

FY 2024 PERFORMANCE PLAN

Adult Services		ADSD/ CSCB	Jo-Ann Leitch x1740 Michela Monday x1746
Program Purpose	Facilitate independent living in the least restrictive setting possible for older adults and adults with disabilities, through ongoing case management, care plans, assessments and monitoring.		
Program Information	<ul style="list-style-type: none"> The Adult Services (AS) Program is mandated by Virginia State Law and services are provided by local jurisdictions to help adults remain as independent as possible, preferably in their own home. The goal of AS is to strengthen appropriate family and social supports and reduce the need for institutional placement. Eligible participants are people aged 60 years and older and 18 years and older with a permanent disability. Individual participation is voluntary. Services include ongoing, often intensive case management, service planning, assessments, information and referrals to supportive services such as home-based care, transportation, adult day, nutrition, and other supportive services. Intensive case management is often required for individuals with specialized, complex needs such as adults experiencing homelessness and housing instability, those at risk for evictions/foreclosures, and those who refuse mental health services. AS staff receive referrals often from the Aging and Disability Resource Center (ADRC), Nursing Case Management (NCM), Developmental Disabilities (DD) and Community Service Board (CSB) programs, as well as from community partners like the hospitals, healthcare professionals, attorneys, family members, caregivers and others. AS receives case transfers from Adult Protective Services (APS) to prevent ongoing or recurrent abuse, neglect, and exploitation. The AS team often collaborates closely with key partners from housing (Permanent Supportive, Housing Grant, Housing Choice Voucher, shelter staff, property managers and landlords), Economic Independence Division (financial assistance, shelter, and benefits programs), Arlington County Fire Department (ACFD) and Emergency Medical Services (EMS), Police Department (ACPD), Code Enforcement, CSB programs (emergency mental health services, Senior Adult Mental Health, Substance Abuse, TOW and PACT), Arlington Thrive, hospitals, Legal Services and others. In addition to case management services, AS staff screen individuals (pre-admission screenings) for placement in nursing homes and assisted living facilities (ALF) and determine eligibility for Commonwealth Coordinated Care Plus (CCC+) Waiver. The CCC+ Waiver (formerly ED/CD) exists as an alternative to nursing home placement to allow individuals to remain in their homes. Individuals who meet nursing home level of care receive home-based services and support with Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs). In FY 2024, direct services were funded 48% locally and 52% State and Federal funds. The AS program also provides oversight to the County's Guardianship program. In 2021, Arlington was selected to participate in the Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) committee. WINGS is a group of judges, attorneys, and other stakeholders, throughout Virginia, committed 		

