

FY 2022 PERFORMANCE PLAN

Clinical Coordination Program		CAB/EID	Jenna Adams, x1305
Program Purpose	<ul style="list-style-type: none"> • Stabilize housing and economic needs for County residents in crisis. 		
Program Information	<ul style="list-style-type: none"> • Housing-related stabilization services include (but are not limited to): <ul style="list-style-type: none"> ○ Rental assistance to prevent eviction and stabilize housing. ○ Shelter diversion assistance to ensure that shelters are a last resort. ○ Referrals to homeless shelters where diversion is not possible. ○ Information and referral about other housing programs and resources. ○ Coordination and facilitation of housing related case conferences for clients participating in any of the following programs: Shelter, Rapid Rehousing, or CoC Permanent Supportive Housing. • Other stabilization services include (but are not limited to): <ul style="list-style-type: none"> ○ Utility assistance to prevent utility disconnection and reinstatement of disconnected utilities. ○ Payment for medications. ○ Referrals for transportation and clothing assistance. • Clients meet with a clinician who completes a psychosocial assessment and determines eligibility for various funding sources. The clinician will assess contributing factors to the emergency needs and work with the client to create an action plan for resolving the emergency need, while also providing referrals and warm hand offs to county and community programs and resources to aid in the stabilization of the crisis and prevent further emergency needs from arising. • Length of client engagement is determined by household needs and range from short term (<30 days) to long term (>6 months) assistance. • CCP teamed up with other DHS staff and community partners and participates in the 200 Bridges initiative, with representation on every case review team. • During the Coronavirus pandemic, CCP collaborated with the Community Outreach Program to coordinate eviction prevention and other emergency assistance needs. • In FY 2022 several of the funding streams for emergency assistance utilized in FY 2021 were administered by Arlington Thrive. • County partners include Behavioral Health, Public Health, Aging and Disability, Housing Grants and Housing Choice Vouchers, Public Assistance, Child and Family, and Public Schools. • External partners include nonprofit agencies including housing program providers, public safety agencies, domestic and sexual violence provider, health care providers, hospitals, faith-based organizations. • Specific CAS partner includes Path Forward one .05 FTE case worker. 		
Service Delivery Model	<ul style="list-style-type: none"> • In FY 2022 services were delivered based on client preferences. CCP services were offered in-person and remotely to best meet client needs. • CCP staff were available to see clients in the community, on-site at DHS for walk-in needs and appointments, as well as incorporating remote services, where clients could drop off documents or provide documentation through secure electronic means (email, fax, etc.) • In FY 2023 services will continue to follow a hybrid model with CCP staff providing services in the community and remotely, working in person at least 2 times weekly. 		

FY 2022 PERFORMANCE PLAN

PM1: How much did we do?

Staff	<p>Total 2.7 FTEs (30% of 9 staff):</p> <ul style="list-style-type: none"> Supervisor 0.3 FTE (30% of 1 staff) Human Services Clinicians II – 2.1 FTEs (30% of 7 staff) Human Services Clinician III – 0.3 FTE (30% of 1 staff) <p>*In addition to the CCP staff, 1 contractor and eight temp staff work within the program to provide assistance since the beginning of the COVID-19 pandemic.</p>
-------	--

Customers and Service Data		FY 2019	FY 2020	FY 2021	FY 2022
	Client Office Visits	2,141	1,629*	0*	n/a
	Client Calls to x1010 (24/7 housing information line)	1,360	1,294	1,648	2,741
	Total Service Requests Addressed (Emergency financial assistance and shelter placement requests)	2,320	1,585	3,978	3,152
	<ul style="list-style-type: none"> Housing (rental assistance) 	896	676**	---	2,166
	<ul style="list-style-type: none"> Utilities 	486	405	---	302
	<ul style="list-style-type: none"> Medical/Rx 	147	97	---	175
	<ul style="list-style-type: none"> Shelter (includes clients referred to shelter or shelter diversion) 	598	375	---	250
	<ul style="list-style-type: none"> Other 	193	32	---	60
	<p>* In FY 2020 end of Q3 and Q4, in-person visits ceased due to Coronavirus pandemic. In FY 2022 in-person visits resumed, however data for CCP visits was not differentiated from data for other programs. CAB visits will be recorded separately in FY 2023.</p> <p>** In FY 2020 and 2021, eviction prevention assistance increased during the Coronavirus pandemic. The number of rental assistance requests addressed in FY 2020 reflects pre-COVID data only. In FY 2021, requests were not reported by type.</p>				

PM2: How well did we do it?

