

**FY 2022 PERFORMANCE PLAN**

<b>Assertive Community Treatment (ACT)</b>		<b>BHD/OP</b>	Luis Marcano, x5343 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"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• The ACT Team receives referrals primarily from the Outpatient Services Bureau teams in the Behavioral Healthcare Division.</li> <li>• The ACT Team collaborates with a wide array of community partners, including:               <ul style="list-style-type: none"> <li>• Emergency Services</li> <li>• Arlington County Police</li> <li>• Local and state hospitals</li> <li>• Pharmacies and medical doctors</li> <li>• Arlington County Detention Facility</li> <li>• Property managers</li> <li>• Local area crisis stabilization homes</li> </ul> </li> </ul>		
Service Delivery Model	<ul style="list-style-type: none"> <li>• Services were primarily delivered in-person and in the community FY 2022, following ACT program model guidelines.</li> <li>• Service delivery model is anticipated to remain the same in FY 2023.</li> </ul>		
<b>PM1: How much did we do?</b>			
Staff	12.8 FTEs and 2 PRNs <ul style="list-style-type: none"> <li>• 1.0 FTE Program Manager</li> <li>• 1.0 FTE Assistant Program Manager</li> <li>• 0.8 FTE Psychiatrist</li> <li>• 1.0 FTE Administrative Technician</li> <li>• 3.0 FTE Psychiatric Nurses</li> <li>• 2.0 FTE Mental Health Therapists</li> <li>• 3.0 FTE Behavioral Health Specialists</li> <li>• 2 PRN Human Services Specialists</li> </ul>		

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	<ul style="list-style-type: none"> <li>1 FTE Peer Specialist (contractor) – temporary position through 6/30/2022</li> </ul>				
Customers and Service Data		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
	Number of clients served (unduplicated)	109	101	108	106
	Number of new clients admitted to ACT	8	15	18	6
	Hours of service provided by clinicians	10,512	8,647*	6,053	6,165
<p>* Beginning in the second half of FY 2020, the duration of face-to-face visits was reduced to limit exposure to others during the COVID-19 pandemic.</p>					

