

## FY 2024 PERFORMANCE PLAN

Psychiatric Services		BHD	Eduina Martins, x1533
Program Purpose	<ul style="list-style-type: none"><li>Decrease and stabilize psychiatric symptoms among adults and children with serious mental illness with the goal of improving their level of function and quality of life.</li></ul>		
Program Information	<ul style="list-style-type: none"><li>Physicians and nurse practitioners provide office and community based psychiatric services in three divisions: Behavioral Healthcare Division (BHD), Aging and Disability Services Division (ADSD), and Child and Family Services Division (CFSD).</li><li>The majority of clients receive outpatient office-based psychiatric services.</li><li>Specialized services are provided to eligible clients in a variety of settings, including at the client’s home, in assisted living facilities, in Emergency Services, or in a psychosocial rehabilitation setting.</li><li>Services are evidence-based and recovery-oriented. Services utilize a biopsychosocial model where biological, psychological and social determinants of health are all considered, and addressed in partnership with other professionals and community agencies.</li><li>Nursing, pharmacy, and administrative staff are not included in this plan.</li><li>Psychiatric services works with community partners such as schools, medical providers, legal and judicial system, hospitals especially VHC, group homes, nursing homes.</li></ul>		
Service Delivery Model	<ul style="list-style-type: none"><li>In FY 2024, the teams utilized a hybrid model, providing both in-person and virtual video services to clients. Video services increase client access, allowing them access to their psychiatrists with minimal disruption to their lives. However, psychiatrists and nurses must conduct in-person assessments of clients at regular intervals, so clients come into the office at minimum once every six months.</li><li>In FY 2025, the program anticipates continuing to offer a hybrid model with more in-person services to clients than in recent years.</li></ul>		
PM1: How much did we do?			
Staff	<ul style="list-style-type: none"><li>10.05 staff FTEs:<ul style="list-style-type: none"><li>1 FTE Medical Director</li><li>1 FTE Associate Medical Director/CFSD psychiatrist</li><li>2.5 FTE staff nurse practitioner (NP) for BHD Outpatient Services</li><li>2 FTE staff psychiatrist for BHD Outpatient Services</li><li>0.8 FTE MD for BHD ACT</li><li>0.25 FTE staff psychiatrist for First Episode Psychosis program</li><li>1.0 FTE outpatient (0.5 FTE Office Based Opioid Treatment and 0.5 FTE Mobile Outreach Support Team)</li><li>1.0 FTE staff psychiatrist for ADSD Outpatient Services</li><li>0.5 FTE staff psychiatrist (0.35 for Developmental Disability Services and 0.15 for BHD Clubhouse)</li></ul></li><li>The program is primarily staffed by county employees with some contract psychiatrists. The number of FTEs purchased with available funds changes slightly from year to year. In FY 2024, 1.40 contract FTEs were utilized in BHD (three physicians and one nurse practitioner)</li></ul>		

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	<ul style="list-style-type: none"><li>Over the course of FY 2024, the program experienced significant vacancies with a nurse practitioner and Outpatient Medical Director unfilled for most of the year.</li></ul>																																																													
Customers and Service Data	<table><tr><th rowspan="2">Division</th><th colspan="8">Number of clients served (Unduplicated)</th></tr><tr><th>FY 2021</th><th>FY 2022</th><th>FY 2023</th><th>FY 2024</th><th></th><th></th><th></th><th></th></tr><tr><td>BHD</td><td>2,214</td><td>1,602</td><td>1,471</td><td>1,425</td><td></td><td></td><td></td><td></td></tr><tr><td>ADSD</td><td>317</td><td>302</td><td>299</td><td>321</td><td></td><td></td><td></td><td></td></tr><tr><td>CFSD</td><td>121</td><td>107</td><td>73</td><td>68</td><td></td><td></td><td></td><td></td></tr><tr><td>Total</td><td>2,544</td><td>1,998</td><td>1,832</td><td>1,793</td><td></td><td></td><td></td><td></td></tr></table>									Division	Number of clients served (Unduplicated)								FY 2021	FY 2022	FY 2023	FY 2024					BHD	2,214	1,602	1,471	1,425					ADSD	317	302	299	321					CFSD	121	107	73	68					Total	2,544	1,998	1,832	1,793				
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PM2: How well did we do it?																																																														
2.1	Qualitative chart reviews																																																													
2.2	Organizational adherence to evidence-based psychiatric model																																																													
2.3	Wait time to see a psychiatrist/nurse practitioner for an initial psychiatric evaluation																																																													
PM3: Is anyone better off?																																																														
3.1	Client self-report of reduction and stability of symptoms																																																													
3.2	Psychiatrist assessment of client																																																													

