

**FY 2022 PERFORMANCE PLAN**

<b>Substance Use Residential Treatment and Stabilization Care Coordination</b>		BHD/SA	Penny Donovan x5018 Suzanne Somerville x7340
Program Purpose	Maximize treatment completion and abstinence for individuals with drug and/or alcohol dependencies and connect them to follow-up treatment services.		
Program Information	<p><b>Target population</b> is individuals experiencing moderate to severe substance use disorders; they frequently are involved with the criminal justice system, have prior treatment experiences, have co-occurring psychiatric disorders, are homeless, are IV-drug users, experience various medical problems, and are at high risk for relapse behavior.</p> <p><b>Case management</b> staff assess clients for appropriate level of care; place clients in services at contract agencies; monitor agency service quality and client progress; link with ancillary services; and connect with follow-up treatment services.</p> <p><b>Withdrawal Management (WM)</b> provides evidence-based medically monitored withdrawal management (detoxification) treatment in a safe, supportive residential environment for clients to withdraw from alcohol and/or drugs. Duration is 3-14 days and is based on medical necessity, as defined by the American Society of Addiction Medicine (ASAM). Services include medical assessment and ongoing monitoring, medication assisted treatment inductions, individual and group counseling and education, orientation to 12-step programs, and evaluation for and linkage to further treatment services (outpatient, residential, or other levels of care). Before FY 2022, this program was referred to as both Detox and SUDS, and that terminology is used in the data tables below.</p> <ul style="list-style-type: none"> <li>WM is operated through a contract with National Capital Treatment &amp; Recovery. The service was upgraded from a social model detox to a medically monitored withdrawal management program in FY 2022.</li> </ul> <p><b>Residential treatment (RT)</b> in modified therapeutic community settings provides clients with skills to develop ongoing recovery. Programs incorporate evidence-based strategies, including behavior modification, motivational interviewing, education for clients and their families, and orientation to self-help communities. Duration ranges from three to six months, with an average of three months.</p> <ul style="list-style-type: none"> <li>RT is provided at four programs through contracts with National Capital Treatment &amp; Recovery. Specialized services are provided for women (pregnant women and women with children), Spanish-speaking men, single men, and persons with co-occurring psychiatric disorders.</li> </ul> <p><b>Partners</b> include the criminal justice system; homeless shelters and other social services agencies; public health and primary healthcare providers; private and public sector substance abuse treatment programs; community self-help organizations; and regional Community Services Boards, all of whom refer clients for treatment.</p>		

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	<p><b>Covid-19:</b> In March 2020, the Governor of Virginia declared a state of emergency in response to the COVID-19 pandemic. All programs mentioned in this document continued to operate 24 hours per day. In response to guidance from the Centers for Disease Control, residential programs decreased the capacity of clients admitted by 25% in order to observe social distancing guidelines, except for Independence House, where clients have single bedrooms.</p>
Service Delivery Model	<ul style="list-style-type: none"> <li>In FY 2022, the teams utilized a hybrid model, providing both in-person and virtual services to clients. Staff found virtual services worked well for the program, enabling them to work with clients across multiple facilities efficiently. Most in-person services are provided in residential services.</li> <li>In FY 2023, the program anticipates continuing to offer a hybrid model.</li> </ul>

**PM1: How much did we do?**

Staff	<p>5.5 FTEs</p> <ul style="list-style-type: none"> <li>1 FTE BHD Clinical Supervisor/Contract Monitor</li> <li>1 FTE Management Analyst (MH Contract Monitor)</li> <li>3.5 FTE Case Managers</li> </ul>								
Customers and Service Data	<b>Fiscal Year</b>	<b>FY 2019</b>		<b>FY 2020</b>		<b>FY 2021</b>		<b>FY 2022</b>	
		Detox	RT	SUDS	RT	SUDS	RT	WM	RT
	Number of Clients (unduplicated)	179	96	161	85	33	64	189	93
	Total Admissions	235	124	209	110	36	89	242	94
	Number of Bed Days	2,399	9,667	2,087	7,529	381	5,796	2,843	7,955

