Community Support Teams	BHD/OP	Carol Sacks x4872 Alexis Speight x4855 Shelli Wargo x5006

Program Purpose	Help individuals with serious mental illness achieve and maintain symptom improvement and community integration through stable housing, employment, and reduced episodes of hospitalization.
Program Information	- Services are licensed by the Virginia Department of Behavioral Health and Developmental Services, and include: **Case management**: assessment, treatment planning, linkage to services, monitoring progress, advocacy, and solution-focused counseling. **Therapy**: the provision of individual and group therapy services that address adjustment to disability, crisis intervention, psychosocial and environmental challenges, and personal growth. - Most staff provide both therapy and case management services. Staff work in 3 teams with specialties such as young adults, specific language needs, and co-occurring mental health and substance abuse disorders. - The most common client diagnoses are mood disorders, co-occurring substance abuse, schizophrenia or other psychoses, and anxiety disorders. - Partners: - The teams work with DHS psychiatric services to arrange psychiatric evaluation, medication management, and related nursing services. - Case managers link individuals to supportive services within and outside of DHS. These services may include employment assistance, psychosocial day programs, medical care, residential services, Mental Health Skill Building Services, and permanent supported housing. - In FY 2022, the First Episode Psychosis team was established. First Episode Psychosis (FEP) is a coordinated specialty care program targeting services to young adults (16-30) who are experiencing their initial onset of psychosis within the last 2 years. Services include case management, therapy, medication management, peer support, and supported education and employment services. - Job Avenue provides employment services for clients served by the Community Support Teams. Housing is provided in collaboration with Housing Bureau's Permanent Supportive Housing program.
Service Delivery Model	- In FY 2022, the teams utilized a hybrid model, providing both in-person and virtual services to clients. It was found that offering hybrid services was the most effective way to deliver services, as it was inclusive of both those needing more in-person support and those who may not be able to make it to the Sequoia campus for services. - In FY 2023, the program anticipates continuing to offer a hybrid model.

PM1: How much did we do?

Staff	- Total 39.5 FTEs: 3 FTE Supervisors 34.5 FTE Case Managers/Therapists 2 Peer Specialists Total includes 1 FTE Permanent Supported Housing case manager position added FY 2021. Using state grant funds, there is a plan in place to develop in FY 2023 a first episode psychosis team.

Customers and Service Data		**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**
	Total clients served (unduplicated, adult and young adult)	1,514	1,395	1,413	1,414
	End-of-year census	1,138	1,098	1,116	1,137
	New clients	449	446	322	216*
	Annual number of case management / therapy clients served	1,115 / 663	1,129 / 627	1,134 / 568	1,049 / 648
	Annual direct service hours in office / in community**	27,652 / 3,269	25,871 / 2,403	24,437 / 78	20,675 / 1,040

*New client count is lower in FY 2022 due to process changes ensuring that clients who did not connect to the team were not opened in the electronic health record, and an improvement of calculation methodology.

**Hours in the community declined substantially in FY 2021 due to the switch to telehealth services with the continuation of the Covid pandemic during the fiscal year. Hours in the community began to increase again in FY 2022.

