

**FY 2022 PERFORMANCE PLAN**

<b>Psychiatric Services</b>		<b>BHD</b>	Lillian Tidler, x4843 Mridu Tripathi, x4936
Program Purpose	<ul style="list-style-type: none"> <li>Decrease and stabilize psychiatric symptoms among adults and children with serious mental illness.</li> </ul>		
Program Information	<ul style="list-style-type: none"> <li>Physicians and nurse practitioners provide office and community based psychiatric services in three divisions: Behavioral Healthcare Division (BHD), Aging and Disability Services Division (ADSD), and Child and Family Services Division (CFSD).</li> <li>The majority of clients receive outpatient office-based psychiatric services.</li> <li>Specialized services are provided to eligible clients in a variety of settings, including at the client’s home, in assisted living facilities, in Emergency Services, or in a psychosocial rehabilitation setting.</li> <li>Services are evidence-based and recovery-oriented.</li> <li>Nursing, pharmacy, and administrative staff are not included in this plan.</li> </ul>		
Service Delivery Model	<ul style="list-style-type: none"> <li>Due to the COVID-19 pandemic beginning March 30, 2020, the majority of FY 2021 psychiatric services were provided via telehealth via telephone (audio only) and via audio-visual (secure Zoom).</li> <li>In FY 2022, the teams utilized a hybrid model, providing both in-person and virtual services to clients. Virtual services increase client access, allowing them access to their psychiatrists with minimal disruption to their lives. However, psychiatrists and nurses must conduct in-person assessments of clients periodically, so it is important that clients engage with in-person services as well.</li> <li>In FY 2023, the program anticipates continuing to offer a hybrid model.</li> </ul>		
<b>PM1: How much did we do?</b>			
Staff	<ul style="list-style-type: none"> <li>9.1 staff FTEs:               <ul style="list-style-type: none"> <li>1 FTE Medical Director</li> <li>1 FTE Associate Medical Director/CFSD psychiatrist</li> <li>2 FTE staff nurse practitioner (NP) for BHD Outpatient Services</li> <li>2 FTE staff psychiatrist for BHD Outpatient Services</li> <li>1 FTE MD (0.80 FTE BHD ACT and 0.20 FTE BHD Outpatient Services)</li> <li>0.25 FTE staff psychiatrist (0.10 FTE BHD Emergency Services and 0.15 BHD Outpatient Services)</li> <li>0.5 FTE staff psychiatrist for BHD Clubhouse</li> <li>1.35 FTE staff psychiatrist for ADSD (1.0 FTE for ADSD Outpatient Services and 0.35 for Developmental Disability Services)</li> </ul> </li> <li>The program is primarily staffed by county employees with some contract psychiatrists. The number of FTEs purchased with available funds changes slightly from year to year. In FY 2022, 1.40 contract FTEs were utilized in BHD (three physicians and one nurse practitioner)</li> </ul>		