**PM2: How well did we do it?**

2.1	Client satisfaction
2.2	Compliance with documentation requirements
2.3	Bed utilization rate

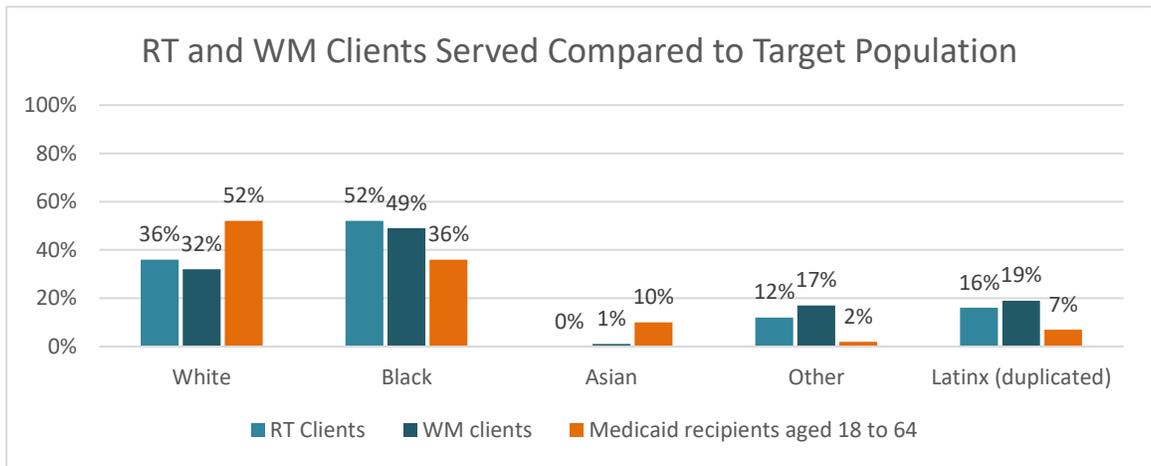
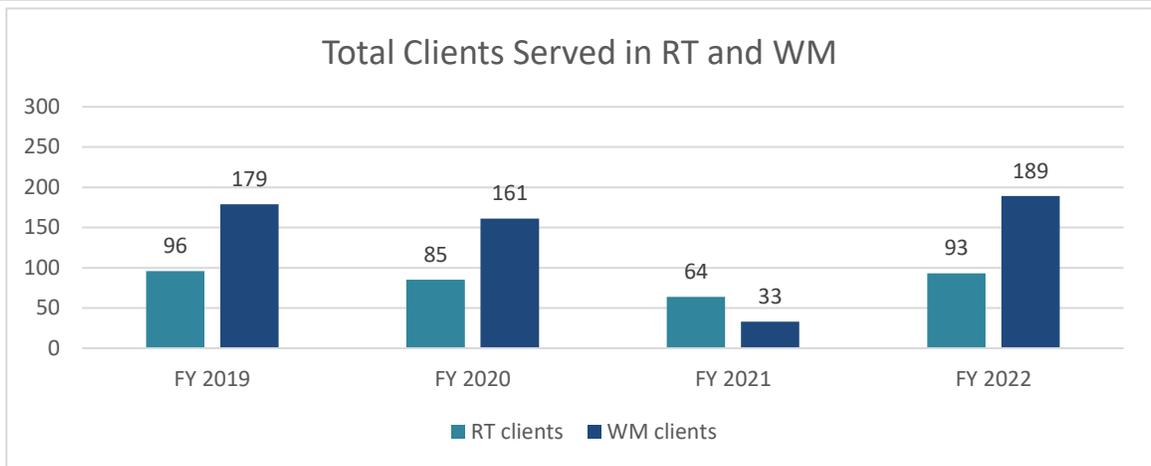
**PM3: Is anyone better off?**

3.1	Client reporting improved functioning as a result of services received
3.2	Clients' successful engagement in treatment services

**Substance Use Residential Treatment and Withdrawal Management Care Coordination**

Measure 1 Total clients served (unduplicated)

Data



Data Summary

- From FY 2019 to FY 2022, the number of WM clients increased 6% while the number of residential clients slightly decreased 3%. In both cases, there was a sharp increase in clients served in FY 2022, as program changes were implemented in WM and pandemic restrictions were lifted.
- 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. The substance use Withdrawal Management and residential treatment programs works on connecting eligible clients to Medicaid if they are not already receiving the service.
- Data for this measure is collected in the agency’s electronic health record.
- 8% of WM clients (15) are missing data on race and 18% (34) are missing data on ethnicity. 3% of Residential Treatment clients (3) are missing data on race and 15% (14) are missing data on ethnicity. They have been excluded from the race and Latinx calculations.