**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?**

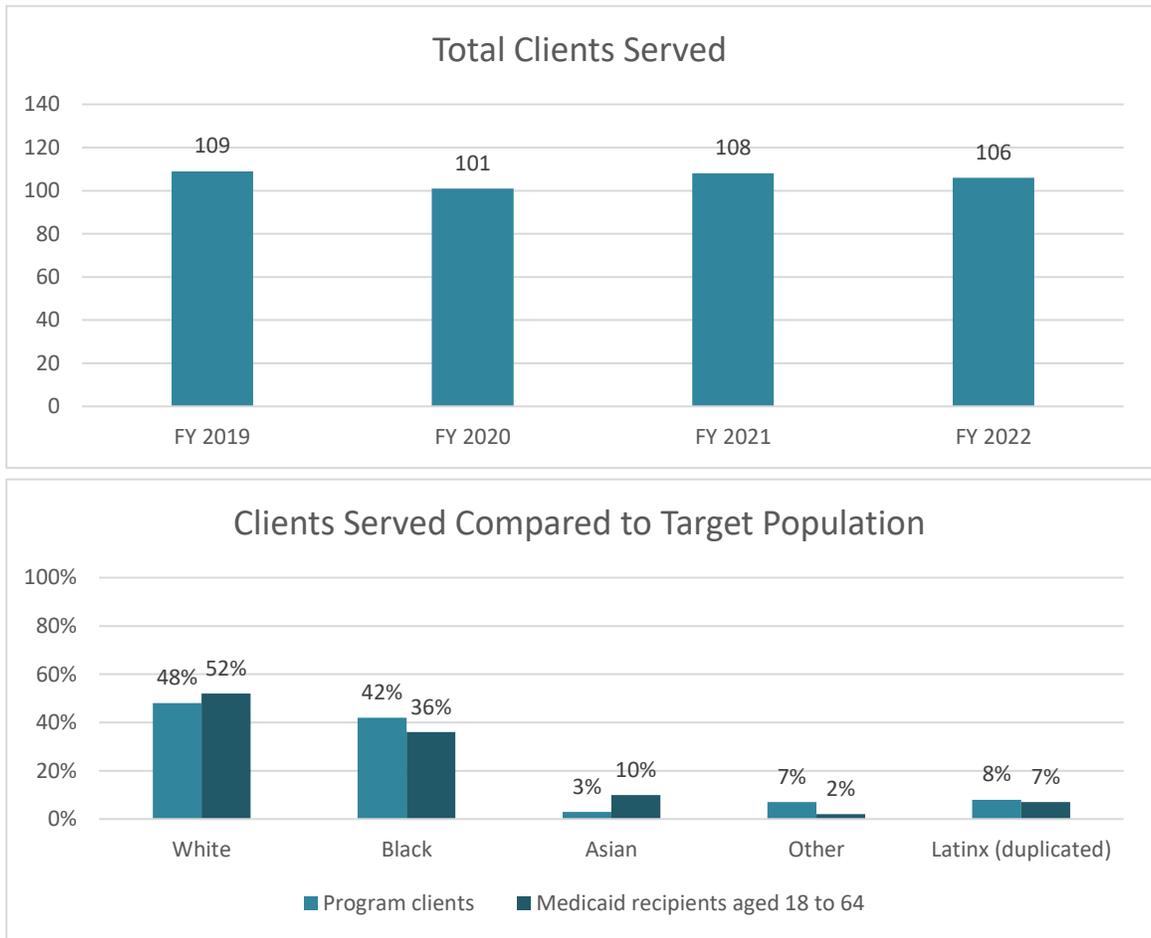
3.1	Psychiatric hospitalization rate
3.2	Clients living independently (in private households)
3.3	Clients employed in competitive jobs

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ACT

Measure 1 Total clients served (unduplicated)

Data



Data Summary

- Total clients served by ACT in FY 2022 was 106, which is comparable to previous years.
- The selected comparison population for the racial equity analysis is Medicaid recipients aged 18 to 64. Medicaid recipients often lack other treatment resources. 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?**

- ACT client demographics largely mirror those of Medicaid recipients in Arlington
- 66% of ACT clients have a substance use issue, higher than the agency’s overall percentage of 40%. Substance use can exacerbate mental health symptoms, adding to the complexity of serving these clients.
- 67% of clients are male, higher than the agency’s overall percentage of 57%. 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 2022, the age distribution of ACT clients was as follows:
  - 13% under 29, 48% ages 30-49, 34% ages 50-69, and 5% 70 and older.

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- In FY 2022, 15 clients were discharged from services for a variety of reasons, including graduating to a different level of care, moving from the service area, and passing away.
- In FY 2022, 6 clients were successfully admitted to ACT services. Monthly intakes were scheduled, however there were barriers to completing intakes include appointment no shows, client hospitalizations, and arrests prior to intake date.
- COVID-19 continued to be barrier to providing services in FY 2022. Most ACT services continue to be provided in the community per the program model, which means that client and staff safety need to be considered during each interaction.
- The increase in vaccine availability at the end of FY 2021 and beginning of FY 2022 led to an increase in opportunities opening in the community. Staff were able to resume some recovery-oriented tasks, vocational supports, and community integration activities as the year progressed.

### Recommendations

### Target Dates

- Continue serving all clients with wrap-around, community-based services.

