods to collect satisfaction data including resources that automate survey collection and analysis. • Reinstigate quarterly review of survey results in staff meetings. • Continue to ensure new staff, within 30 days of hire, are trained and oriented to policies and procedures through peer coaching and supervisory strategies such as case reviews in supervision and quality assurance of chart reviews. • Continue to assess quality assurance through chart reviews and offer trainings to address areas of need. 	<ul style="list-style-type: none"> • Q4 FY 2023 • Q2 FY 2023 • Ongoing • Ongoing

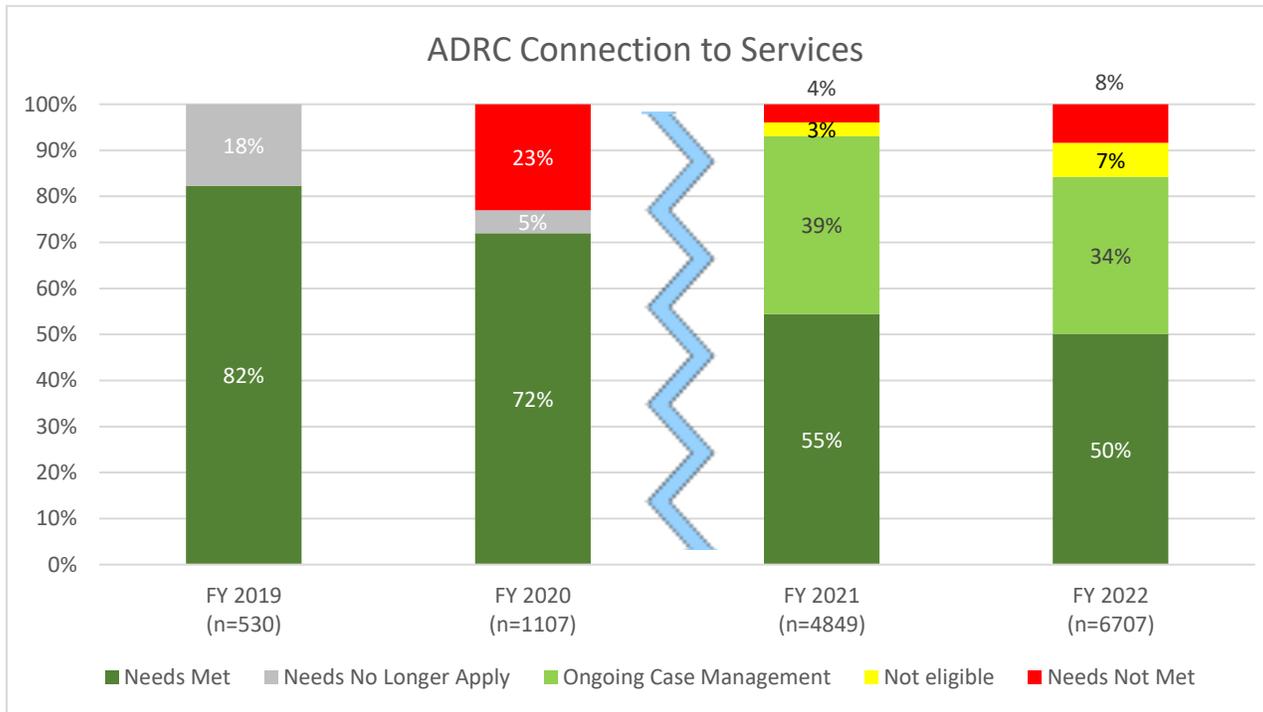
Forecast

- FY 2023: Anticipate achieving a 95% positive rating for each measure.

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Measure 3.1 Connection to services

Data



Data Summary

- For FY 2022, data was pulled from the ADRC Contact Log where the ADRC Team recorded phone calls, in-person or email contacts with clients.
- In FY 2022, 50% of the contacts were categorized as needs met, 34% indicated ongoing case management, 7% were categorized as not eligible and 8% were categorized as need not met.
- This measure excludes contacts for which connection to services could not be assessed. In FY 2022, 11 contacts were excluded.
- Prior to the pandemic, this measure was based only on walk-in clients and was determined by comparing the information on the Welcome Form that customers completed during their intake to the corresponding Peer Place encounter documentation.

What is the story behind the data?

- In March 2020, with the COVID-19 pandemic shift from in-person appointments to remote service delivery, ADRC staff began to track all calls on a shared phone log that includes contact information, initial request, resources shared and follow up. In FY 2022, the data was collected using Microsoft Forms, which allows for more consistency in data reporting. ADRC staff record all contacts with clients in this form.
- The most frequently requested needs include eviction prevention, financial assistance, nutrition programs, affordable housing resources, dental and in-home services through Community Living Program.