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

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- In FY 2022, clients served increased dramatically in both programs compared to FY 2021. In FY 2022, the WM program reopened after being completely redesigned under a new vendor. This new vendor expanded services beyond what was historically offered. Residential Treatment programs continued to lift COVID-19 restrictions as the worst of the pandemic abated, allowing more clients to utilize each facility.
- COVID-19 continued to have an impact on services in FY 2022. Outbreaks occurred in multiple facilities, and referrals to those places had to be paused until they were cleared.
- The majority of program clients are male (77% of WM, 72% of residential). This is likely due to referrals from the criminal justice system, which primarily works with males.
- A significant percentage of program clients are referred by the legal system and are involuntarily entered into treatment (34% of WM, 53% of residential). The majority of these clients are Black, which suggests that structures in the legal system may contribute to the relatively high percentage of Black clients in the program.
- 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 (16% of RT, 19% of WM), suggesting that the program is responding to the needs of these clients.

**Recommendations**

**Target Dates**

- Continue to provide services who need intensive, residential services.
- Explore diversion options to enable clients to receive services in lieu of incarceration.

- Ongoing
- FY 2023 Q4

**Forecast**

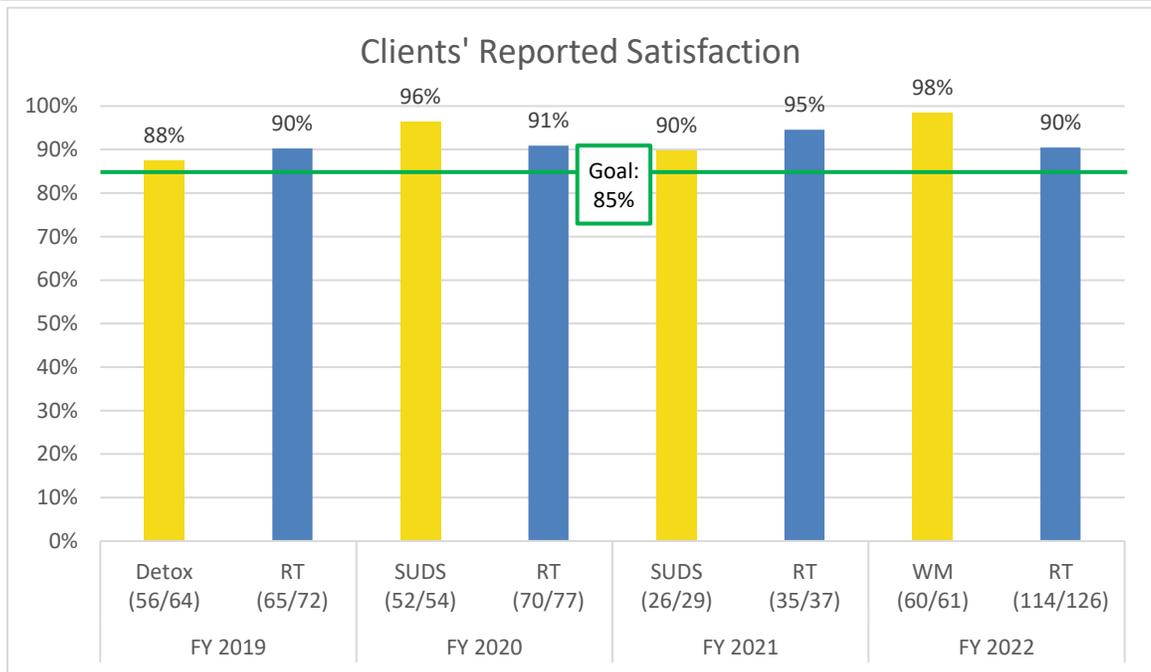
- In FY 2023, anticipate serving 200 clients in WM and 100 clients in residential treatment.

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Measure 2.1 Client satisfaction

Data



Data Summary

- In FY 2022, all scores were above the BHD 85% satisfaction goal.
- BHD client satisfaction surveys were offered to clients when discharged from WM and Early Recovery. Surveys were collected monthly at Independence House. BHD surveys were sent to case managers each quarter to be distributed to clients in residential treatment; case managers distributed them to clients and returned completed surveys to program supervisor.
- Client satisfaction is rated on a four-point Likert scale for the WM and residential treatment programs; answers of "mostly satisfied" or "very satisfied" are included in above.

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

- Satisfaction rates continued to exceed the goal of 85%. As in previous years, clients reported that they found the program structure, the opportunities to learn about addiction, and the support of staff and peers to be helpful. Areas for needed improvement were primarily related to the level of person-centeredness of staff, consistency in applying rules, and communication and organization amongst program staff.
- Staff observation indicates that clients discharged after having a negative experience at WM are less likely to complete a survey. In addition, some inconsistencies have been observed with some staff failing to offer the surveys at point of discharge.