- FY 2023

### Forecast

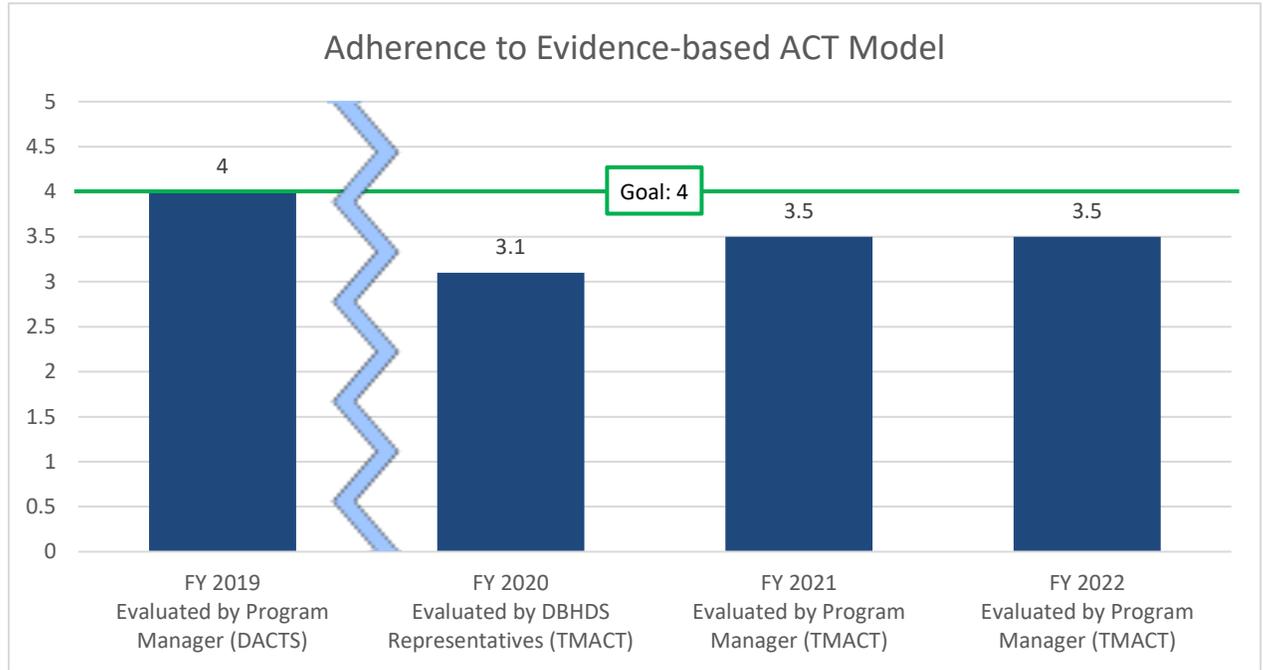
- In FY 2023, the program projects serving 106 clients.

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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 3.5 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?

- Areas in which improvements were noted include peer services and psychiatric services.
- The program rated 3 or below in the following areas:
  - Specialist Team (ST):
    - Vocational Specialist; score: 3. Remained the same as last year.
  - Evidence-Based Practices (EP):
    - Empirically Supported Psychotherapy; score 2. Remained the same as last year.
  - Core Practices (CP):

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- Assertive Engagement Mechanisms; score of 2. A decrease of 1 point from last year’s evaluation.
- Frequency of Contact; score 2. A decrease of 1 point.
- Intense of service; score of 2. A decrease in 1 point from last year’s evaluation.

The items on the TMACT which scored 3 or below were not fully executed due to the impacts of COVID-19 pandemic. DBHDS halted the process of having programs in the State be evaluated due to the pandemic as most items in the fidelity scale would not be fully executed. In order to maintain safety for staff and clients alike, hours and frequency of visits were decreased. This new process affected our ability to be fully compliant with the fidelity scale during the height of the pandemic.

