

FY 2022 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"> Before September 2022, the program was scheduling telehealth assessments during the COVID-19 pandemic. In September, the program returned to 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 2023 and beyond to enhance access for all clients. 				
PM1: How much did we do?					
Staff	6.0 FTEs <ul style="list-style-type: none"> 0.5 FTE Program Manager, clinical (licensed clinician) 0.5 FTE Behavioral Health Therapist III (licensed) 2.0 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 2019	FY 2020	FY 2021	FY 2022
	Unduplicated Clients Served (walk-ins)	1,150	976	982	1,129
	Unduplicated Psychosocial Intake Clients	748	727	640	722
	Total Intakes (duplicated)	808	782	672	781

FY 2022 PERFORMANCE PLAN

	Consumer Monitoring Clients (unduplicated)	N/A	N/A	N/A	877
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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?

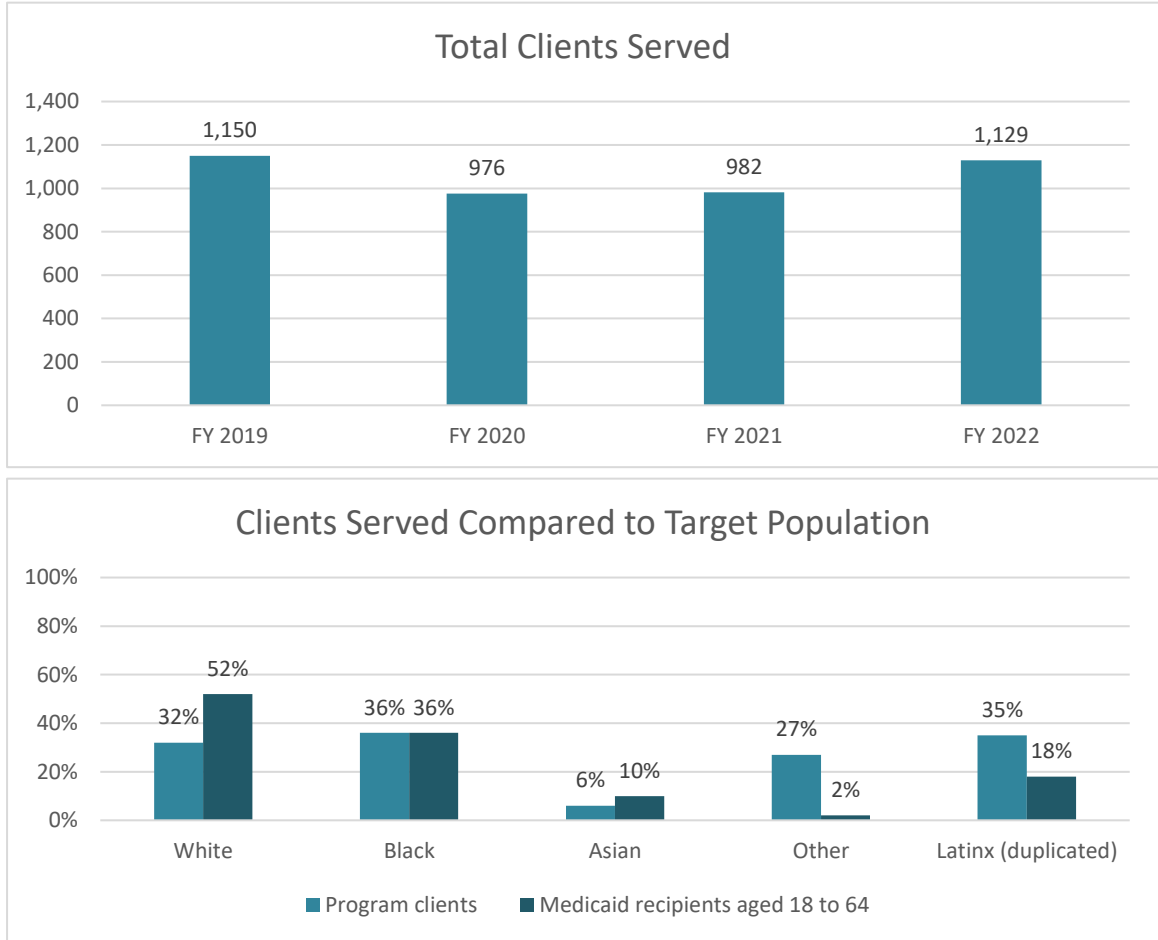
3.1	Clients believe they will get the help they need and know what the next step is
3.2	Clients are successfully linked to ongoing services

