

**FY 2022 PERFORMANCE PLAN**

<b>Senior Adult Mental Health (SAMH)</b>	<b>ADSD/SAMH</b>	<b>Vacant</b>
Program Purpose	<ul style="list-style-type: none"> <li>Maximize each individual’s level of functioning, improve/maintain the quality of life, and reduce the impact of disability on functional effectiveness.</li> </ul>	
Program Information	<ul style="list-style-type: none"> <li>The Senior Adult Mental Health (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.</li> <li>Treatment provided is trauma-informed and co-occurring capable.</li> <li>SAMH Same Day Access (SDA) was implemented in March of 2018. SDA offers psychosocial assessments and comprehensive intakes on a walk-in basis; no appointment or screening is needed. An Intake Specialist assesses referrals (with Manager) from internal and community partners. Clients who do not meet the program criteria are collaboratively linked with appropriate resources. During the Covid-19 pandemic, Same Day Access intakes were offered via telehealth.</li> <li>SAMH has a designated discharge planner who collaborates with Piedmont Geriatric Hospital regularly, to effect safe discharges for elderly Arlington residents who are admitted.</li> <li>SAMH also collaborates with the Behavioral Health Division (BHD) to transition clients who have aged out and require geriatric specialized treatment.</li> <li>Outpatient treatment is provided by mental health therapists and psychiatrists that includes counseling, psychoeducation, psychotherapy using evidence-based interventions, medication management, and linkage to peer supports and community resources.</li> <li>In-home services are provided when an individual is unable to make office visits.</li> <li>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.</li> <li>SAMH mental health therapists and psychiatrists are geriatric specialists who receive ongoing training in evidence based aging related practices.</li> <li>SAMH funding is 70% local, 13% state, and 17% other sources such as fees, federal and lease funds.</li> <li>SAMH is a Community Services Board (CSB) program and adheres to the Virginia Department of Behavioral Health and Disability Services’ regulations.</li> <li>Partners include Virginia Hospital Center, BHD, Adult Services, Developmental Disability Services, RAFT, Nursing Case Management, ARDC Treatment on Wheels (TOW), Culpepper Gardens, Mary Marshall Assisted Living Residence, ASPAN, RPC, and Piedmont Hospital.</li> </ul>	
Service Delivery Model	<ul style="list-style-type: none"> <li>During the Covid-19 pandemic in FY 2021, most services converted to telehealth except for patients needing injections or others with a compelling clinical need to be seen. Standard precautions were implemented on these occasions.</li> <li>In FY 2022, SAMH services were delivered in a hybrid model. SDA services resumed in person in July. High acuity, prominent risk assessment needs, active substance use issues, and those difficult to engage were prioritized for in-person services either in the office or in their homes. Clients with a strong</li> </ul>	

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	<p>preference for hybrid due to COVID-19 transmission fears remained telehealth video.</p> <ul style="list-style-type: none"> <li>In FY 2023, services will continue to be delivered in a hybrid model. The program will merge with DD services in an integrated Bureau structure to support CSB functions.</li> </ul>
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**PM1: How much did we do?**

Staff	<p>Total 8.0 FTEs:</p> <ul style="list-style-type: none"> <li>1.0 FTE Program Manager</li> <li>4.0 Behavioral Health Therapists (3 FTEs and 2 part-time staff)</li> <li>1.0 Behavioral Health Resident/Supervisee (Dedicated to DD Clinical Services)</li> <li>1.0 FTE Behavioral Health Specialist</li> <li>1.0 FTE Public Health Nurse</li> </ul>
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Customers and Service Data		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
	Clients Served	314	347	400	349
	Total Referrals and Intakes	66	92	145	134
	Same Day Access (SDA)*	30	70	101	93
	BHD Transfers	12	4	18	25
	Piedmont Admissions	11	8	14	9
	DD Psychopharmacology	13	10	12	7
	*Beginning in FY 2020, SDA data includes anyone who came through the SDA door, whether referred out, ineligible, or accepted.				