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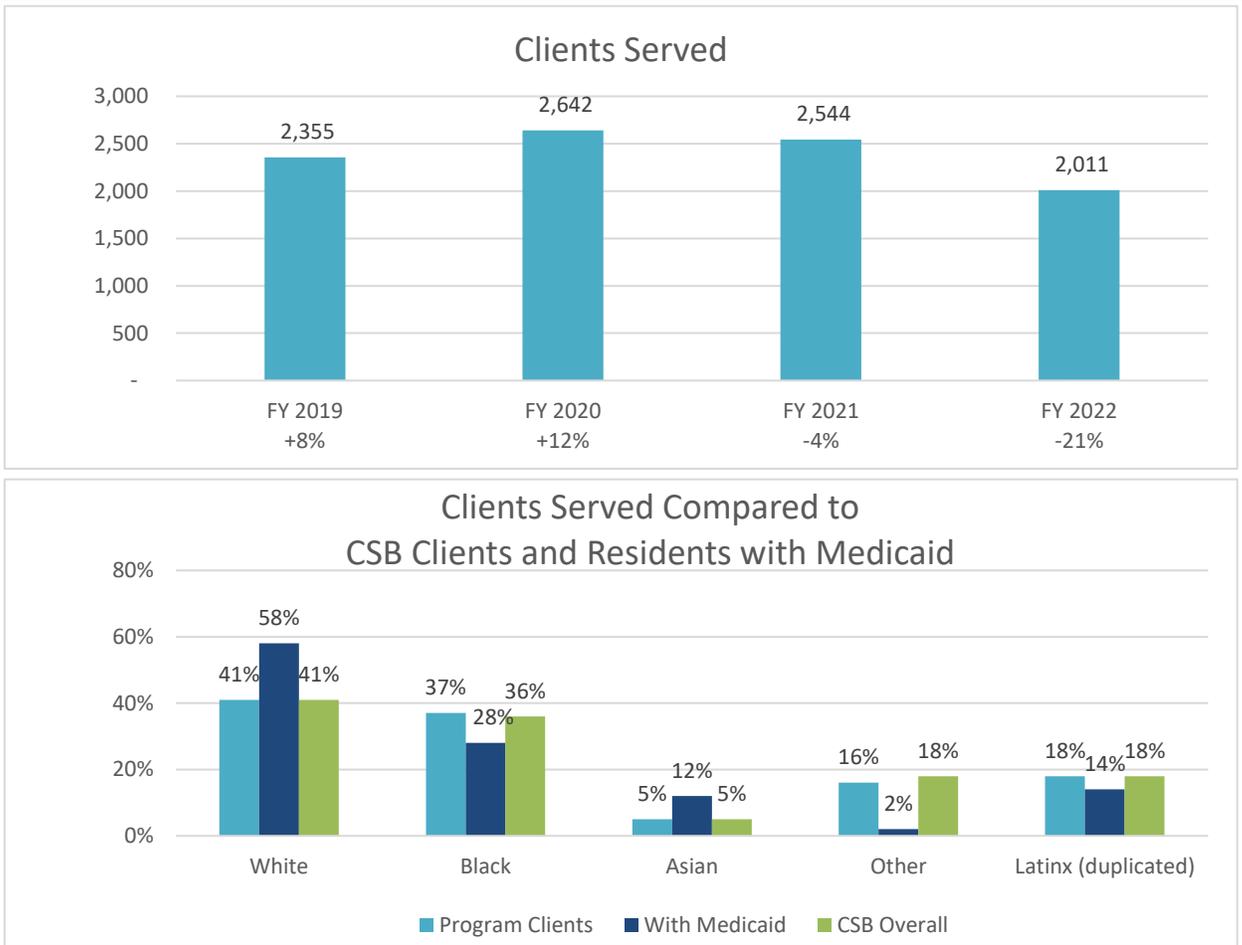
Customers and Service Data	<b>Number of clients served (Unduplicated)</b>										
	<b>Division</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>						
	<b>BHD</b>	2,089	2,378	2,214	1,602						
	<b>ADSD</b>	266	268	317	302						
	<b>CFSD</b>	115	96	121	107						
	<b>Total</b>	<b>2,355</b>	<b>2,642</b>	<b>2,544</b>	<b>2,011</b>						
	<b>Number of appointments</b>									<b>Average number of appointments/client</b>	
	<b>Division</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>		
	<b>BHD</b>	12,761	12,734	14,988	11,622	6	5	7	7		
	<b>ADSD</b>	1,319	1,476	2,074	2,476	5	6	6	8		
	<b>CFSD</b>	484	492	701	885	4	5	7	8		
	<b>Total</b>	<b>14,564</b>	<b>14,702</b>	<b>17,763</b>	<b>14,983</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>7</b>		
	<b>PM2: How well did we do it?</b>										
	2.1	Qualitative chart reviews									
2.2	Organizational adherence to evidence-based psychiatric model										
2.3	Wait time to see a psychiatrist/nurse practitioner for an initial psychiatric evaluation										
<b>PM3: Is anyone better off?</b>											
3.1	Client self-report of reduction and stability of symptoms										
3.2	Psychiatrist assessment of client										

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**Psychiatric Services**

**Measure 1**      Number of clients served (Unduplicated)

**Data**



**Data Summary**

- From FY 2019 to FY 2022, the number of clients served decreased 15%.
- The selected target populations for the racial equity analysis are CSB clients overall, and Medicaid recipients in Arlington. All Psychiatric Services clients are referred by another CSB program. Medicaid recipients are a target population across multiple CSB services, as the Department of Human Services is the most accessible mental health service provider for many of these individuals. 64% of Psychiatric Services clients receive Medicaid.
- Data for this measure is collected in the agency’s electronic health record.
- 2% of program clients (45) are missing data on race. They have been excluded from the race columns on the second chart.
- 10% of program clients (198) are missing data on ethnicity. They have been excluded from the Latinx calculation.

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

- The Psychiatric Services team expanded in-person service offerings in July 2021, which allowed for further client choice in service provision while also increasing the program’s capacity to provide in person assessments. A particular area of program focus was administering the Abnormal Involuntary Movement Scale to clients receiving anti-psychotic

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medications to ensure their physical health was not affected by their mental health medications.

- Program staff spent significant time in FY 2022 trying to get clients to come to the Sequoia campus for in person assessments and vitals. Some clients were resistant to in person services, particularly during the rise of the Omicron variant of COVID-19. To try and target agency efforts, a procedure was put in place in January 2022 to determine which clients needed the most in person assessments and were at the highest risk. Extensive, targeted outreach was provided to these clients to try and get them to come in. This process continues on a monthly basis.
- Fewer new clients were referred to Psychiatric Services in FY 2022, which contributed to the decrease in number of clients served. Some referrals may not have been completed in the new electronic health record system, leading to clients not being connected in a timely manner. The number of appointments provided in FY 2022 was similar to prior years, which indicates that services remain at a high level.
- In FY 2022, the agency moved to a new electronic health record. This brought many challenges for psychiatric services staff, as they had to relearn documentation while maintaining compliance standards. Program specific data entry tools were not ready when the system went live. Time spent on administrative tasks expanded for the program.
- The program contended with staff retention challenges. Across the country, many psychiatric providers chose to leave the profession or reduce their hours, thus increasing the demand for providers everywhere. Multiple psychiatric provider vacancies were not able to be filled as candidates accepted other jobs with higher salaries. The staffing vacancies likely impacted the number of clients served.
- The program serves clients of all ages. The demographics of clients served generally align with those of CSB clients overall, indicating that access to Psychiatric Services is comparable across different racial and ethnic groups. Approximately 32% of all clients served by Arlington Community Services Board received Psychiatric Services at the agency.