FY 2022 PERFORMANCE PLAN

BHD Intake

Measure 1 Total clients served (unduplicated)

Data



Data Summary

- In FY 2022 the number of clients served increased 15%, consistent with pre-pandemic service volume.
- 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 2022 than in FY 2021, likely due to the move back to the Same Day Access model which increases client access.
- The intake department serves a higher percentage of Latinx clients (35%) than the CSB (15%). This indicates that there is a significant need for ongoing services targeted to this population.
- There is a large percentage of Spanish speaking clients without a diagnosis of serious mental illness (non-SMI) whom we are unable to serve due to staffing capacity (only 6 non-SMI slots available). These clients are referred to community partners.

Recommendations

Target Dates

FY 2022 PERFORMANCE PLAN

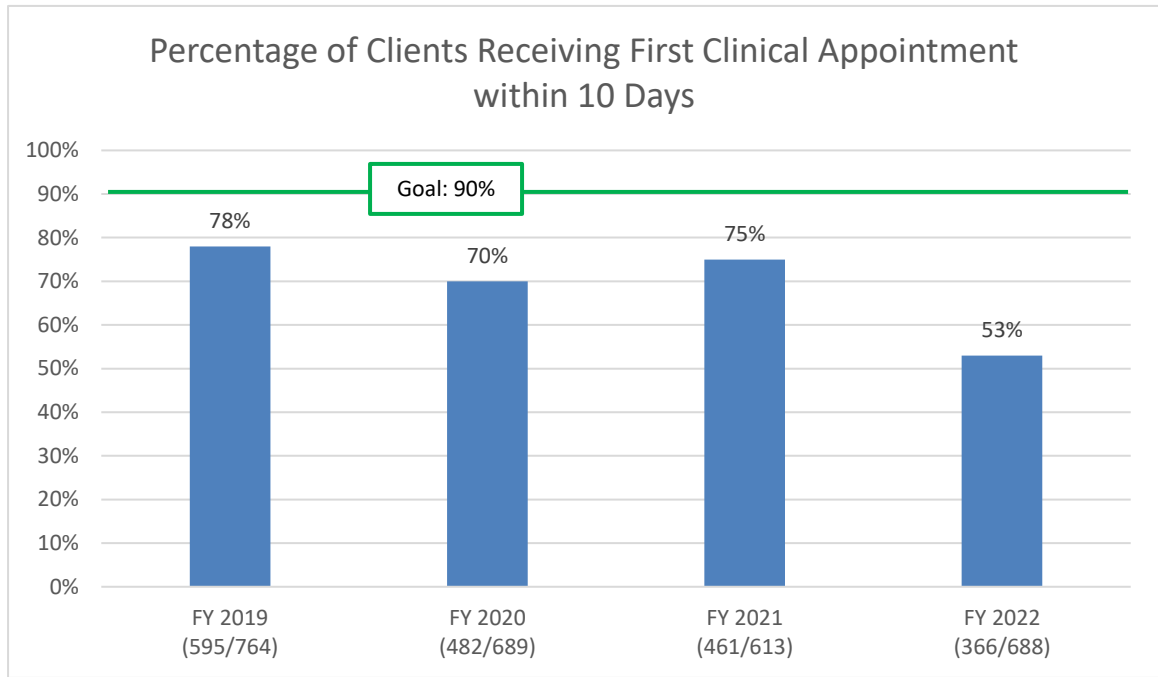
<ul style="list-style-type: none">• Explore need to reclassify English speaking clinical positions to bilingual English/Spanish speaking positions during turnover to meet community needs.	<ul style="list-style-type: none">• Q3 FY 2023
<ul style="list-style-type: none">• Review data to determine if current Spanish language services are sufficient to meet Latinx population needs for substance use and SMI services.	<ul style="list-style-type: none">• Q4 FY 2023
<ul style="list-style-type: none">• Continue to collaborate with community partners and explore additional options for 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">• Q3 FY 2023
Forecast	
<ul style="list-style-type: none">• In FY 2023, the program projects serving 1,100 clients.	