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### Psychiatric Services

<b>Measure</b>	<b>1</b>	<b>Number of clients served (Unduplicated)</b>
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#### Data



#### Data Summary

- From FY 2021 to FY 2024, the number of clients served decreased 30%.
- The selected target populations for the racial equity analysis are CSB clients overall, and individuals with Medicaid or without other health insurance. All Psychiatric Services clients are referred by another CSB program. Individuals with Medicaid or without health insurance 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.
- Data for this measure is collected in the agency's electronic health record.
- 1% of program clients (22) are missing data on race. They have been excluded from the race columns on the Race and Ethnicity breakdown chart.
- 5% of program clients (85) are missing data on ethnicity. They have been excluded from the Latinx calculation.

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

- The overall decrease in clients served was likely driven by the continued effort to conduct outreach and close clients not engaged in psychiatric services anymore or transition these clients to more appropriate service assignments. This aligns with the collaborative approach

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- of psychiatric services with outpatient services to provide more responsive, recovery-oriented services to clients by matching the most appropriate level of care with their needs.
- An additional factor that may have contributed to the decrease in clients was persistent vacancies on the psychiatric services and nursing teams. Between the two teams, they were operating with 27% fewer staff than they would be if fully staffed. Despite staffing challenges the team continued to provide services at a consistent level.
  - The program experienced the loss of their medical director in October 2023. The current medical director took over while still holding their original psychiatric role at CFSD and was eventually hired as the new medical director in spring of 2024.
  - In FY 2024, no show rates remained at 20%, consistent with levels seen in FY 2023 and up from 15% in FY 2022. During the COVID public health emergency period, staff were able to offer psychiatric care through an audio-only telephone call. Starting in September 2022, all services had to be done either through a video call or in person. Some clients had gotten used to the audio-only phone calls and did not appear for their in-person sessions. This put an additional strain on staff time.
  - In FY 2024, Psychiatric Services team members provided additional therapeutic support to many clients throughout the year which took additional staff time. For instance, the Crisis Intervention Center was down a psychiatric nurse for part of the year and psychiatric services staff stepped-in to fill this role when needed. In addition, a nationwide cyber-attack on the system managing electronic prescribing necessitated a change to printed prescriptions in spring of 2024. The result was more clients were coming to appointments in person, thus requiring more time by psychiatric staff to accommodate those appointments.
  - The program serves clients of all ages. The demographics of clients served generally align with those of CSB clients overall, but there is variance in the Latinx population. Language or cultural barriers to treatment may be a factor. In addition, the Latinx population tends to need more flexible scheduling such as scheduling into the evening hours to accommodate job schedules that are less flexible during regular business hours. This makes it difficult to maintain services for these clients. This will continue to be monitored.
  - The program hired a new bilingual (Spanish) psychiatrist in April of 2024. With the doctor's ability to provide services in Spanish, the program is optimistic this will improve access for Spanish speaking clients in FY 2025.