2.1	Quality of documentation
2.2	Client satisfaction

PM3: Is anyone better off?

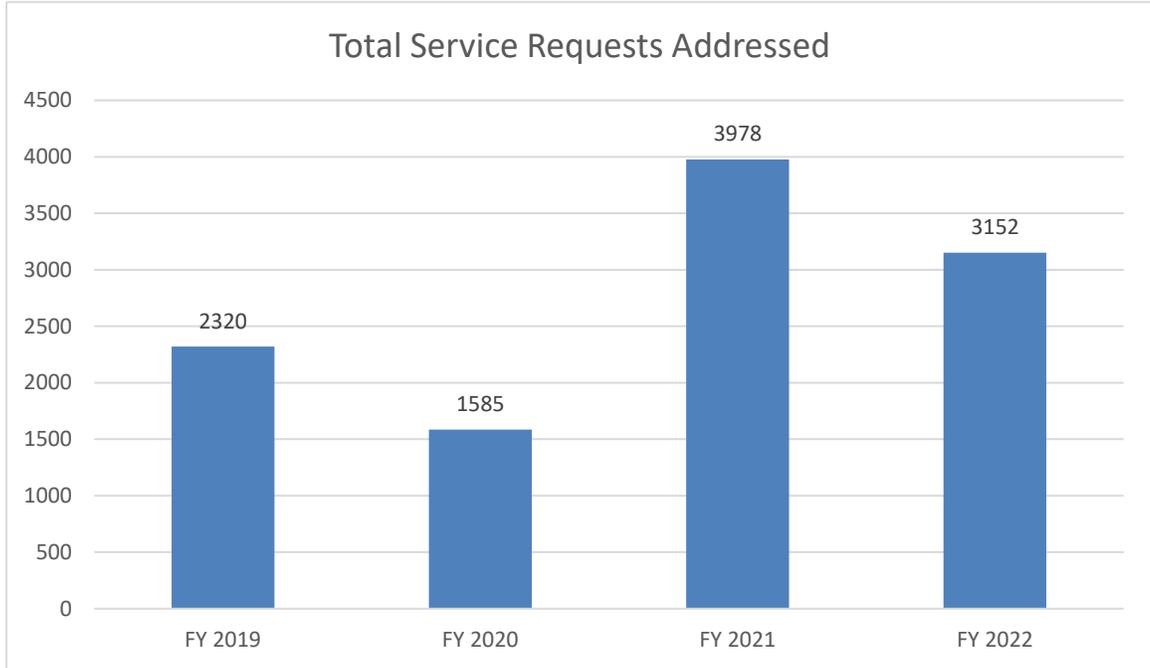
3.1	Client report of effectiveness of services
3.2	Emergency needs met

FY 2022 PERFORMANCE PLAN

Clinical Coordination Program

Measure 1 Total Service Requests Addressed

Data



Data Summary

- In FY 2022, 3,152 requests for emergency services were received and addressed by the Clinical Coordination Program. Requests were met with financial assistance, informational resources, or referrals. Requests that were made and not addressed for reasons such as not meeting eligibility criteria or that were withdrawn were not captured in this data.

What is the story behind the data?

- In FY 2021 the number of requests addressed increased significantly due to increased community needs during the COVID pandemic. The program utilized additional staffing and pandemic-related resources to address these needs.
- In FY 2022, the number of requests decreased 21% to 3,152, but remains above pre-pandemic totals. Levels of need in the community remain high as the eviction moratorium has ended, and families face rising housing costs.

Recommendations

- Explore combining CCP and Eviction Prevention PMPs to present an integrated view of crisis assistance work.

