FY 2022 PERFORMANCE PLAN

Emergency Services	BHD/CSE	Arnecia Moody, x4888

Program Purpose	• Maintain safety of individuals experiencing behavioral health crises in the least restrictive environment possible, and link to community supports.

Program Information	• Services are provided 24 hours a day, seven days a week, 365 days a year to individuals experiencing a wide range of behavioral health crises.
	• The program is licensed by the Virginia Department of Behavioral Health and Developmental Services and offers the following services:
	  ○ **Crisis intervention**: assisting individuals experiencing a mental health crisis.
	  ○ **Assessment**: determining the nature of the crisis, the individual's needs and level of risk.
	  ○ **Referral**: determining appropriate services and resources for individuals and providing information for linkage and follow-up.
	  ○ **Involuntary hospitalization**: obtaining Temporary Detention Orders for emergency hospitalization, and completing the legal process of committing an individual to the hospital when court ordered.
	  ○ **Consultation**: working collaboratively with any and all parties who have information regarding the immediate crisis.
	  ○ **Supportive counseling**: providing brief, therapeutic intervention that assists the individual with de-escalation of the current crisis.
	• In April 2021, a joint venture was started with the Emergency Communication Center to place a clinician in the 911 call center for 16-20 hours per week. That clinician can respond to emergency calls that require behavioral health intervention in real time, as well as go into the community to provide mobile outreach. This venture is continuing to work well.
	• In FY 2021, a Diversion First clinician was added to help divert youth from psychiatric hospitalization, residential treatment, and the juvenile justice system. This initiative represents Emergency Services ongoing goal to help clients not only through current crises but proactively prevent future ones.
	• Partners: Emergency Services collaborates with a wide array of community groups and constituencies. These include:
	  ○ CSB psychiatric services and behavioral health teams
	  ○ Law enforcement (police from multiple jurisdictions, U.S. Marshalls)
	  ○ Medical personnel (EMTs, emergency-room staff, hospital staff)
	  ○ Fire Department
	  ○ Courts/jails
	  ○ Schools
	  ○ State psychiatric hospitals

Service Delivery Model	• Emergency services staff continued to be on-site on the Sequoia campus throughout the entirety of FY 2022. Walk-in, in-person services are available at all times to Arlington residents. • Staff provide in-person assessments, phone consultations, and participate in video evaluations of clients. • This model is expected to continue in FY 2023.
PM1: How much did we do?	
Staff	• Total 27.0 FTEs: ○ 2.0 FTE Supervisors

- 18 FTE Emergency Services Therapists
- 5 FTE PRN Emergency Services Therapists (multiple staff)
- 2 FTE Peer Support Specialists

Customers and Service Data

	FY 2019	FY 2020	FY 2021	FY 2022
Unduplicated clients served	1,385	1,478	1,616	1,554
Clients seen who are open to outpatient services	299	292	265	236
Total face-to-face contacts	2,312	2,099	2,408	1,281*
Total telehealth contacts	-	395	1,634	1,054
Number of Temporary Detention Orders	512	531	574	477
Total phone calls on Emergency Services line	20,011	24,421	38,106	34,747

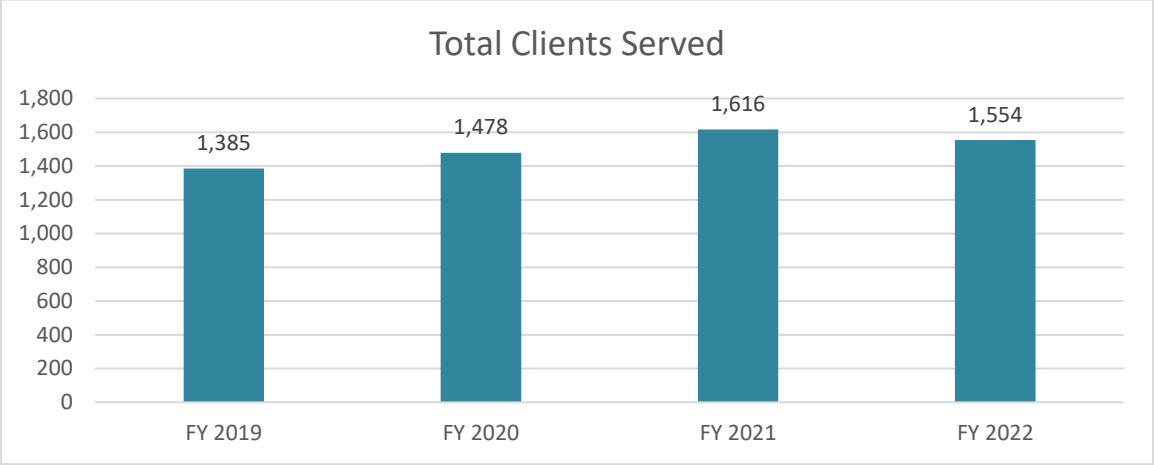
*In FY 2022, the number of face-to-face contacts recorded decreased due to data capture challenges during transition to a new electronic health record system.