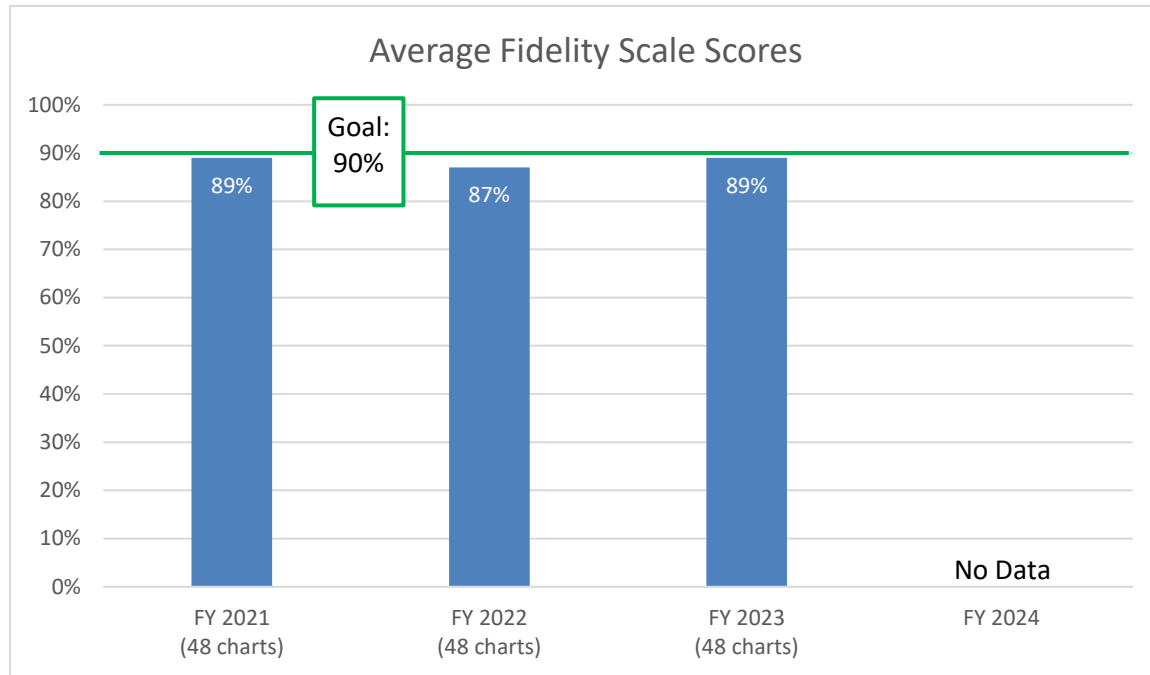
Recommendations	Target Dates
<ul style="list-style-type: none"> <li>• Continue to maintain appropriate levels of service capacity and optimal service assignments for clients by conducting outreach to clients not in touch for 90 or more days.</li> </ul>	<ul style="list-style-type: none"> <li>• FY 2025 Q2</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure vacant prescriber positions are filled and retained to address increasing service demands.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Explore the possibility of providing more flexible psychiatric appointment scheduling to remove barriers to treatment for the Latinx population.</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, it is anticipated that the program will serve 1,800 clients.</li> </ul>	

## FY 2024 PERFORMANCE PLAN

### Psychiatric Services

<b>Measure</b>	<b>2.1</b>	<b>Qualitative chart reviews</b>
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**Data**



**Data Summary**

- Data from the Prescriber Fidelity Scale score data was not collected in FY 2024 because the medical director position was vacant from October 2023 to spring 2024, and data collection was put on hold due to service demands that required prioritization.
- Data collection:
- Prescriber Fidelity Scale score sheet was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), as part of the Medication Treatment, Evaluation, and Management Toolkit (MedTeam) for public-serving systems.
  - Criteria exists in the score sheet to assess collaboration with primary care, lab-value monitoring, and a number of meaningful-use measures related to smoking status and electronic prescribing.
  - Reviews are completed by the medical director.

### What is the story behind the data?

- Program fidelity scores were not calculated in FY 2024.
- An additional indicator of documentation quality, session note timeliness, remained high in FY 2024 at 97% (12,214/12,646). Session note timeliness indicates a note is completed for a service within one business day of that service. Psychiatric services staff are expected to complete all documentation on time. Data is reported from the electronic health record.
- Informal chart reviews continue to be conducted by the Medical Director quarterly. Areas of strength that were observed from these reviews include consistency in assessing current psychiatric symptoms, prescribing psychiatric medications that provided efficacy in decreasing symptoms, reviewing client's medical history and recent hospitalization, reconciling medications across providers, and assessing client risk.

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Recommendations	Target Dates
<ul style="list-style-type: none"> <li>Resume fidelity reviews or implement an alternative method to assess service and documentation quality.</li> </ul>	<ul style="list-style-type: none"> <li>FY 2025 Q2</li> </ul>
<ul style="list-style-type: none"> <li>Continue to work with nursing staff who implement regular checks on quality of client care including conducting outreach and scheduling of metabolic screenings and labs.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Continue regular checks on documentation and care provided to identify current clinical issues.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Continue to provide appropriate health screenings and connect clients to primary care physicians as much as possible.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
Forecast	
<ul style="list-style-type: none"> <li>In FY 2025, fidelity scores are expected to remain near the 90% goal.</li> </ul>	