FY 2022 PERFORMANCE PLAN

BHD Intake

Measure 2.1 Number of days from intake to first clinical appointment

Data



Data Summary

- In FY 2022, 53% 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 13 business days of their intake.
- Time to first clinical appointments ranged from 0 to 43 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 FY 2022, 81% (261) of the clients who did not receive an appointment within 10 days were referred to Substance Use services. Overall, 25% of the clients who were referred to substance use services received an appointment on time. Program changes and staffing shortages impacted availability of first appointment clinical slots.
- In FY 2022, 81% of clients referred to mental health services were offered an appointment within 10 days.
- 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.
- Staffing shortages had an impact on availability of first clinical appointments in certain programs such as Substance Use services and Treatment on Wheels.

Recommendations

- Continue communication with outpatient programs to monitor staffing shortages and ensure appropriate slots for first clinical appointments. Continue to prioritize high-risk clients.

Target Dates

- Ongoing

FY 2022 PERFORMANCE PLAN

<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 2023 Q1
<ul style="list-style-type: none">• Review program eligibility and priority populations and adjust referral process to ensure that most appropriate clients are referred on to maximize service delivery.	<ul style="list-style-type: none">• FY 2023 Q1
<ul style="list-style-type: none">• Continue working with internal Utilization Management Committee to review intake data, discuss trends and service needs, and develop recommendations.	<ul style="list-style-type: none">• Ongoing
<ul style="list-style-type: none">• Continue to update and expand community provider list for non-SMI population and explore additional FAC options for Latinx community.	<ul style="list-style-type: none">• FY 2023 Q4

Forecast

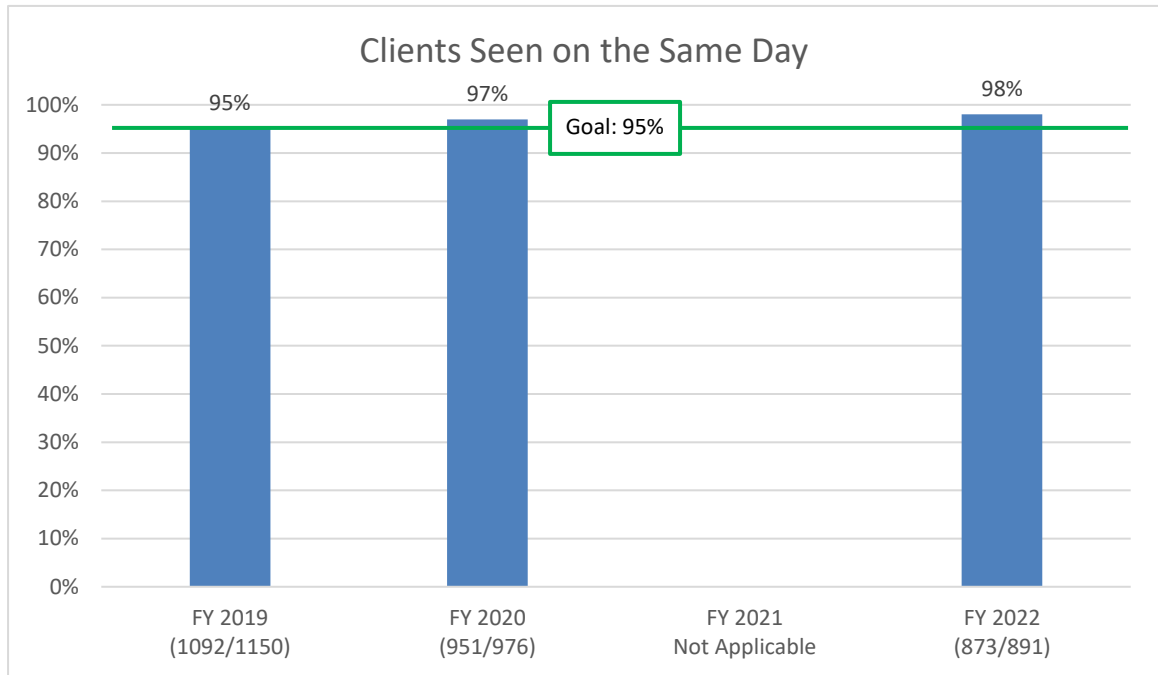
- In FY 2023, it is expected that 65% of clients will receive their first clinical appointment within 10 business days of intake.