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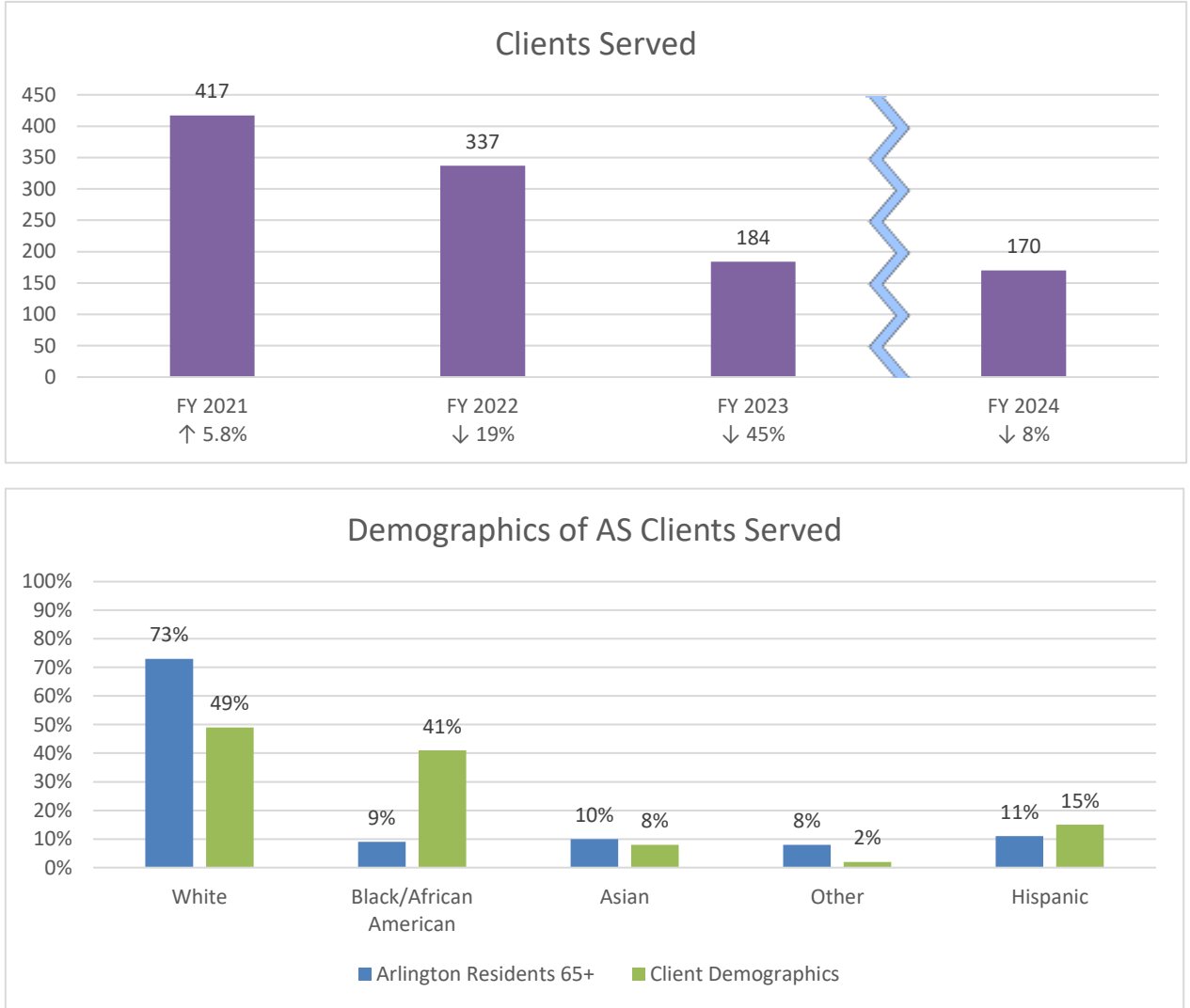
	to the efficiency, equity, and efficacy of the Guardianship program and to ensure protection for the most vulnerable. Through WINGS, Arlington was tasked to pilot an evaluation of the program’s strengths and challenges and provide recommendations for potential programmatic changes.				
Service Delivery Model	<ul style="list-style-type: none">• In accordance with state mandates and regulations, AS staff conduct face-to-face contacts through home visits, community outreach, and appointments. Also, in accordance with state mandates, visits and pre-screenings are conducted in person. This service model is expected to continue in FY 2025.				
Staff	Total 7.5 FTEs <ul style="list-style-type: none">• 0.5 FTE Program Manager• 5.0 FTE Human Service Clinicians II• 1.0 FTE Human Service Clinician III• 1.0 FTE Human Service Specialist In addition to the positions above, the team has a temporary 1.0 FTE Management Intern for the Guardianship program.				
Customers and Service Data		FY 2021	FY 2022	FY 2023	FY 2024
	Total Adult Services Cases	417	337	184	170
	Adult Services	402	328	168	155
	ALF Reassessments	15	9	16	15
	Pre-Admission Screenings (Nursing home and CCC+ waiver)	211	273	383	388
	Consultations and Outreach*	n/a	n/a	n/a	49
	Guardian/Conservator Reports (court-appointed)	521	535	522	505
	<hr/> <p>*Staff provide assessments and short-term case management to individuals who are referred to Adult Services but decline or are not eligible for Adult Services. There is not an option to track these individuals in PeerPlace, but they are tracked on the AS Referral log beginning FY 2024.</p>				
PM2: How well did we do it?					
2.1	Timeliness of AS required contacts				
2.2	Timeliness of Nursing Home Pre-Admission Screenings				
2.3	Timeliness of Guardianship Reports				
PM3: Is anyone better off?					
3.1	Clients live in the most independent/least restrictive setting				

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Adult Services

Measure 1 Adult Services Clients Served

Data



Data Summary

- In FY 2024, the program served 170 clients; an 8% decrease in Adult Services from the previous year when we served a total of 184 clients. However, the total number of individuals served by the program increased.
- The program also began to track consultations in FY 2024 which accounted for 49 of the individuals served. However, this information is restricted from being recorded in PeerPlace and is tracked in a separate spreadsheet.
- There is not a report in PeerPlace that documents demographic information for clients open to Adult Services for ongoing case management.
- 32% of clients had no race or ethnicity data in PeerPlace. In FY 2024, 43% clients served were female, and 56% male. 78% live alone. 84% were aged 60+ years, and 16% were aged 18-59 years.
- White clients made up the largest percentage of AS clients (49%). Individuals who identify as Black/African American were over-represented, at more than quadruple the proportion of adults 65+ in Arlington who identify as Black/African

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American. The remainder of the clients served are made up of 1% American Indian/Alaska Native and 8% Asian; 15% of clients served identify as Hispanic/Latinx.