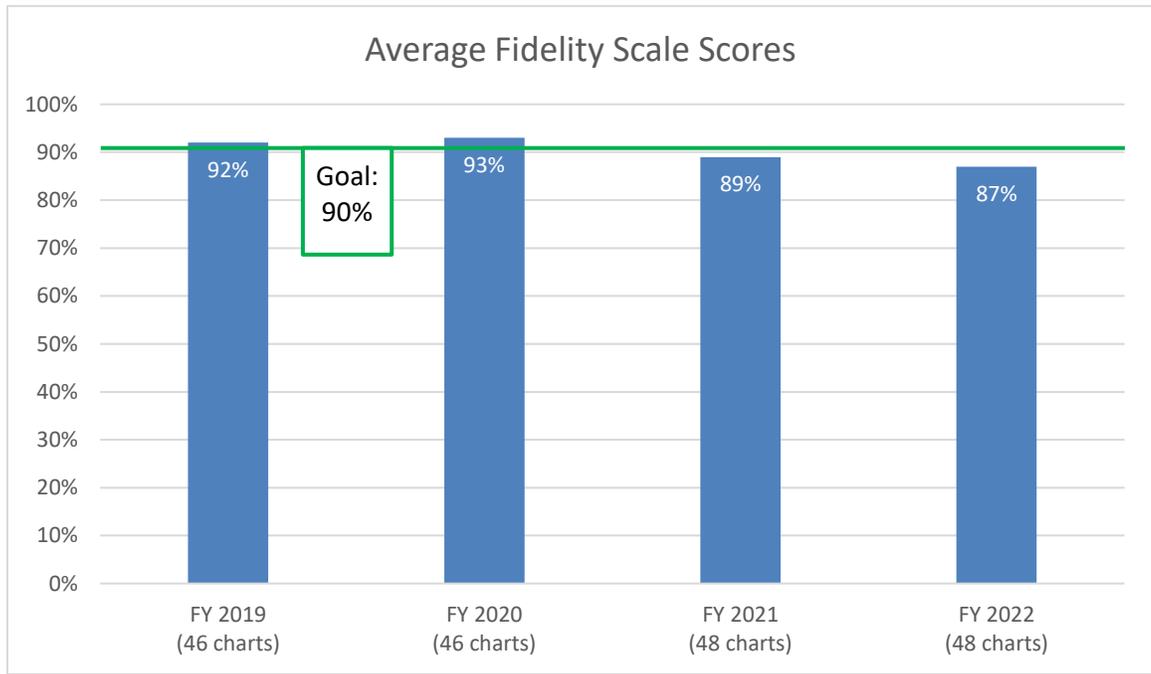
Recommendations	Target Dates
• Continue targeting care to the Arlington residents most in need.	• Ongoing
• Ensure vacant prescriber positions are filled in order to address increasing service demands.	• Ongoing
• Continue monthly analysis of clients to determine those most in need of assessment and provide outreach to try and get them to come into the agency.	• Ongoing
• Analyze demographics of agency clients who are referred to but do not engage with Psychiatric Services. Determine if there are trends among those who do not receive services, and if any actions should be taken.	• Q3 FY 2023
• Explore potential barriers to engagement for self-pay and uninsured clients with CSB, BHD, and FMB Leadership teams, including analysis of data and discussion with program teams.	• Q3 FY 2023
Forecast	
• In FY 2023, it is anticipated that the program will serve 2,350 clients.	

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**Psychiatric Services**

**Measure**      2.1      Qualitative chart reviews

**Data**



**Data Summary**

- Percentages represent how closely aligned the psychiatrist’s chart is with what would be an “ideal chart” for evidence-based practice.
  - FY 2022 chart review scores decreased slightly to 87% in FY 2022.
- Data collection:
- Prescriber Fidelity Scale score sheet was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), as part of the Medication Treatment, Evaluation, and Management Toolkit (MedTeam) for public-serving systems.
  - Criteria exists in the score sheet to assess collaboration with primary care, lab-value monitoring, and a number of meaningful-use measures related to smoking status and electronic prescribing.
  - The medical director reviews charts and prescribing practices for psychiatrists/nurse practitioners for appropriate side-effect monitoring.

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

- Charts are audited by the Medical Director quarterly. Chart scores decreased slightly in FY 2022, due to COVID-related limitations on in-person services with psychiatric and primary care providers.
- A number of the chart elements require in-person assessment of the client, such as BMI and vitals monitoring. As many clients were served virtually to combat the spread of the COVID-19 virus, these elements were not captured at time of appointment. In January 2022, a new protocol was established to target clients who were missing their required screenings.
- The fidelity scale includes elements on primary care integration, such as tracking if the client has had a visit with their primary care provider (PCP). Some clients did not see their PCPs in

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FY 2022, either because their provider decreased access or due to the client’s personal comfort level of going to the doctor during the pandemic.