**Recommendations**

- Continue following up with the new vendor to ensure the survey is distributed in a timely fashion.
- Continue offering surveys to all clients at the point of discharge

**Target Dates**

- Ongoing
- Ongoing

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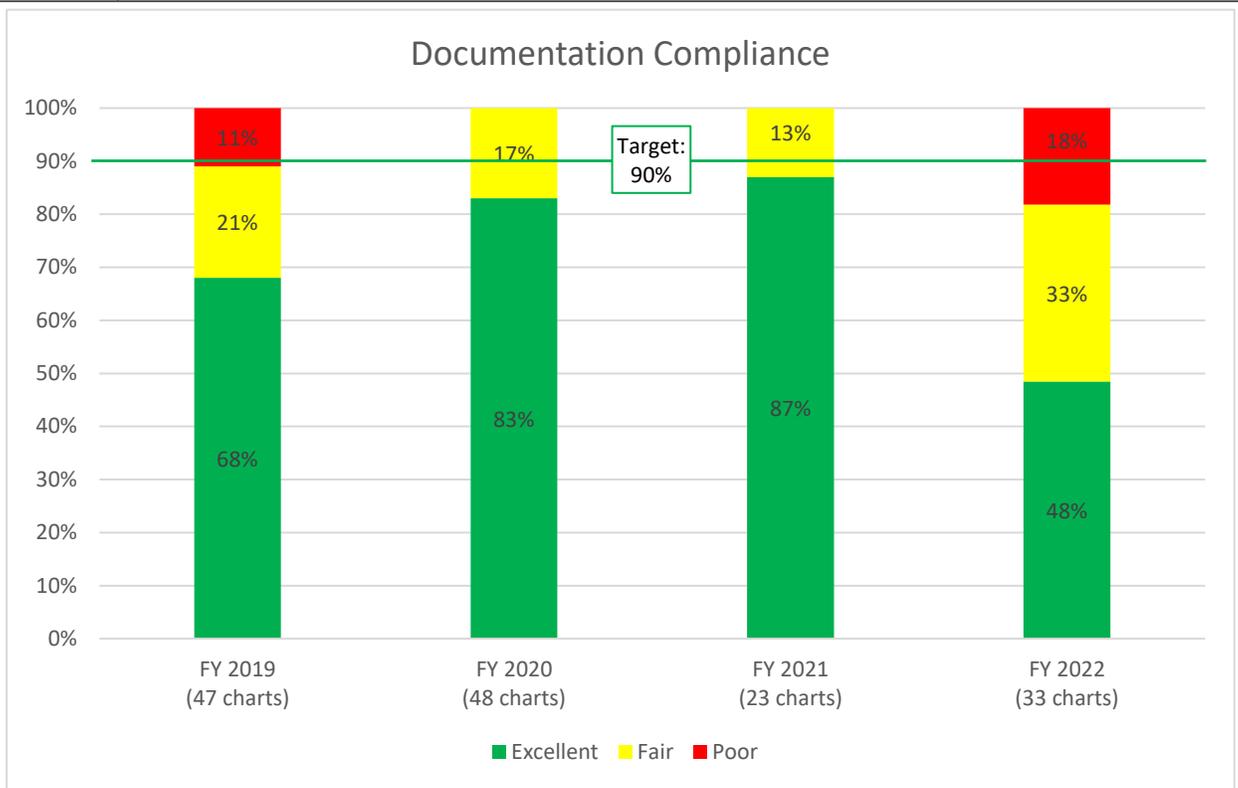
from residential treatment and periodically throughout the year to improve response rates.	
<ul style="list-style-type: none"><li>• Discuss with new vendors the possibility of them reporting a response rate for the survey.</li></ul>	<ul style="list-style-type: none"><li>• FY 2023 Q2</li></ul>
<b>Forecast</b>	
<ul style="list-style-type: none"><li>• In FY 2023, anticipate that client satisfaction will be 90% for SUDS and residential treatment programs.</li></ul>	

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Measure 2.2 Compliance with documentation requirements

Data



Data Summary

- The Compliance Review Team (CRT) and the program manager review the same charts each month and meet to come to a consensus score.
- Of the 33 charts reviewed in FY 2022, 16 (48%) were rated as “excellent,” scoring 90% or above on the criteria reviewed.

**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.
- The program went through a reorganization in FY 2022, as some positions were moved from Substance Use Residential to the Opioid Response program. Additionally, new staff members were onboarded mid-year. These transitions also contributed to lower scores. It should be noted that scores steadily increased as the year went on.