**PM2: How well did we do it?**

2.1	Timeliness of Progress Note Completion
2.2	Documentation Compliance

**PM3: Is anyone better off?**

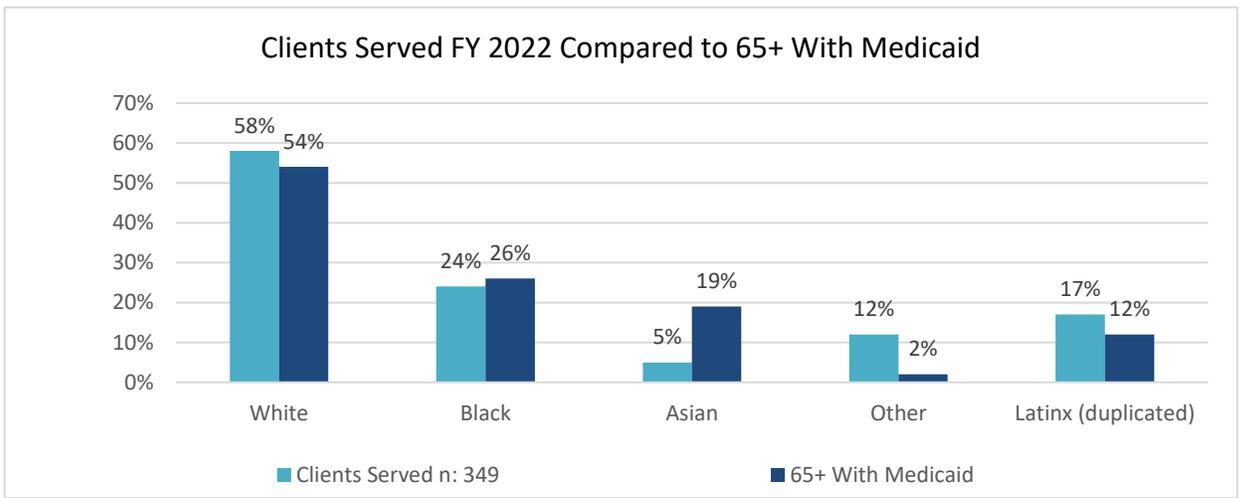
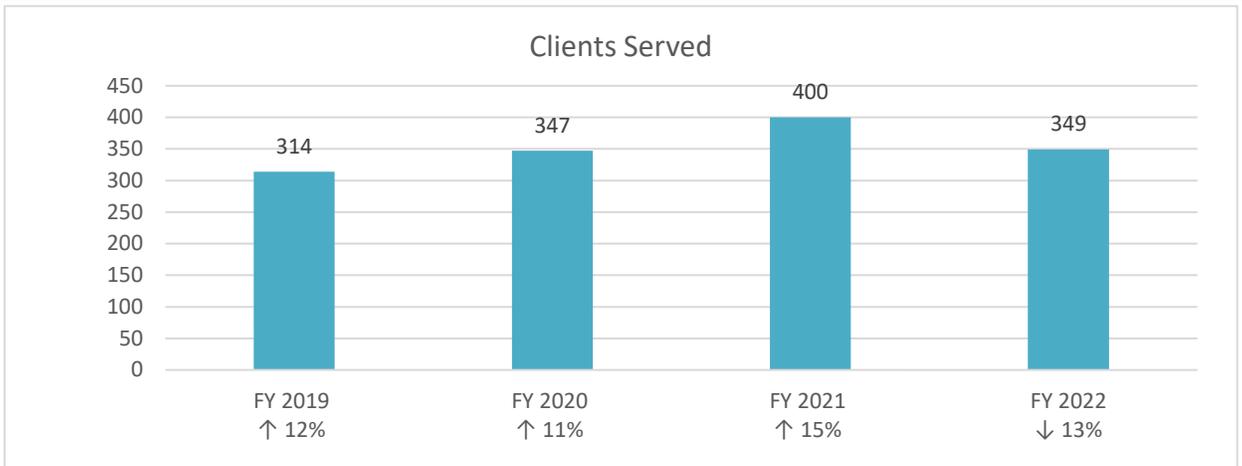
3.1	Older Adults Remaining in the Community
3.2	Improvement in level of functioning

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SAMH

Measure 1.0 Clients Served

Data



Data Summary

- SAMH clinical staff served 349 clients in FY 2022. This is a 13% decrease from the prior year.
- Most clients served in the SAMH program are white (58%), followed by black (24%), Latinx (17%), Asian (12%), and other (12%). Demographics of clients served are generally aligned with demographics of Medicaid recipients aged 65 and over.
- The Latinx data presented is duplicated. The population identified as “Other” 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?

