PROGRAM INFORMATION:

Program Title:	Support and Overnight Stay (SOS)	**Provider:**	Westcare California
Program Description:	Case Management	**MHP Work Plan:**	4-Behavioral health clinical care 1–Behavioral Health Integrated Access Choose an item.
Age Group Served 1:	ADULT	**Dates Of Operation:**	July 2012 to present
Age Group Served 2:		**Reporting Period:**	July 1, 2017 - June 30, 2018
Funding Source 1:		**Funding Source 3:**	Choose an item.
Funding Source 2:	Innovations (MHSA)	**Other Funding:**	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	$819,090	**Program Actual Amount:**	$803,150
Number of Unique Clients Served During Time Period:	648		
Number of Services Rendered During Time Period:	7839		
Actual Cost Per Client:	$1239.00		

CONTRACT INFORMATION:

Program Type:		**Type of Program:**	
Contract Term:	July 2012 through June 2018	**For Other:**	Case Management
		Renewal Date:	Current contract extended through December 2018
Level of Care Information Age 18 & Over:	Choose an item.		
Level of Care Information Age 0- 17:	Choose an item.		

TARGET POPULATION INFORMATION:

Target Population: Adults presenting to area EDs for 5150 evaluation who do not require hospitalization but do require linkage to mental health and other services to reduce crisis recidivism

CORE CONCEPTS:

Please select core concepts embedded in services/ program:
(May select more than one)

Access to underserved communities

Integrated service experiences

Community collaboration

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Please describe how the selected concept (s) embedded :

Case management services endeavor to link consumers to needed MH services as well as other resources needed to stabilize them; case managers look at whole person and attempt to integrate all services necessary to support client, keeping in mind the consumer's strengths, needs and preferences in linkage activities. Key to these efforts is strong collaboration with mental health treatment agencies to get consumers connected to ongoing support.

PROGRAM OUTCOME & GOALS
- Must include each of these areas/domains: (1) Effectiveness, **(2)** Efficiency, **(3)** Access, **(4)** Satisfaction & Feedback Of Persons Served & Stakeholder
- Include the following components for documenting each goal: (1) Indicator, **(2)** Who Applied, **(3)** Time of Measure, **(4)** Data Source, **(5)** Target Goal Expectancy

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NO.	GOAL	DOMAIN	INDICATOR	DATA SOURCE	Target
1	Program will respond to ED within 30 minutes of call	Efficiency Access	Time to arrive at ED	Data system	Less than 30 min
2	Placement time to facility	Efficiency Access	Time at ED before transport	Data system	Less than 30 min
3	Monitor crisis recidivism	Effectiveness	# of return crisis visits during SOS episode	Avatar	N/A
4	Clients will be linked to necessary services	Effectiveness Access	# of MH linkages by program	Data system	35%
5	Clients will receive services necessary to facilitate linkages	Efficiency	# of services provided	Data system	N/A

6	Track clinical outcomes by discharge status	Effectiveness	Discharge status	Data system	N/A
7	Clients will report satisfaction with services provided	Satisfaction	% of clients reporting satisfaction with services	Consumer survey instrument	65% report satisfaction
8	Clients will receive an array of services to facilitate linkage (further elaborates on goal #5)	Effectiveness Efficiency	# and type of services provided	Data system	N/A

OUTCOME GOALS **OUTCOME DATA**

SOS PROGRAM GOAL 1: Contractor shall track response time to emergency departments/5150 facility by SOS team members. Response to Emergency Department is expected within 30 minutes or less.

SOS Program Outcome 1: FY 2017-18 average response time from SOS facility to emergency department is *16.3 minutes* well below the expected goal of 30 minutes

SOS PROGRAM GOAL 2: Contractor shall track the amount of time it takes to place consumers from the emergency department to the SOS facility. The average time spent at the emergency facility constitutes the data for this goal.

