

# FY 2024 PERFORMANCE PLAN

| Clarendon House          |   | BHD | Monica Augustenborg x0244<br>Suzanne Somerville, x7340 |
|--------------------------|---|-----|--|
| Program Purpose          | Maximize community integration, find best-fitting housing, and reduce psychiatric hospitalizations by providing recovery-oriented psychoeducation and skill building activities for adults with serious mental illness and co-occurring diagnoses.  |     |  |
| Program Information      | <ul style="list-style-type: none"><li>Program components:<ul style="list-style-type: none"><li><u>Psychosocial Day Program</u>: rehabilitation services and activities five days per week including social, independent living and illness self-management training and family support.</li><li><u>Case Management Services</u>: assessment, treatment planning, service linking, progress monitoring, advocacy, and problem-oriented counseling.</li><li><u>Psychiatric Services</u>: psychiatric assessment, medication therapy and basic health assessment and monitoring.</li></ul></li><li>The majority of clients participate in all three components.</li><li>The program is a psychosocial rehabilitation program using curriculum-based interventions. By incorporating psycho-educational groups and other evidence-based practices, the emphasis is on directly educating people in the skills needed for independent housing, social and family relationships, illness self-management, and independent living.</li><li>Partners: Friends of Clarendon House, Pathway Homes Inc., Community Residences Inc., Job Avenue, Medicaid Transportation Services, and the county discharge planner when clients are involved with Northern Virginia Mental Health Institute (NVMHI).</li></ul> |     |  |
| Service Delivery Model   | <ul style="list-style-type: none"><li>In FY 2024, evidence based psychoeducational classes were offered exclusively in person; hours of operation remained 8:30 AM-3:00 PM.</li><li>Peer support groups were facilitated by a peer support specialist and offered virtually, once a week. This allowed clients to participate if they were unable to attend in person.</li><li>Case Management and Therapy services were primarily provided in-person but were offered virtually for clients who preferred video services or had mobility/transportation issues.</li><li>This services delivery model is anticipated to continue through FY 2025.</li></ul>   |     |  |
| PM1: How much did we do? |   |     |  |
| Staff                    | <p>Total 11.5 FTEs:</p> <ul style="list-style-type: none"><li>1 FTE Supervisor/Program Manager</li><li>1 FTE Assistant Program Manager</li><li>4.5 FTEs Psychosocial Day Program Staff:<ul style="list-style-type: none"><li>1.5 FTE BH Therapist</li><li>3 FTE Human Services Specialists</li></ul></li><li>3 FTE Behavioral Health Specialists (Case Management Staff)</li><li>1 FTE Peer Specialist</li><li>1 FTEs Psychiatric Services Staff: 0.5 FTE Psychiatrist; 0.5 FTE Psychiatric Nurse</li></ul>   |     |  |

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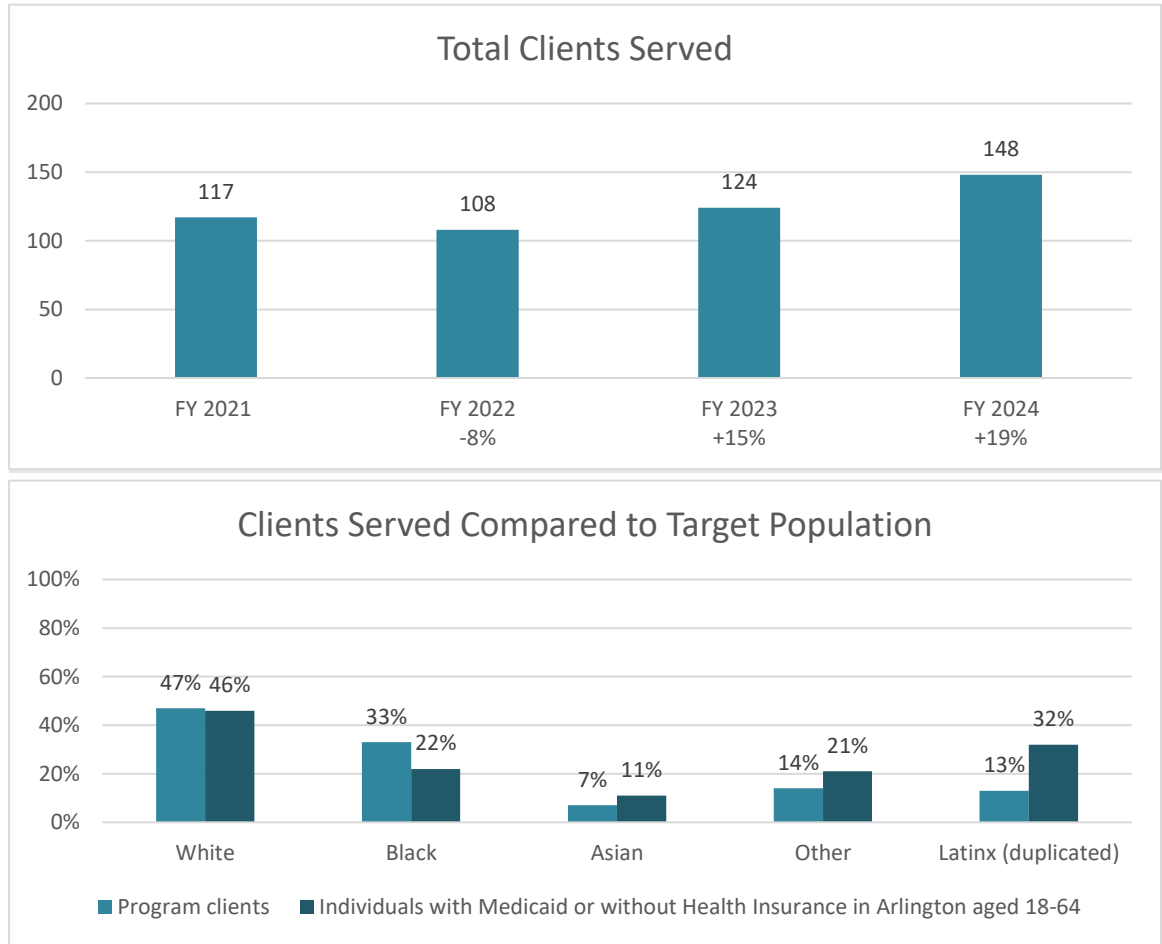
| Customers and Service Data  |  | FY 2021 | FY 2022 | FY 2023 | FY 2024 |
|-----------------------------|--|---------|---------|---------|---------|
|                             | Total unduplicated clients served  | 117     | 108     | 124     | 148     |
|                             | Referral and Evaluation clients  | N/A     | N/A     | 26      | 57      |
|                             | Day Program clients  | 100     | 92      | 79      | 88      |
|                             | Case management clients  | 94      | 88      | 87      | 83      |
|                             | Psychiatric services clients   | 74      | 100     | 107     | 140     |
|                             | Therapy clients  | N/A     | N/A     | 6       | 9       |
|                             | Day Program average daily census   | 28      | 18*     | 22*     | 25      |
|                             | *In FY 2022, the program began providing in-person classes once again. These classes were strictly capped to prevent risk of infection, which led to a decrease in daily census. During the pandemic, the program relied on virtual classes, which could be larger without safety restrictions. In both FY 2022 and FY 2023 there were COVID outbreaks that caused temporary program closures. Average daily census began increasing in FY 2023 again when hours were expanded in April. |         |         |         |         |
| PM2: How well did we do it? |  |         |         |         |         |
| 2.1                         | Client satisfaction  |         |         |         |         |
| 2.2                         | Client engagement in psychoeducation classes   |         |         |         |         |
| 2.3                         | Medicaid revenue   |         |         |         |         |
| PM3: Is anyone better off?  |  |         |         |         |         |
| 3.1                         | Clients living in independent housing  |         |         |         |         |
| 3.2                         | Clients engaged in employment-related activities   |         |         |         |         |
| 3.3                         | Psychiatric hospitalization rate   |         |         |         |         |