**Recommendations**

- Continue to encourage staff to attend regularly scheduled documentation refresher trainings provided by CRT.
- Continue to coach staff regarding timely completion of documentation and provide intensive documentation supervision as needed.

**Target Dates**

- Ongoing
- Ongoing

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- Monitor chart review results to determine if there are areas where further trainings are needed.

- Ongoing

**Forecast**

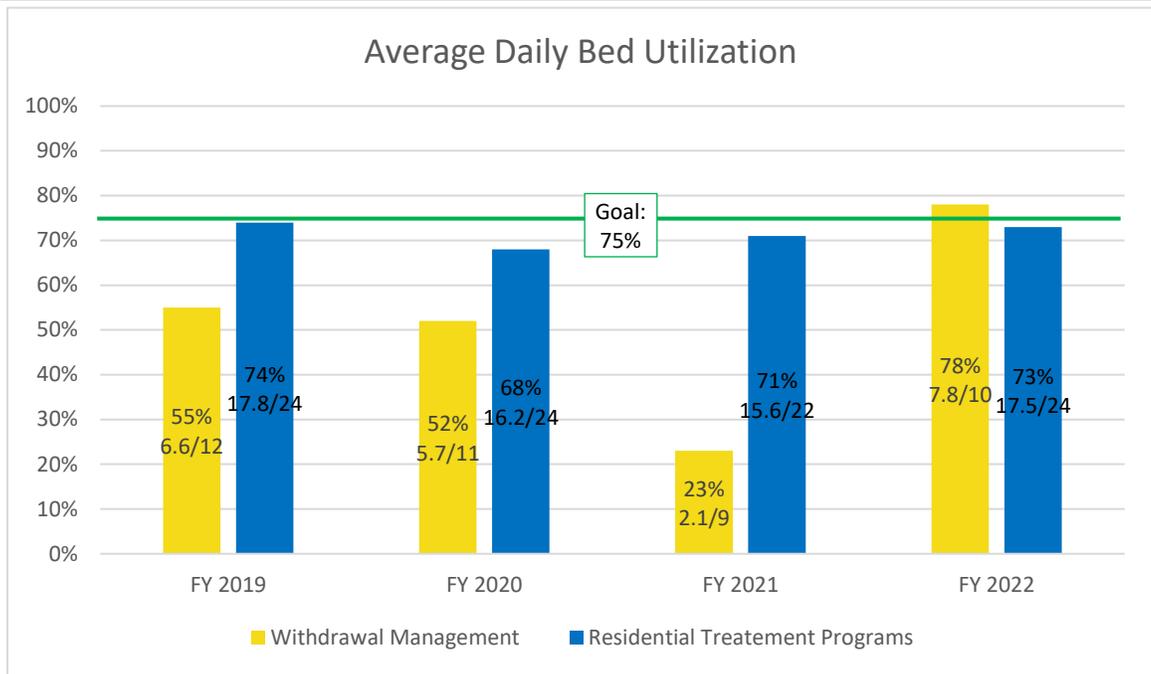
- In FY 2023, anticipate that at chart review results will increase to 68% as staff members become comfortable with the new electronic health record.

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Measure 2.3 Bed Utilization Rate

Data



Data Summary

- Utilization of WM beds increased dramatically in FY 2022, while use of residential treatment beds slightly increased.
- Residential data for FY 2020 includes 14 beds at the Independence House program and 10 Early Recovery program beds. There are 12 total WM beds, but the program was closed for two months as it transitioned to new management. The adjusted bed total for WM is 10 beds.
- The data here represent utilization of static bed capacity. Other residential treatment services are purchase-of-services contract; funds are not expended unless a client is placed in treatment. The utilization of these beds is not reflected in the chart.

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

- All services are purchased under contract from non-profit agencies, who collaborate with BHD to meet changing client needs.
- Because of the COVID-19 pandemic, programs decreased available beds to promote adequate social-distancing protocol. In addition, special consideration was given to clients with a history of respiratory illness due to the risks of contracting COVID in congregate settings. This impacted referrals to some programs.
- Residential treatment is provided to individuals with severe substance use disorders. While a typical length of stay would be for 60-90 days, the average length of stay was 69 days.
- Residential services continue to be offered to eligible inmates in the Arlington County detention facility to provide treatment in lieu of incarceration.
- A memorandum of agreement is in effect with the City of Alexandria to allow clients from that jurisdiction to enter residential treatment services, which has had a positive impact on service utilization.