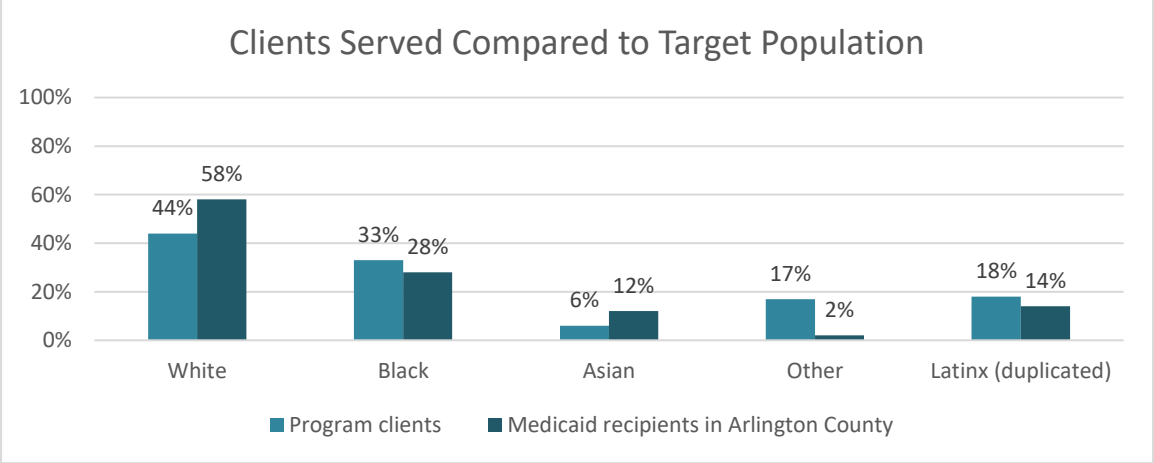
PM2: How well did we do it?	
2.1	Civil commitment hearing outcomes
2.2	Timeliness of documentation completion
2.3	Documentation meets regulatory standards
PM3: Is anyone better off?	
3.1	Dispositions along continuum of care
3.2	Treatment Episodes per Client

Emergency Services

Measure	1	Unduplicated Clients Served

Data





Data Summary

- From FY 2019 to FY 2022, the number of clients served increased 12%.
- The selected comparison population for the racial equity analysis is Medicaid recipients. Medicaid recipients 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. While Emergency Services are available to all Arlington residents, individuals without other supports are more likely to rely on Emergency Service when experiencing acute crises.
- Data for this measure is collected in the agency's electronic health record.

What is the story behind the data?

- Emergency Services served all clients seeking services 24/7 during FY 2022, never closing despite the fact that staffing challenges led to a high percentage of vacancies. To maintain services, the program utilized staff members from other teams to fill gaps and ensure continuity of care.
- 20% of Emergency Services clients are missing data on race, and 35% are missing data on ethnicity. Those clients are excluded from the above calculations. Many individuals will call into Emergency Services with a pressing crisis, and there is not time to get their demographic information while effectively managing the client's risk.

- A higher proportion of Emergency Services clients are homeless than the CSB in general. These clients often present with the highest levels of need.
- A significantly higher percentage of clients were not diagnosed with a serious mental illness than the CSB in general. These clients may be suffering a single, acute crisis and not have wrap around supports to aid them. Emergency Services clinicians work to ensure that these clients receive extensive support to aid their return to the community.
- In general, the racial backgrounds of program clients proportionately match the Medicaid population.
- Latinx individuals are underrepresented in the Medicaid data. There may be barriers for these clients to access Federal benefits. Latinx individuals make up 15% of residents aged 18-65 in Arlington, which is similar to the proportion of program clients (18%), suggesting that the program is responding to the needs of these clients.