Target Dates

- FY 2023 Q3

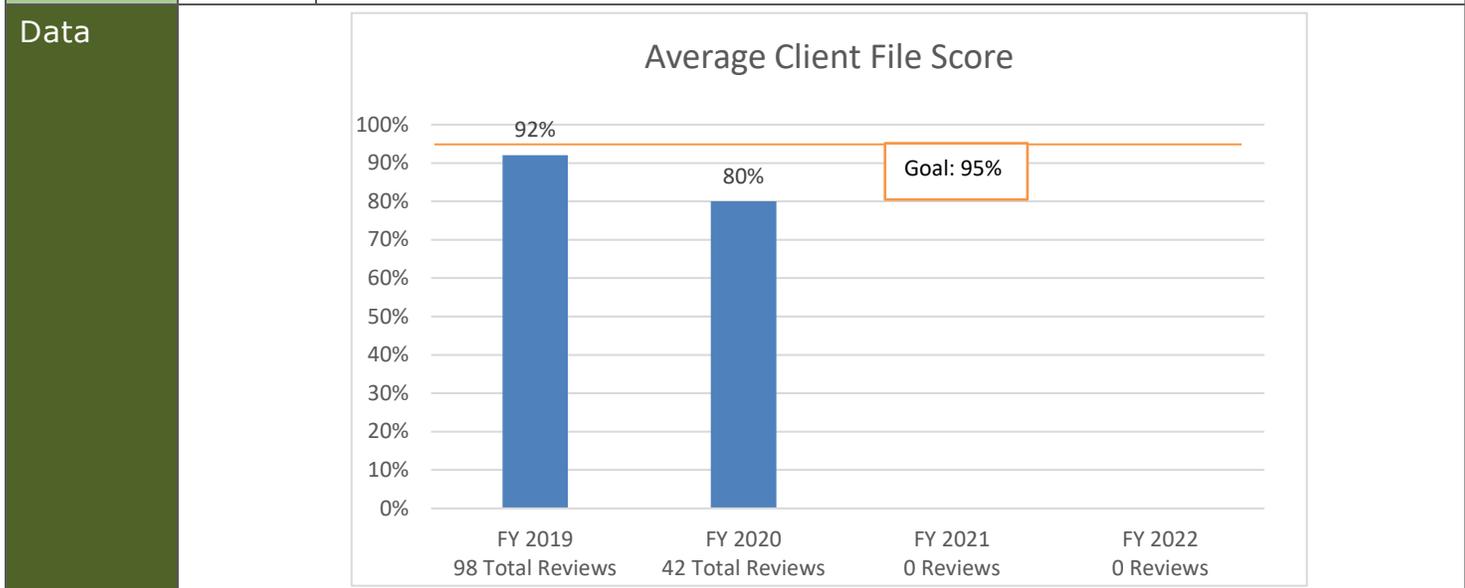
Forecast

- For FY 2023, the number of clients served is projected to increase from FY 2022 as the number of lease renewals decline and evictions increase. Households also continue to see an increase in expenses due to high utility bills with some household members working remotely, greater food and medication costs due supply demands, and increased expenses associated with childcare and school costs.

FY 2022 PERFORMANCE PLAN

Clinical Coordination Program

Measure	2.1	Quality of documentation
----------------	-----	--------------------------



Data Summary	<ul style="list-style-type: none"> • Since the onset of the COVID pandemic files were not evaluated due to staff redeployment to COVID-related emergency assistance. • In addition to changes in staffing and funding/program guidelines most households required long-term assistance and cases remained open. • The audit tool evaluates the completeness and accuracy of required documentation. Three to five electronic records per worker are selected at random and reviewed by supervisor each quarter.
---------------------	--

What is the story behind the data?