What is the story behind the data?

- In FY 2024, clients served by Adult Services slightly decreased but the total number of individuals served the program increased despite staffing shortages and extended leave. The total number served does not include 49 clients who were assessed through a home or telephone consultation but were not eligible for or refused to engage with the program and were referred to other services. Despite staff shortages, the program continued to accept new referrals while maintaining clients with complex needs and significant barriers that impact their quality of life and mental health. Two staff were on extended leave and another staff member had frequent leave that impacted case assignments.
- The Team Lead receives and contacts all referrals. Referrals were prioritized based on client acuity and need for intensive case management. All clients were connected to comparable services if not appropriate for Adult Services, such as the ADRC, Nursing Case Management, the CCC+ Medicaid Waiver, private case management services and Arlington Neighborhood Village.
- AS staff conducted outreach visits and provided short-term case management services to 49 unique individuals that were not recorded in PeerPlace, per DARS guidance. The information is tracked in an AS spreadsheet, but creates additional administrative for staff and for service coordination.
- AS staff provide limited support to APS with investigations and ongoing cases to address the increasing volume of clients experiencing or at high risk of abuse, neglect and exploitation. The AS Team Lead managed a caseload of APS cases and often provides support when APS staff are out or to help manage growing volume. AS staff also continues to support APS with After Hours Duty Calls.
- Due to the growing and continuing demand for pre-admission screenings, the entire Adult Services team help to complete pre-admission screenings and ensure compliance with the state mandated 30-day requirement. This system also allows the dedicated screener to catch up on administrative requirements and take time off without affecting compliance. The screenings must be entered in both the Medicaid system of record, eMLS, as well as PeerPlace; and AS staff may provide short-term case management to clients who are screened for Medicaid waiver services.
- The data is retrieved from PeerPlace for which not all fields are mandated. Virginia DARS is in the process of hiring new staff to help upgrade data collection efforts and reporting for Adult Services in the PeerPlace system.
- Information not recorded may require additional training and strong quality assurance to ensure information is captured and reflected in PeerPlace.
- AS, APS, and Nursing Case Management teams completed training on the Uniform Assessment Instrument to ensure cross-training and consistency in assessments.

Recommendations

- Continue to offer training for new and existing staff on data entry and documentation to ensure continuity and consistency across programs.
- Enhance quality assurance measures by implementing Peer Reviews across the team to ensure information is captured and reflected in Peer Place.

Target Dates

- FY 2025 Q3
- FY 2025 Q1

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| <ul style="list-style-type: none">• Continue to use the Community Supports and Coordination Bureau tool to accept and track new referrals and provide training and outreach to County staff and community partners on appropriate referrals to AS.• Offer shorter, targeted trainings to continue to enhance Uniform Assessment Instrument skills to ensure cross training and consistency in assessments.• Continue to enter pre-screenings in PeerPlace in compliance with state mandates.• Explore options to hire staff to support AS and APS Program Manager and teams with data, reporting and quality assurance metrics. | <ul style="list-style-type: none">• Ongoing• FY 2025 Q3• Ongoing• FY 2026 |
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Forecast

- In FY 2025, with more stabilization of staff, AS anticipates an increase in the number of clients served to 215.