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| <b>Measure</b> | <b>1</b> | <b>Total clients served (unduplicated)</b> |
|----------------|----------|--|

**Data**



**Data Summary**

- From FY 2021 to FY 2024, the number of clients served increased beyond pre-pandemic levels.
- The selected comparison population for the racial equity analysis is individuals with Medicaid or without other health insurance aged 18-75. These individuals 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. 50% of program clients in FY 2024 had Medicaid.
- Data for this measure is collected in the agency's electronic health record.
- 1% of program clients (1) are missing data on race and 4% (6) are missing data on ethnicity. They have been excluded from the equity calculations.

### What is the story behind the data?

- FY 2024 was the first full year the program had expanded hours, shifting from 9:30 AM – 1 PM to 8:30 AM – 3 PM. FY 2024 was also the first full year the program implemented its referral and evaluation program. The program implements a proactive approach of following-up with clients and keeping them more engaged in the program than in the past by making outreach calls or emails to clients. This approach also includes emailing and coordinating

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services with the client's referring provider. This expanded access and approach has expanded client participation to pre-pandemic levels.

- 57 clients were in the referral and evaluation program in FY 2024. This program began tracking these clients in the middle of FY 2023. Referral and evaluation clients attend classes and meet with staff on an ongoing basis. This program provides a place where clients can try out the program to see if it is the right fit for them. Clients who decide the program is not the right fit for them are discharged. This was the first full year of tracking these clients, which likely attributed to the increase in total number of clients served in FY 2024.
- In FY 2024, program staff reported receiving several referrals from across the Behavioral Health Division (BHD), a testament to the success of the new referral and evaluation initiative.
- The program met its goal of accepting at least one new client into the program monthly in FY 2024. Fourteen new clients were admitted during FY 2024. This happened even in the face of staffing changes, namely one long-term staff retiring in September 2023, the program manager going on maternity leave, and a new staff member starting in October 2023.
- In FY 2024, Clarendon House assisted several clients with their transition to a new assisted living facility provided by Pathway Homes Incorporated, where several clients of Clarendon House reside. This new effort involved extra client engagement with case management and day program staff and may have also driven higher client participation in the program than in past years.
- The program offered its own therapy services to clients for its first full year in FY 2024. This important service is crucial for getting clients the support they need while the traditional provider of Clarendon House's therapy services, BHD's outpatient teams, is functioning at capacity. In addition, having in-house therapy allows for enhanced collaboration as the therapist can quickly inform day program staff of any challenges the client is facing and possible impacts to their behavior.
- In FY 2023, the program hired an external consultant to do a program analysis. This analysis required intensive work from program staff, as they worked to collect data and document their observations on current operations. Some recommendations from the analysis were implemented in FY 2024, such as expanding Clarendon House's hours. We will continue to incorporate those recommendations into FY 2025 and implement other recommendations like creating targeted curriculum for specific populations in the program.
- In FY 2024, the program shifted its focus to further support younger adults. Some changes included holding monthly events for young adults, tailoring the program's curriculum and groups to young adults, and partnering with the First Episode Psychosis program to offer an Understanding Psychosis group. This initiative is new but has seen some increases in young adult participation in the program with 22% (33 clients) of its FY 2024 participants in the 18-29 age range, a 16% increase in program membership in this age group from FY 2023 (22 clients).
- The program also offers support to older adult participants offering groups like "Thrive as You Age" along with activities and education classes tailored to those who are aging or caring for aging parents.
- The program serves clients with a variety of different preferred languages. In FY 2024, the program served clients speaking English, Spanish, Tagalog, and Vietnamese, amongst other languages.
- In general, the racial backgrounds of program clients proportionately match the Medicaid population. When expanding the comparison population to include those who are uninsured, the program sees relatively fewer Latinx clients than are present in the community. However, the program is serving 5% more Latinx clients in FY 2024 over FY 2023. Activities to support Spanish speaking clients will continue in FY 2025.