- This decrease in clients served is related to clients’ improvement in functional status and due to staffing transitions.
- SAMH clinicians facilitated joint outreach efforts with Child and Family Services colleagues offering bilingual presentations in Spanish on Depression and Anxiety in Seniors.

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- Approximate age ranges of SAMH clients: 0-59 (17%), 60's (41%); 70's (32%); over 80 years (9%).
- Common primary diagnoses of clients include mood disorders (39%), psychotic disorders (20%), neurotic, stress-related and somatoform disorders (10%), intellectual disability (28%), substance use (1%), and personality disorders (1%).
- During the pandemic, COVID safety concerns caused a decrease in the Piedmont census, resulting in lower census and referrals to the SAMH program.
- SAMH initiated reopening plans in July resuming in-person services. Clients were apprehensive of returning in-person. As a result, some clients engaged in video telehealth while others did not engage in telehealth due to comfort level with technology. Because office visits can present barriers to engagement, SAMH clinicians are providing more community outreach visits.
- In mid FY 2022, phone-only telehealth was no longer approved, and clients were required to receive services in person or via video telehealth. This required clients who had become accustomed to telephonic services to adapt to different service delivery approaches.
- The program is working collaboratively with Behavioral Health colleagues on over 60 BHD transfers and to provide more targeted outreach to vulnerable and marginalized communities on SAMH services.

<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Acquire a trainer and provide training on unconscious bias for all staff and continue related equity discussions in team meetings and supervision.</li> <li>• Improve strategies to address substance use disorders by enrolling in specialized training that will better serve clients who have substance use histories.</li> <li>• Offer culturally competent outreach presentations/flyers for DHS staff, BHD colleagues, and partner with DD to discuss indicators and risk factors of co-occurring disorders.</li> <li>• Collaborate with ADRC Supervisor to review intake and assessment forms that capture race/ethnicity for SAMH clients.</li> <li>• Collaborate with the ADSD Outreach team to target underserved populations.</li> <li>• Continue to work with CFSD on the joint outreach to faith communities.</li> </ul>	<ul style="list-style-type: none"> <li>• FY 2023, Q3</li> <li>• FY 2023, Q3</li> <li>• FY 2023, Q4</li> <li>• FY 2023, Q4</li> <li>• FY 2023, Q4</li> <li>• FY 2023, Q4</li> </ul>