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Measure	2.1	Timeliness of AS required contacts																				
Data	<div><div>Timeliness of Required Contacts</div><table><thead><tr><th>Fiscal Year</th><th>Contacts Completed</th><th>Total Contacts</th><th>Percentage</th></tr></thead><tbody><tr><td>FY 2021</td><td>110</td><td>120</td><td>92%</td></tr><tr><td>FY 2022</td><td>103</td><td>120</td><td>86%</td></tr><tr><td>FY 2023</td><td>167</td><td>184</td><td>91%</td></tr><tr><td>FY 2024</td><td>136</td><td>160</td><td>85%</td></tr></tbody></table><div>Target: 90%</div></div>		Fiscal Year	Contacts Completed	Total Contacts	Percentage	FY 2021	110	120	92%	FY 2022	103	120	86%	FY 2023	167	184	91%	FY 2024	136	160	85%
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Data Summary	<ul style="list-style-type: none">Virginia Department for Aging Rehabilitative Services (DARS) requires at least one contact per quarter. Arlington AS requires monthly contacts with active clients. All documentation must be recorded in PeerPlace within 48 hours of contact.Contacts are defined as face-to-face visits, home visits, office visits, and/or phone calls with the client, legal representative or designated primary caregiver. Preferences are face-to-face / home visits.Program Manager reviews clinical charts for documentation monthly and provides feedback to clinicians. The Program Manager reviewed 160 individual charts. AS Team Lead maintains a spreadsheet of assessment timeliness. Staff submit contacts in monthly report to the AS Team Lead. Staff requiring additional support may receive additional chart reviews.																					
What is the story behind the data?																						
<ul style="list-style-type: none">The percentage of contacts completed on time decreased in FY 2024. This metric is now captured by both chart reviews from the program manager and monthly reports tracked by the Team Lead. In FY 2024, the shift from self reported contacts to manager reviewed contacts may account for the decrease in services and a more accurate reflection of timeliness. The Program Manager reviewed 160 individual charts in one-on-one supervision with staff. By reviewing entire caseloads rather than a small sampling led to a more accurate picture of contacts and compliance.Many of the cases that were open were more acute in needs; and with lower caseloads for newer staff, they could improve compliance with open cases. Additionally, more cases were reviewed with the addition of the Team Lead position and a redesign of how information is captured.Compliance may be impacted by individual staff’s time management abilities, leave, complexity of cases, and a high workload.																						

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<ul style="list-style-type: none"> AS continues to benefit from the program manager's implementation of required monthly contacts, regardless of case type (with the exception of ALF reassessments and Guardianship cases). Staff continue to use Purpose, Action, Assessment, Plan (PAAP), a best practice for standardized documentation formatting, which was implemented in FY 2016. Staff received sample notes to promote consistency in documentation standards and adhere to the Community Supports and Coordination Bureau Documentation Policy. Peer reviews, and measures to ensure quality assurance and compliance will focus on the following areas: service application, consents, UAI, and service plan. Reviewing charts remains a time intensive and tedious process as it all must be completed manually until an updated report is added to PeerPlace. 	
Recommendations	Target Dates
<ul style="list-style-type: none"> Program Manager and AS Team Lead will continue to provide training to new and existing staff on compliance with required contacts. Peer reviews by the entire team will be implemented to help ensure compliance. The manager will continue to monitor monthly timeliness by running and tracking reports in PeerPlace and using individual and team supervision to ensure compliance with program and documentation standards. Continue to offer during monthly meetings staff training on the Uniform Assessment Instrument (UAI) and quality standards for client contacts and documentation. Continue to ensure compliance with state standards and DMAS appeal processes. Explore options and funding sources to recruit additional staff to help with growing workload and intake. 	<ul style="list-style-type: none"> Ongoing FY 2025 Q3 Ongoing Ongoing Ongoing FY 2025 Q2
Forecast	
<ul style="list-style-type: none"> In FY 2025, with the additional temporary staff and support with intake, the target is expected expect to achieve 90%, a more realistic and achievable metric, of cases meeting all requirements for AS cases. 	

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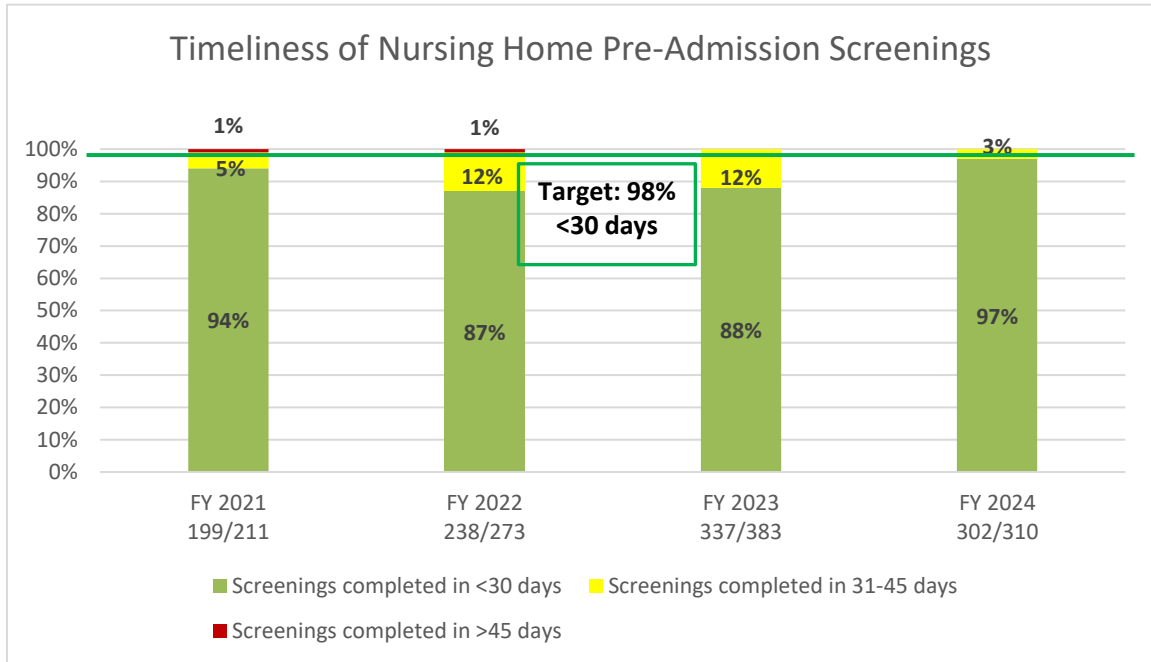
Adult Services