SOS Program Outcome 2: FY 2017-18 average time from arrival at ED/5150 facility to departure to SOS facility was *15.4 minutes*; consistent with the time it take to secure consent from the client to be transported as well as discharge information from hospital staff. Average total from time of first call to arrival at SOS was *47 minutes*.

SOS PROGRAM GOAL 3: Contractor shall track consumers with behavioral health disorders who are frequent users of hospital ED/5150 facilities and monitor recidivism of those consumers

SOS Program Outcome 3: Data show 656 discharges for FY 2017-18. Five hundred forty-eight (548) unique clients were discharged this reporting period. Consumers are tracked from intake forward 90 days for revisits to the emergency room and/or subsequent hospitalizations. Data presented here are limited to information available in

Avatar and does not, as a result, include repeat visits to CRMC, other EDs and/or inpatient psychiatric units. Data presented is data for revisits to Exodus only and as recorded/found when accessing Avatar at discharge.

As reported in Avatar, for 300 (46%) discharges there was no identifiable return visit to Exodus during the SOS episode. 141 persons discharged (21%) had one recorded return visit. Twelve percent (12%) had two visits to Exodus. This suggests that 79% of persons who were served and discharged by SOS did not have excessive repeat visits to the 5150 evaluation facility. Fifty-five (55) of 340 discharged consumers with a return ED visit or 16%, had five or more return visits and about three percent of consumers had 10 or more return visits to the ED; one consumer had 37 visits in a 90 day period and was ultimately conserved, skewing the data for persons with excessive visits to Exodus. Of course, this data is to be interpreted cautiously as there is no information available for those consumers presenting at CRMC, St. Agnes and other area emergency departments.

Avatar reports 945 return visits to Exodus (not unique consumers); the SOS program, however, received one hundred seventy unique persons (170) for return visits to SOS during FY 2017-18 for a total of 395 repeat visits to SOS. This represents revisit referrals for persons at all EDs as well as Exodus. Because the number of repeaters is only known for those returning to Exodus as recorded in Avatar, it would seem that only about a third of those recidivists were sent back to SOS.

It is still critically important that a method for obtaining accurate recidivism data be devised to enhance understanding of the overall effectiveness of SOS from this data point.

SOS PROGRAM GOAL 4: Contractor shall monitor report and track appropriate linkage successes and challenges.

SOS Program Outcome 4: The tables below shows discharge status for 826 individuals who discharged between July 1, 2017 and June 30, 2018. The table also includes comparison data (shown as percentage) by category for FY 2016-2017.

DISCHARGE STATUS	NUMBER	FY 2017-2018 %	FY 2016-2017 %
Successfully Linked	185	28.2%	23.6
Linked but not known active at discharge	73	11.1%	9.1
Declined services for linkage	79	12.04%	17.2
Unable to locate	235	35.8%	34.3
Moved out of county	24	3.7%	4.0
Incarcerated	23	3.5%	9.4
Primary AOD problem	7	1.06%	2.4
Not SMI	3	0.5%	0.0
Conserved	17	2.6%	0.0
Other Linkage	10	1.5%	0.0
TOTAL	656	100	100

Successes: Thirty-nine (39.3%) percent of individuals were successfully linked with one or more mental health services and at least 28% of persons discharged were actively participating in a mental health service at time of discharge. Both the percentage of persons linked and the percentage of those linked who were actively participating at discharge INCREASED by almost seven percentage points. Fewer persons refused service linkage this reporting period (a decrease of five percent and a total of 15% over the last two years).The number of persons incarcerated at discharege DECREASED by six (6) percentage points. There is also evidenced an newly observed trend of SOS consumers being under conservatorship at time of discharge. At least 2.6% of SOS consumers were conserved during their SOS episode; many were multiple repeating SOS consumers for whom sustained linkage with traditional programs was a significant challenge and repeat recidivism to the crisis system was unproductive.

Challenges: Seventy-five percent (75%) of consumers admitted to SOS were homeless at time of intake. Understandably follow-up contact is very difficult and many consumers get lost until the next visit to the ED or 5150 facility. Keeping consumers engaged in services is also a challenge, and once linkages have been made contact with SOS is less intensive as responsibility for engagement shifts to the mental health provider.