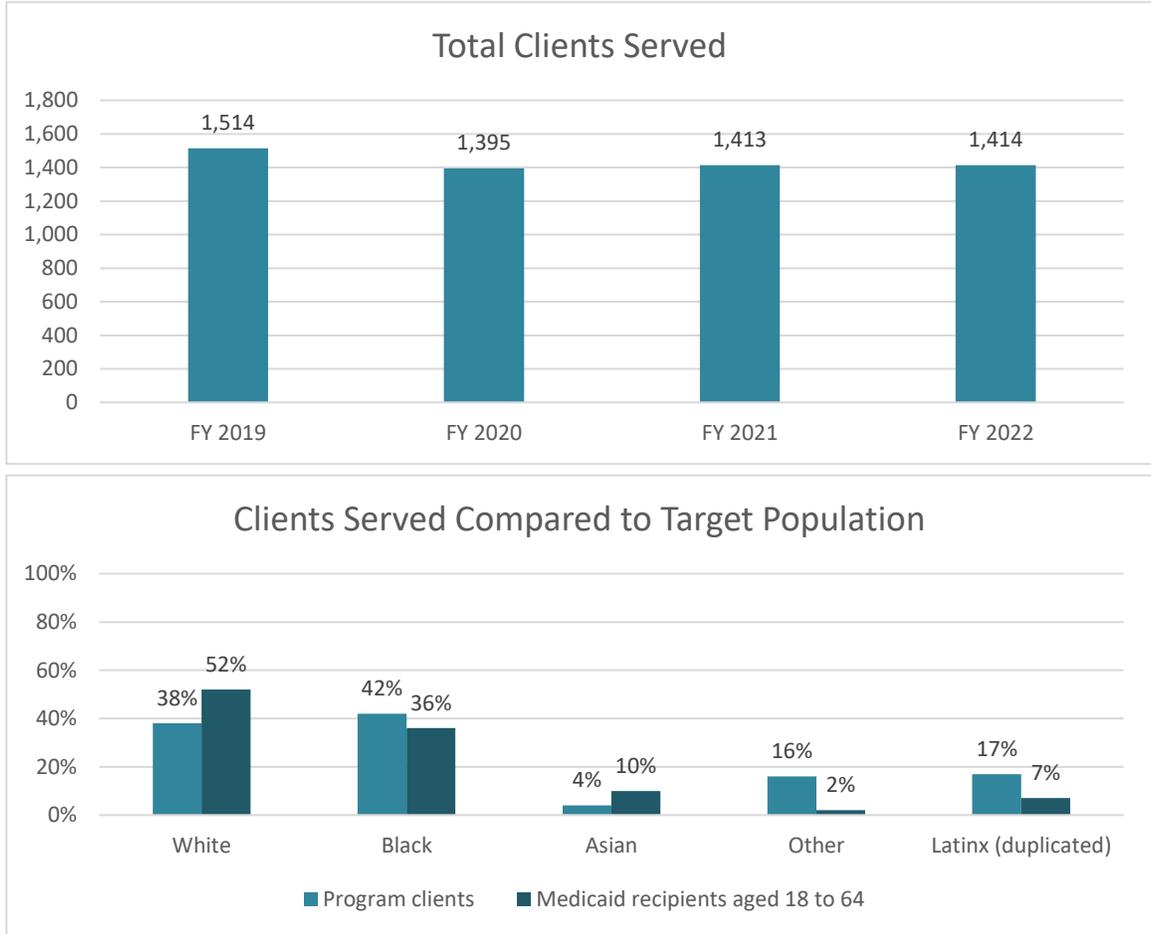| **PM2: How well did we do it?**	
2.1	Consumer satisfaction with services
2.2	Medicaid reimbursements
2.3	Staff active caseloads / case mix
2.4	Clinical documentation compliance

PM3: Is anyone better off?	
3.1	Inpatient hospitalization episodes/clients served
3.2	Daily Living Activities (DLA) assessment

Community Support Teams		
Measure	1	Total clients served (unduplicated, adult and young adult)

Data

Total Clients Served

Bar chart showing Total Clients Served:
- FY 2019: 1,514
- FY 2020: 1,395
- FY 2021: 1,413
- FY 2022: 1,414

Clients Served Compared to Target Population

Bar chart comparing Program clients vs Medicaid recipients aged 18 to 64:
- White: 38% / 52%
- Black: 42% / 36%
- Asian: 4% / 10%
- Other: 16% / 2%
- Latinx (duplicated): 17% / 7%

■ Program clients   ■ Medicaid recipients aged 18 to 64

Data Summary

- From FY 2019 to FY 2022, the number of clients served decreased 7%. In FY 2022, clients served remained consistent with FY 2021.
- The selected comparison population for the racial equity analysis is Medicaid recipients aged 18 to 64. 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.
- Data for this measure is collected in the agency's electronic health record.
- 3% of program clients (42) are missing data on race and 9% of program clients (126) are missing data on ethnicity. They have been excluded from the race and Latinx calculations.

What is the story behind the data?

- A similar number of clients were served in FY 2022 as in FY 2021. While FY 2022 saw loosening of pandemic restrictions, the program was faced with many challenges, including maintaining staffing, adjusting to a new electronic health record system, and working to get clients into the office in order to assess them.
- 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 (17%), suggesting that the program is responding to the needs of these clients. Despite structural challenges reaching Latinx clients, there was an increase in how many of these clients were served in FY 2022 than in previous years.

| Recommendations	Target Dates
• Staff will continue offering virtual and in-person services to clients to ensure access to services.	• Ongoing
Forecast	
• It is anticipated that 1,450 clients will be served in FY 2023, as programs such as First Episode Psychosis are fully staffed and open to admissions.	