Measure

2.2

Timeliness of Nursing Home Pre-Admission Screenings

Data



Data Summary

- Pre-Admission Screenings (PAS) are a mandated part of all Local Departments of Social Services (LDSS). A screening must be completed for an individual to receive Medicaid reimbursable services in a nursing home, assisted-living to receive Auxiliary Grant, or at home through the CCC+ waiver.
- The screening is designed to determine the functional level of the individual being assessed. A screening team consists of one clinician, a nurse, and a physician to review the assessment.
- The State requires screenings to occur within 30 days of the receipt of the request. In FY 2024, 97% of nursing home pre-admission screenings were completed within 30 days which is a 9% increase from FY 2023. A total of 8 screenings were completed after 30 days.

What is the story behind the data?

- In FY 2024, due to the high volume of screening requests, the AS team joined the AS primary screener in completing pre-admission screenings. A high volume of monthly requests, as reflected from the PeerPlace log, continues to be received; averaging 26 per month with a record of 35 in August 2023 and 33 in October 2023.
- Requests are received by the AS Duty worker and entered into the PeerPlace screening log; and clients are offered the next available appointment on a shared calendar. The social worker and a nurse from NCM or the Adult Day program then complete the screening, upload the packet to the state system of record, enter it in PeerPlace, submit referrals to the provider, and communicate the update to the family or caregiver.
- Despite the growing volume, the team makes significant effort to complete screenings and process within the 30 day state mandate. The average processing time per screening was 4 days in FY 2024, compared to 28 days in FY 2023, compared to 26 days in FY 2022, and 20

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days in FY 2021. The decrease in processing time may be attributed to having the entire team assist with pre-screenings, training, and support from the program manager and team lead.

- In 2023, with the reductions in the local Community Living Program (CLP), the number of requests for PAS screenings increased as did the number of Department of Medical Services (DMAS) appeals for individuals who were not approved for waiver services. The preparation for appeal hearings and the time required to complete an appeal is intensive and includes the client and their representative, the screening team, program managers and a judge from DMAS to make the final determination. In FY 2024, there were 8 appeals and all 8 were upheld by the DMAS judge acknowledging the thoroughness, accuracy and efficiency of the Arlington screening team.
- Delays in entering screenings can be attributed to the high volume of requests, limited availability of nurse screeners, the need for enhanced communication between the screening team, and unexpected delays such as when the primary physician is not able to sign off on the final authorization.
- In reviewing the screening process, the nurses were added to the eMLS system to enter their information directly as a time-saving effort. To reduce administrative burden, the ADSD Admin team is now supporting with mailing screening packet copies to the clients and their families; which helps to provide the AS staff more time to complete and enter screenings.
- As part of DARS requirements, starting in FY 2024, the AS team must open a Pre-Admission Screening (PAS) case in PeerPlace and enter the full UAI in the Medicaid system of record, eMLS. This results in an increase in open AS cases, as well as additional administrative requirements for the AS staff. Additional AS staff time is required to assist the client in connecting and occasionally applying for Medicaid, and to ensure the connection to services and confirmation that they are in place.
- Staff continue to advocate for the care and needs of their clients to be safely met in the least restrictive environment. Managed Care Organizations (MCO) conduct evaluations of current waiver recipients and may reduce service hours. A reduction in hours results in increased caregiver burden and a need for supplemental services.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Manager will continue to update policies and procedures and goals to comply with State requirements. • Explore the possibility of an additional dedicated screener and continue to cross train more staff to expand the screening team. • Continue using the primary screener method and encourage AS staff to support monthly screenings to help with the growing demand and ensure familiarity with the system and processes. • The Human Services Specialist will continue to conduct outreach and advocacy in long term care (LTC) settings about waiver services. • The Team Lead will continue to provide support to the program manager and primary screener to ensure compliance with reporting and timeliness mandates. Monthly reports will be reviewed and shared, with time savings efficiencies implemented. • To improve timeliness and ensure compliance, continue to add additional screening appointments and reevaluate current process for screening requests, appointments and assessments. 	<ul style="list-style-type: none"> • Ongoing • FY 2025 Q2 • Ongoing • Ongoing • Ongoing • Ongoing