- Accuracy and completeness of client records was not evaluated during FY 2022 by the previous evaluation tool because several funding sources were utilized during FY 2022, which required varying forms and documentation. Also, the volume of cases remained high, and most cases remained open as households required ongoing assistance. Lastly, all staff did not have the same level of access to the ETO database to uniformly input data.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Staff are to submit and maintain case data in secure folders on the OneDrive where they are reviewed and audited monthly by a CAB temp staff, using a new audit checklist. Findings are to be reviewed internally, with the CCP team to increase awareness of client and unit outcomes and understanding of the need for accurate and timely data entry. • Case review results and updates will be reviewed with the designated auditor and supervisor quarterly. 	<ul style="list-style-type: none"> • FY 2023 Q1 • FY 2023 Q1

Forecast

FY 2022 PERFORMANCE PLAN

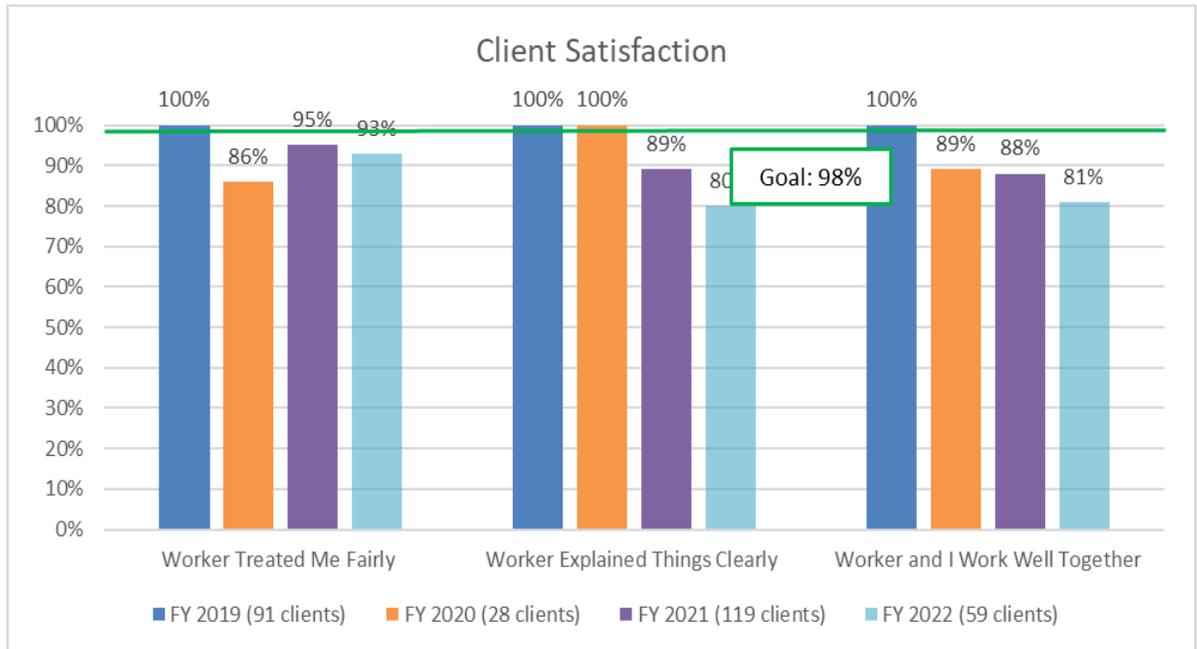
- For FY 2023, chart reviews will follow the process outlined above. Audits will evaluate case files based on required documents for funding sources that will be utilized for emergency assistance needs. The average client file score should meet an 85% standard of accuracy.

FY 2022 PERFORMANCE PLAN

Clinical Coordination Program

Measure 2.2 Client Satisfaction

Data



Data Summary

- In FY 2022, surveys were completed for 3 quarters (2nd, 3rd & 4th quarters only).
- The goal was to have at least 40 households complete customer satisfaction surveys each quarter.
- At the end of each quarter, all clients who requested services during the first 21 days of the first month of each quarter (October, December, and April) were contacted by phone to ensure broad representation of needs and staff.
- Surveys were conducted over the phone to gauge customer satisfaction for services being provided remotely. Each quarter designated staff randomly contacted households that requested services. Surveys were offered in multiple languages to accommodate the many households served.
- In FY 2022, the survey response rate was 44% (59/134).

What is the story behind the data?

- Overall, clients felt they were treated fairly and that their needs were addressed well.
- Decreases in survey satisfaction can be attributed to some clients who received longer term assistance expressing frustration over various program changes during the time frame they were being provided services as well as many clients being referred to the state RRP program (see Eviction Prevention PMP) and not being able to receive case status updates on their emergency assistance requests.
- Survey response rates were low during FY 2022 as many clients declined to complete the questions or documented contact information was no longer valid. Two attempts were made to reach clients that did not answer their phones or requested a call back to complete the survey.