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### Psychiatric Services

Measure	2.2	Organizational adherence to evidence-based psychiatric model										
Data	<div><p>Average Organization MedTEAM Fidelity Score</p><table><thead><tr><th>Fiscal Year</th><th>Fidelity Score</th></tr></thead><tbody><tr><td>FY 2021</td><td>58</td></tr><tr><td>FY 2022</td><td>56</td></tr><tr><td>FY 2023</td><td>56</td></tr><tr><td>FY 2024</td><td>No Data</td></tr></tbody></table></div>		Fiscal Year	Fidelity Score	FY 2021	58	FY 2022	56	FY 2023	56	FY 2024	No Data
Fiscal Year	Fidelity Score											
FY 2021	58											
FY 2022	56											
FY 2023	56											
FY 2024	No Data											
Data Summary	<ul style="list-style-type: none"><li>Organization MedTeam Fidelity score data collection was put on hold in FY 2024 because the medical director position was vacant from October 2023 to spring 2024.</li></ul> <p>Data collection:</p> <ul style="list-style-type: none"><li>15 program-specific items, each rated on a 5-point scale, ranging from 1 (not implemented) to 5 (fully implemented). Maximum possible score is 75.</li><li><u>MedTeam Organizational Fidelity Scale and Score</u> sheet is used to measure how closely aligned the program is with an ideal program supporting evidence-based psychiatric evaluation and medication management.</li><li>Score sheet was developed by SAMHSA, as part of the MedTeam Toolkit for public-serving systems.</li><li>One rater is used, with input from all three divisions.</li></ul>											
What is the story behind the data?												
<ul style="list-style-type: none"><li>Due to the absence of data collection a score for program adherence to evidence-based psychiatric model was not calculated in FY 2024; however, data collection will resume in FY 2025.</li></ul>												
Recommendations		Target Dates										
<ul style="list-style-type: none"><li>Re-implement fidelity scoring or implement an alternative measure.</li></ul>		<ul style="list-style-type: none"><li>FY 2025 Q2</li></ul>										
<ul style="list-style-type: none"><li>Continue regular spot checks on documentation completion by the Medical Director.</li></ul>		<ul style="list-style-type: none"><li>Ongoing</li></ul>										

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• Continue efforts to integrate primary care with psychiatric services.	• Ongoing
• Continue to work with community partners on integration and coordination of primary and specialty care for clients.	• Ongoing
• Continue to partner with local primary-care providers with efforts to improve service integration, including obtaining updated medical records for psychiatric providers to review.	• Ongoing
<b>Forecast</b>	
• In FY 2025, it is anticipated that the average score will be 56.	