Community Support Teams		
Measure	2.1	Consumer satisfaction with services

Data

Percent of Clients Reporting Satisfaction with Services

Goal: 85%

FY 2019: 96%
FY 2022: 94%
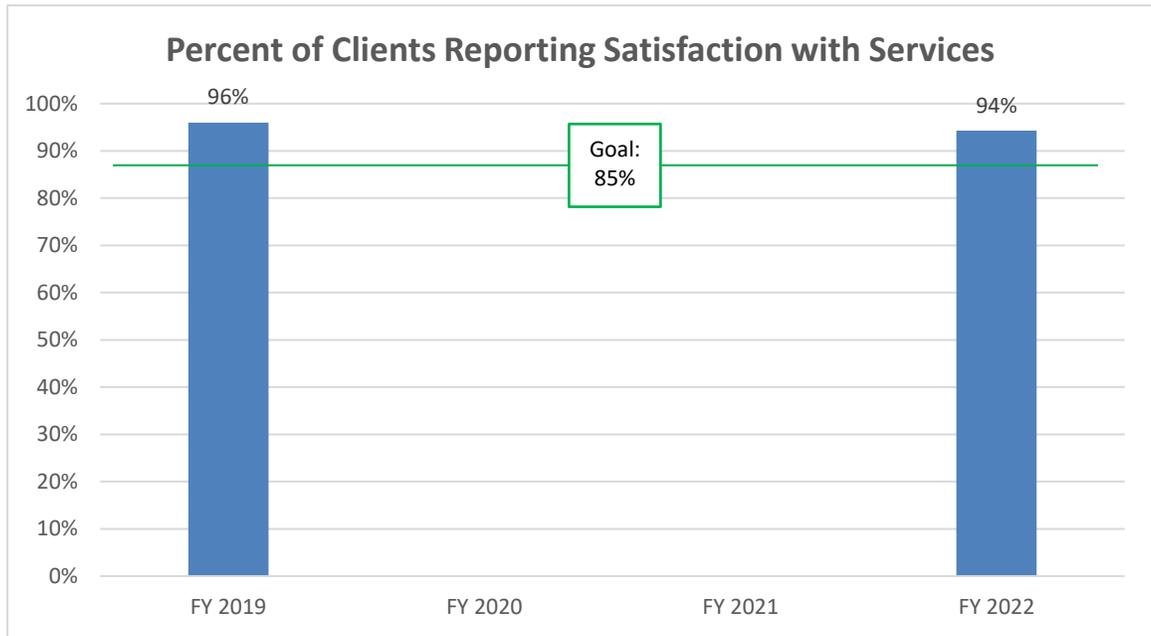
Data Summary	• A point-in-time survey is administered for one month to obtain a sample of the program effectiveness. • 160 surveys were collected from BHD clients receiving outpatient mental health and case management services.

What is the story behind the data?

- In FY 2022, a new survey was launched. This survey included new questions and was offered in both a paper and online format.
- Clients reported high satisfaction in FY 2022, stating that they felt like their services helped them, that they enjoyed working with their providers, and that they felt like their racial and gender identities were respected.
- For the first time, clinicians were heavily involved in the distribution of the survey. They worked to ensure that as many client voices were heard as possible.

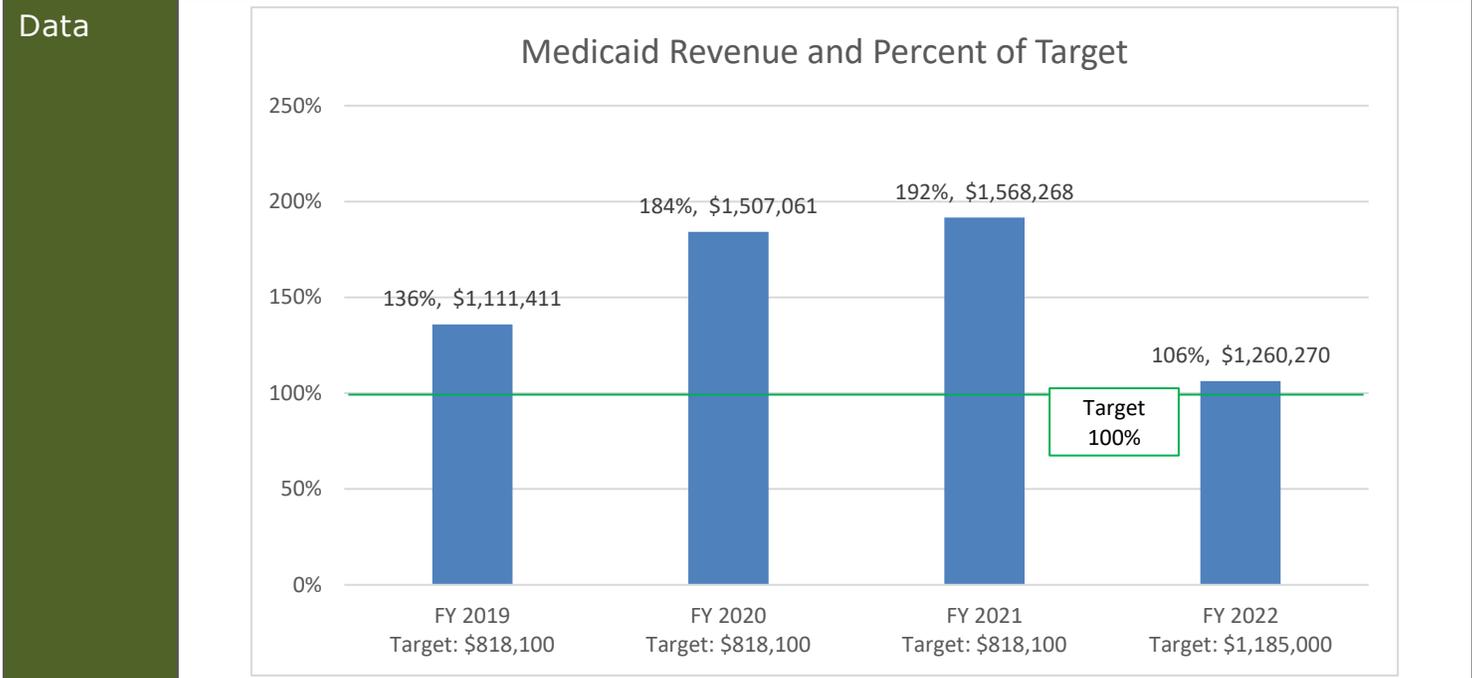| **Recommendations**	**Target Dates**
• Continue exploring revising the customer service survey questions and format to best capture client experiences.	• FY 2023 Q3