- The AIMS Assessment (Abnormal Involuntary Movement Scale) should be administered to clients prescribed antipsychotic medications every 6 months. This assessment requires staff to see the client, either in person or via video telehealth services. Many clients were missing this assessment due to telehealth, but the program made efforts to increase the number of AIMS assessments completed in-person and psychiatric providers were encouraged to document the limited AIMS exams that may be captured via telehealth audio-visual appointments.
- Another factor that impacted documentation quality was the implementation of a new electronic health record in FY 2022. This new record system took significant time to learn, and there were issues with the initial psychiatric note template that prevented billing. Once the note template was fixed, staff had to correct existing notes, which required time.
- There were many areas of strength in FY 2022, including consistency in assessing current psychiatric symptoms, prescribing psychiatric medications that provided efficacy in decreasing symptoms, reviewing client’s medical history and recent hospitalization, reconciling medications across providers, and assessing client risk.
- Having the nursing positions filled led to continued positive findings in chart audits regarding documentation of coordination of care, vital-sign monitoring, metabolic monitoring, body-mass index (BMI) assessments, annual lab work and referral to primary-care physician for annual physical exams. In FY 2022, it was noted that the highest scoring charts all included nurse involvement.
- Revised nursing duties have resulted in enhanced nurse navigation, including care coordination, health monitoring, psychoeducation and care coordination.

Recommendations	Target Dates
<ul style="list-style-type: none"> <li>• Continue completing metabolic monitoring and primary-care screening forms in the electronic health record to meet state data-monitoring requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Continue monitoring the impact of the ongoing Covid pandemic on the data that makes up the fidelity score, and make changes to practice as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Explore providing training to nurses and other staff to identify early warning signs of Tardive Dyskinesia, to alert prescribers.</li> </ul>	<ul style="list-style-type: none"> <li>• FY 2023 Q4</li> </ul>

**Forecast**

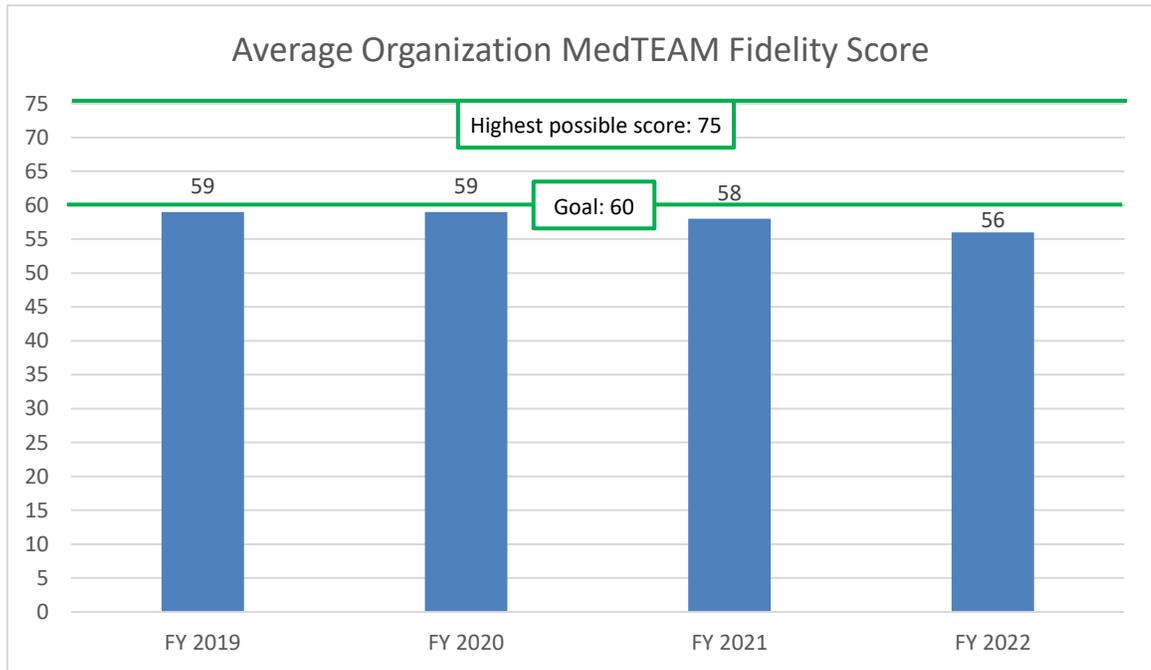
- In FY 2023, fidelity scores are expected to slightly increase to 88%. While tracking efforts will continue to help ensure that all assessments are completed on time, the anticipated hiring of multiple new psychiatric staff in the coming FY 2023 will likely result in decreases in other areas as it takes new staff some period of time during the onboarding process to attain high scores on all the documentation requirements after they first start

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Psychiatric Services

Measure 2.2 Organizational adherence to evidence-based psychiatric model

Data



Data Summary

- Scores have remained relatively steady from FY 2019 to FY 2022, slightly decreasing in the past two years.
- Data collection:
- 15 program-specific items, each rated on a 5-point scale, ranging from 1 (not implemented) to 5 (fully implemented). Maximum possible score is 75.
  - [MedTeam Organizational Fidelity Scale and Score](#) sheet is used to measure how closely aligned the program is with an ideal program supporting evidence-based psychiatric evaluation and medication management.
  - Score sheet was developed by SAMHSA, as part of the MedTeam Toolkit for public-serving systems.
  - Since FY 2018, one rater has been used, with input from all three divisions.

What is the story behind the data?