Recommendations	Target Dates
• Continuing serving all Arlington residents who need immediate emergency services, mitigating risk in the community.	• Ongoing

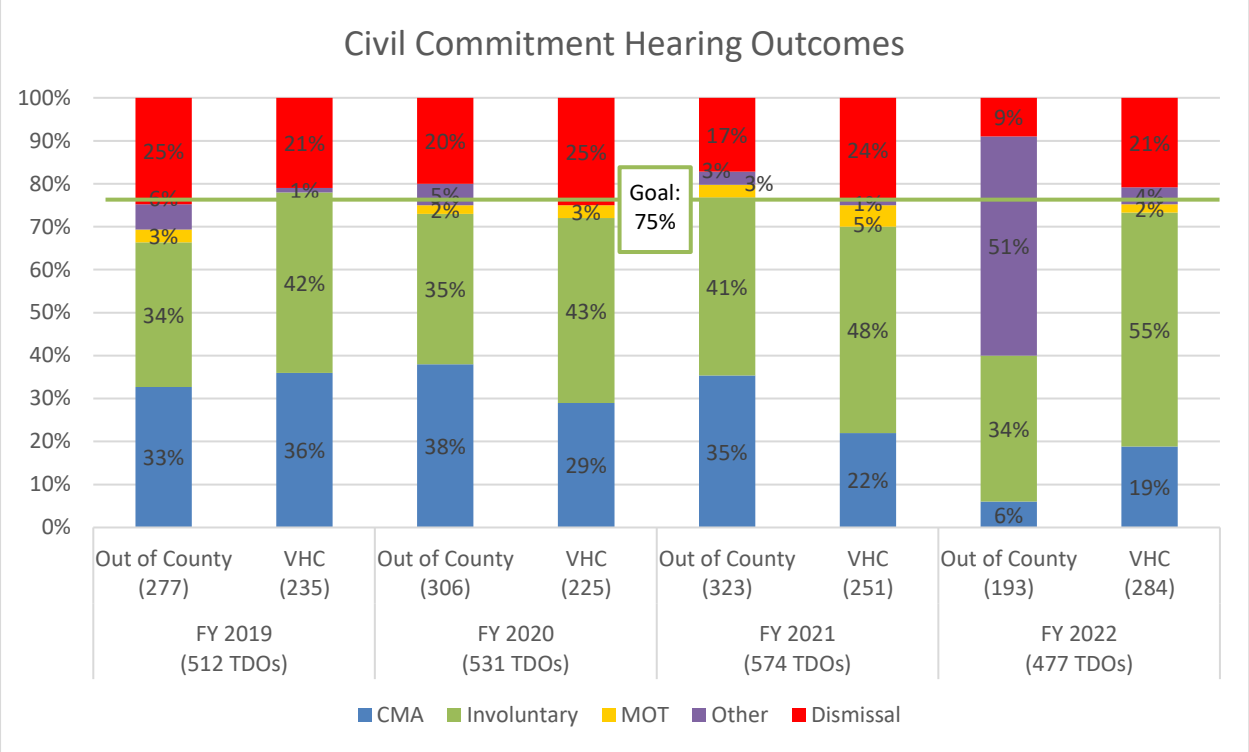
Forecast

- The program is projected to serve 1,580 clients in FY 2023.

Emergency Services

Measure	2.1	Civil commitment hearing outcomes

Data



Data Summary

- After Emergency Services staff obtain a Temporary Detention Order (TDO) for emergency involuntary hospitalization, a civil commitment hearing is held. At the hearing, the client may be hospitalized, or the court may dismiss the case and the individual will be free to go. Civil commitment dispositions include:
  - CMA: Court-mandated admission
  - Involuntary admission
  - MOT: Mandatory Outpatient Treatment at time of commitment hearing
  - Dismissal
  - Other: may include dismissal prior to hearing, out-of-area clients, delayed hearings, and unknown TDO outcomes
- TDO outcome data is updated monthly by the Emergency Services supervisor.

What is the story behind the data?

- In FY 2022, the average commitment rate for TDOs was 84%. The commitment rate includes all outcomes other than Dismissal. Per the VA Institute of Law, Psychiatry and Public Policy 2018 Annual statistics, the statewide average is 81%.
- There is a long history of Emergency Services committing 70-75% of individuals who are psychiatrically detained. Maintaining a high rate of commitment indicates that staff has a clear and accurate understanding of commitment criteria.
- Common reasons for dismissals include: clients who re-stabilize after a crisis, clients who sign-in voluntarily before a commitment hearing, dismissals over objection, and technicalities with the legal process.