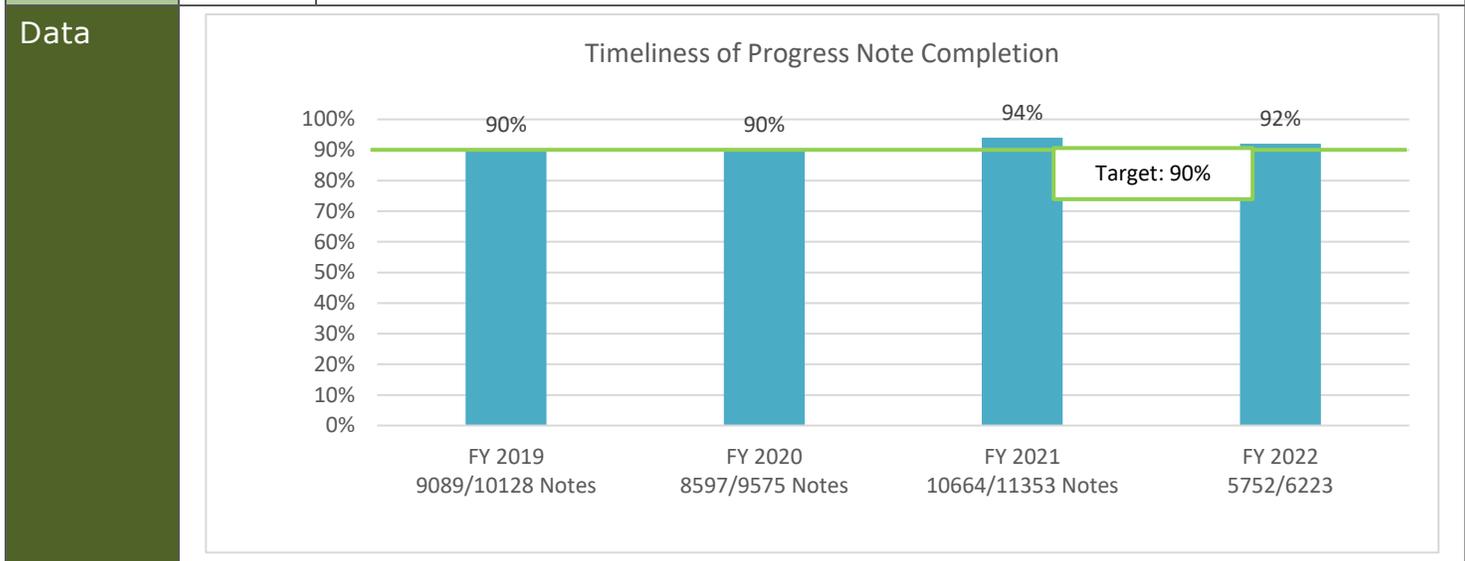
**Forecast**

- For FY 2023, we project an increase in *Clients Served* to 360.

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**SAMH**

<b>Measure</b>	<b>2.1</b>	<b>Timeliness of Progress Note Completion</b>
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<b>Data Summary</b>	<ul style="list-style-type: none"> <li>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.</li> <li>In FY 2022, 92% (5752/6223) of progress notes met the timeliness standard.</li> </ul>
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**What is the story behind the data?**

- Due to the implementation of a new electronic health record (EHR), Welligent, concessions were granted to extend the entry of progress notes to two business days during the months of September through December of 2021.
- There was an 45% decrease in the # of progress notes entered in FY 2022, likely due to clinician and management transitions and a steep learning curve on coding documentation in Welligent.
- The Manager reviewed timeliness statistics with clinicians each month and provided resources to assist them in meeting and exceeding the goal. Additionally, trainings were incorporated as a standing agenda item in team meetings, to include the Compliance team.

<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>Program Manager and Quality Assurance (QA) will continue to audit the timeliness report monthly and provide a copy to review with each clinician.</li> <li>QA will continue to provide timeliness reports, review session note completion, and offer technical assistance to ensure compliance.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Ongoing</li> </ul>