- Adherence score to the evidence-based psychiatric model remained mostly stable.
- The slight decrease in FY 2022 is due to two items:
  - Standardized Ongoing Treatment Form: The new electronic health record has a new ongoing treatment form, which does not include call outs for each element recommended by the MedTeam Fidelity Scale.
  - Prescriber Access to Information at Each Routine Visit: This element scores whether a client has been fully physically assessed by having their vitals and BMI taken before meeting with the prescriber. Because of challenges during the COVID-19 pandemic and issues getting clients into the building for assessment, fewer clients had completed medical records for prescribers to review.
- There was not a systematic distribution of consumer education materials by the program in FY 2022, due to the implementation of a new electronic health record. The functionality

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within the health record system that will make it easier to deliver this consumer education material to clients is still being built out. In the meantime, materials are given to clients by our partner pharmacy when clients pick up their medications.

- A committee regularly reviews and monitors clients who have had limited response to psychiatric medications. The psychiatric providers have periodically reviewed the medications of these clients to enhance treatment response and to decrease adverse effects from psychiatric medications.

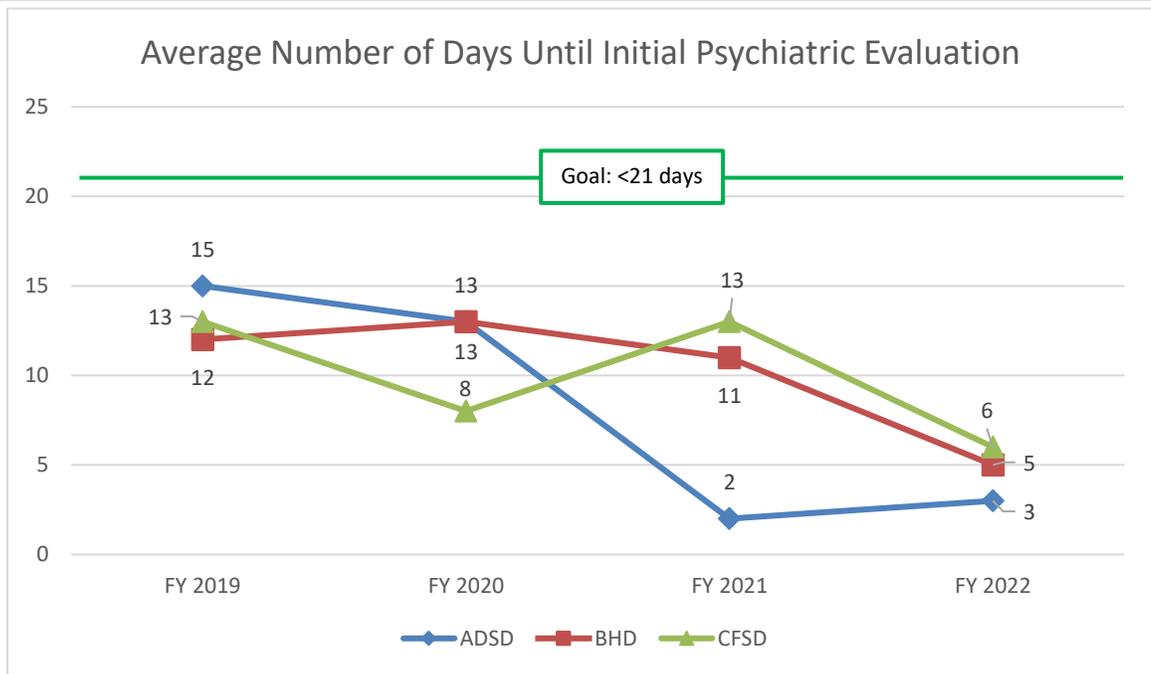
<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Continue efforts to integrate primary care with psychiatric services.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Continue to work with community partners on integration and coordination of care for clients during the COVID-19 pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Continue to partner with local primary-care providers with efforts to improve service integration during the COVID-19 pandemic, including obtaining updated medical records for psychiatric providers to review.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Consider updating the ongoing treatment form in medical services session notes, so that it covers all elements present on the MedTeam Fidelity Scale.</li> </ul>	<ul style="list-style-type: none"> <li>• FY 2023 Q3</li> </ul>
<ul style="list-style-type: none"> <li>• Use the new electronic health record system to distribute consumer education materials.</li> </ul>	<ul style="list-style-type: none"> <li>• FY 2023 Q4</li> </ul>
<b>Forecast</b>	
<ul style="list-style-type: none"> <li>• In FY 2023, it is anticipated that the average score will remain at 56. While some areas may improve as the program continues to adapt to the post-pandemic environment and the new electronic health record system, the program is anticipating hiring new staff members during the fiscal year. It will take time to get these staff members ready to take on a full caseload, potentially affecting items scored by the fidelity scale.</li> </ul>	

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Psychiatric Services

Measure 2.3 Wait time to see a psychiatrist/nurse practitioner for an initial psychiatric evaluation

Data



Data Summary

- FY 2022 average wait time for BHD was 5 days. For CFSD the wait time was 6 days. For ADSD, the average wait time was 3 days. Overall average wait time for FY 2022 improved, although ADSD wait time slightly increased from historic lows.
- This measure counts calendar days from the date the case manager makes a referral to psychiatric services to the date of the first available initial psychiatric evaluation appointment. Emergency services appointments are excluded.

What is the story behind the data?