- Due to the volume and acuity of TDOs, Emergency Services relies on hospitals outside of Arlington County. In FY 2022, 40% of TDO hospitalizations occurred outside Arlington County.
- The MOT program continues its work – while there was a decrease in clients being referred to this service in FY 2022, clients and service providers reported good outcomes from it.
- In FY 2022, multiple state hospitals closed down due to staffing issues, greatly reducing capacity for emergency referrals. Due to these restrictions, some clients with TDOs have had to wait hours or days in the emergency department, under police supervision. There were instances of clients waiting in emergency room hallways while handcuffed for over 72 hours while waiting for a bed.
- In FY 2022, the majority of out of county TDO's were marked as other. In most of these situations, Arlington was not informed of the result. Due to the state hospital bed shortage, Arlington had to rely on referring clients to many hospitals it does not normally work with. A number of these hospitals work with their own local CSB agencies to do the TDO hearing, and thus Arlington does not learn the results of these hearings.

Recommendations	Target Dates
• Continue to discuss appropriate use of less restrictive alternatives to hospitalization at daily team meetings.	• Ongoing
• Continue to monitor appropriateness of clinicians' decisions regarding TDOs through monthly chart reviews and as-needed audits.	• Ongoing
• Continue to periodically review all TDO dismissals to determine the most frequent reasons for case dismissal.	• Ongoing
• Continue to collaborate with Fairfax staff and Arlington County attorneys to address concerns with the court process in Fairfax.	• Ongoing
• Continue exploring ways to better capture this information in the electronic health record and state data platforms	• FY 2023 Q3
• Explore opportunities to gain information on TDO outcomes from hospitals outside of our region	• FY 2023 Q2