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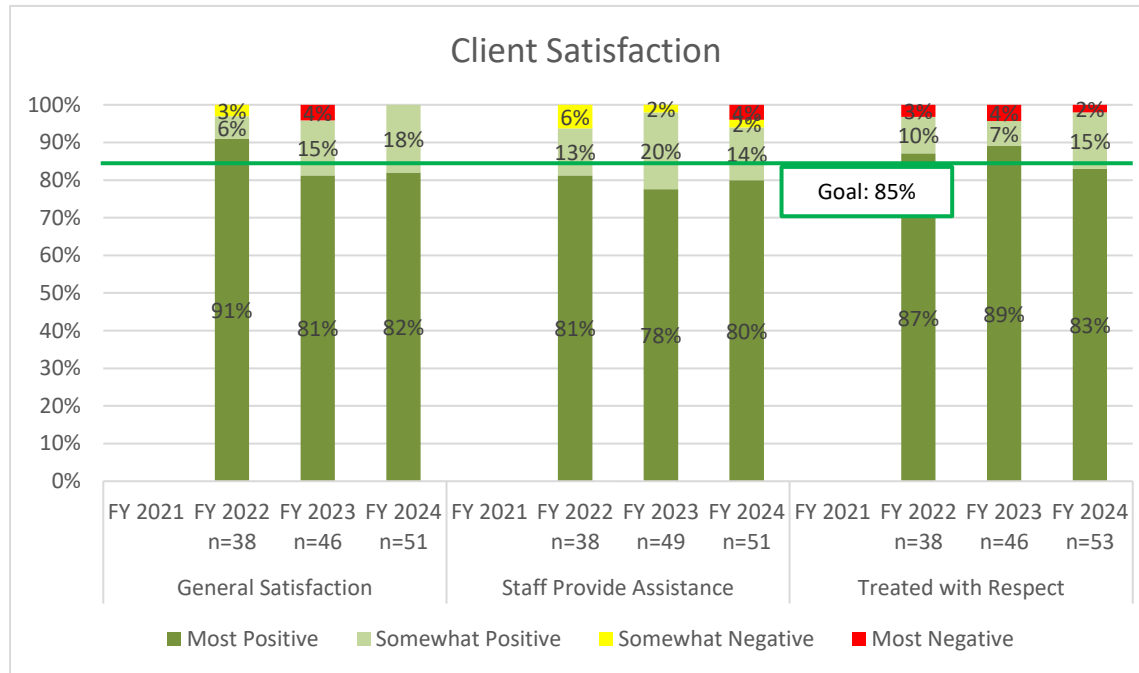
| Recommendations  | Target Dates   |
|--|--|
| <ul style="list-style-type: none"> <li>Continue collaborating with other programs across the agency, such as First Episode Psychosis, and develop specific classes responsive to client needs and preferences.</li> </ul>  | <ul style="list-style-type: none"> <li>FY 2025 Q2</li> </ul> |
| <ul style="list-style-type: none"> <li>Continue to implement recommendations and develop actionable next steps based on the recently conducted program analysis.</li> </ul>  | <ul style="list-style-type: none"> <li>FY 2025 Q1</li> </ul> |
| <ul style="list-style-type: none"> <li>Accept at least one new client to the program each month.</li> </ul>  | <ul style="list-style-type: none"> <li>FY 2025 Q1</li> </ul> |
| <ul style="list-style-type: none"> <li>Determine ways to increase outreach to Latinx communities, including participating in County-wide community events and partnering with Hispanic/Latinx-focused organizations, and explore referrals to the program to determine if there are any variances with those admitted to the program.</li> </ul> | <ul style="list-style-type: none"> <li>FY 2025 Q2</li> </ul> |
| <ul style="list-style-type: none"> <li>Translate all program core materials into Spanish.</li> </ul>   | <ul style="list-style-type: none"> <li>FY 2025 Q1</li> </ul> |
| Forecast   |  |
| <ul style="list-style-type: none"> <li>In FY 2025, the program anticipates serving at least 155 clients.</li> </ul>  |  |

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### Clarendon House

**Measure**      **2.1**      **Client satisfaction**

**Data**



**Data Summary**

- A point-in-time survey is administered for one month to obtain a sample of the program effectiveness.
- In FY 2024, 55 surveys were collected from BHD clients receiving Clarendon House services. This was similar to the number of surveys collected in FY 2023.
- Clients who abstained from answering the above questions or who marked themselves as "Neutral" are excluded from the chart.
- In FY 2024, surveys were offered in several languages that matched the preferred languages of many Clarendon house clients including Spanish, Amharic, Arabic, Dari, Farsi, Tagalog, and Vietnamese.

### What is the story behind the data?

- Clients reported high satisfaction in FY 2024, stating that they felt like the staff really cared about them, they appreciated their case managers, and the program's convenient location.
- Survey scores remained very high, even though FY 2024 marked the first year of being under new program management. The previous program manager retired after 30 years, and some program clients had worked with her for most of their lives. The program worked hard to maintain continuity and ensure that clients felt connected and safe in the program.
- 94% of respondents who answered the survey question on resource access (51/55 responded) reported that staff connected them to resources as needed, indicating that the program is meeting client's case management needs.
- 58% of clients reported that they could not think of a way to improve their services.
- In FY 2024, clients were asked if they had a concern with their services, how comfortable they'd feel sharing it with staff at BHD. Most clients stated that they were comfortable sharing their concerns (92%, 51/54) and only 4% (2/54) felt very uncomfortable.

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- Respondents also expressed that, "I love everything about services at Clarendon house. I've learned so much since the first day I joined clubhouse." and that they like how it provides "[H]onest support in any personal situation."
- Recommendations from clients in FY 2023 included bringing back social club, which was an opportunity for clients to get out and experience the community with peers prior to the pandemic. The program followed through with this request and began offering social club once again in FY 2024. This may explain some of the higher satisfaction rates in FY 2024.