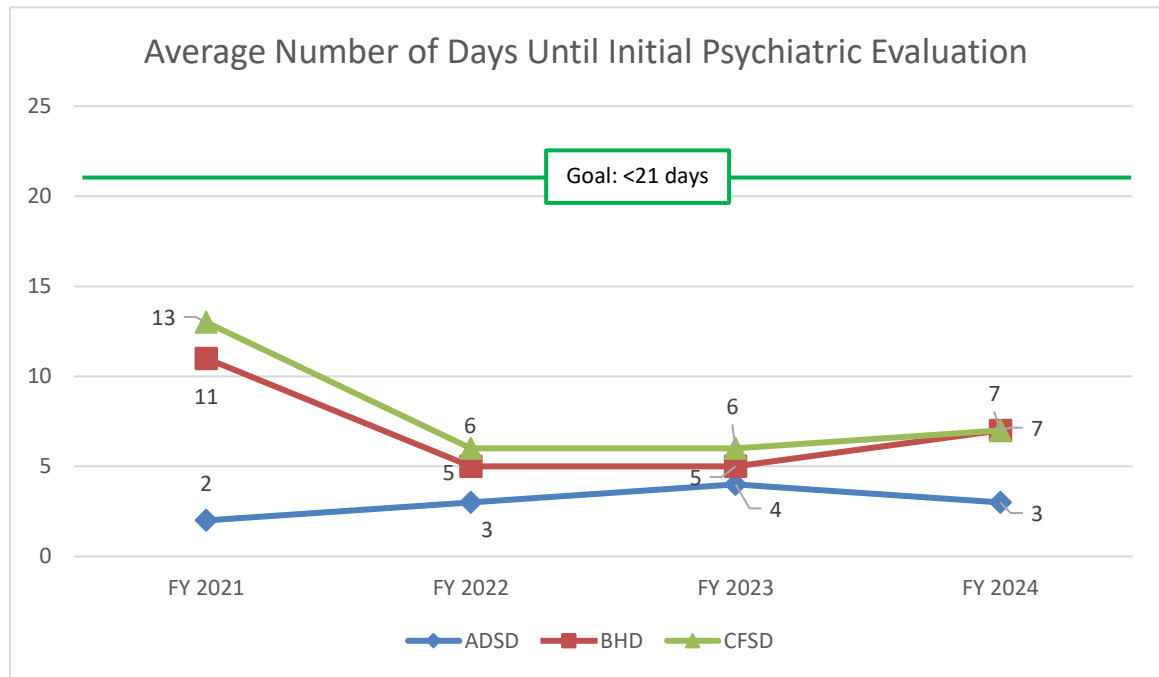


## FY 2024 PERFORMANCE PLAN

### Psychiatric Services

<b>Measure</b>	<b>2.3</b>	<b>Wait time to see a psychiatrist/nurse practitioner for an initial psychiatric evaluation</b>
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#### Data



#### Data Summary

- FY 2024 average wait time for BHD and CFSD was 7 days. For ADSD, the average wait time was 3 days.
- Overall average wait time for FY 2024 was once again very low, with BHD and CFSD increasing slightly from FY 2023 levels and ADSD averages decreasing by 1 day.
- This measure counts calendar days from the date the case manager makes a referral to psychiatric services to the date of the first available initial psychiatric evaluation appointment accepted by the client. Emergency services appointments are excluded.

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

- Each of the divisions significantly exceeded the goal of less than 21 days for a client to be seen for an initial psychiatric evaluation in FY 2024.
- Strong collaboration between the customer service center and psychiatric services teams in FY 2024 led to low wait times for clients. By working together, the two teams were able to quickly respond to referrals, find appropriate appointment slots, and schedule clients. The program also works closely with outpatient services to streamline communication and ensure clients as seen when they need to be and at the appropriate frequency.
- The psychiatric services referral process has been simplified in the EHR by all divisions to expedite the referral process.
- The program expects wait times to remain similar across years as it makes a continued effort to maintain a balance between scheduling new and serving ongoing clients. It also must

## FY 2024 PERFORMANCE PLAN

balance need for discharge information from hospitals or other agencies to be available to psychiatric staff to ensure efficiency and accuracy in treatment plan.

Recommendations		Target Dates
• Continue scheduling referred clients in a timely manner.		• Ongoing
• Continue to provide support and available appointments for clients that need extra support.		• Ongoing
• Ensure clients have all information needed to make first appointment as effective and useful as possible.		• FY 2025 Q2
Forecast		
• In FY 2025, it is projected that wait times will remain stable. BHD and CFSD are projected at 7 days and ADSD at 4 days.		

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Psychiatric Services																	
Measure	3.1	Reduction and stability of symptoms as reported by client															
Data	<div><p>Percent of Clients Reporting Their Symptoms Have Improved Since Receiving Psychiatric Services</p><table><thead><tr><th>Fiscal Year</th><th>Percent Improved</th><th>Count</th></tr></thead><tbody><tr><td>FY 2021</td><td>Not Administered</td><td></td></tr><tr><td>FY 2022</td><td>91%</td><td>146/161</td></tr><tr><td>FY 2023</td><td>93%</td><td>249/268</td></tr><tr><td>FY 2024</td><td>90%</td><td>264/292</td></tr></tbody></table></div>		Fiscal Year	Percent Improved	Count	FY 2021	Not Administered		FY 2022	91%	146/161	FY 2023	93%	249/268	FY 2024	90%	264/292
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Data Summary	<ul style="list-style-type: none"><li>A point-in-time survey is administered for one month to obtain a sample of the program effectiveness.</li><li>In FY 2024, 90% of clients reported that they agreed that their symptoms stabilized and/or improved since they started taking their medications.</li><li>292 surveys were collected from BHD clients receiving psychiatric services.</li><li>In FY 2022, a new survey was launched. This survey was offered in both a paper and online format and, as of FY 2024, was offered in multiple languages with interpretation services available.</li></ul>																
What is the story behind the data?																	
<ul style="list-style-type: none"><li>Overall survey responses were very positive in FY 2024. Clients highlighted positive working relationships with their psychiatrists, the cultural responsivity of their psychiatrist, having a voice in the medications they were prescribed, and feeling valued as a client.</li><li>The program takes a collaborative approach to providing care. The team works closely together to troubleshoot challenges when diagnosing clients or prescribing clients’ medications. In addition, the team works closely with other providers across different modes of treatment to ensure the clients receive the best wrap around care possible.</li><li>The program offers a voucher program for client medications. Psychiatric providers utilize this program for patients without a way to afford their medication. This allows clients to receive their medications with less of a wait and is especially helpful for uninsured clients.</li></ul>																	
Recommendations		Target Dates															