Forecast

- In FY 2023, it is anticipated that satisfaction rates will be 94%.

Community Support Teams			
Measure	2.2	Medicaid reimbursements	

Data	

Medicaid Revenue and Percent of Target

Chart: Medicaid Revenue and Percent of Target

- FY 2019 (Target: $818,100): 136%, $1,111,411
- FY 2020 (Target: $818,100): 184%, $1,507,061
- FY 2021 (Target: $818,100): 192%, $1,568,268
- FY 2022 (Target: $1,185,000): 106%, $1,260,270
- Target 100%

Data Summary	• Medicaid reimbursements decreased 20% in FY 2022 compared to the previous year, but remained above the budgeted amount. • Medicaid reimbursements include all sources but private pay. • In FY 2022, the target amount increased from $818,100 to $1,185,000.

What is the story behind the data?

- Medicaid reimbursement increased substantially in FY 2020, when the CSB served an increased number of Medicaid clients due to Medicaid expansion. Because of this, the target was increased by 45% in FY 2022.
- In FY 2022, direct service provision decreased somewhat, as the teams faced staffing challenges and navigating the new electronic health record.
- Efforts to get clients into the office for in-person appointments, while important for monitoring vitals and ensuring client safety, proved challenging. Many clients were reluctant to attend in-person appointments, and clinicians had to spend additional time in outreach and engagement. While some clients felt comfortable using video telehealth services for face-to-face contact, a number of older clients were not able to access video services.
- The addition of virtual services has brought on additional opportunities for clients to access services. Group services have often had low attendance in the past, with 3-4 clients regularly attending each group, but virtual group sessions have seen an average of 14 clients.
- Efforts continued to ensure fully and completed documentation of services, required for accurate billing.

| Recommendations	Target Dates
• It recommended that we stay the course to maintain relatively high levels of reimbursement	• Ongoing

• Continue to have staff go out to client homes or serve them in the office. While working with clients, help teach them how to utilize video services if they agree to use them. For clients who do not have ready access to technology, continue to provide devices capable of video communication.	• Ongoing

Forecast
• In FY 2023, it is expected there will be a moderate increase in Medicaid revenue to $1,300,000.

Community Support Teams		
Measure	2.3	Caseload

Data

Average Community Support Team Caseload
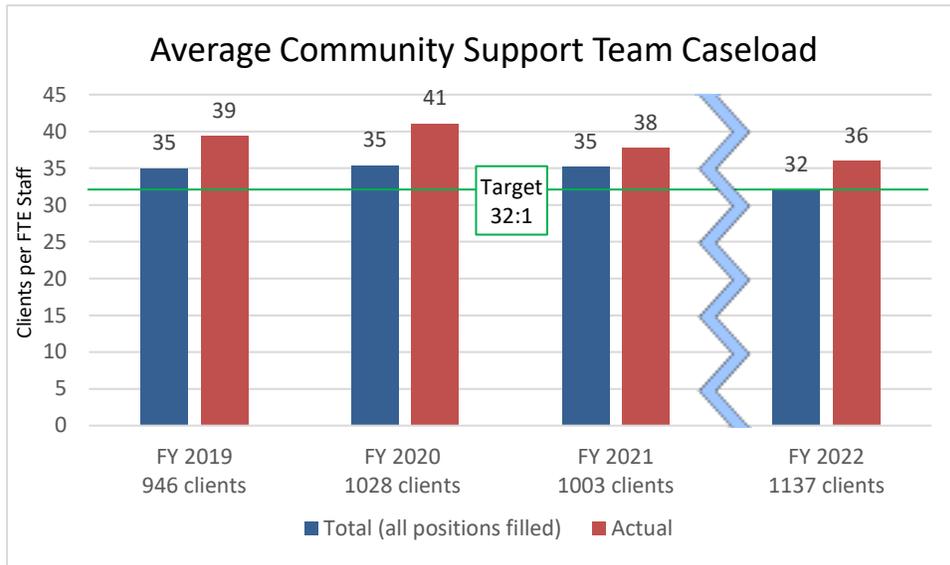
Data Summary