FY 2022 PERFORMANCE PLAN

BHD Intake

Measure 2.2 Clients seen on the same day

Data



Data Summary

- In the beginning of FY 2022 intakes continued to be scheduled and completed via telehealth. The program returned to walk-in services on September 7st, 2021.
- 10% (23/238) of scheduled intakes were not completed due to no-shows, cancellations or rescheduling.
- After returning to walk-in services, 98% (873/891) of walk-ins were seen and assessed on the same day.
- Data is tracked manually. Data includes clients who opened to the Intake program in FY 2022 – carry-over clients are excluded.

What is the story behind the data?

- When walk-in SDA services resumed in FY 2022, 98% of clients were seen on the same day. Assessments continued to be completed in a hybrid model with some meeting clinicians in person and others being set up with clinicians remotely via zoom. Intakes were scheduled on rare occasions to accommodate Covid positive clients who were unable to present in person.
- Returning to in person services reduced challenges with determining clients' location/residency, completion of necessary documentation and improved the accuracy of the assessments as more clinical information could be collected.
- Prior to resuming walk-in services, operating via scheduled intakes created challenges as many calls to the intake line went unanswered and 10% of clients did not complete intakes as scheduled. This created additional delays to assess and connect clients to appropriate services.
- Of the 2% (18/891) of clients where intakes were not completed on the same day, 8 left before being seen and 10 did not have the time to complete the intake process and agreed to come back.

FY 2022 PERFORMANCE PLAN

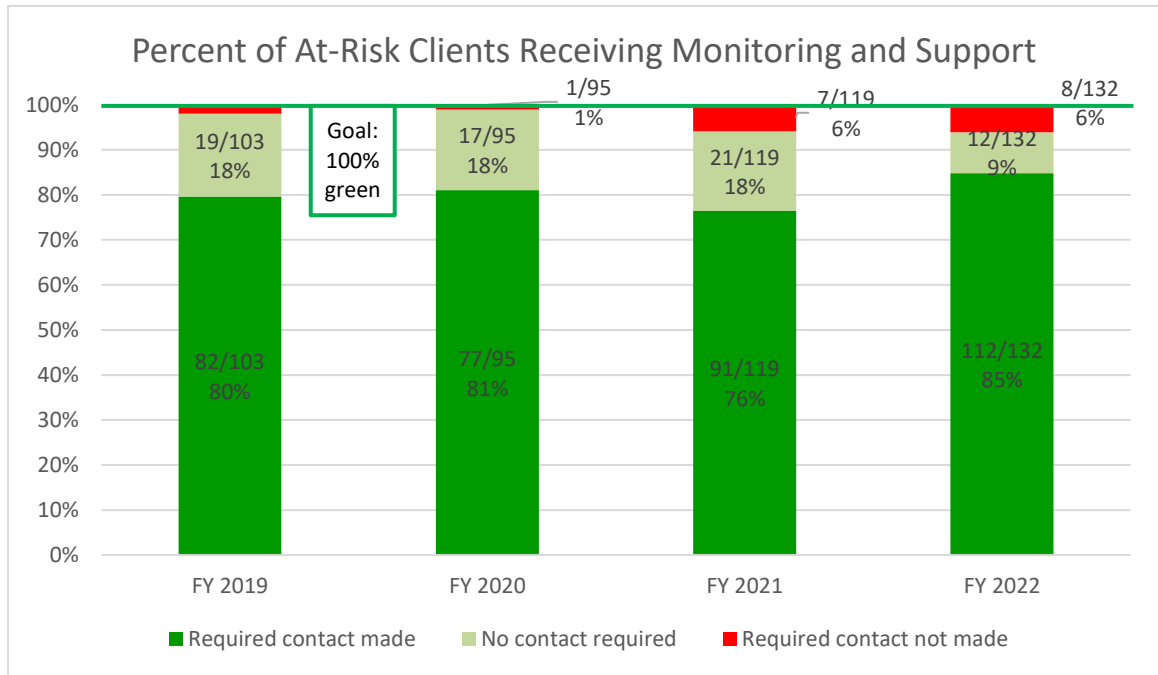
<ul style="list-style-type: none"> The ability to complete intake assessments was not impacted during the switch to a new electronic health record, however the time needed to complete intake documentation has increased. 	
Recommendations	Target Dates
<ul style="list-style-type: none"> Continue to monitor the Covid pandemic and risk towards public health and make program adjustments as needed. 	<ul style="list-style-type: none"> Ongoing
<ul style="list-style-type: none"> Monitor the impact of staffing shortages on walk-in services in FY 2023. 	<ul style="list-style-type: none"> Ongoing
<ul style="list-style-type: none"> Continue to monitor program adjustments and review data collection to reflect impact of COVID pandemic and telehealth services. 	<ul style="list-style-type: none"> Ongoing
Forecast	
<ul style="list-style-type: none"> In FY 2023, it is expected that at least 95% of the clients that walk-in for assessment during SDA will be assessed on the same day. 	