<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• When offered once again, several ACT team members will travel to North Carolina to shadow a “high functioning” team and incorporate any feedback and observations made to improve upon low-scoring items on the fidelity scale.</li> </ul>	<ul style="list-style-type: none"> <li>• Pending</li> </ul>
<ul style="list-style-type: none"> <li>• ACT Manager and Assistant Manager will continue to help staff adhere to the fidelity standards</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Repeat self-evaluation using the TMACT tool in FY 2023.</li> </ul>	<ul style="list-style-type: none"> <li>• December 2022</li> </ul>

**Forecast**

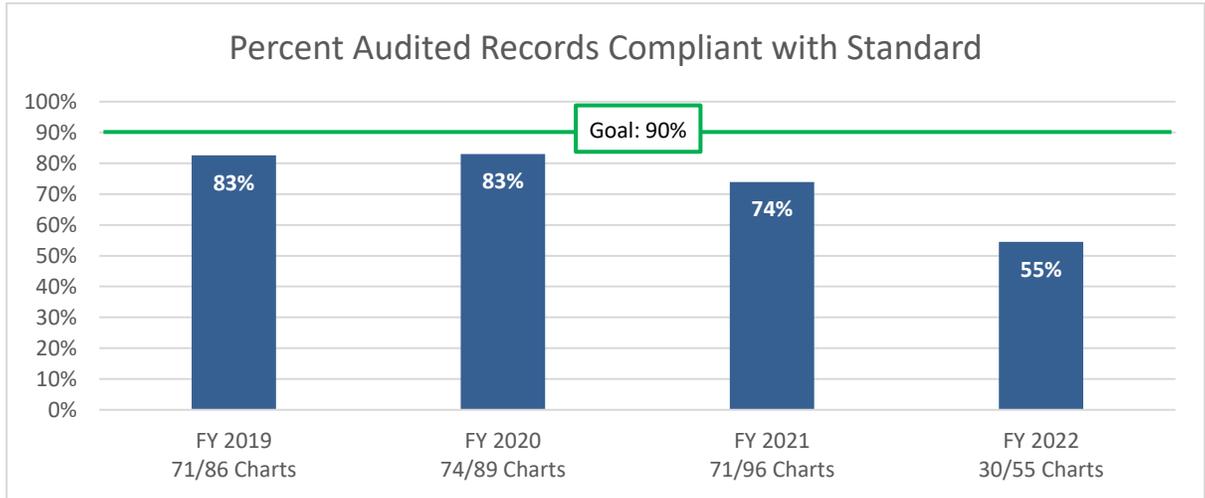
- Program Manager will conduct a follow-up self-evaluation. It is anticipated that the overall score on the TMACT is projected to increase to at least 3.7.

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**ACT**

**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 2022, the compliance consensus score was 55%.

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

- Between August and December 2021, the ACT team was not audited by the Compliance Review Team, as Compliance had significant staffing gaps and both teams were working heavily on the implementation of a new electronic health record.
- Documentation requirements for authorization of ACT services significantly increased with the addition of the Comprehensive Needs Assessment (CNA) and a Monthly progress note summarizing services and progress towards goals.
- Chart scores decreased substantially in FY 2022, as staff members worked to learn the new electronic health record. As FY 2022 came to a close, staff documentation continued to improve, with multiple clinicians once again scoring in the 90% or above compliant range.
- All results were shared with staff and feedback was given regarding citations.
- Staff had to adjust to working a hybrid model during the pandemic. The program never closed, and the pressures of working in the community impacted staff's focus on documentation. After implementation of the new documentation requirements and new electronic health record in FY 2022, the program experienced some staff departures.

Recommendations	Target Dates
<ul style="list-style-type: none"> <li>• Continue with documentation monitoring, supervision, counseling and training activities by program supervisor and CRT.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>

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- Continue to provide coaching and training to staff as needed.