- The average caseload size remains higher than the target.
- In previous fiscal years, caseloads were calculated on a monthly basis with certain clinicians excluded and then averaged together. In FY 2022, this was changed to an end of year calculation based on all clinicians.
- Because the First Episode Psychosis program was started at the end of FY 2022, and was not fully open at that time, those clinicians were excluded from the calculation.

What is the story behind the data?

- Community Support Teams have a wide range of positions that serve different client groups. Some of these clinicians intentionally have lower caseloads as they provide more intensive services, which decreases the overall average.
- Over two-thirds of clinicians have caseloads above the target level. Team B, which only has clinicians who provide standard case management and therapy services, has an average caseload of 42. The highest caseload is 53 clients.
- In FY 2022, the Community Support Teams faced significant challenges hiring and retaining staff due to a nationwide clinician shortage. These impacted caseloads throughout the year, increasing staff workloads.
- In FY 2022, the agency moved to a new electronic health record system. As part of that process, there was substantial data cleanup near the end of FY 2022 to discharge closed clients from the online record. This resulted in lower caseloads at the end of FY 2022 than in prior years.

Recommendations	**Target Dates**
• Continue to balance caseload sizes among the teams.	• Ongoing
• Review this measure and determine the most accurate way to document caseload	• FY 2023 Q3

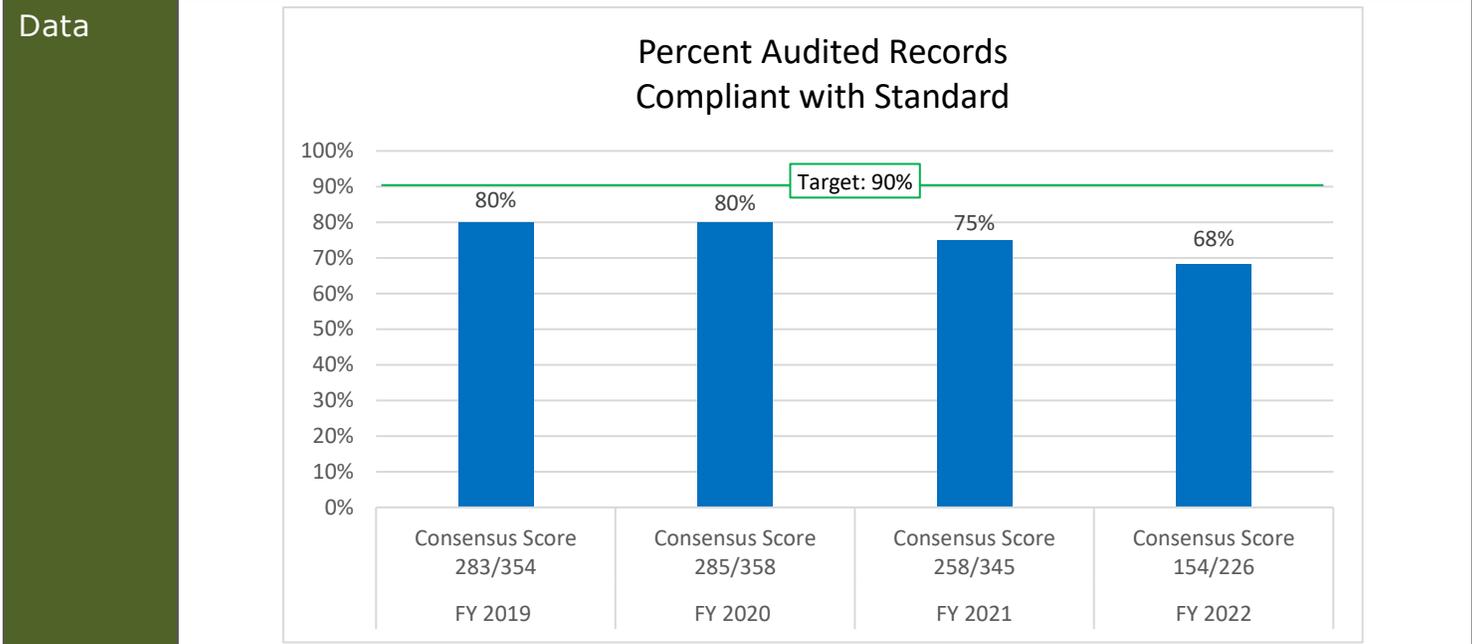|	
• Review best practice documentation to determine what an appropriate caseload number would be.	• FY 2023 Q4
• Look at opportunities to lower caseloads, including transferring appropriate clients to senior adult programs, determining if a program should be developed for permanent supportive housing clients who do not need full therapy services, and working with the Intake team on utilization policies for incoming clients who are not Arlington residents.	• FY 2023 Q2
Forecast	
• In FY 2023, it is anticipated that caseload sizes will remain at current levels.	