- Each of the divisions met the goal of 21 days for a client to be seen for an initial psychiatric evaluation in FY 2022.
- Strong collaboration between the customer service center and psychiatric services teams in FY 2022 led to low wait times for clients. By working together, the two teams were able to quickly respond to referrals, find appropriate appointment slots, and schedule clients.
- In FY 2022, a new electronic health record was enacted agency wide. Protocols around client referrals in this system are still being established, and some referrals were done informally via e-mail requests. Those were not captured in the above chart. Efforts to codify and streamline the referral process are still ongoing.
- Because there were fewer new clients connected to psychiatric services in FY 2022, those that sought services were able to be served faster.
- The psychiatric services referral form is being used by all divisions for consistent data collection.

Recommendations

Target Dates

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<ul style="list-style-type: none"><li>• Continue scheduling referred clients as soon as possible.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<ul style="list-style-type: none"><li>• Codify referral processes in the new electronic health record and ensure any changes are communicated out to all agency staff.</li></ul>	<ul style="list-style-type: none"><li>• FY 2023 Q2</li></ul>
<b>Forecast</b>	
<ul style="list-style-type: none"><li>• In FY 2023, it is projected that wait times will increase as the number of clients is expected to increase and multiple psychiatric vacancies exist with a current challenge in being able to recruit and hire new psychiatric providers). BHD is projected at 10 days, CFSD at 12 days, and ADSD at 5 days.</li></ul>	

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Psychiatric Services																	
Measure	3.1	Reduction and stability of symptoms as reported by client															
Data	<div style="text-align: center;"> <p>Percent of Clients Reporting Their Symptoms Have Improved Since Receiving Psychiatric Services</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Percent of Clients Reporting Their Symptoms Have Improved Since Receiving Psychiatric Services</caption> <thead> <tr> <th>Fiscal Year</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>FY 2019</td> <td>260/297</td> <td>88%</td> </tr> <tr> <td>FY 2020</td> <td>Not Administered</td> <td>-</td> </tr> <tr> <td>FY 2021</td> <td>Not Administered</td> <td>-</td> </tr> <tr> <td>FY 2022</td> <td>146/161</td> <td>91%</td> </tr> </tbody> </table> </div>		Fiscal Year	Count	Percentage	FY 2019	260/297	88%	FY 2020	Not Administered	-	FY 2021	Not Administered	-	FY 2022	146/161	91%
Fiscal Year	Count	Percentage															
FY 2019	260/297	88%															
FY 2020	Not Administered	-															
FY 2021	Not Administered	-															
FY 2022	146/161	91%															
Data Summary	<ul style="list-style-type: none"> <li>In FY 2022, 91% of clients reported that they agreed that their symptoms stabilized and/or improved since they started taking their medications.</li> <li>A point-in-time survey is administered for one month to obtain a sample of the program effectiveness.</li> <li>161 surveys were collected from BHD clients receiving psychiatric services.</li> </ul>																
<b>What is the story behind the data?</b>																	
<ul style="list-style-type: none"> <li>In FY 2022, a new survey was launched. This survey included new questions and was offered in both a paper and online format.</li> <li>Overall survey responses were very positive in FY 2022. Clients highlighted the thoughtful care they received from their psychiatric providers.</li> <li>A few clients expressed displeasure with their psychiatric services, particularly because they wanted a specific medication the program had not prescribed. In these situations, the program recommends that the client discuss the request with their psychiatric provider. Their clinician is also invited to join the medication session to assist the client in communicating the reason for the request. If provider and clinician cannot resolve the issue, then the client can be assigned to have a second opinion with a different psychiatric provider. Psychiatric Services focuses on providing the most appropriate and effective medication choices to the client.</li> </ul>																	
<b>Recommendations</b>		<b>Target Dates</b>															
<ul style="list-style-type: none"> <li>Continue exploring revising the customer service survey questions and format to best capture client experiences.</li> </ul>		<ul style="list-style-type: none"> <li>FY 2023 Q3</li> </ul>															
<b>Forecast</b>																	