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- The WM program is designed for any person who is under the influence of alcohol or other drugs. The program provides medically monitored withdrawal management (detox) services to individuals who are in the early stages of their recovery. It was previously a social detox program, which does not provide medical detox for clients with medical issues that put them at risk during the detox process.
- The WM facility is co-located with a shelter program operated by a new vendor to this location, National Capital Treatment & Recovery. Clients presenting for WM services have fewer eligibility limits regarding residency than shelter clients.
- The WM program was closed from December 2020 to September 2021 as the new vendor took over the services and worked to get the program licenses established and staff hired, onboarded, and trained. This new vendor has increased program attendance, leading to a significantly higher number of beds being utilized each day. The dramatic increase can be attributed to the new provider’s treatment philosophy regarding timely access to treatment, as well as the enhanced medical services that are aimed at minimizing the discomfort and safety risks associated with the withdrawal process.
- There has been an increased demand for medical detox; these clients are referred to Virginia Hospital Center for treatment when their needs are too severe to be managed by WM staff.

<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Continue working closely with residential treatment providers and with staff from other CSB programs to explore alternative sentencing options that may include residential treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Continue to work with the vendors them to explore options for increasing access to the service for the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>

**Forecast**

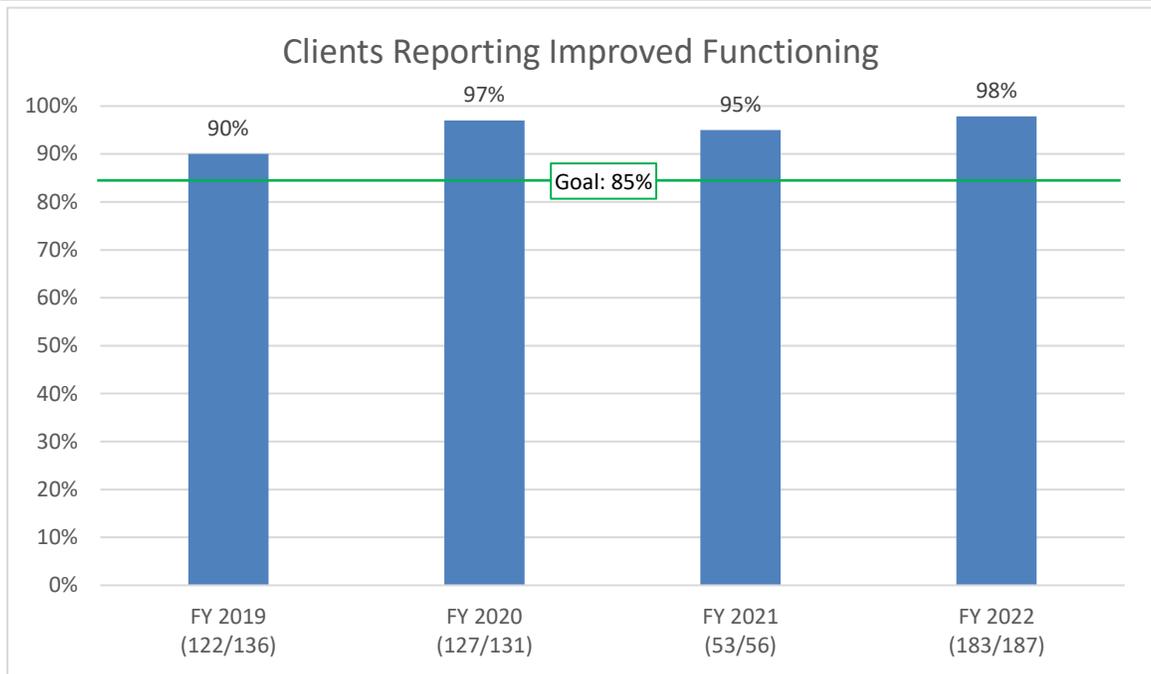
- FY 2023: Anticipate utilization across both programs will increase to 80% for WM and 75% for Residential, as pandemic-related restrictions are relaxed, and more people become eligible for services.

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**Measure**      3.1      Clients reporting improved functioning as a result of services received

**Data**



**Data Summary**

- Improved functioning is a self-report measure in the BHD substance use case management client satisfaction survey. See measure 2.1 for additional information on survey methodology. Clients rated their ability to manage their cravings on a five-point Likert scale; answers of “manageable” or higher are included in above.

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

- Results in FY 2022 exceeded the goal of 85% reporting improved functioning.
- Many of the clients responding to this survey live in Independence House, which offers a lot of support and structure. Because Independence House offers individual rooms to clients, the impacts of the pandemic may have been less acute than in places where more significant social distancing measures were needed.
- An initial equity analysis was completed in FY 2022 did not identify any major differences between responses based on race or ethnicity. The program will continue to monitor responses in the future to identify possible inequities.