### Recommendations

### Target Dates

- Continue to provide surveys to as many participants as possible in as many languages as are needed from the beginning of the survey period in FY 2025.

- FY 2025 Q4

### Forecast

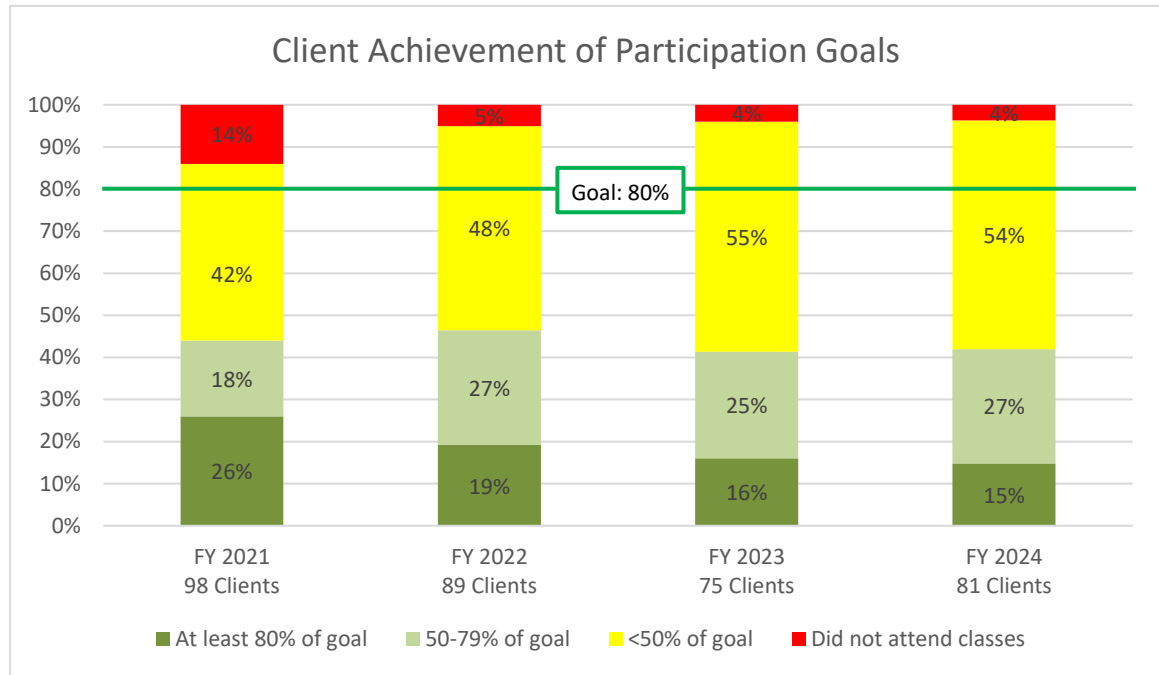
- In FY 2025, anticipate satisfaction will be 95% positive in all three areas.

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|                |            |   |
|----------------|------------|---|
| <b>Measure</b> | <b>2.2</b> | <b>Client engagement in psychoeducational classes</b> |
|----------------|------------|---|

**Data**



**Data Summary**

- Nearly all clients have a goal for participation in psychoeducational classes and they are the ones who set their goal. The goal varies based on each client's specific needs, abilities, and preferences. This data represents the percentage of clients who met their goals for participation in classes.
- Attendance data is tracked in a spreadsheet maintained by program staff. Clients who do not have a class-participation goal are excluded from this measure.

### What is the story behind the data?

- In FY 2024, clients meeting participation goals remained nearly the same, with 42% of clients meeting at least 50% of their participation goal.
- The average client attended 85 sessions over the course of the FY 2024, an increase from 76 in the previous year (12%). The median number of sessions attended was 47 indicating that there was a small number of clients who attended many more sessions than their colleagues.
- Class attendance is often variable throughout the year, with some clients attending many classes in one month, and then not attending any classes the next. When adding together all the class sessions attended and all the attendance goals for the year, 35% of clients (28/81) surpassed their total goal. The remaining clients achieved, on average, 56% of their total goal. This speaks to the accessibility of psychoeducational services for clients, who can attend classes on their schedules based on their needs.
- In FY 2024, on average, 41% of clients reached their attendance goals each month. This dropped down to 24% in November and 28% in December due to the holiday season.
- This data is based on client attendance sheets. Clients may forget to sign in for classes, which can lead to underreporting in the data.



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- Staff advocates reached out to clients who did not meet their goals to make sure their needs were met. Clients set their own goals and often strive for higher attendance than what they can manage. Staff work with them on setting more achievable goals whenever possible

| Recommendations  | Target Dates   |
|--|--|
| <ul style="list-style-type: none"><li>• Work closely with clients to get feedback on the type of groups and classes they prefer and communicate this to the curriculum specialist.</li></ul> | <ul style="list-style-type: none"><li>• Ongoing</li></ul>    |
| <ul style="list-style-type: none"><li>• Create at least one new class per 10-week semester based on feedback collected.</li></ul>  | <ul style="list-style-type: none"><li>• FY 2025 Q1</li></ul> |
| <ul style="list-style-type: none"><li>• Staff advocates will continue to reach out to clients to help increase attendance.</li></ul>   | <ul style="list-style-type: none"><li>• Ongoing</li></ul>    |
| Forecast   |  |
| <ul style="list-style-type: none"><li>• In FY 2025, it is estimated that 50% of program participants will meet at least 50% of their individual participation goal.</li></ul>                |  |