FY 2022 PERFORMANCE PLAN

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 2022, 85% (112/132) of at-risk clients received supportive contact post-intake and before assignment to a team, and 9% (12/132) did not require contact.
- Through review of the electronic health record it was determined that eight of the at-risk clients (6%) were not contacted as required by their RMP. This appears to have been due to staff error. While this resulted in no critical incidents, follow up training was provided to reduce oversight in the future.
- RMPs increased by 11% in FY 2022, 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.
- While additional training was provided to staff on risk assessments in FY 2022, the increase in overall volume of clients served, increase in high-risk clients and staffing issues made it harder for staff to track and provide appropriate outreach.

Recommendations

Target Dates

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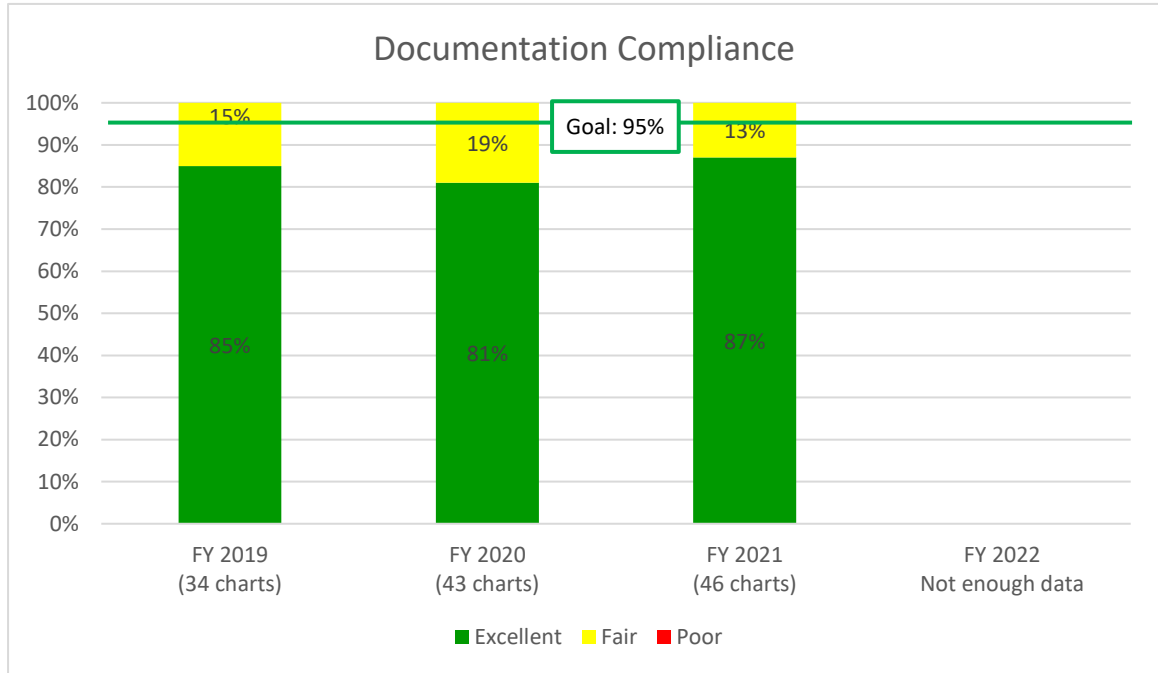
<ul style="list-style-type: none">• Continue monitoring high-risk clients.	<ul style="list-style-type: none">• Ongoing
<ul style="list-style-type: none">• Continue to review completed RMPs and provide staff with feedback and training on risk assessment and monitoring for clients with elevated risk.	<ul style="list-style-type: none">• Ongoing
<ul style="list-style-type: none">• Explore RMP tracking reminder systems in new electronic health record.	<ul style="list-style-type: none">• FY 2023 Q2
Forecast	
<ul style="list-style-type: none">• In FY 2023, it is expected that appropriate supportive contact will be provided to all at-risk clients.	