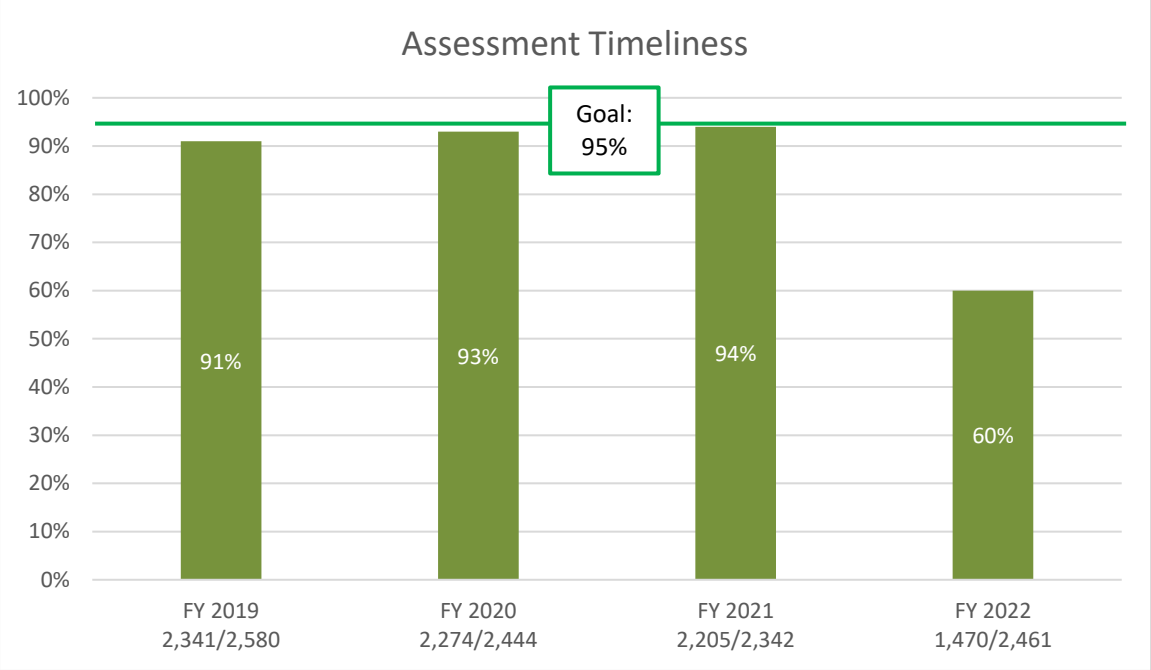
Forecast

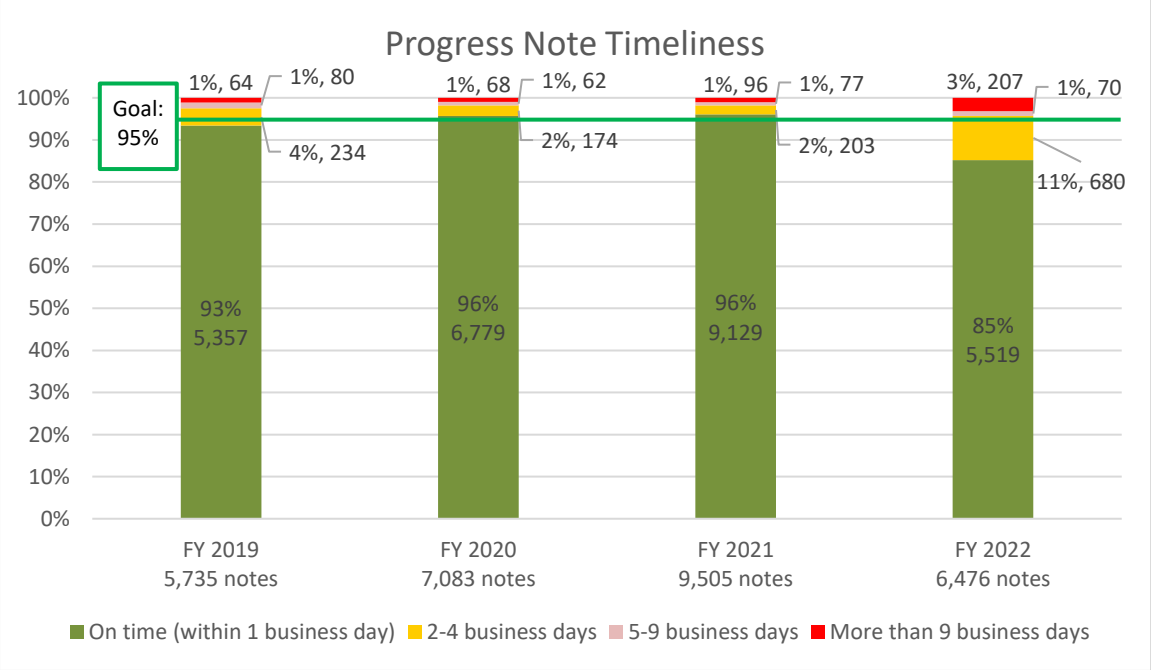
- In FY 2023, it is anticipated that a similar number of hospitalizations will lead to commitments.

Emergency Services

Measure	2.2	Timeliness of documentation completion

Data





Data Summary	• Emergency therapists are expected to complete all documentation within 24 hours of the intervention. Data is reported from the electronic health record.

What is the story behind the data?

- Assessment timeliness decreased in FY 2022 due to multiple factors. The primary was the closure of state hospital beds, which in turn decreased availability for psychiatric hospitalization across the state. Assessments cannot be completed until the client is placed,

and as bed search times increased, so did the number of assessments that could not be completed within one day.

- Another significant factor impacting timeliness was the move to a new electronic health record. Staff needed to learn how to use the new system, which increased the time each assessment and note took. Before the transition to the new system in September, 69% of the assessments and 93% of the progress notes were completed on time in FY 2022.
- There were a number of staff vacancies in FY 2022, which led the agency to deploy staff from other teams to ensure continuity of services. These staff had to be trained on emergency services documentation, which is both complicated and unique, which contributed to assessments being completed later.
- The number of notes decreased in FY 2022 both due to changes in the electronic health record and staffing challenges.