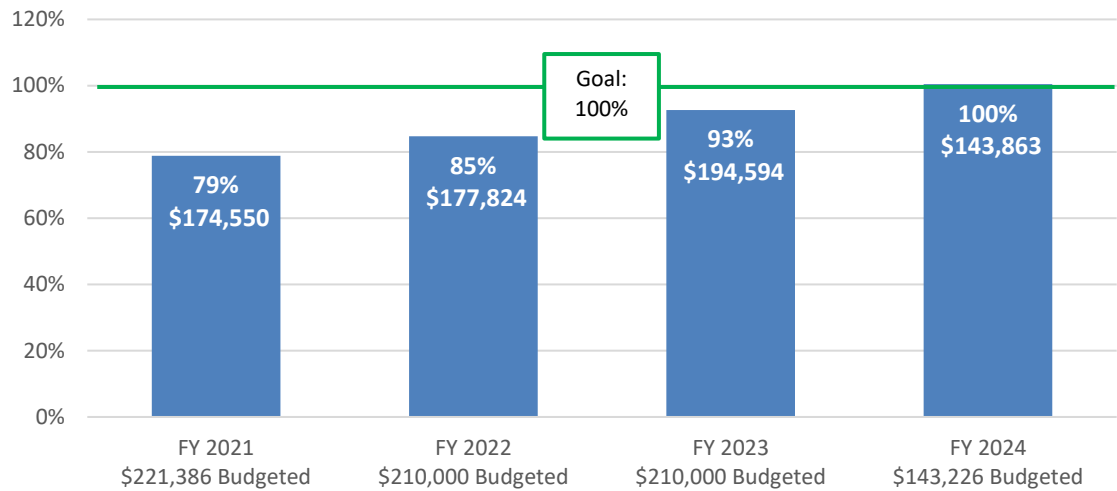
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## Clarendon House

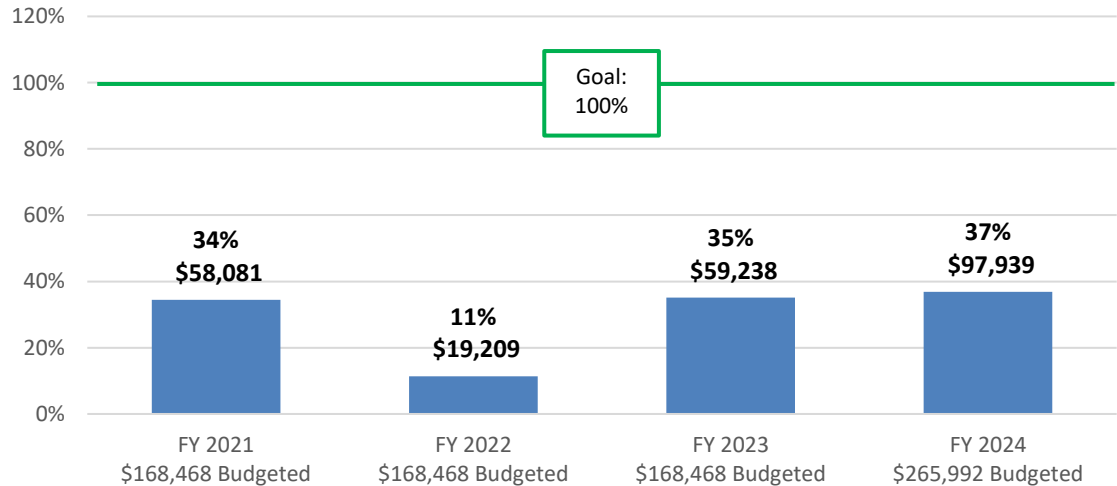
Measure 2.3 Medicaid revenue

Data

Case Management: Percent of Budgeted Medicaid Revenue Received



Day Program: Percent of Budgeted Medicaid Revenue Received



Data Summary

- In FY 2024, Medicaid revenue decreased in Case Management and increased in the Day Program. However, as a percentage of the budgeted revenue, it remained similar to prior years with an increase that met the budgeted amount for Case Management. It continued to increase for both Case Management and the Day Program over FY 2023.

What is the story behind the data?

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- In FY 2024, the case management program's Medicaid revenue met the budgeted amount. In addition, worker productivity requirements were met for case managers in FY 2024 reflecting the program's ability to manage its workload and maximize billing opportunities.
- In FY 2024, the revenue for the day program increased to its highest level since the beginning of the pandemic. Two reasons for this may be the increased class sizes and the expanded program hours that began in FY 2023. In addition, the program exceeded its goal of 12 new clients in FY 2024, with 14 total. This may have also had a positive impact on increased revenue for the Day Program.
- In FY 2024, the day program continued to roll out new, targeted classes for specific client populations. One example is "Thrive as you Age," which is specifically for senior adults. Having classes like this may increase interest and subsequent attendance in the Day Program. New Day Program classes based on client needs and preferences like Thrive as You Age continue to be offered to engage clients and maximize billing opportunities for the program.
- Many Day Program clients rely on Medicaid transportation to get to the program. Medicaid transportation has contracted with Uber and Lyft, which is difficult for many clients to coordinate. Program staff provided ongoing outreach and coordination with these transportation companies to minimize barriers for clients and maximize billing opportunities.
- One other way the program works hard to ensure all services are billable is resolving duplicate services. Duplicate services happen when two services are billed simultaneously, which is not allowed. For appropriate billing to occur this conflict must be resolved by program staff.

### Recommendations

- Assess billing data to determine where missed billing opportunities may occur and determine if there's a way to address these.
- Continue to resolve duplicate services to allow billing of all services.
- Look into ways to expand and maximize billing opportunities under the program's newly licensed therapist. FY 2025 will be the first full year of billing for this service.