Community Support Teams		
Measure	2.4	Clinical documentation compliance

Data	
	Percent Audited Records Compliant with Standard (bar chart). Target: 90%. FY 2019: 80% (Consensus Score 283/354); FY 2020: 80% (Consensus Score 285/358); FY 2021: 75% (Consensus Score 258/345); FY 2022: 68% (Consensus Score 154/226).

Data Summary	• The average percent record compliance is 68% in FY 2022, a slight decrease from FY 2021 • Data is based on 1 randomly selected record per clinician on a monthly basis for each team. Team supervisors and Compliance staff separately rate the selected records and meet monthly to come to a consensus score for each record. • The reviewers use a standard form specifying key documentation standards. • Compliance with 90% or higher items is considered a "compliant" record.

What is the story behind the data?

- In FY 2022, the agency transitioned to a new electronic health record, which caused challenges as staff had to take the time to learn the new system. This led to a decrease in overall chart compliance.
- In FY 2022, Compliance was down multiple staff and was thus not able to review each team each month, leading to fewer charts being counted in this measure.
- During FY 2022, timeliness of documentation entry was a challenge. Entering documentation in the new electronic health record took more time for some staff, resulting a higher proportion of documentation entered late. In addition a number of staff were on extended medical leave, creating coverage challenges. At these times, programs emphasized ensuring client contact and risk abatement, which may have led to some notes and assessments not being completed on time.

| Recommendations	Target Dates
• Continue regular supervisor reviews with extra supervision or record training for new staff and staff not meeting standards.	• Ongoing

• Collaborate with the Compliance team to ensure that program staff maintain documentation standards with the current electronic health record. • Remind staff to record documentation time for each note completed, to effectively monitor workload.	• Ongoing • August 2022
• Remind staff to record documentation time for each note completed, to effectively monitor workload.	• August 2022
Forecast	
• In FY 2023, it is expected that the percent of records at or exceeding 90% compliance will improve to 78%.	

Community Support Teams		
Measure	3.1	Inpatient hospitalization episodes/clients served
Data		Inpatient Episodes per Unduplicated Client Served
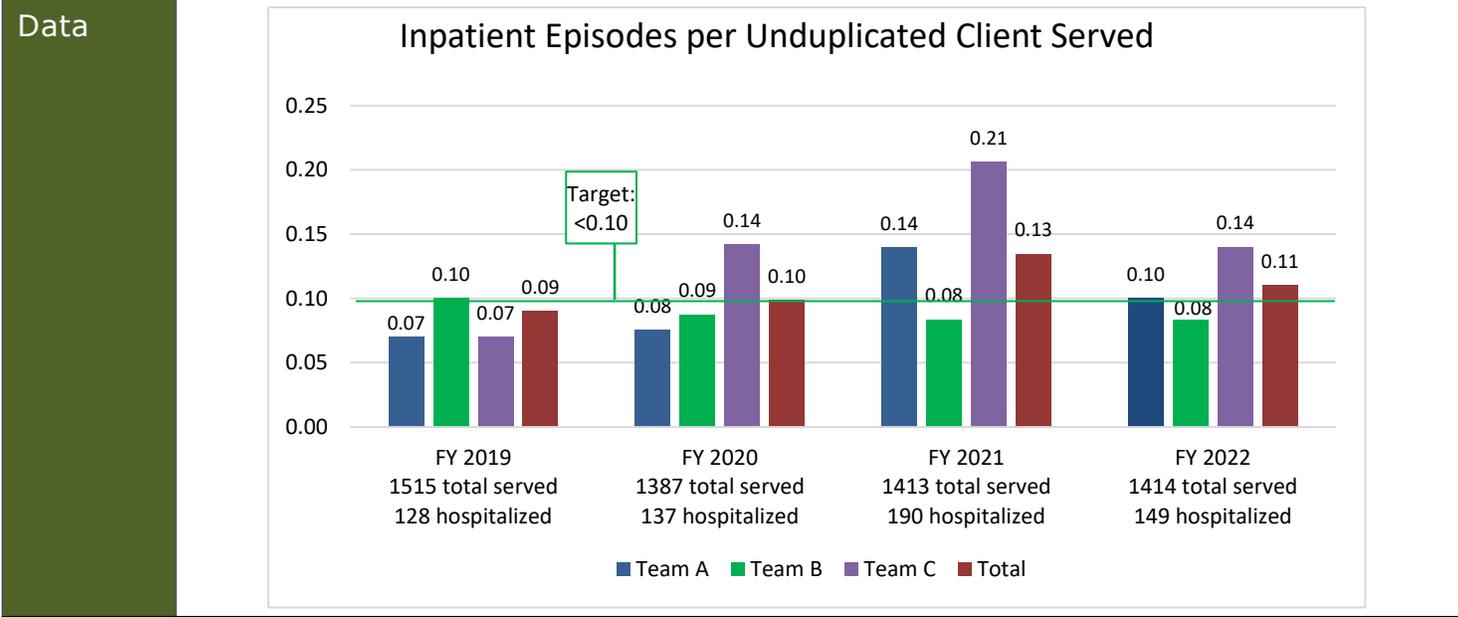
Data Summary	• The rate of inpatient episodes per person served by the three teams (.11) was lower than last year but still exceeded the target (.10) • Team C (.14) exceeded the target but decreased from FY 2021.