FY 2022 PERFORMANCE PLAN

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.
- The Compliance Review Team faced significant staffing challenges in FY 2022, which prevented them from fully reviewing the Intake 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.

What is the story behind the data?

- All charts that were reviewed in FY 2022 were compliant (90% or higher).
- The Compliance Review Team noted that the team did an exceptionally great job with comprehensive assessments and session notes.
- The team initially struggled with completing treatment plans in the new electronic health record, as these documents were formatted very differently than they were in the previous system. Still, the team showed significant growth in this area as the year progressed.

Recommendations

Target Dates

- Continue monthly reviews of charts in collaboration with CRT.
- Continue to provide feedback and training to staff on issues identified in the chart review process.
- Continue to provide individual staff feedback and training to improve intake efficiency and timeliness of documentation.

- Ongoing
- Ongoing
- Ongoing

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Forecast

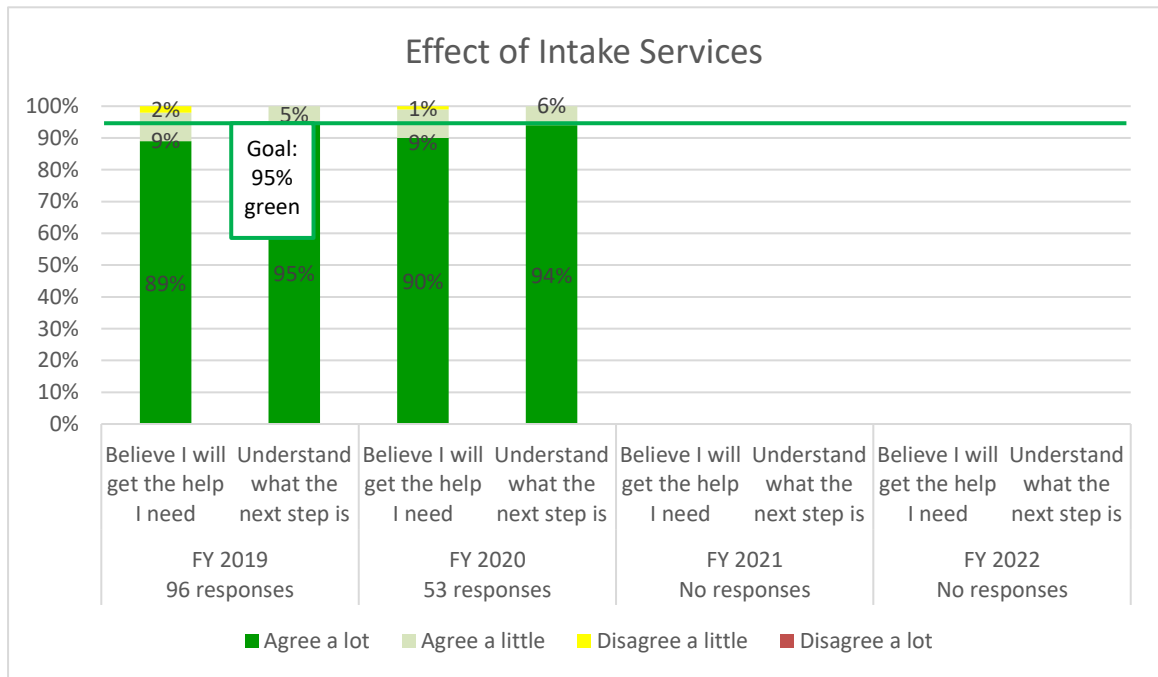
- In FY 2023, it is anticipated that 90% of charts will receive a consensus rating of "excellent."

FY 2022 PERFORMANCE PLAN

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?

- Due to pandemic-related challenges, including the move to virtual services and staffing challenges, the survey was not administered in FY 2022.

Recommendations

- Explore revising the customer service survey questions and format to best capture client experiences.
- Consider other methods of capturing client feedback, including focus groups, feedback cards, secret shopper programs, and reaching out to a sample of clients to hear about their experiences.

Target Dates

- FY 2023 Q3
- FY 2023 Q3

Forecast

- In FY 2023, it is expected that over 95% of respondents will respond that Intake has helped them determine next steps.