Recommendations

Target Dates

FY 2022 PERFORMANCE PLAN

- To increase response rates satisfaction surveys will be completed for all four quarters of FY 2023 and will be provided during in-person visits as well as continue to be conducted over the phone to reach out to households that prefer to access services remotely.
- Explore additional strategies to increase response rates.

- FY 2023 Q1
- FY 2023 Q2

Forecast

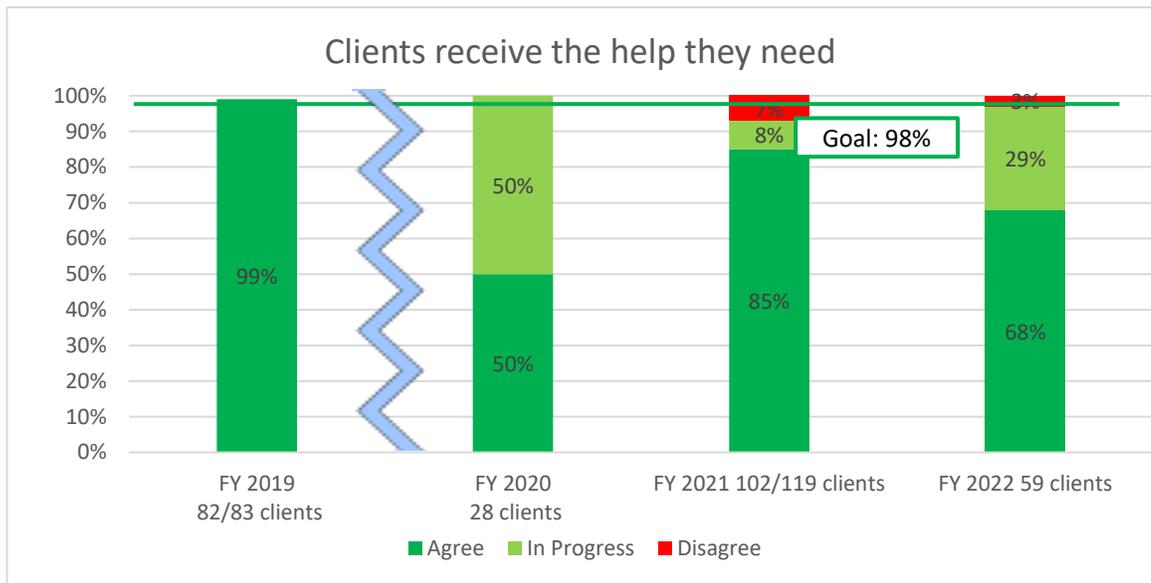
- As the volume of in-person services increase, satisfaction survey responses rates should increase to levels similar to FY 2021 as there will be greater opportunities for service follow-up.

FY 2022 PERFORMANCE PLAN

Clinical Coordination Program

Measure 3.1 Client report of effectiveness of services

Data



Data Summary

- In FY 2022, 68% of clients agreed that they had received the services they needed, 29% reported that their request was in progress, and 3% of respondents indicated that they had not received the services they needed.
- Survey questions were revised in FY 2020. In prior fiscal years, survey was asked at intake only, and asked clients if they believed they would receive the help they needed.
- Survey methodology is identical to PM 2.2.

What is the story behind the data?

- Overall client feedback in FY 2022 was positive.
- Client concerns focused on the process for accessing assistance – including the length of time it took for service needs to be met and having to submit numerous documents for the different programs utilized to provide financial assistance. The documentation requirements and processing times vary significantly for different types of assistance, particularly state and federal funding.
- Clients also expressed their concerns as well as their gratitude in the form of comments on the surveys. Examples include: “the process of receiving funds was frustrating”, “I was able to pay my bills, I am thankful for her hard work”, and “I had a good experience with the worker”.

Recommendations

- In FY 2023, continue to implement satisfaction surveys by phone as well as provide them to clients who receive in-person services.