**Forecast**

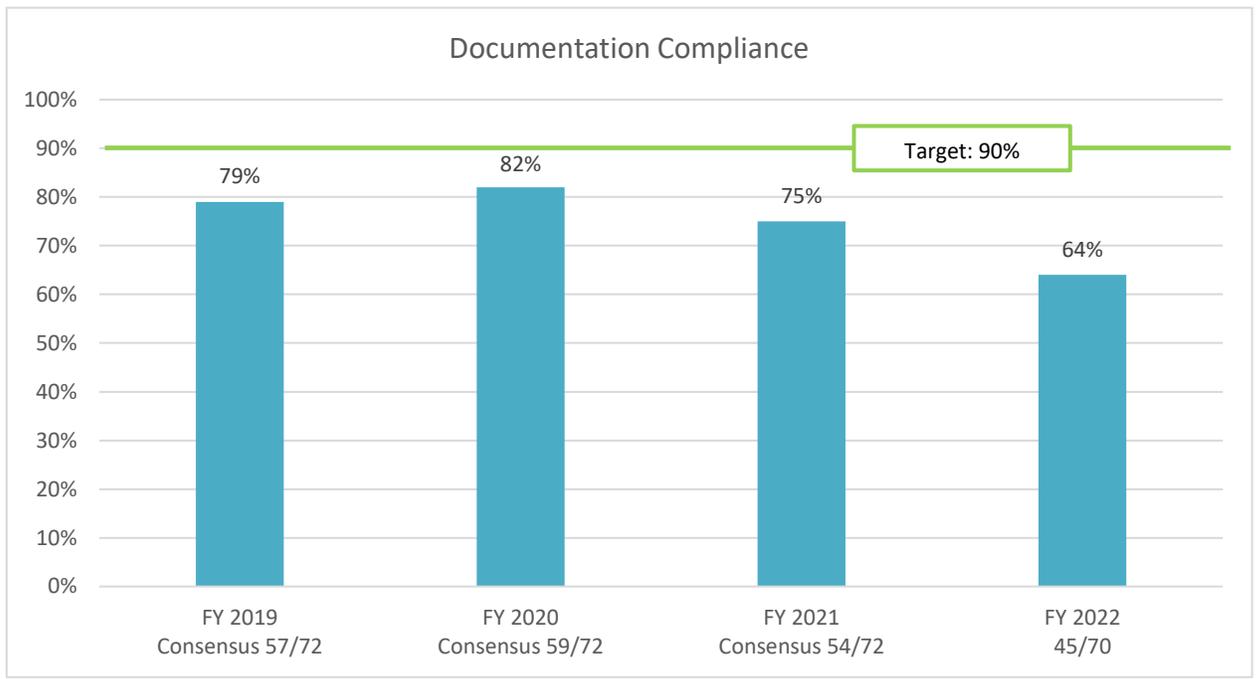
- In FY 2023, anticipate that timeliness will continue to meet or exceed the standard of 90%.

**FY 2022 PERFORMANCE PLAN**

**SAMH**

**Measure**      2.2      Documentation Compliance

**Data**



**Data Summary**

- The compliance benchmark for the CSB is 90%. Concessions for chart reviews were granted for a brief period in FY 2022, while staff acclimated to Welligent, the new electronic health record system.
- SAMH Manager, QA, and CRT completed monthly chart reviews for each clinician to arrive at a consensus score. Results from the chart reviews are transcribed into a consensus tool, and a review is conducted to reach a consensus score.
- In FY 2022, 64% (45/70) of charts reviewed by the manager, QA, and CRT met the minimum compliance standard of 90%. Data is reported in the CSB Chart Review Database.
- To achieve this score, both program manager and CRT independently complete chart reviews by the end of each month.

**What is the story behind the data?**

- Concessions for chart reviews were granted for a brief period in FY 2022, while staff acclimated to Welligent.
- Factors contributing to the decrease in scores included staff learning curve for new compliance measures, a staffing shortage that led to higher caseloads, and the demands of the pandemic. There were two major transition points in management oversight of chart reviews that left a gap in continuity of chart reviews.
- Two clinicians experienced extended leave which resulted in higher caseloads for other team members. In addition, two clinicians were onboarded in Quarter 3.
- 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.

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<ul style="list-style-type: none"> <li>Clinicians consulted regularly with compliance which helped improve their scores later in the fiscal year.</li> </ul>	
<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>Continue to review CSB charts monthly with clinicians in supervision.</li> <li>SAMH Manager and QA will continue to collaborate monthly with CRT to reach consensus scores.</li> <li>Periodic team meetings with compliance staff to review compliance requirements and brainstorm solutions.</li> <li>Team chart audit reports will be added to team meeting agendas to address.</li> <li>Collaborate with CRT to ensure chart compliance related to internal transfers.</li> <li>Clinicians and Program Manager will continue to monitor Welligent To Do List to enhance compliance.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Ongoing</li> <li>Ongoing</li> <li>FY 2023, Q2</li> <li>Ongoing</li> <li>Ongoing</li> </ul>
<b>Forecast</b>	
<ul style="list-style-type: none"> <li>In FY 2023, anticipate that 80% of charts will be fully compliant.</li> </ul>	

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**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 2022, the team was able to maintain 98% of clients in the community.
- Of the clients discharged from the program this fiscal year, 8 were discharged prior to stabilization.
- Manager runs Client Services Report in the electronic health record on a quarterly basis to identify closure reasons for all discharged clients.