- Ongoing

**Forecast**

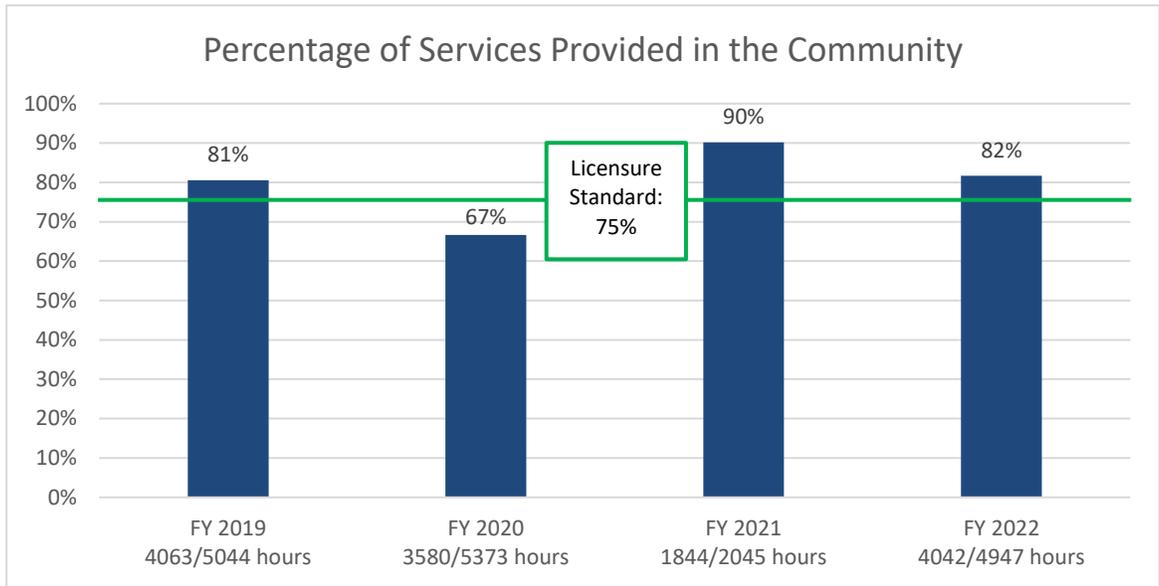
- It is anticipated that audit scores will increase to 70% in FY 2023.

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**ACT**

**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 82%, the ACT team exceeded the standard of the percentage of time spent in the community in FY 2022.

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

- The program exceeded the standard due to the vast majority of appointments being held in the community. Due to COVID restrictions, there were very few appointments held at the Sequoia Plaza offices from FY 2020-FY 2022, a change from previous years.
- 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 outdoor spaces and their homes with appropriate safety precautions.
- Over the course of FY 2021, the amount of time spent with clients providing face-to-face services increased as vaccinations became more widely available. This continued in FY 2022, although there were challenges relating to the spike in COVID-19 infections in the winter.
- Occasionally clients are not able to receive face-to-face services due to continued need to isolate due to COVID symptoms or diagnosis.

**Recommendations**

- Continue to monitor how outcome measures and clients' overall care are being impacted by the pandemic on a quarterly basis.