### Target Dates

- FY 2025 Q3
- Ongoing
- FY 2025 Q1

### Forecast

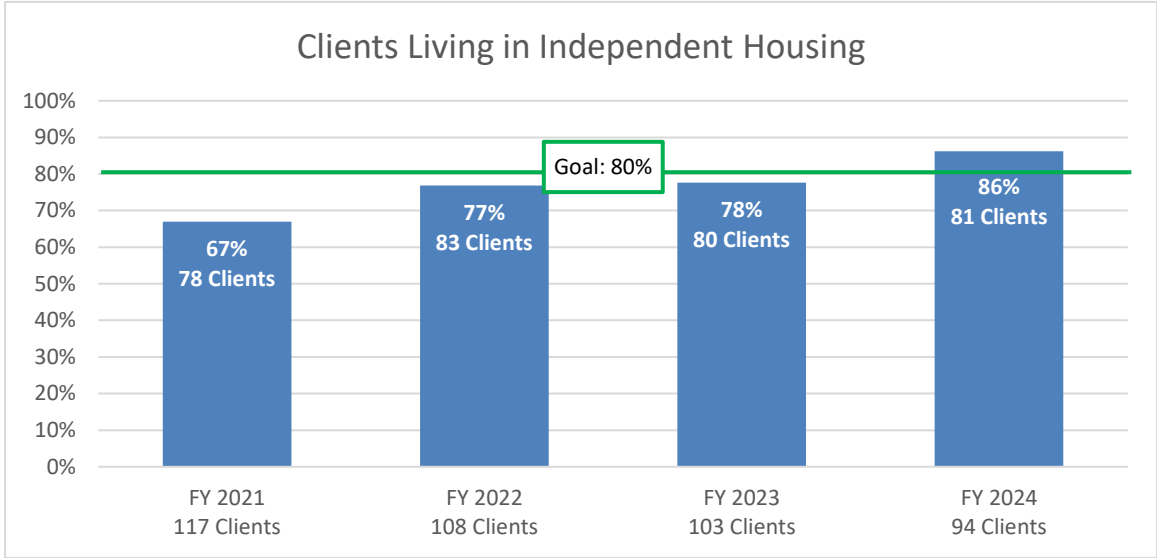
- In FY 2025, it is anticipated that the percentage of budgeted Medicaid revenue received for Case Management services will remain at 100% and will increase to 42% for the Day Program as we continue to offer therapy, assessment, and full Day Program hours.

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|----------------|------------|--|
| <b>Measure</b> | <b>3.1</b> | <b>Clients living in independent housing</b> |
|----------------|------------|--|

| <b>Data</b> |            |  <p style="text-align: center;"><b>Clients Living in Independent Housing</b></p> <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> <th>Number of Clients</th> </tr> </thead> <tbody> <tr> <td>FY 2021</td> <td>67%</td> <td>78 Clients</td> </tr> <tr> <td>FY 2022</td> <td>77%</td> <td>83 Clients</td> </tr> <tr> <td>FY 2023</td> <td>78%</td> <td>80 Clients</td> </tr> <tr> <td>FY 2024</td> <td>86%</td> <td>81 Clients</td> </tr> </tbody> </table> | Fiscal Year | Percentage | Number of Clients | FY 2021 | 67% | 78 Clients | FY 2022 | 77% | 83 Clients | FY 2023 | 78% | 80 Clients | FY 2024 | 86% | 81 Clients |
|-------------|------------|--|-------------|------------|-------------------|---------|-----|------------|---------|-----|------------|---------|-----|------------|---------|-----|------------|
| Fiscal Year | Percentage | Number of Clients  |             |            |                   |         |     |            |         |     |            |         |     |            |         |     |            |
| FY 2021     | 67%        | 78 Clients   |             |            |                   |         |     |            |         |     |            |         |     |            |         |     |            |
| FY 2022     | 77%        | 83 Clients   |             |            |                   |         |     |            |         |     |            |         |     |            |         |     |            |
| FY 2023     | 78%        | 80 Clients   |             |            |                   |         |     |            |         |     |            |         |     |            |         |     |            |
| FY 2024     | 86%        | 81 Clients   |             |            |                   |         |     |            |         |     |            |         |     |            |         |     |            |



|                     |   |
|---------------------|---|
| <b>Data Summary</b> | <ul style="list-style-type: none"> <li>In FY 2024, 81 clients lived independently—86% of all ongoing clients served.</li> <li>“Independent housing” means the client is living in his/her own place with or without staff or family support. This does not include supervised, institutional, or correctional settings, such as an assisted-living facility (ALF) or a group home.</li> <li>The goal is based on local experience: results of functional assessment that indicated 81% of clients have moderate, slight, or no problem with self-care and independent living. These clients are considered potentially able to live independently with support, if necessary.</li> <li>Clients who only received Referral and Evaluation services (54 in FY 2024) are excluded from this measure. Many of these clients experience several barriers to fully engaging in the program’s activities including acute psychotic episodes and psychiatric hospitalizations.</li> </ul> |
|---------------------|---|



#### What is the story behind the data?

- The percentage of clients living independently increased in FY 2024 to above the goal of 80%.
- The goal of the program is to place clients in the level where they will thrive best, which may not always be independent housing.
- Helping clients maintain their housing is a time intensive task. When staff learn that a client may lose their residence, they quickly determine possible interventions to help keep the client in place, prevent an eviction, or an episode of being unhoused. If a client does need to move to housing, staff seek out equivalent housing options.
- Program staff are constantly assessing clients to determine what their current level of need is as directed by Medicaid. As clients continue to age, additional supports may be needed, requiring a move out of independent housing to assisted living.
- Clients in assisted living often need additional support to maintain their housing as well. In FY 2023, there was a transition in the vendor of assisted living for multiple program clients. In FY 2024, program staff provided significant case management support to these clients and helped them process their feelings over the change.