Target Dates

- FY 2023 Q1

Forecast

FY 2022 PERFORMANCE PLAN

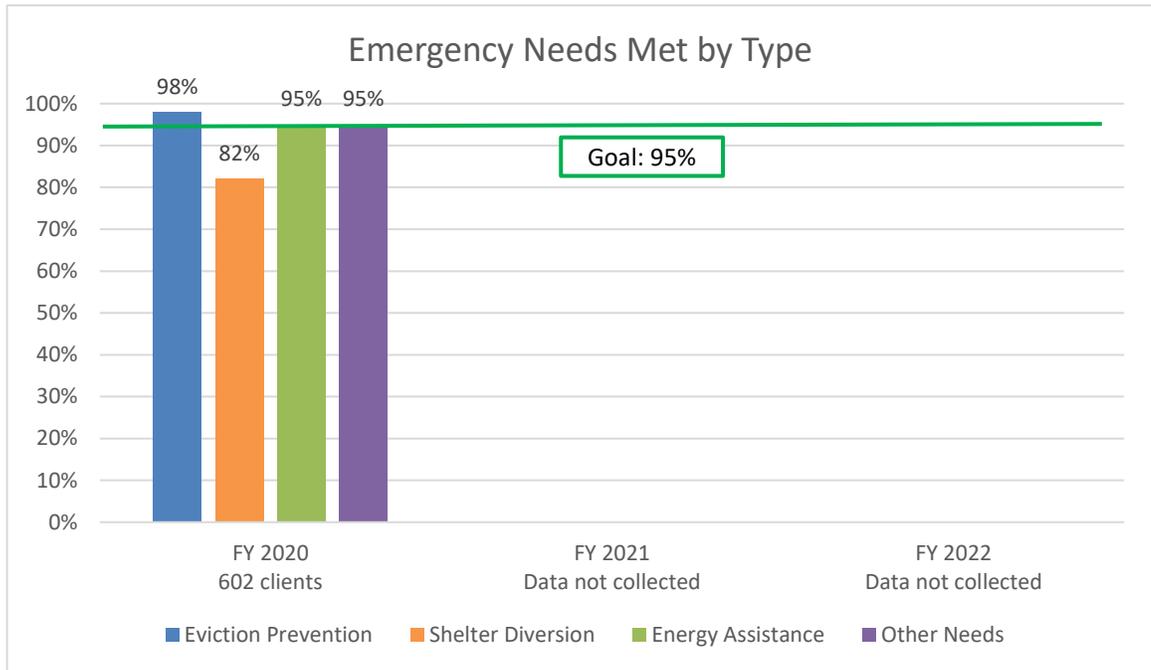
- For FY 2023, expect at least 95% of clients will report services were effective.

FY 2022 PERFORMANCE PLAN

Clinical Coordination Program

Measure 3.2 Emergency needs met

Data



Data Summary

- In FY 2021 and 2022, closing assessments were not completed as cases were not closed due to the impact of the COVID pandemic. Households being served required longer-term assistance and often requested various types of assistance. Emergency needs met were evaluated during 90-day follow up evaluations to determine if households remained in housing and if they needed any other assistance.
- Because data is normally collected from an ETO touchpoint at the time case closures this data was not collected.

What is the story behind the data?

- Clients’ needs were addressed through a wide range of DHS and community programs. This created challenges for tracking data the same way as in previous years, as not all services could be tracked in ETO.

Recommendations

- Continue to adapt program to meet community needs during the COVID pandemic.
- Explore the option of consolidating 90-day follow-up evaluations and customer satisfaction surveys to gain a more comprehensive assessment of client experiences to better provide services to the Arlington County community.
- Evaluation of emergency needs met by race will also be assessed to ensure and document equitable service delivery

Target Dates

- Ongoing
- FY 2023, Q2
- FY 2023, Q2

FY 2022 PERFORMANCE PLAN

Forecast

- FY 2023: The continuation and format for closing assessments will depend on shifts in service provisions as residual issues stemming from the onset of the pandemic continue to impact clients and as staff are still not currently closing cases. However, regular, ongoing assessments at 90 day follow ups will continue to be utilized to determine if emergency needs are being met for the households being served. Results are projects to be similar to FY 2020.