**Target Dates**

- Ongoing

**Forecast**

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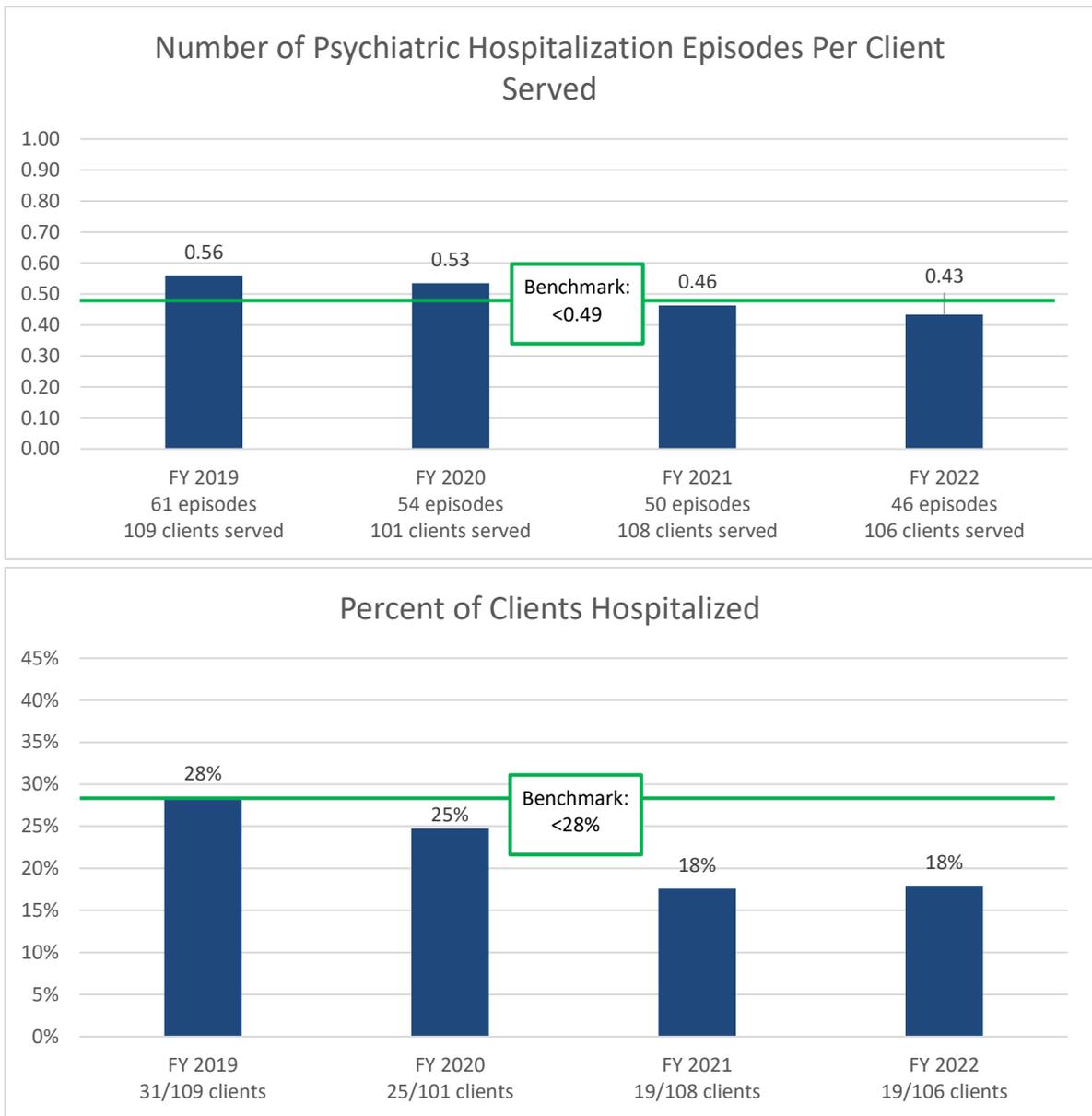
- In FY 2023, it is anticipated that the percentage of services provided in the community will remain at 82%.

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Measure 3.1 Psychiatric hospitalization rate

Data



Data Summary

- The psychiatric hospitalization rate reflects the number of hospitalizations that occurred during each fiscal year. In FY 2022, there were 46 episodes among 106 clients served for a rate of 0.43 episodes per person served. Data is collected manually by program staff.
- In FY 2022, 19 clients were hospitalized, which is 18% of the 108 clients served, under the benchmark rate.
- The benchmarks for psychiatric hospitalizations are based on the FY 2015 State Data Report.

What is the story behind the data?

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- In FY 2022, the number of hospitalizations continued to be low compared to previous fiscal years, due in part to COVID-19. Clients primarily isolated and did not seek hospitalizations as ACT was still providing face-to-face support in the community.
- State hospital capacity was significantly restricted in FY 2021 and FY 2022, due to staffing and other challenges. ACT increased its efforts to care for clients in the community and mitigate risk wherever possible.
- Some of the clients who were hospitalized in FY 2022 were primarily living in shelters, and were impacted by bed availability restrictions caused by the Delta and Omicron variants of COVID-19. The program was not always able to contact these clients as regularly as other clients, which may have increased their need for hospitalization.
- Even in the face of a global pandemic in FY 2022, ACT made sure that the program was staffed for in-person services each day. This helped ensure services were not disrupted which contributed to the lower rate of hospitalization.