**Recommendations**

**Target Dates**

- Continue current schedule of administering surveys.
- Continue to reinforce county expectation about person-centered and recovery-oriented services with residential-program staff.
- Continue to ask race/ethnicity, gender, and geographic questions on the survey to analyze who is responding and if

- Ongoing
- Ongoing
- Ongoing

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services are equitably benefitting clients across demographic subsets.	
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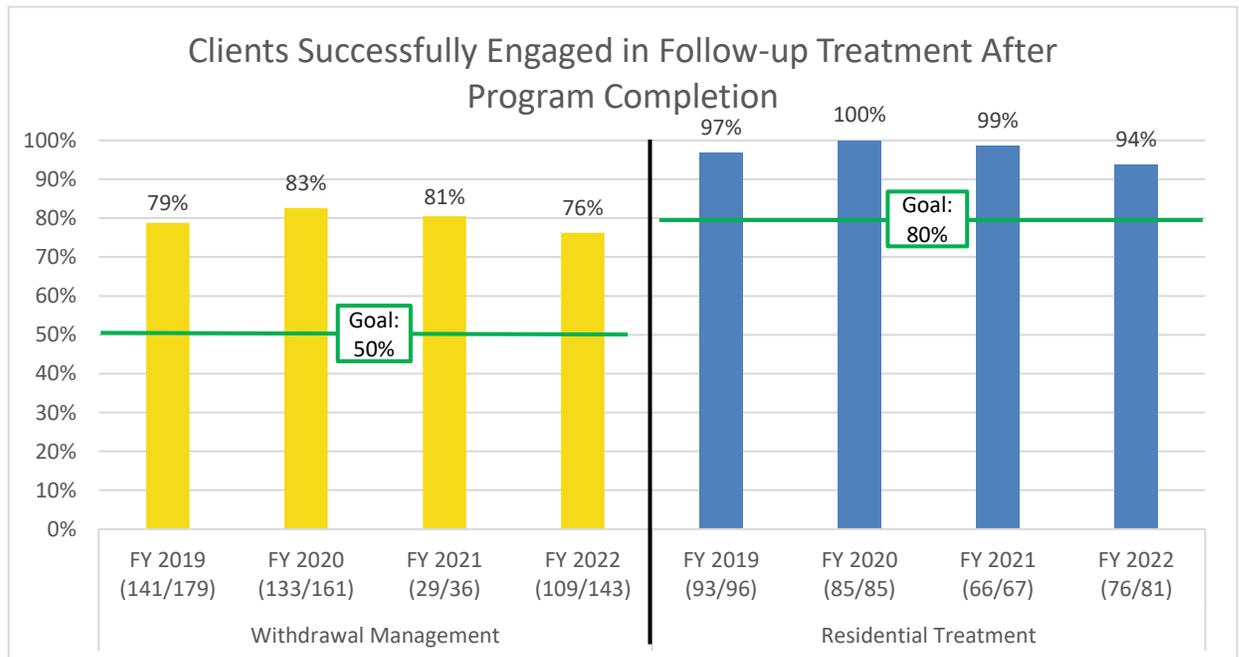
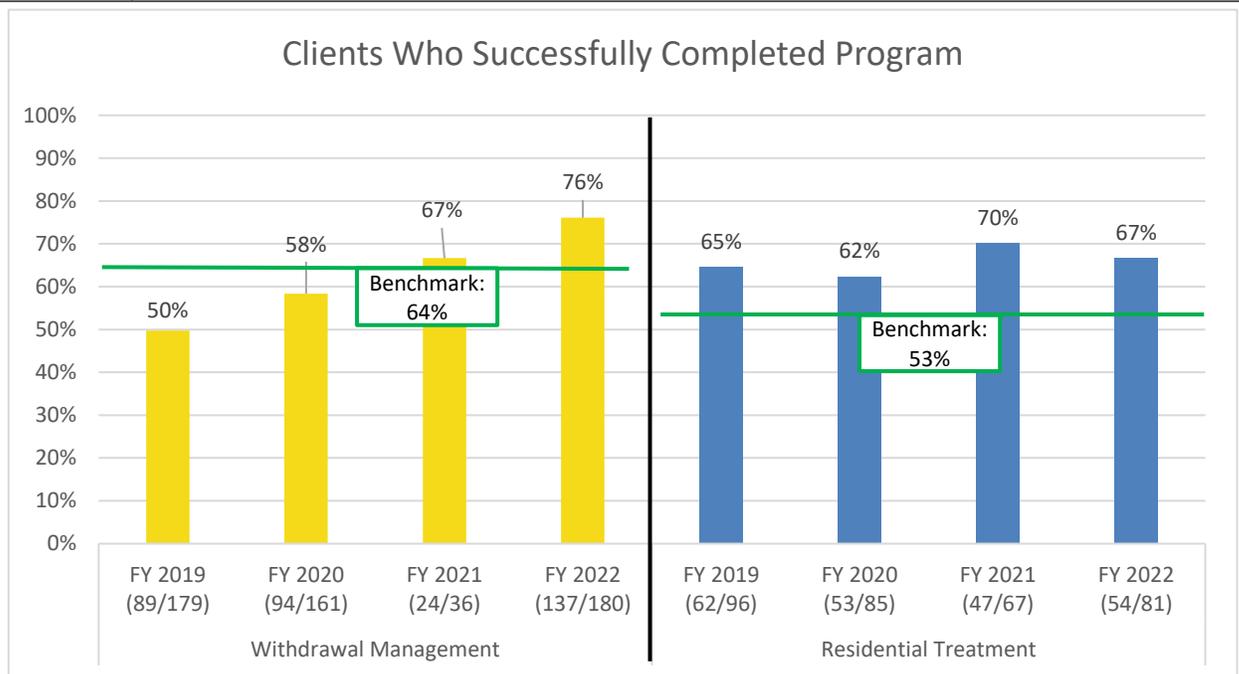
**Forecast**

