FRESNO COUNTY MENTAL HEALTH PLAN
Outcomes Analysis   Attachment B

Name of Program: Supervised Overnight Stay (SOS)

What is the Program/Contract Goals?
Reduce recidivism to ED and Exodus
Link individuals to Mental Health services
Provide short-term clinical interventions as a bridge to more traditional services
Link individuals to ancillary services as needed

Program Type: Contract-Operated

Type of Program: Other, please specify below
Other: Case Management, Mental Health Services

CLINICAL INFORMATION:

Does the Program Utilize Any of the Following? (*May select more than one*)
Evidence Informed Practice   Best Practice   Evidence Based Practice

Other: Evidence Informed

Please Describe: SOS provides short-term bridge services for individuals who are not linked or not participating in needed mental health services despite a high incidence of homelessness and unmet needs for resolution of chronic medical, mental and/or substance use conditions. Case management services to provide support in accessing basic services is best practice to increase an individual's ability to navigate the system and address their basic needs. The addition of "bridge" mental health services when the program was renewed in 2018 is an important addition to SOS' previous non-billable case management when the program began in 2012.

OUTCOMES

What Outcome Measures Are Being Used? Number served, linkages made, number of repeat visits to Exodus as identified in Avatar, response time to ED and return to facility (currently an average of 50 minutes from referral call to arrival at SOS.

What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program's Effectiveness? Access to data from Emergency Departments to better analyze recidivism data and cost savings to hospitals because individuals can be discharged more quickly when they are not needing to be detained on a 5150. A mechanism to track recidivism to EDs who utilize SOS services. Currently the only recidivism data that can be tracked in Avatar are return visits to Exodus. Mechanism to track ancillary linkages to services that support stability such as housing, SSI etc.

Describe the Program's analysis (i.e. have the program/contract goals been met? Number served, waiting list, wait times, budget to volume, etc.): See extensive analysis and detail in Attachment A. We have not met targets for Medi-Cal revenue due to COVID restrictions and a decrease in referrals as other resources available to EDs such as The Lodge are thought to impact the number of referrals available. We also needed to decrease capacity from nine beds to five during the pandemic in order to comply with social distancing and other precautions. Capacity went back to nine in March 2022.

What Barriers Prevent the Program from Achieving Better Outcomes? More than 90% of individuals are homeless at intake which makes follow-up difficult. More than 90% have co-occurring substance abuse issues. Program is limited by its dependence on direct referrals from Exodus and the Emergency Departments Referrals have decreased by about 30% over the past three years with the expansion of homeless housing and programs such as CRT and The Lodge.

What Changes to the Program Would You Recommend Improving the outcomes? We have instituted layovers of persons served who cannot be linked for several days even though they are scheduled for intake to an FSP or substance abuse treatment or awaiting a bed in board and care. Outreach to EDs should resume as COVID restrictions permit. Clarifying roles for SOS and the Lodge as we provide similar services differently structured, staff turnover/ staff illness, homelessness.

For Committee Use Only:

Recommendations: do include a conclusion and a to-do list with action items
Click here to enter text.