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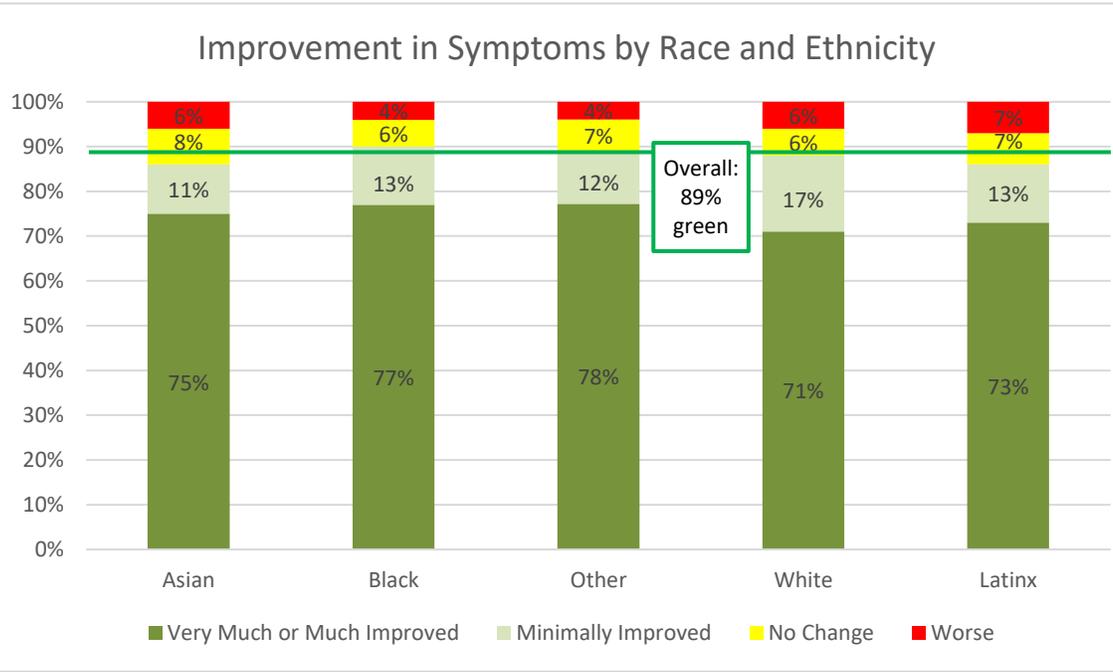
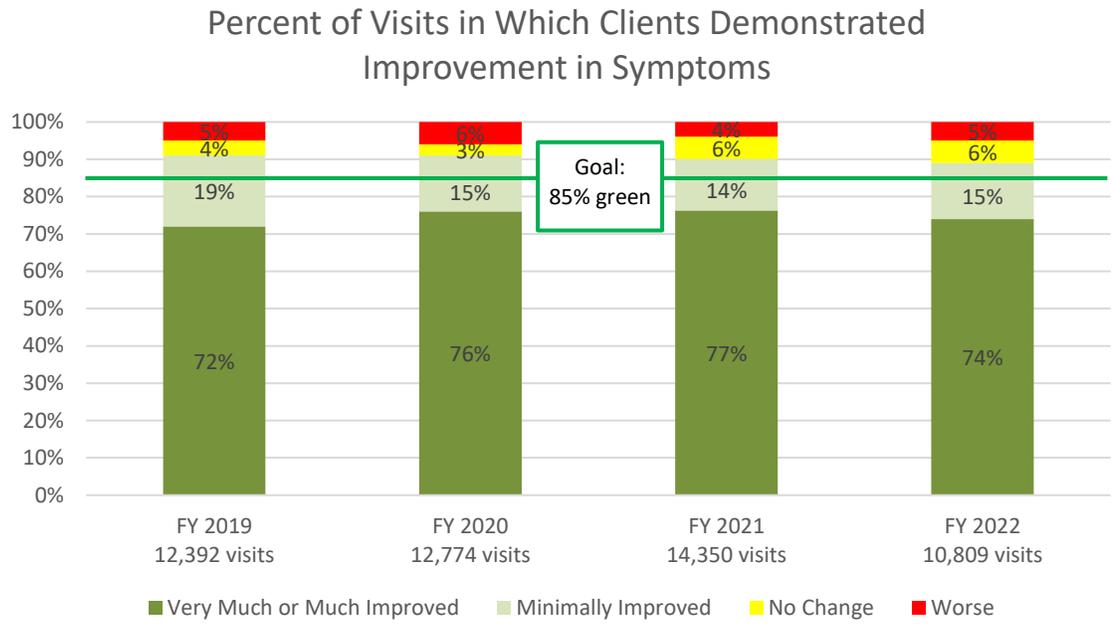
- In FY 2023, it is anticipated that at least 90% of clients will report their symptoms have stabilized or improved.

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Psychiatric Services

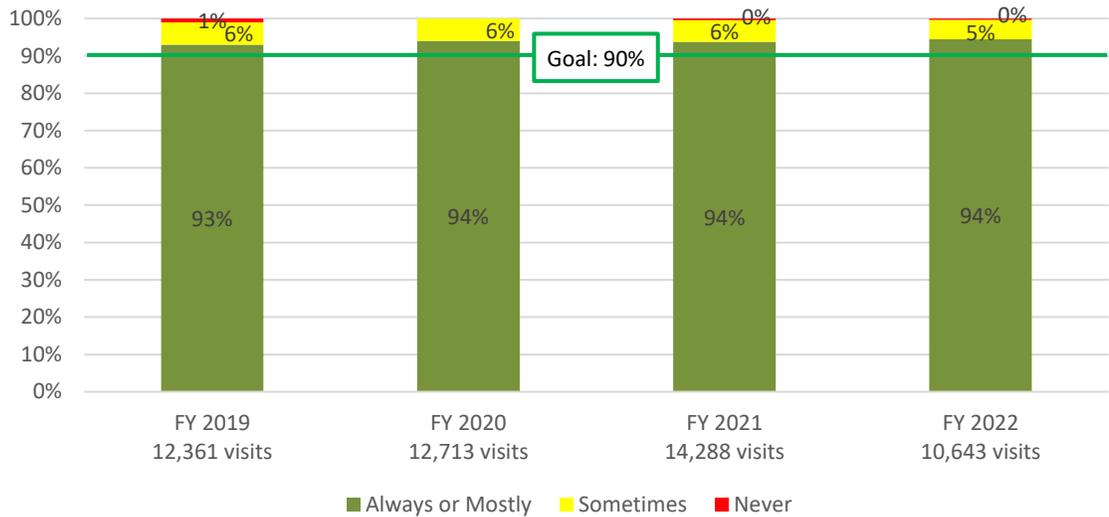
Measure 3.2 Psychiatric assessment of client