Recommendations	Target Dates
<ul style="list-style-type: none"> <li>• Continue to assess clients on an ongoing basis and provide early intervention.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Continue to collaborate with emergency services staff on assessment of high-risk clients and admission to crisis stabilization homes if warranted.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Review recent benchmark data and determine the most appropriate rates to use as goals. If possible, provide a link to the document used for the new benchmark.</li> </ul>	<ul style="list-style-type: none"> <li>• FY 2023 Q3</li> </ul>

### Forecast

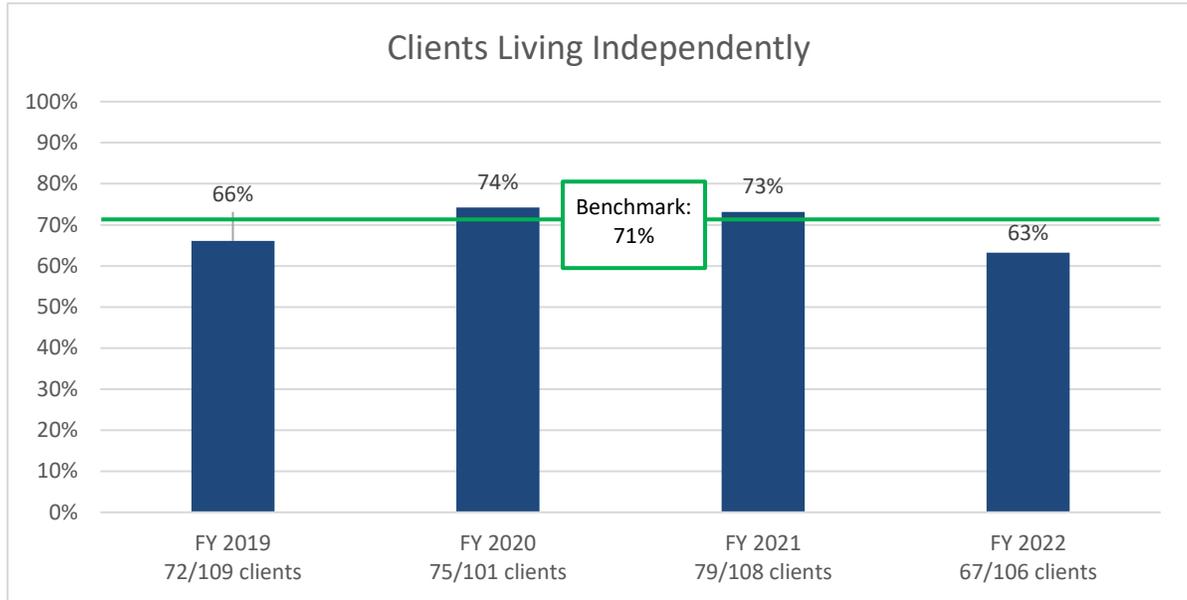
- In FY 2023, it is anticipated that the hospital episode rate will be 0.50 episodes per person served, with about 23% of the clients served having at least one episode.

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**ACT**

**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 2022, 63% of clients lived independently.
- The benchmark for clients living independently is based on the FY 2015 State Data Report.