What is the story behind the data?

- In general, hospitalizations decreased in FY 2022. The teams report that this may be due to the lessening effects of the pandemic as well as strong wrap-around services from the clinicians. There was an increase in both in-person and video services as compared to phone only services, which enabled clinicians to better assess for risk.
- Despite the lower level of hospitalizations, the teams noted that this was a tough year for many clients. There continued to be spikes in substance use activity and relapse. Many of the new admissions, particularly young adults, had high acuity levels. These new young adult admissions drove many of the hospitalizations on Team A.
- State hospitals decreased their total capacity in FY 2022, which may have led to fewer clients being referred to those locations and instead being referred to the community resources and their ongoing clinicians. Community Support Team clinicians helped ensure their safety in the community.
- Generally, adverse incidents remained higher across the teams in FY 2021 & 2022 than in previous years (FY 2019-FY 2020), reflecting higher acuity levels among clients.

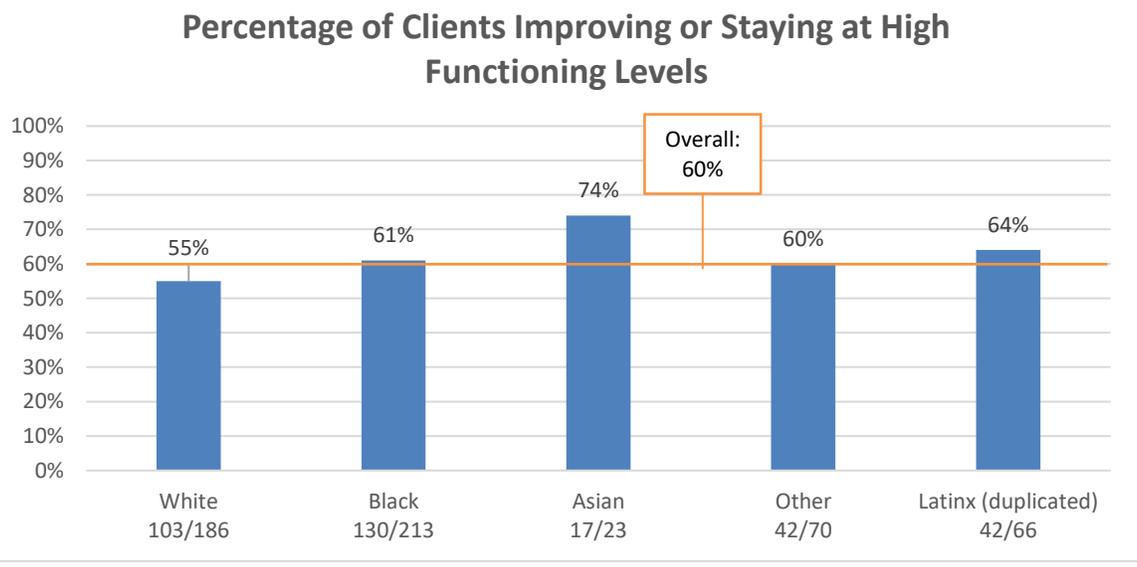| Recommendations	Target Dates
• Continue ensuring that all clients are seen at minimum once a quarter to properly assess them for risk.	• Ongoing