Data

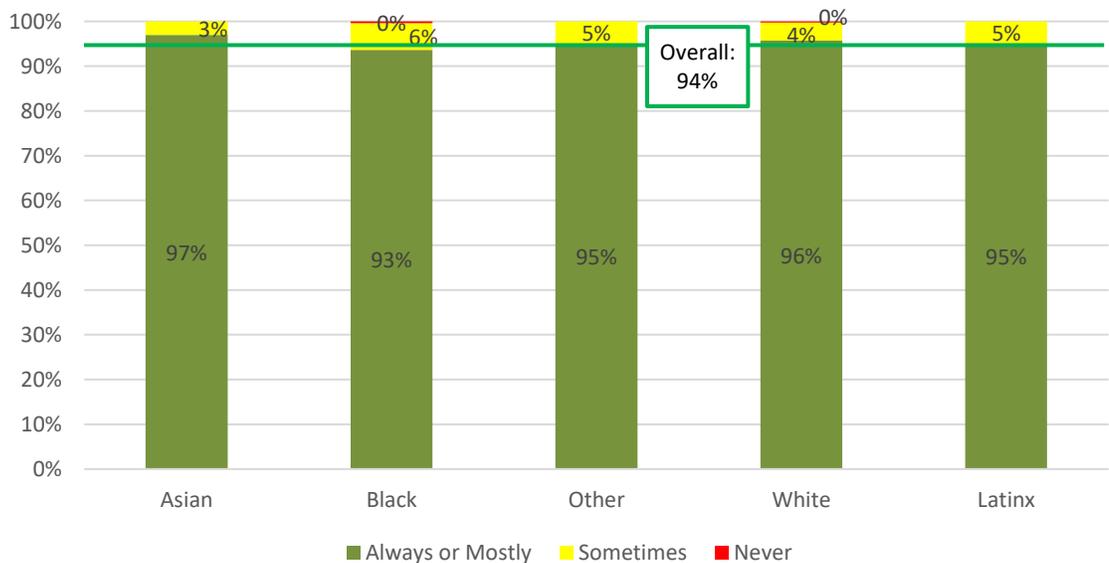


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Percent of Visits in Which Clients Demonstrated Adherence to Medication Regimen



Medication Adherence by Race and Ethnicity



**Data Summary**

**Clinical Improvement**

- In FY 2022, 74% of clients were very much or much improved since initiating treatment, while 15% had minimal improvement, 6% had no change and 5% evidenced worsening of symptoms.
- The goal of 85% of clients reporting improvement in symptoms (very much/ much improved and minimal) was exceeded.
- Psychiatrists use Clinical Global Impression (CGI) severity and improvement subscales to measure symptom severity and treatment response at initial evaluation and follow-up visits. CGI is widely used in clinical and research centers and is a well-validated measure of clinical functioning.

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**Medication Adherence**

- In FY 2022, 94% of clients were adherent to their medication regimen, as rated by the psychiatrist/NP at each visit.

**Data collection**

- Psychiatrists/NPs are prompted to evaluate and record clinical improvement and medication adherence in the chart at each visit as part of their session notes.
- Initial appointments are excluded from clinical improvement data, and appointments for clients with no medication orders are excluded from medication adherence.
- This data is captured from the psychiatric services note in the new electronic health record. This note was not fully configured when the system went live in September 2021, which is why the number of visits with data reported is lower than in previous years.

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

- In FY 2022, psychiatrists provided both in-person and virtual services to clients. Telehealth appointments are the most accessible option for many clients, and the opportunity to receive services remotely may have positively impacted client’s medication adherence.
- Factors that may overall impact the symptom-improvement rating, positive and negative, include:
  - Clients’ level of engagement and adherence to the treatment plan.
  - Choice of evidence-based medication management and therapy.
  - Changes in psychiatric providers over time, resulting in different baseline evaluations.
- An equity analysis conducted on FY 2022 data indicated no significant disparities in outcomes by race or ethnicity.
- It is important to note that the rating is per visit, rather than per client. Clients who are seen more frequently (and therefore may be having more symptoms and challenges) may bias the results.
- Medication adherence is documented by the psychiatrists, based on self-reports by clients and others such as family members, case managers/therapists and caregivers.
- Several efforts were continued in FY 2022 to improve monitoring and facilitation of medication adherence, including:
  - Continuation of utilization review process.
  - Provider availability for medication refill coverage schedule.
  - Utilization of cross-coverage.
  - Enhanced collaboration between nursing and psychiatric services to facilitate medication adherence.
- The availability of appointment times as needed to address urgent medication issues and hospital discharges positively impacted medication adherence.
- Substance use negatively impacts adherence to psychiatric treatment.

<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Continue efforts to maintain staffing levels to ensure the availability of timely appointments</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Continue to schedule psychiatric staff to ensure psychiatric coverage during staff absences for continuity of care.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>

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<ul style="list-style-type: none"><li>• Continue to offer medication assistance for generic medications and injections through medication voucher and the Pharmacy Assistance Program, if eligible.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<ul style="list-style-type: none"><li>• Continue to maintain provider availability to meet client needs through the scheduling process, and to be responsive to rescheduling missed appointments and handling medication refill requests in a timely manner.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<ul style="list-style-type: none"><li>• Maintain availability of nursing staff to respond to medication questions, refill requests and authorizations.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>Forecast</b>	
<ul style="list-style-type: none"><li>• In FY 2023, it is anticipated that psychiatrists will report very much or much improvement at 90% of visits, and adherence to medication regimen at 94% of visits.</li></ul>	