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- Schedule customized training for the screening team to ensure compliance and consistency and apply lessons learned from the appeal hearings.

- FY 2025 Q2

Forecast

- Anticipate completing 98% of screenings within 30 days in FY 2025.

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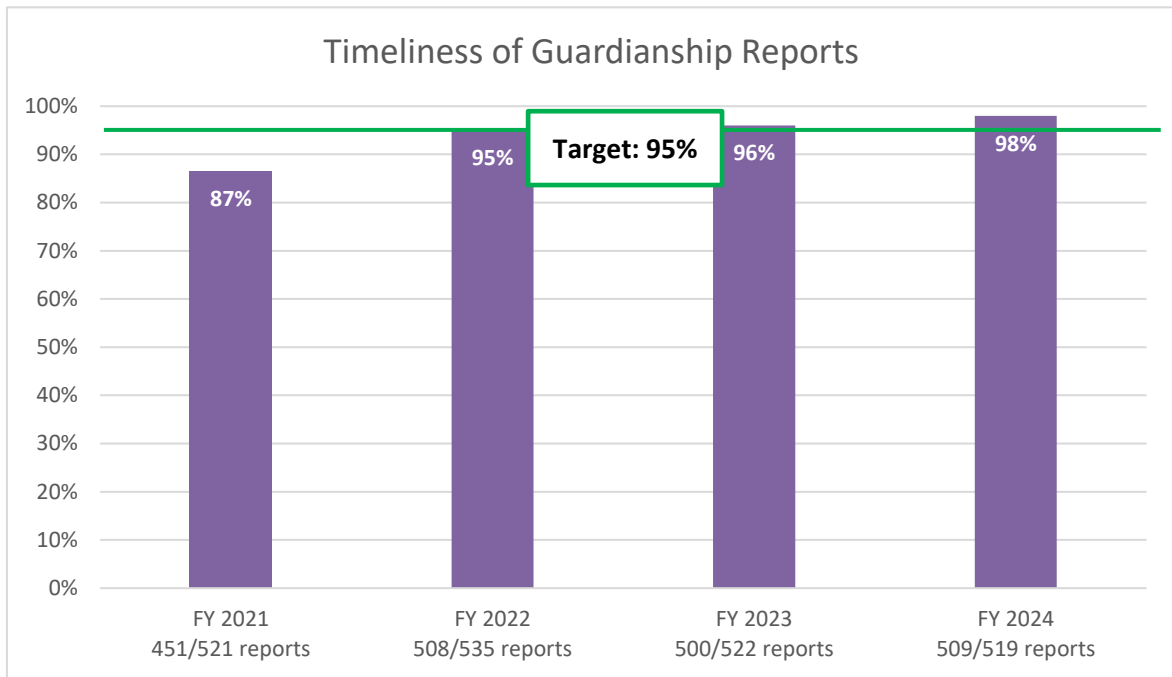
Adult Services

Measure

2.3

Timeliness of Guardianship Reports

Data



Data Summary

- The Volunteer Guardianship program recruits, trains and supports court-appointed volunteer guardians and conservators for individuals who can no longer make informed decisions for themselves. The volunteers become substitute decision makers.
- Individuals in need of this service have been determined by the Circuit Court to be incapacitated and have no family or friends who are willing or able to be appointed guardian and or conservator.
- A Volunteer Guardian is a court-appointed individual authorized to make personal and healthcare related decisions.
- A Volunteer Conservator is also court-appointed and is responsible for managing the financial and property matters of the incapacitated individual.
- Court-appointed Guardians are required to submit a report for each individual they serve annually. In FY 2024, 519 guardianship cases were monitored of which 2% were past due or considered delinquent.
- Of the individuals with a guardian, race was reported for 291. Of those with recorded race, 71% identify as White, 18% Black or African American, 11% as Asian, and 1% as Other.
- 258 (50%) of the 522 Guardianship cases are for people age 59 and below.