Recommendations	Target Dates
• The Emergency Services supervisor will continue to monitor documentation timeliness.	• Ongoing
• Meet with the Compliance team to discuss timeliness expectations and strategies for meeting them.	• FY 2023 Q1
• Have assistant managers do random chart reviews to identify missing or incomplete documentation and alert staff to fix those issues.	• FY 2023 Q1

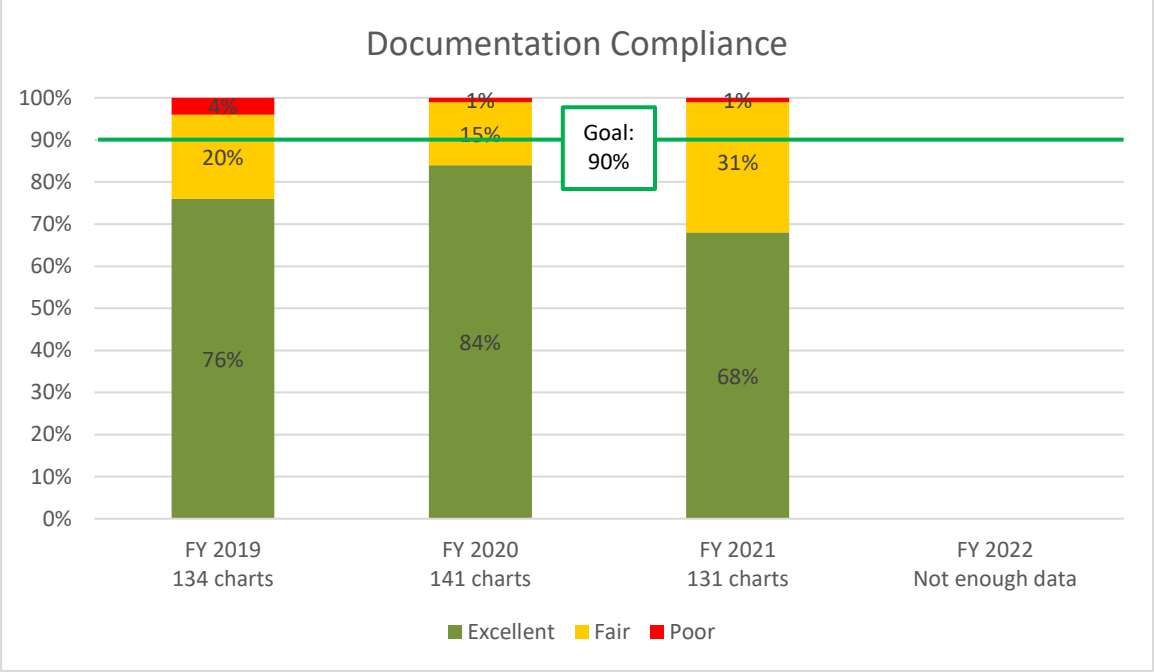
Forecast

- In FY 2023, it is expected that documentation timeliness will slightly increase, with 70% of assessments and 90% of notes being completed on time.

Emergency Services

Measure	2.3	Documentation meets regulatory standards

Data



Data Summary

- The Compliance Review Team (CRT) and the program manager review the same charts each month and come to consensus on scores when there is a discrepancy.
- In FY 2022, this measure was not reported due to insufficient data.

What is the story behind the data?

- The Compliance Review Team faced significant staffing challenges in FY 2022, which prevented them from fully reviewing the Emergency Services charts each month. There was not enough data from the past year to provide an accurate depiction of documentation compliance. Comprehensive monthly reviews were fully reinstated in May 2022.
- Staff receive monthly feedback from the program supervisor on their documentation, including specific citations and areas of strength.
- Multiple new state initiatives are occurring to better address clients at risk in the community, such as BRAVO and Marcus Alert. These are anticipated to have an impact on how staff do documentation in the future. Staff spent time in FY 2022 learning about these systems and determining documentation and data reporting requirements in these systems.

Recommendations	Target Dates
• Continue monthly chart reviews and provide training to staff as needed.	• Ongoing
• Hold additional trainings to help ES staff continue to orient themselves to the new electronic health record and learn how to document new initiatives appropriately.	• Q2 FY 2023