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- A need that is not met may have been the result of a lack of resources (dental, no available apartments in an independent living facility, lack of affordable assisted living). A need that is categorized as Not Eligible generally refers to income levels or residency. In all situations, ADRC staff provide information and referral to support the customer.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue to provide quality assurance through chart reviews and share feedback with staff during monthly supervision. • Continue to staff cases during weekly clinical coordination meetings to ensure all possible resources and benefits have been explored and shared with the customer. • Explore options for efficiencies in tracking metrics related to initial requests for services and connection to services that may include development of a dashboard. • Evaluate usefulness of JasperSoft to provide more accurate reporting regarding connection to services. 	<ul style="list-style-type: none"> • Monthly • Ongoing • Q3 FY 2023 • Q4 FY 2023

Forecast

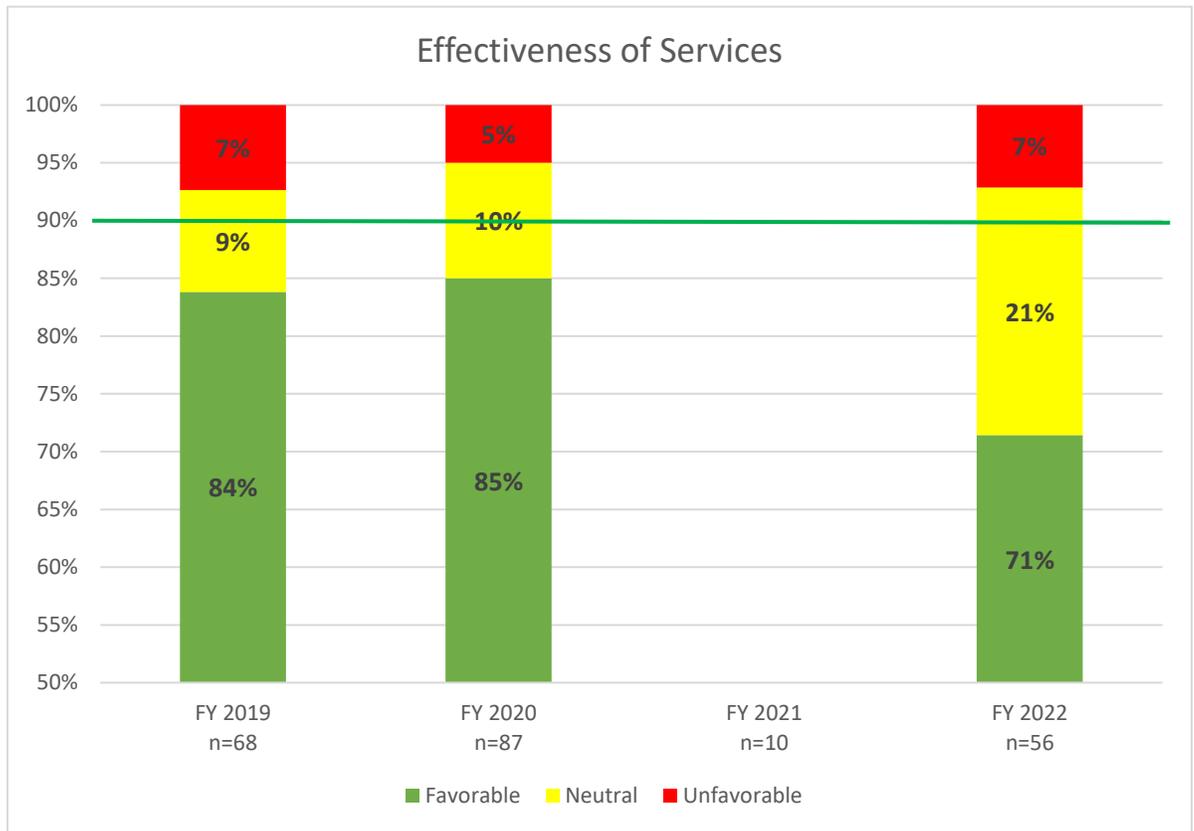
- For FY 2023: The ADRC Team will meet the needs of 60% of the contacts with another 35% categorized as ongoing case management.

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Measure 3.2 Effectiveness of services

Data



Data Summary

- Effectiveness of Services is measured by the final question in the ADRC Satisfaction Survey: "I am better off now than before I was served by the staff." The goal is to achieve a 95% favorable response to the survey question.
- Outcomes reflected that 71% of participants reported being better off after being served by ADRC staff, while 21% reported neutral, and 7% reported unfavorably.

What is the story behind the data?

- In FY 2022, the percentage of clients responding favorably decreased to 71%. The volume and acuity of cases in FY 2022 contributed to the decrease.
- There is an ongoing challenge to complete the customer surveys at existing staffing levels. Due to the increased volume of customers, and the acuity and complexity of customer needs, staff were limited in their ability to collect survey data.
- As an attempt to offer more options to clients to provide feedback, staff added a link to the satisfaction survey in their email signature line. The team received no additional responses from this step.

Recommendations

- Explore alternative methods to collect satisfaction data and consider uniformity with similar programs like EID's Clinical Coordination Program.

Target Dates

- Q2 FY 2023

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<ul style="list-style-type: none">• Explore new ideas for measuring the effectiveness of services delivered.• Expand staff support to provide more consistency and continuity in survey collection.	<ul style="list-style-type: none">• Q3 FY 2023• Q2 FY 2023
Forecast	
<ul style="list-style-type: none">• FY 2023: Anticipate achieving 90% favorable responses.	