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

- With pandemic accommodations ending, several clients lost housing due to the eviction moratorium being lifted by the Federal Government in FY 2022.
- Additionally, several clients who had been living independently passed away in FY 2022.
- For most of FY 2021, the percentage of clients living independently averaged 78%. The housing data was impacted as at least four clients who were admitted to the program in late FY 2021 are experiencing unsheltered homelessness. These clients continued to be served in FY 2022, and additional unhoused clients were admitted over the course of the year.
- In FY 2022, in addition to the 67 clients who were living independently, an additional 9 clients had stable housing with family members or group homes.
- ACT team was able to maintain service provision in FY 2022, which provided a consistent support that helped clients maintain themselves in the community.

**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

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- Consider amending measure to use data collected in the electronic health record.

- FY 2023 Q3

**Forecast**

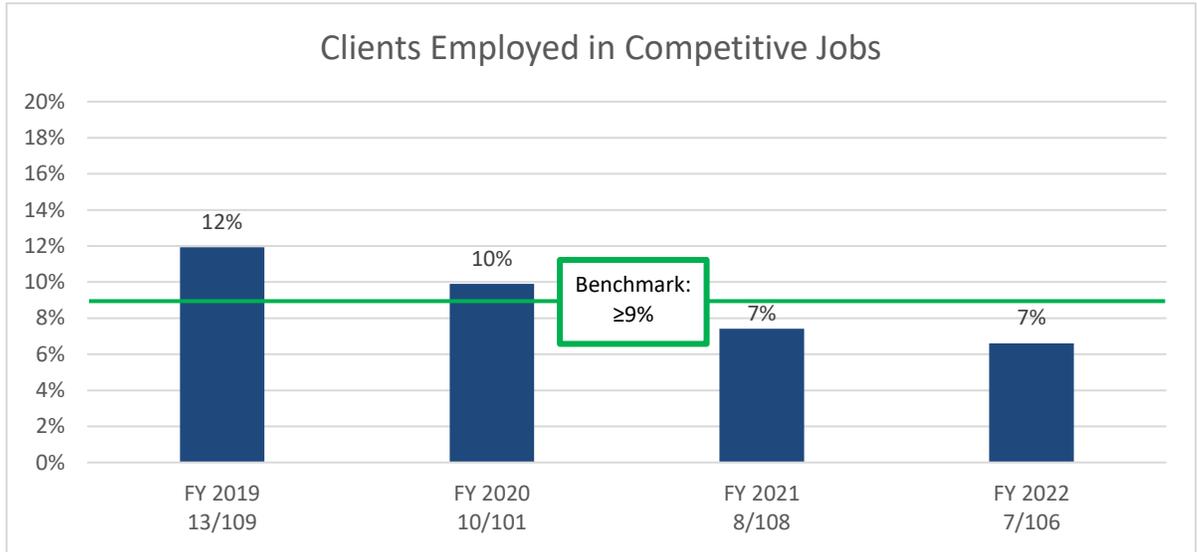
- In FY 2022, 65% of ACT clients are projected to be living independently.

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**ACT**

**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.
- The benchmark for clients employed in competitive employment is based on the FY 2015 State Data Report.
- In FY 2022, 7% of clients held competitive jobs. This is similar to the number of clients with a competitive job in FY 2021.

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

- The COVID-19 pandemic had an impact on clients finding employment. Several clients were not comfortable looking for employment due to anxiety of contracting COVID-19.
- Because of these factors, the program redeployed some of the vocational specialist’s time to work on care coordination for program clients.
- Clients looking for work in FY 2022 found increased competition from others going for similar roles, which may have led to a lower percentage of clients engaged in competitive employment.

**Recommendations**

**Target Dates**

- |  |              |
|--|--------------|
| • Continue to assess clients’ comfort with working during a pandemic.                                      | • Ongoing    |
| • Continue to provide job development, support, and assessment as needed given the impact of the pandemic. | • Ongoing    |
| • Consider amending measure to use data collected in the electronic health record.                         | • FY 2023 Q3 |
| • Vocational specialist will continue helping clients apply for jobs and providing supported employment.   | • Ongoing    |

**Forecast**

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- In FY 2023, it is anticipated that 9% of clients will be competitively employed.