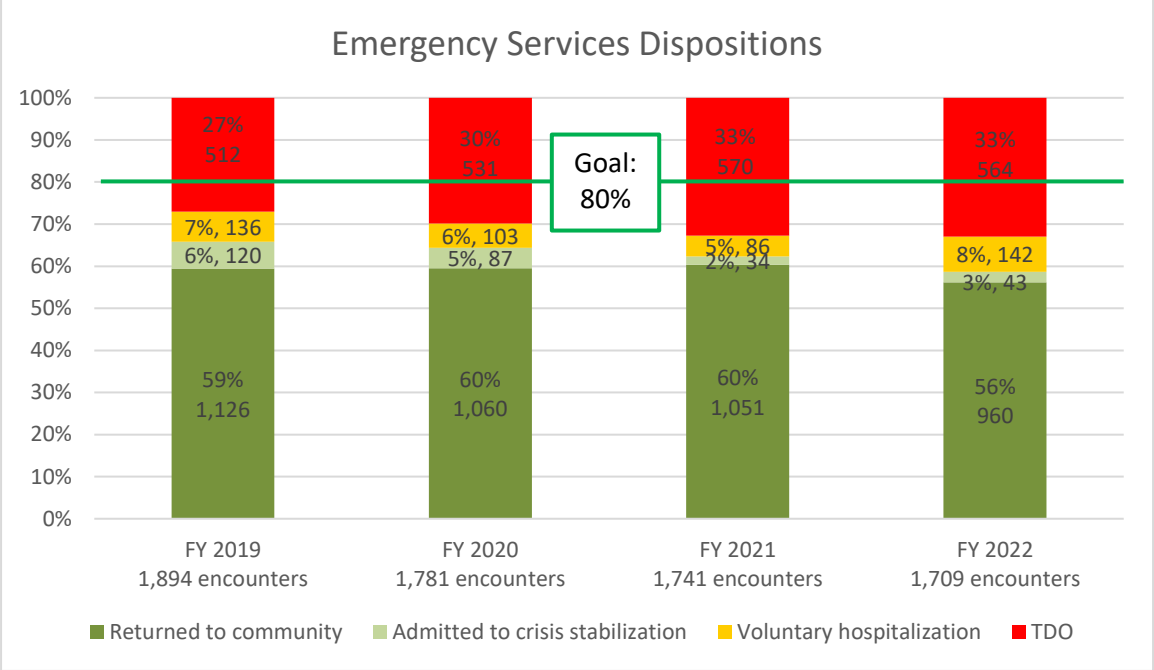
Forecast

- In FY 2023, it is expected that 75% of charts will be scored as "Excellent" as staff become more familiar with the new electronic health record.

Emergency Services

Measure	3.1	Dispositions along continuum of care

Data



Data Summary

- The supervisor records the outcome for each client encounter: TDO, voluntary hospitalization, and residential or office-based crisis stabilization admission. The remaining clients are classified as returned to the community.
- In FY 2022, 59% of face-to-face contacts (excluding commitment hearings) resulted in community dispositions, while 41% required voluntary or involuntary hospitalization.

What is the story behind the data?

- Emergency Services always seeks to resolve crises with the least restrictive alternatives, such as returning to the community with a safety plan, and stabilization in a residential setting. Voluntary hospitalization and involuntary hospitalization through TDO are more restrictive outcomes. Every effort is made to divert clients from the hospital when possible.
- The number of encounters continued a downward trend that started in FY 2019. Starting in FY 2018, community stakeholders have been trained about appropriate use of emergency services, resulting in more use of community-based, less-restrictive options.
- Beginning in FY 2021 additional staff members were allocated to work in the community, which gave clinicians the opportunity to meet the clients where they were and focus more on the entire continuum of crisis care. These staff members were able to better link clients to ongoing services. Because of the success of these positions, the program is looking at further specializations and trainings for Emergency Services staff.