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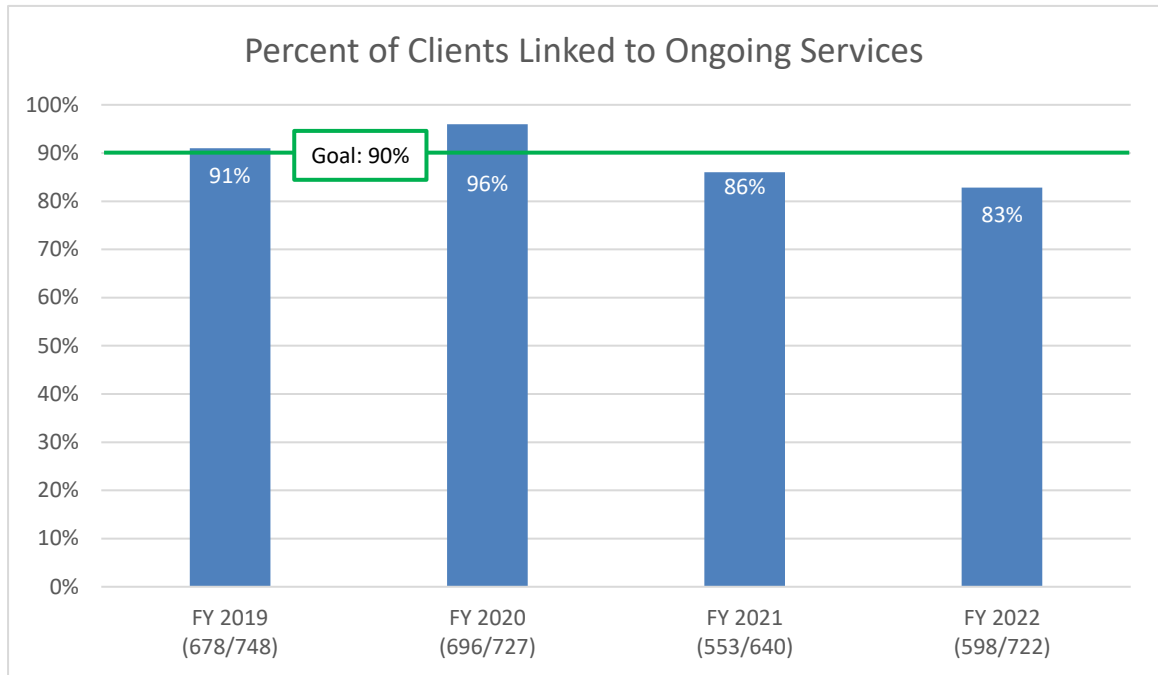
BHD Intake

Measure

3.2

Clients are successfully linked to ongoing services

Data



Data Summary

- In FY 2022, 83% (598) unduplicated clients received an intake assessment and attended at least one ongoing service appointment within 60 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.

What is the story behind the data?

- In FY 2022, 83% of clients were successfully linked to ongoing services, a slight decrease compared to FY 2021.
- The state standard is 30 days, which is quicker than the agency standard of 60 days. In FY 2022, 75% of clients were linked to ongoing services in 30 days, meeting the state goal. Of those matched 31-60 days after intake assessment, 75% (45/69) were seeking substance use services.
- Telehealth services may have reduced barriers for individuals with access to a phone or computer as barriers such as transportation and childcare were removed. For clients without a phone or computer, such as the homeless, access to services may have been more limited during the pandemic.
- In FY 2022, outpatient services clinicians used 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.
- Intake staff made 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.
- When the number of days between intake and first clinical appointment is longer, clients are less likely to successfully link to ongoing services.

FY 2022 PERFORMANCE PLAN

Recommendations	Target Dates
<ul style="list-style-type: none"> Continue to outreach clients who miss first clinical appointments, including through the implementation of a new call/text reminder software. 	<ul style="list-style-type: none"> FY 2023 Q1
<ul style="list-style-type: none"> Analyze rates of connection across varying client demographics and service types, and review data sources to optimize reporting methodology. 	<ul style="list-style-type: none"> FY 2023 Q3
<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. 	<ul style="list-style-type: none"> Ongoing
<ul style="list-style-type: none"> Explore establishing a consistent protocol for outreach to new clients by ongoing services clinicians. 	<ul style="list-style-type: none"> FY 2023 Q3
<ul style="list-style-type: none"> Align with the state standard of 30 days, rather than the agency standard of 60 days. 	<ul style="list-style-type: none"> FY 2023 Q2
Forecast	
<ul style="list-style-type: none"> In FY 2023, it is expected that 85% of clients who complete an intake will be connected to ongoing services within 60 days. 	