### FY 2024 PERFORMANCE PLAN

<ul style="list-style-type: none"><li>Continue administering the survey to as many clients as possible during the point in time survey, to get a holistic sense of progress on this measure.</li></ul>	<ul style="list-style-type: none"><li>FY 2025 Q3</li></ul>
<ul style="list-style-type: none"><li>Continue to offer medication assistance for generic medications and injections through medication voucher, if eligible.</li></ul>	<ul style="list-style-type: none"><li>Ongoing</li></ul>
<b>Forecast</b>	
<ul style="list-style-type: none"><li>In FY 2025, it is anticipated that 90% of clients will report their symptoms have stabilized or improved.</li></ul>	

# FY 2024 PERFORMANCE PLAN

## Psychiatric Services

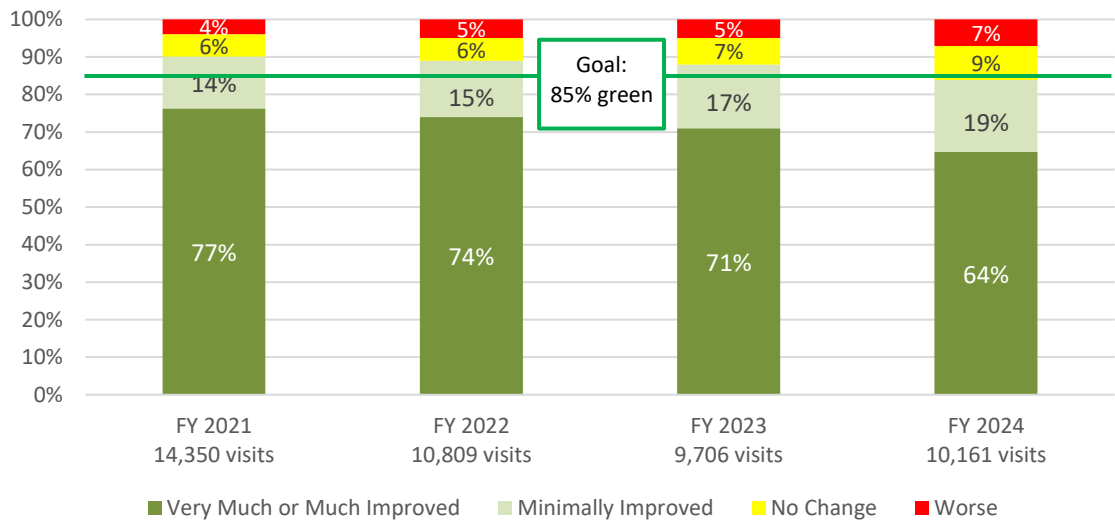
Measure

3.2

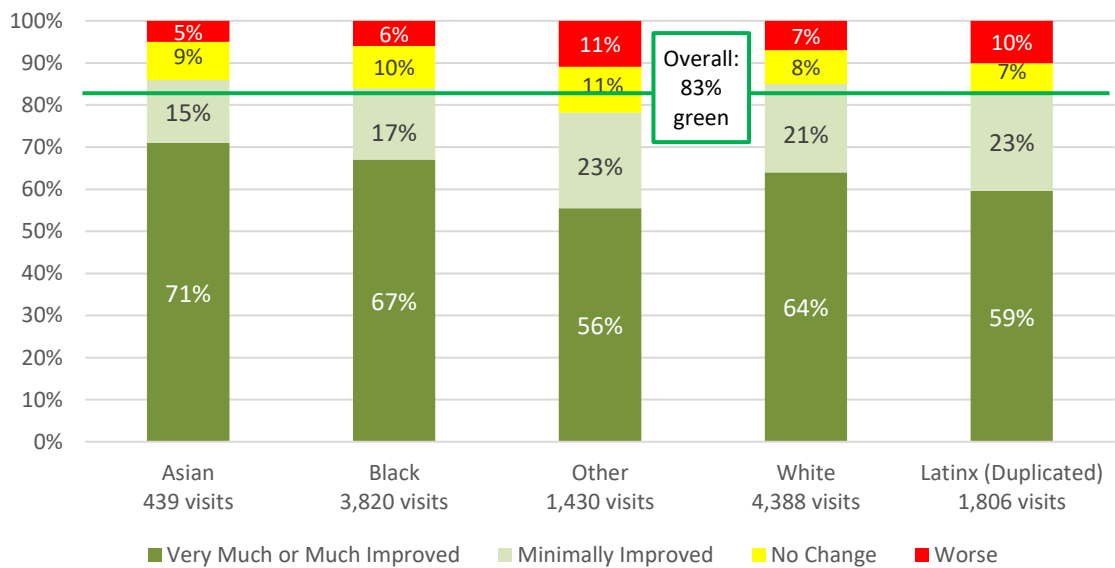
Psychiatric assessment of client

Data

Percent of Visits in Which Clients Demonstrated Improvement in Symptoms

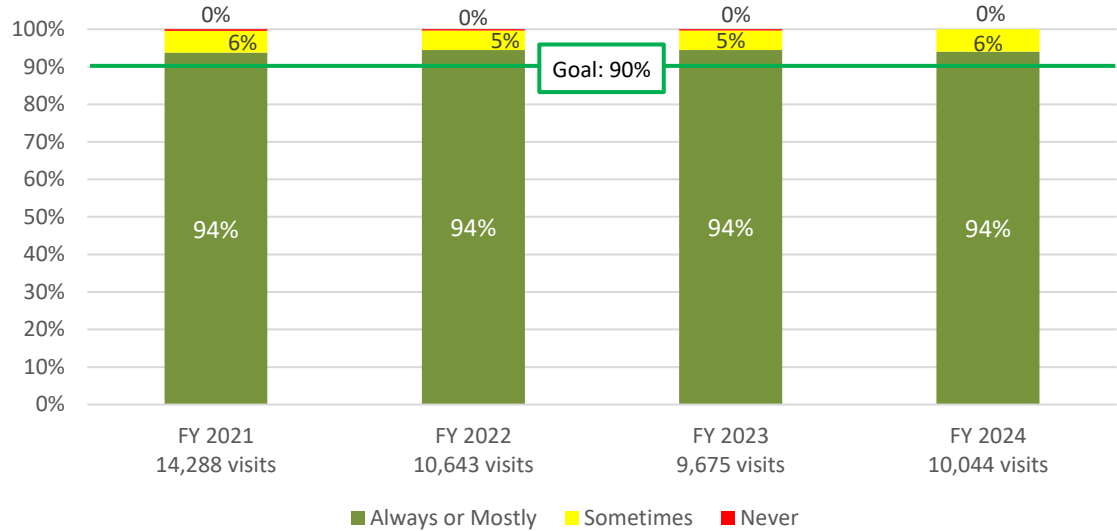


Improvement in Symptoms by Race and Ethnicity

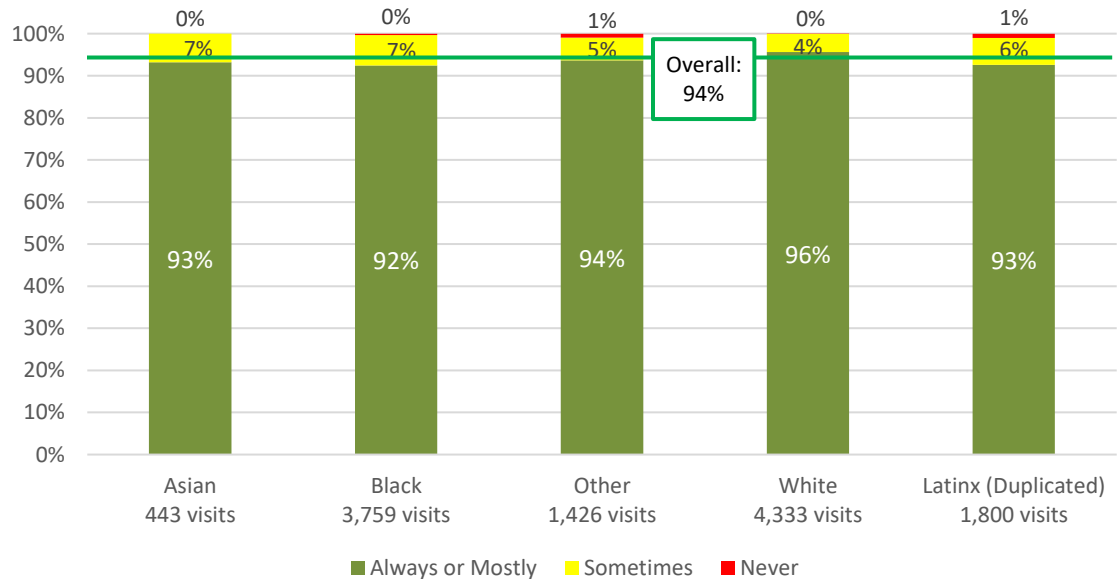


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Percent of Visits in Which Clients Demonstrated Adherence to Medication Regimen



Medication Adherence by Race and Ethnicity



### Data Summary

#### Clinical Improvement

- In FY 2024, 64% of clients were very much or much improved since initiating treatment, while 19% had minimal improvement, 9% had no change and 7% evidenced worsening of symptoms.
- The goal of 85% of clients reporting improvement in symptoms (very much/ much improved and minimal) was nearly reached.