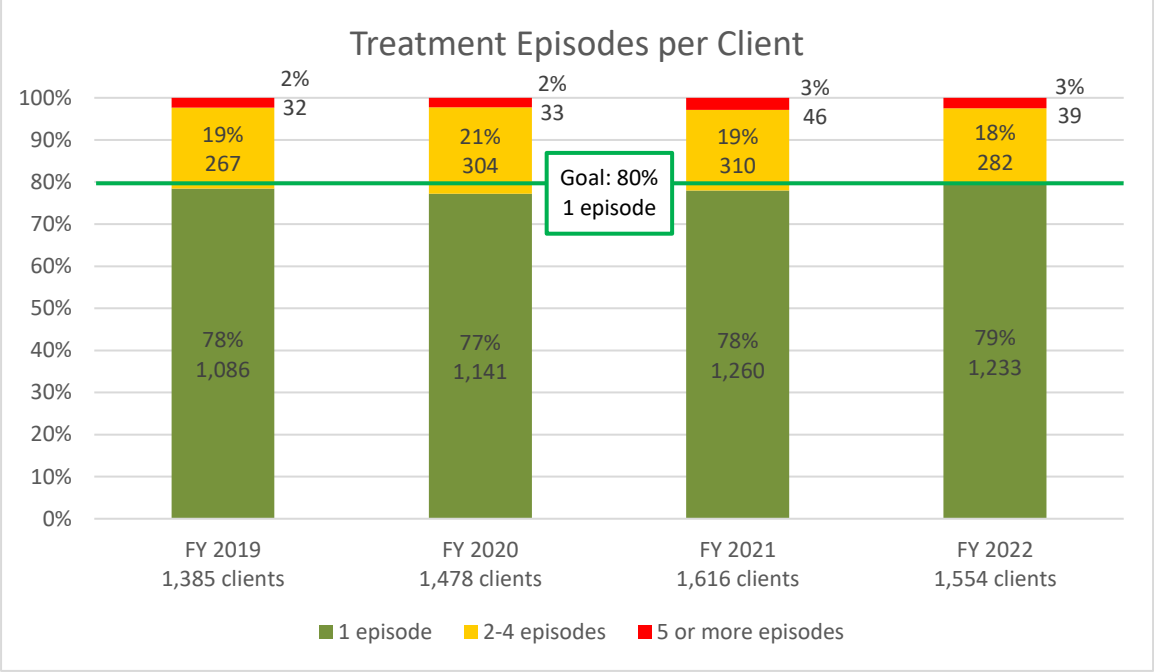
Recommendations	Target Dates
• Joint meetings between Emergency Services staff and the residential crisis stabilization program will continue in an effort to promote stabilization as an alternative to hospitalization.	• Ongoing

• Continue collaborating with Virginia Hospital Center to divert clients from the emergency department to office-based crisis stabilization as appropriate.	• Ongoing
• Continue offering specialized trainings on topics such as comprehensive suicide assessments management (CAMS), staff and client safety, and emerging themes in the field.	• FY 2023 Q1
Forecast	
• In FY 2023, it is expected that 62% of clients will result in community dispositions.	

Emergency Services

Measure	3.2	Treatment Episodes per Client

Data



Data Summary

- All client contacts are tracked in the electronic health record. Contacts occurring within two weeks of one another constitute a single episode of care.
- A new episode of care begins when a new contact is recorded at least 15 days after the preceding contact.
- In FY 2022, 79% of clients required only one episode of care, while 3% of clients required more than four episodes. These percentages have remained fairly consistent in recent fiscal years.

What is the story behind the data?

- There is always a small proportion of clients who require a high number of service hours from Emergency Services. Usually, these encounters lead to hospitalizations. These users are also provided ongoing support by peer support specialists. Emergency Services works to ensure that these clients have the support they need.
- Of the top 30 users of Emergency Services in FY 2022, 83% were open to DHS outpatient services. 83% of those top users were younger than 40 years old (compared 64% of total users).
- 50% of those with 2 or more episodes had an identified substance use issue, compared to 34% of those with 1 episode. To help this population, Emergency Services has partnered with the Substance Use Residential team for training on serving clients who use substances. Additionally, Emergency Services staff are connected to peer supports specializing in substance use. In the CIC, recliners have been procured for medications that need to be administered to clients lying down.
- Emergency Services clients are experiencing homelessness and unemployment at a higher rate than CSB clients as a whole. Clients who are experiencing these stressful situations may present with acute needs multiple times.

• The Co-Responder program has been implemented to provide increased services and outreach to frequent users of emergency services in the community.	
Recommendations	**Target Dates**
• Continue to review high users of Emergency Services regularly during meetings with ACT, fire and EMS, and the emergency department at Virginia Hospital Center.	• Ongoing
• Continue educational presentations to DHS, hospital, and criminal-justice staff to explain and improve processes and collaboration to meet client needs.	• Ongoing
• Continue conversations on moving from just focusing on acute psychiatric emergencies but rather addressing the full crisis situation. In situations where it is not a psychiatric emergency, there may be ways to de-escalate the crisis so that it does not become a psychiatric emergency later.	• Ongoing
• Look into ways to quantify impact of co-responder and mobile crisis response and consider developing performance measures around one or the other.	• FY 2023 Q3
• Continue collaborating with Virginia Hospital Center and Emergency Medical Center through monthly meetings to get the Crisis Intervention Center certified as a medical clearance facility once medical staff are onboarded.	• FY 2023 Q4
Forecast	
• In FY 2023, it is expected that 79% of clients will require one treatment session.	