**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 2022, 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.

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- 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**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Continue hybrid model (video telehealth and in-person) of service delivery driven by client acuity, risk issues, and other salient clinical factors.</li> <li>• Continue to monitor client reasons for premature discharge and implement interventions as needed.</li> <li>• SAMH will update the discharge policy to align with discharge reasons in the new electronic health record, and revise the policy for re-engagement attempt methods.</li> </ul> | <ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing</li> <li>• FY 2023, Q2</li> </ul> |
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**Forecast**

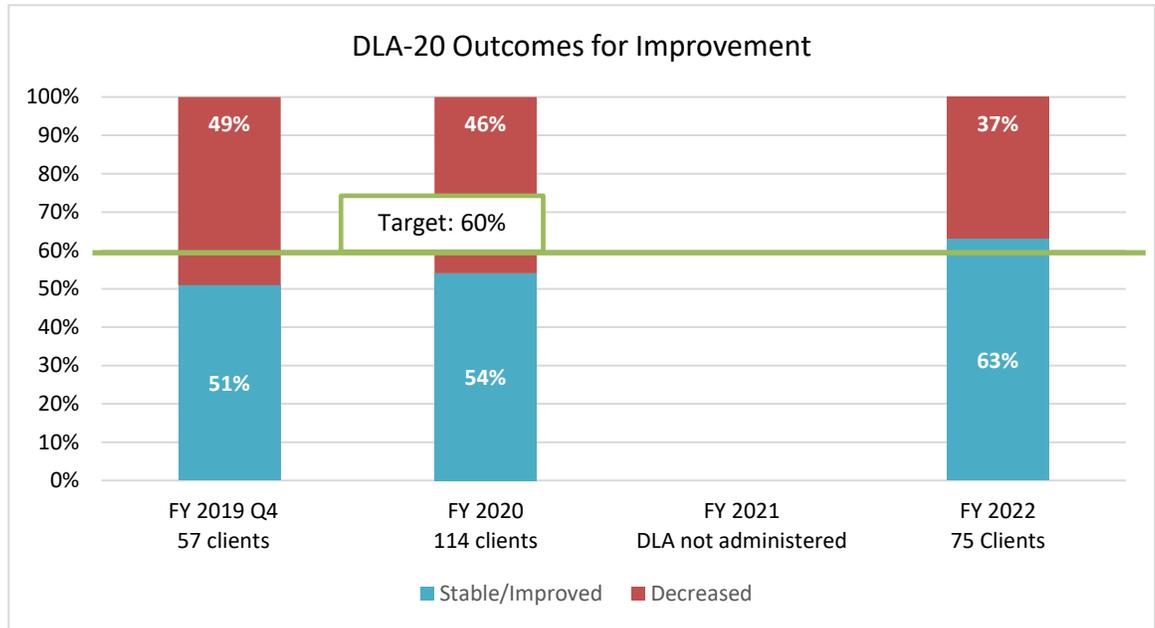
- In FY 2023, anticipate that 99% of clients will be maintained in the community.

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**Senior Adult Mental Health**

**Measure**      3.2      Improvement in level of functioning

**Data**



**Data Summary**

- The DLA-20 measures client’s 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.
- Due to the COVID pandemic, data for this measure was not collected for FY 2021. The DLA-20 is administered to SAMH clients in person at 90-day intervals to coincide with the quarterly service plan review.
- Of the 75 clients who had more than one DLA assessment in FY 2022, 63% stabilized or improved their level of functioning, while 37% showed a decrease.

**What is the story behind the data?**

- With the reopening of in person services in July, SAMH clinicians were able to resume DLA assessments and more accurately assess clients’ functional status.
- Many clients assessed were found to need more care coordination because of social isolation and physical decline.
- Most 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.
- Several clients were referred for short term rehab due to a hospitalization causing a short term decline in functional ability.

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- 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.

- Ongoing
- FY 2023, Q4

**Forecast**

- In FY 2023, at least 60% 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.