- In FY 2023, anticipate that 95% of clients will report improved functioning.

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Measure 3.2 Clients' successful engagement in treatment services

Data



Data Summary

- The percent of persons who completed WM increased to 76% and exceeded the benchmark. The percent of persons who successfully completed residential treatment decreased slightly to 67% while remaining above the benchmark.
- The percentage of persons successfully engaged in follow-up treatment decreased to 76% for WM, which is well above the 50% goal. For residential treatment, the percentage decreased to 94%. Clients who begin outpatient

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- services within 60 days of discharge are considered engaged in treatment.
- In FY 2022, the WM program was opened to Alexandria clients in partnership with their CSB. While these 37 individuals are counted in the program closures measure, as they are treated here, they are excluded from the connection to services measure as they are not eligible for ongoing Arlington County services. Instead, they are connected back to Alexandria CSB for care and support.
- Program completion goals are based on SAMHSA's [Treatment Episode Data Set \(TEDS\) 2017 Discharges from Substance Abuse Treatment \(April 2019\)](#). There is not a national benchmark for engagement in follow-up treatment after program completion, so these goals are based on local standards.

### What is the story behind the data?

- Completion of WM reflects clients' absence of withdrawal symptoms. Residential treatment success reflects completion of all aspects of their individual treatment plan.
- A preliminary racial equity analysis of FY 2022 data on connection to services was completed. Connection rates were highest for Black clients (92%, 103/112) and lowest for Latinx clients (67%, 22/33) across both programs.
- Residential program completion rates exceed the national average of 53% for residential programs of 90 days' duration (SAMHSA - TEDS).
- For Residential treatment, five clients did not connect to services after completion. Many of the clients served in these programs were open to outpatient treatment before starting the residential program. Upon completion, they returned to their outpatient provider.

### Recommendations

### Target Dates

- |                                                                                                                                                                                                                                                                                                                                                               |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Continue to work with the new WM vendor to ensure connection to appropriate follow up care after discharge</li> </ul>                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>• Ongoing</li> </ul>    |
| <ul style="list-style-type: none"> <li>• Continue disaggregating data based on race/ethnicity to analyze completion rates across populations. Determine if the low connection rate for Latinx clients in FY 2022 was an anomaly or the start of a trend. If it is a trend, determine appropriate follow-up steps to better support that community.</li> </ul> | <ul style="list-style-type: none"> <li>• FY 2023 Q4</li> </ul> |
| <ul style="list-style-type: none"> <li>• Continue to encourage clients to participate in follow-up treatment services.</li> </ul>                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>• Ongoing</li> </ul>    |

### Forecast

- Completion Rates: In FY 2023, the program anticipates that 76% of Withdrawal Management and 67% of Residential Treatment clients will successfully complete the program.
- Follow-up Treatment: In FY 2023, the program anticipates that connection rates will remain strong with 76% of Withdrawal Management and 95% of Residential Treatment clients being connected to ongoing services.