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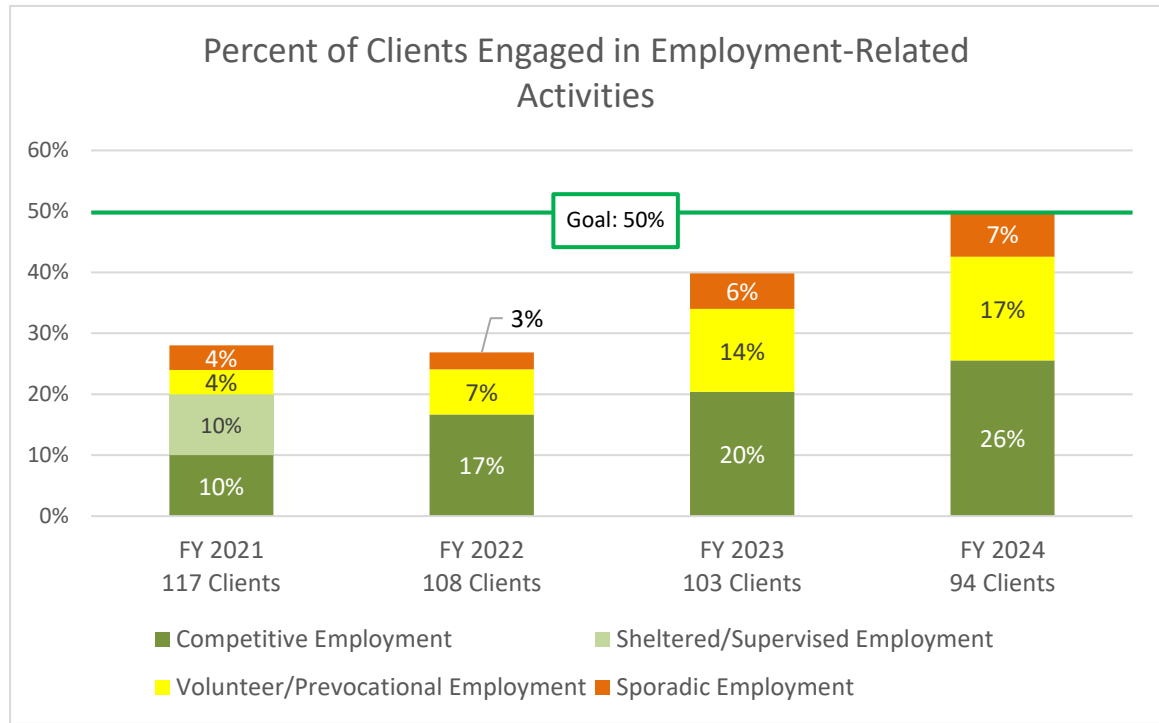
| Recommendations   | Target Dates   |
|---|--|
| <ul style="list-style-type: none"><li>Continue working with clients to pursue independent housing whenever appropriate.</li></ul>                               | <ul style="list-style-type: none"><li>Ongoing</li></ul>    |
| <ul style="list-style-type: none"><li>Continue to track the outcomes for clients who receive eviction notifications.</li></ul>                                  | <ul style="list-style-type: none"><li>FY 2025 Q1</li></ul> |
| <ul style="list-style-type: none"><li>Collaborate with each referred client's treatment team to help increase the client's engagement in the program.</li></ul> | <ul style="list-style-type: none"><li>Ongoing</li></ul>    |
| Forecast  |  |
| <ul style="list-style-type: none"><li>In FY 2025, anticipate 86% of all clients will live in independent housing.</li></ul>                                     |  |

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### Clarendon House

|                |            |   |
|----------------|------------|---|
| <b>Measure</b> | <b>3.2</b> | <b>Clients who are engaged in employment-related activities</b> |
|----------------|------------|---|

**Data**



**Data Summary**

- During FY 2024, 50% of ongoing clients (47 clients) participated in employment-related activities: 26% (24 clients) in competitive work and 24% (23 clients) in employment related activities. No clients were involved in non-competitive work.
- Clients who only received Referral and Evaluation services (54 in FY 2024) are excluded from this measure.

### What is the story behind the data?

- As the job market improved in FY 2024, the percentage of clients engaged in competitive employment returned to pre-pandemic levels.
- Classes educated clients on workplace skills, interviewing, and how to work with employers.
- Clarendon House staff met with Job Avenue staff to discuss shared clients and how to best serve them. Clarendon House case managers were often in communication with employers and clients, and work with them to resolve issues that occur.
- In FY 2023, an outside evaluator provided a program assessment to determine Clarendon House's alignment with other Psychosocial Rehabilitation offerings across the country. During the assessment, it was determined that the program put a greater emphasis on employment than the national model, and the evaluator encouraged the program to increase their focus on client socialization and coping skills.
- In FY 2024, the program began offering Social Club, which is an opportunity for clients to get out and experience the community with peers. The club aims to help participants enhance their interpersonal and social skills while also learning about activities in their community. With some financial assistance from Friends of Clarendon House, Social Club has allowed participants to do things like bowl, shop, and visit cafés together.

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| Recommendations   | Target Dates   |
|---|--|
| <ul style="list-style-type: none"><li>Explore replacing this measure with the <a href="#">Flourishing Scale</a>, a measure that provides a more holistic picture of recovery for clients.</li></ul> | <ul style="list-style-type: none"><li>FY 2025 Q2</li></ul> |
| Forecast  |  |
| <ul style="list-style-type: none"><li>In FY 2025, anticipate 28% of clients will engage in competitive employment.</li></ul>  |  |