Forecast

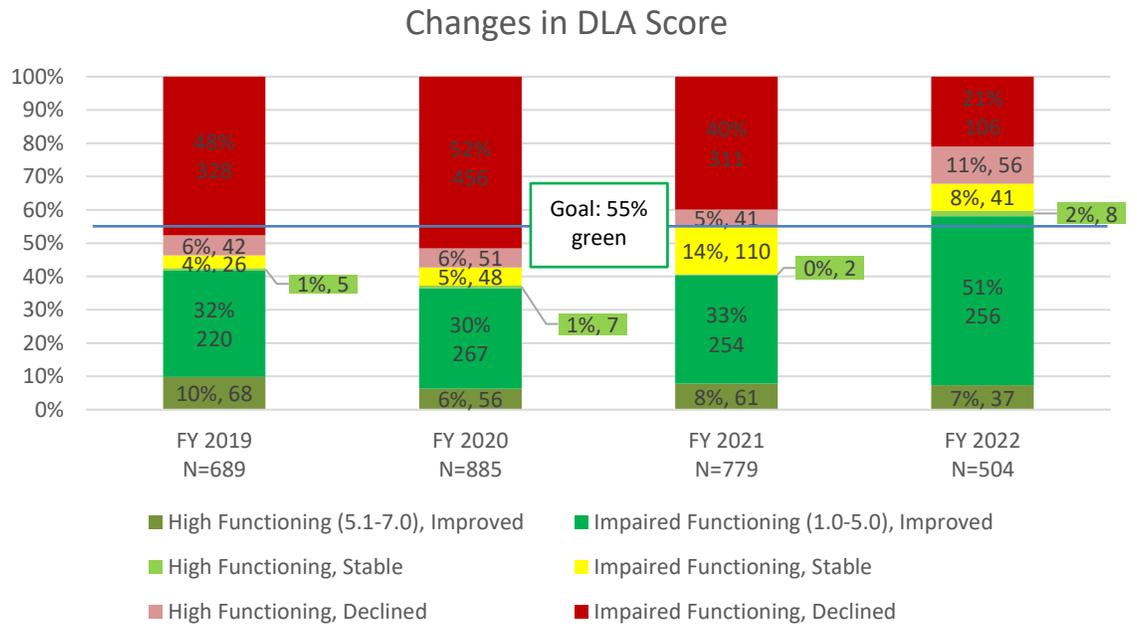- In FY 2023, it is expected that hospitalization rates will continue to decrease to 0.10.

Community Support Teams		
Measure	3.2	Daily Living Activities (DLA) assessment
Data		

Changes in DLA Score

- High Functioning (5.1-7.0), Improved
- Impaired Functioning (1.0-5.0), Improved
- High Functioning, Stable
- Impaired Functioning, Stable
- High Functioning, Declined
- Impaired Functioning, Declined

Percentage of Clients Improving or Staying at High Functioning Levels

Data Summary	•	As measured by DLA-20 ratings, the functioning of 60% of clients either improved or remained high functioning. This is above the 55% target and a significant increase from FY 2021 (41%).
	•	Level of functioning is measured by the DLA-20 a 20-item validated scale of level of functioning. The 504 clients in this measure were in treatment for a year or more. Their earliest rating is compared to the latest rating.
	•	The largest proportion of improved clients (51%) were those that initially had low functioning and improved.

- Comparison of the improvement rates of racial and ethnic groups, indicates DLA-20 improvement levels of 55% to 74%. It appears that there may be a slight disparity for white clients, which will be tracked in future years.

What is the story behind the data?

- It is believed that the substantial increase in DLA-20 scores from FY 2021 to FY 2022 are due to a "pandemic bump." As clients were able to safely exit isolation with the increase in vaccine availability and the decrease in cases, they experienced an increase in social opportunities and job openings. These offerings may have directly impacted various elements of the DLA-20.
- There were fewer eligible clients for this measure in FY 2022 than in previous years, which is likely due to two factors. The first was the implementation of the new electronic health record system, which may have led to some DLA-20 assessments not getting properly entered and counted in the measure, and the change in state requirements to the assessment being due every six months rather than every three months.
- The comparable improvement rates among racial and ethnic groups indicates the absence of a notable disparity in outcomes.

Recommendations	Target Dates
- Continue administering the DLA-20 at six-month intervals to all clients.	- Ongoing
- Monitor the development of the STEP-VA DLA-20 measure and determine if any changes should be made to this measure to match it.	- FY 2023 Q2

Forecast

- In FY 2023, it is expected that 55% of clients will show an increase or remain at a high level on their DLA-20 assessment. The "pandemic bump" will be less pronounced than in FY 2022, but there will still be strong improvement for many clients.