What is the story behind the data?

- As part of their court-appointed duties, guardians are required to submit an annual report to the local Department of Social Services. Common reasons for late reporting were forgetting, address change, lack of awareness of reporting requirements, and language barriers. Barriers for Guardians (impediments to their effectiveness) include lack of information; inadequate onboarding; and limited access to services, particularly for guardians with language barriers or Public Charge concerns.

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- Guardians with limited English proficiency often have more difficulty adhering to compliance requirements because the information is not disseminated in their preferred language. The program reduces this barrier by offering in person appointments for guardians with limited English proficiency so that they can work one on one with the Management Intern and phone interpreter services to complete the form. This need is most often identified when clients with limited English proficiency receive the reminder for their annual report and they call in to ask for assistance.
- The program has had a consistent number of 16 Volunteer Guardians, but there is a need to recruit more volunteers to serve as guardians.
- There is a concerning and growing need for more attorneys to serve clients who present with complex mental health needs; many of whom refuse without compensation, leaving cases open to Adult Services and Adult Protective Services ongoing, but leaving staff with limited options for long-term planning
- In addition to a regular caseload, an AS staff member helps to manage this program with support from a Management Intern who was hired in Spring 2022 to help with monitoring the program and to conduct outreach to guardians regarding reports and to serve as a resource. In the final year of the program, this intern continues to monitor and track program compliance and helped to reduce delinquency rates.
- In 2021, Arlington ADSD was selected by the National Council on Aging (NCOA) to establish a pilot program, WINGS, to assess and evaluate the delinquency rates around annual guardianship reporting; determine reasons for delinquency; and recommend corrective actions to include resources, collaborations, and interventions. The management intern was hired as a result of this selection, but the final year of the role ends in FY 2025.
- Recommendations have been shared with the Northern Virginia Aging Network (NVAN) with hopes to require training for guardians as part of the 2023 General Assembly Legislative platform and in 2024, funding was allocated to the Department for Aging and Rehabilitative Services (DARS) to develop and provide training for court-appointed guardians and to support one full-time position.
- Currently race and ethnicity is not tracked for the guardians or the individuals for who they are serving.
- In FY 2022, Arlington ADSD developed a new online training resource for DHS volunteers and prospective family guardians where DHS is the petitioner. Two "Guardianship Refresher" courses were held in August 2023 and 31 current guardians signed up to attend.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue to use and promote the online training resource to onboard new DHS volunteers and prospective family guardians where DHS is the petitioner. • Work to establish a process for Commissioner of Accounts to provide training for newly appointed Conservators. • Continue to recruit new volunteers to serve as Volunteers and Conservators for DHS clients. Conduct outreach at 55+ centers, libraries, and other community events to grow the pool of volunteer guardians, and all new volunteer guardians will complete the new guardianship training. Contact law school alumni associations and other relevant program alumni groups to find volunteers with professional experience. 	<ul style="list-style-type: none"> • Ongoing • FY 2025 Q4 • Ongoing