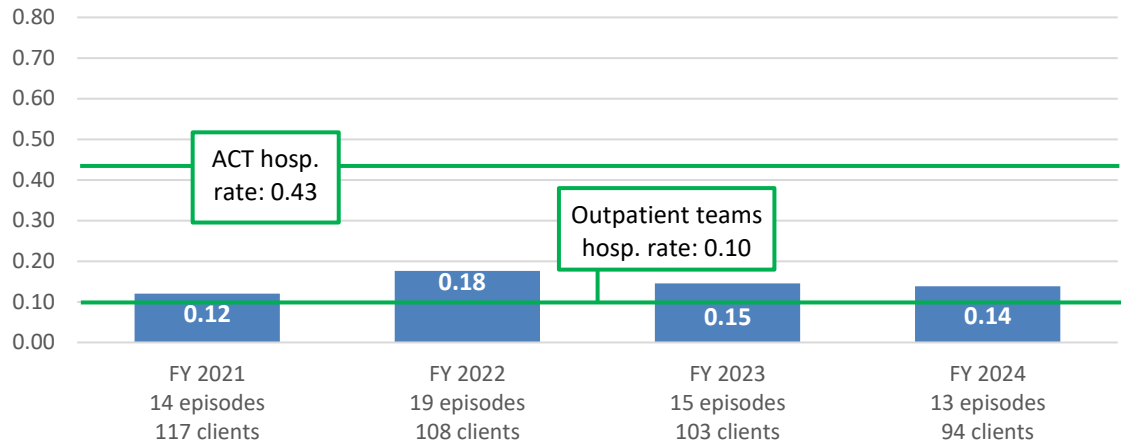
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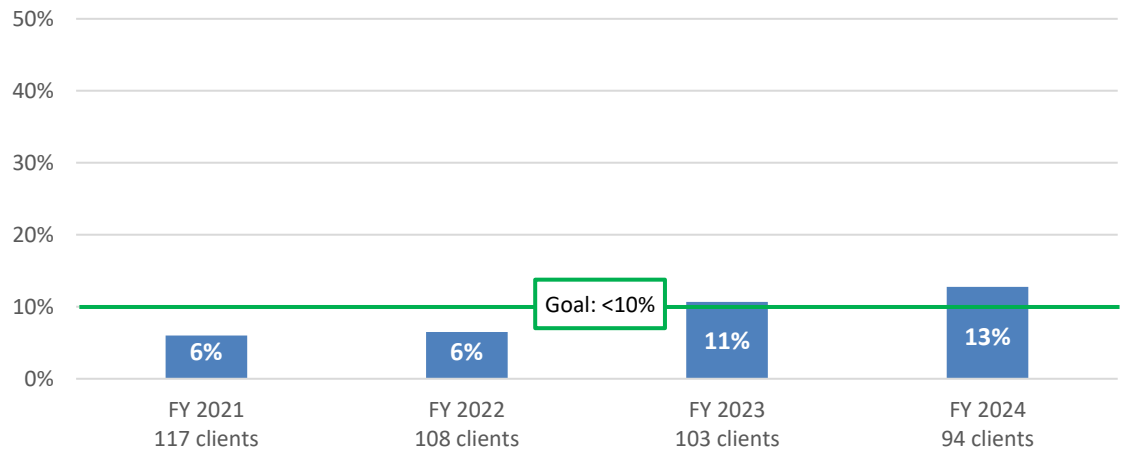
Measure 3.3 Psychiatric hospitalization rate

Data

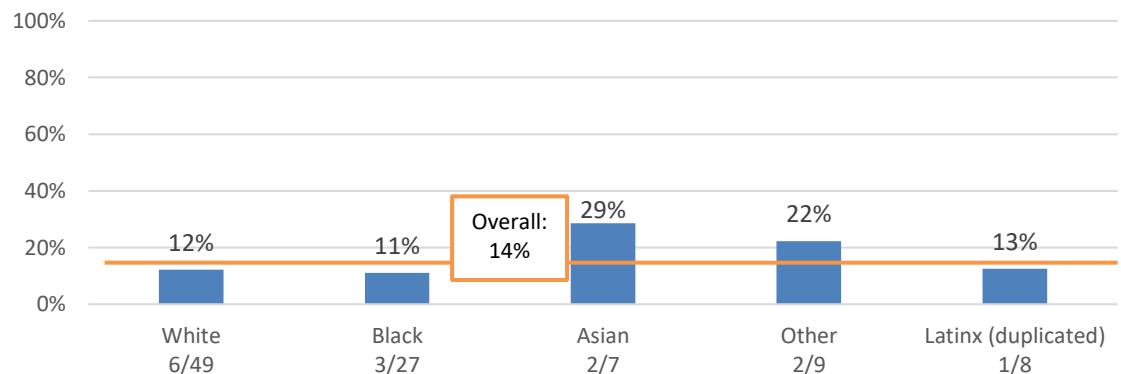
Number of Inpatient Hospitalization Episodes per Client Served



Percent of Clients Hospitalized



Percent of Clients Hospitalized by Race/Ethnicity





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### Data Summary

- In FY 2024, there were 13 episodes among 94 ongoing clients served, for a rate of 0.14 episodes per person served.
- In FY 2024, 12 clients were hospitalized for psychiatric symptoms, which is 13% of the ongoing clients served.
- Clients who only received Referral and Evaluation services (54 in FY 2024) are excluded from this measure.

### What is the story behind the data?

- In FY 2024, a slightly higher percentage of clients were hospitalized, but episodes per client served remained nearly the same.
- The increase in the number of clients hospitalized may be linked to rising acuity in the community. A similar trend can be seen across many of BHD support programs following the pandemic. In addition, some clients who had previously been less comfortable with hospitalization have become more open to the idea with the lessening of COVID risk and exposure.
- In the past 32-year history of the program, there had been three suicides amongst program participants. One suicide was experienced by a referral program participant in FY 2024. This client was a resident of Northern Virginia Mental Health Institute (NVMHI) and attending the program as a visitor. This event has resulted in the program having conversations to enhance collaboration with NVMHI and reduce risk for potential visitors to the program.
- An equity analysis conducted in FY 2024 indicated no major variations in hospitalization rate by race or ethnicity. Clients identifying as Asian and Other races were hospitalized at a higher rate, but they represent a limited sample size. These racial identity groups will be monitored in FY 2025 to determine if a trend is emerging.
- One of the factors that helps keep the hospitalization rate low is the program's focus on intensive, continual collaboration between program staff, medical staff, and others involved with clients.
- Review of program data indicates that clients are at a higher risk of being hospitalized when they do not take their psychiatric medications regularly, or when they have difficulty coping with stress factors.

### Recommendations

- Continue to monitor hospitalization rates.

### Target Dates

- Ongoing

- Consider removing hospitalization episodes from the PMP in FY 2025 to focus on the percentage of overall clients hospitalized.

- FY 2025 Q4

- Continue to encourage medication compliance and educate clients on effective coping skills.

- Ongoing

### Forecast

- In FY 2025, the program anticipates 0.14 hospitalization episodes per client served and 13% of ongoing clients to be hospitalized.