- Psychiatrists use Clinical Global Impression (CGI) severity and improvement subscales to measure symptom severity and treatment response at initial evaluation and follow-up visits. CGI is widely used in clinical and research centers and is a well-validated measure of clinical functioning.

### Medication Adherence

- In FY 2024, 94% of clients were adherent to their medication regimen, as rated by the psychiatrist/NP at each visit. This exceeded the goal of 90%.

### Data collection

- Psychiatrists/NPs are prompted to evaluate and record clinical improvement and medication adherence in the chart at each visit as part of their session notes.
- Initial appointments are excluded from clinical improvement data, and appointments for clients with no medication orders are excluded from medication adherence.
- This data is captured from the psychiatric services note in the electronic health record.

### What is the story behind the data?

- In FY 2024, psychiatrists provided both in-person and virtual services to clients. Telehealth appointments make care accessible for many clients, and the opportunity to receive services remotely may have positively impacted client's medication adherence.
- Factors that may overall impact the symptom-improvement rating, positive and negative, include:
  - Clients' level of engagement and adherence to the treatment plan.
  - Choice of evidence-based medication management and therapy.
  - Changes in psychiatric providers over time, resulting in different baseline evaluations.
- An equity analysis conducted on FY 2024 data indicated small disparities in symptom improvement for clients identifying as Latinx or "other" races.
- It is important to note that the rating is per visit, rather than per client. Clients who are seen more frequently (and therefore may be having more symptoms and challenges) may bias the results.
- Medication adherence is documented by the psychiatrists, based on self-reports by clients and others such as family members, case managers/therapists, and caregivers.
- Several efforts were continued in FY 2024 to improve monitoring and facilitation of medication adherence, including:
  - Provider availability for medication refill coverage schedule.
  - Utilization of cross-coverage.
  - Enhanced collaboration between nursing and psychiatric services to facilitate medication adherence.
- The availability of appointment times as needed to address urgent medication issues and hospital discharges, positively impacted medication adherence.

### Recommendations

### Target Dates

- Continue efforts to maintain staffing levels to ensure the availability of timely appointments and continuity of care, even during staff absences.
- Review FY 2024 client symptom improvement equity data to understand trends and determine if additional action steps need to be taken to support clients who identify as Latinx or "Other" races.

- Ongoing
- FY 2025 Q2

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- Maintain availability of nursing staff to respond to medication questions, refill requests, and authorizations.

- Ongoing

#### Forecast

- In FY 2025, it is anticipated that psychiatrists will report very much or much improvement of psychiatric symptoms at 83% of visits, and adherence to medication regimen at 94% of visits.