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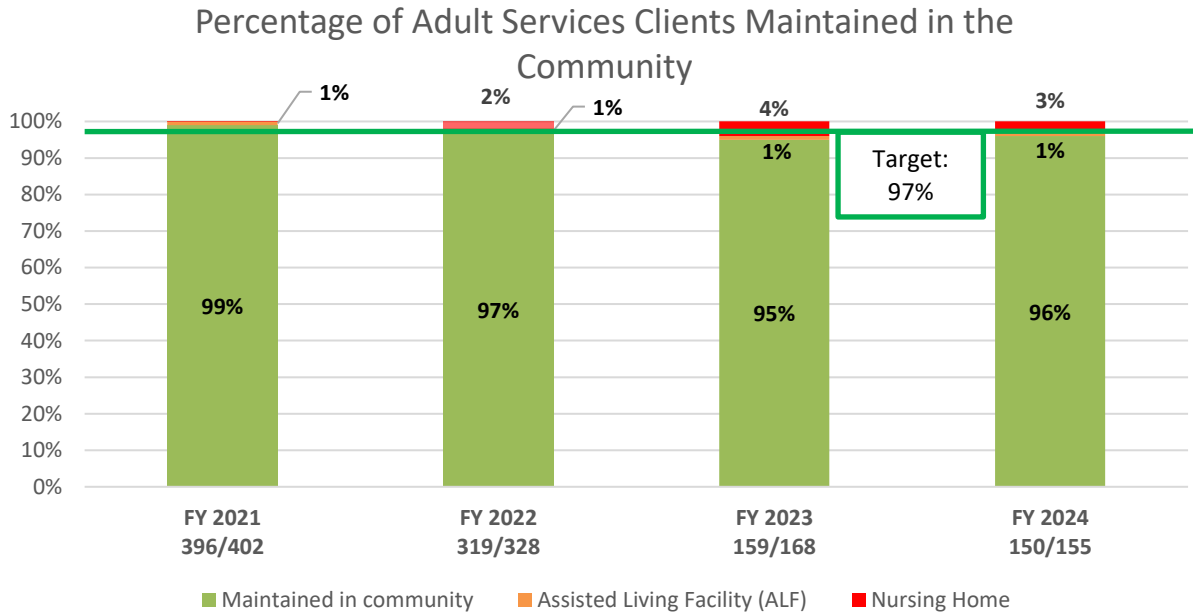
<ul style="list-style-type: none"> • Explore options to hire a FTE to monitor the guardianship program and conduct outreach to guardians regarding reports and to serve as a resource to guardians. • Send out delinquent notices and reminder letters go out to guardians monthly rather than quarterly. • Create an outreach presentation about guardianship for the schools as a large number of guardians in Arlington (and nationwide) come from the school system. Develop handouts regarding informed decision making and other less restrictive choices. • Conduct virtual “town halls” presentation to the general public. Partner with an attorney to be present for any legal questions/to speak on the court proceedings. Create a booklet to help the guardians complete their reports and keep track of important information. • Continue to offer recommendations and policy advocacy with stakeholders and constituents to: <ul style="list-style-type: none"> ➤ Mandate background checks for all guardians ➤ Mandate guardianship/conservatorship training for all guardians ➤ Require translation Annual Report into 5 most popular languages (i.e., Spanish) ➤ Explore accountability for Rep Payees if Conservatorship not required • Offer trainings for guardians on a regular basis to promote a sense of community and maintain compliance with reporting requirements. 	<ul style="list-style-type: none"> • FY 2025 Q4 • FY 2025 Q2 • FY 2025 Q2 • FY 2025 Q4 • Ongoing • FY 2025 Q4
Forecast	
<ul style="list-style-type: none"> • In FY 2025, we anticipate 95% of reports will be submitted on a timely basis. 	

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Adult Services

Measure **3.1** Clients live in the most independent/least restrictive setting

Data



Data Summary

- In FY 2024, 96% (150 of 155) of clients were maintained in the least restrictive environment. Four clients were placed in a nursing facility (NH) and 1 client were placed in an assisted living facility (ALF), others relocated, engaged in other services or passed away.

What is the story behind the data?

- Adult Services works to support individuals in remaining in the community using a combination of case management and community resources – including physical and behavioral health services, economic supports, housing services, police and fire departments, and code enforcement. Case managers use monthly contacts to assess individuals' changing needs and provide holistic, person-centered services and support.
- Placement in an ALF or nursing home may be required if an individual has a decline in their functional ability to live independently, increased care needs, lack of or limited social supports and/or the environment does not support the individual's ability to remain safe despite available resources.
- Affordable ALF's are limited and clients must be connected to CSB programs for referrals to Mary Marshall and may not be willing.
- AS staff are familiar with screening criteria and eligibility and often discuss long-term and end of life care with clients and social support to help prepare individuals for accessing a higher level of care when needed.
- Staff attend monthly meetings with DARS staff and routinely consult with community partners (i.e., LTC facilities, home health agencies, hospitals) regarding screening criteria, policy changes, policy implementation, etc.

Recommendations

Target Dates

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- Continue to discuss long-term services and supports (LTSS) as well as planning for long-term care with all clients who are potentially eligible, and ensure staff are familiar and confident in speaking about the wide range of LTSS that may help clients live safely and independently in the community of their choice.
- Continue to use Microsoft Forms to capture monthly metrics and data from AS staff that include connections to CCC+ waiver, CLP/in-home services, connections to BHD services and the unmet needs. Capture data that includes active clients 1) maintained in the community, 2) with CCC+ waiver services, 3) connected to Community Living program (CLP), 4) connected to mental health services and 5) in need of mental health services but refusing.

- Ongoing
- Ongoing

Forecast

- Anticipate that in FY 2025, 97% of clients will be maintained in the community.