The following table illustrates specific mental health linkages by agency. Two hundred fifty-eight (258) recorded linkages were made for consumers during FY 2017-18. This number is fewer than for FY 2016-2017 (356), however it also represents a 6.6% increase in overall linnkages because there were also fewer discharges for comparison. These linkages represent ONLY mental health linkages. The SOS case managers also routinely link consumers to housing, SSI, DSS, physical health providers, payee services, DMV and the like. These additional linkages are necessary to obtaining other critical services that may help promote mental health stabilization. The table below identifies mental health linkages, but cannot capture much of the anecdotal stories of consumers with multiple ED contacts who by virtue of SOS persistence in case management demonstrate a reduction in ED visits and successful transitions into ongoing mental health care despite a history of treatment failure.

AGENCY	NUMBER 2017-2018	PERCENTAGE
DBH: Specialty Programs Older Adult, RISE, SHINE. First Onset, IOP, Medium and High Intensity, TAY	13	5.0%
DBH: Metro	48	18.6%
DBH: UCWC	43	16.7%
MHS Impact	40	15.5%
Turning Point Vista	43	16.7%
Turning Point: TAY	16	6.2%
Turning Point: Rural	21	8.2%
Turning Point: AB109	10	3.9%
Turning Point: Co-Occurring	3	1.2%

Substance Abuse Treatment Program	16	6.2%
Other Mental Health	5	1.8%
TOTAL	258	100

SOS PROGRAM GOAL 5: Contractor shall track, report and monitor follow-up contacts with consumers by case managers. These include the following types of services: linkage to mental health, case management, supportive counseling, family support and education and active efforts to contact consumers for follow-up. Services for FY 2017-2018 are further summarized under program goal number eight later in this report.

SOS Outcome 5: Data for FY 2016-2017 show that 4514 activities were logged by case managers in efforts to get consumers linked to on-going mental health services after initial orientation and intake.

SOS PROGRAM GOAL 6: Contractor shall track clinical outcomes by discharge placement

SOS Outcome 6: Clinical outcomes by discharge placement are summarized below and are based on data presented in Program Goal 4:

Clinical Outcome 1: Thirty-nine (39) percent (258) of consumers were linked to services

Clinical Outcome 2: Those consumers *successfully linked and active at discharge* (185) exhibit the following characteristics: they are linked to an identifiably appropriate mental health service; they are able to take an active role in their services, hospitalizations are minimized and returns to the ED are minimal; homeless consumers have been able to take advantage of housing opportunities.

Clinical Outcome 3: Consumers *linked but not active at discharge* (73) exhibit the following clinical outcomes; they are linked to an appropriate individual mental health service, they are familiarized with the range of options available to them; when stabilized homeless consumers can take advantage of housing opportunities and they are offered further supportive services should linkages fail.

Clinical Outcome 4: Consumers who *declined further services* (79) exhibit the following characteristics: they do not consider themselves to be mentally ill or in need of services; they exhibit a high level of denial and poor insight and many have co-occurring substance use disorders they are unwilling to address. They tend to recidivate to area ED/5150 facilities when experiencing a transient crisis. Fewer clients refused linkage service this reporting period (12% versus 77% in FY 2016-17).

Clinical Outcome 5: Consumers who cannot be contacted (235) represent 36% of all consumers and exhibit the following characteristics: high levels of denial and poor insight, mostly homeless, are in a constant state of transition and avoid services, except when in a transient crisis; these consumers are more likely to recidivate to are ED/5150 facilities.

Clinical Outcome 6: Those consumers who are identified as *primary substance abusers* in need of linkage to residential and/or outpatient substance use services (7) represent only one (1%) percent of consumers served at SOS, though co-occurring mental health disorders are highly prevalent across the board for SOS consumers (about 88%). During FY 2017-2087, a total of 16 persons with substance abuse disorders were linked directly to substance abuse services, primarily residential. In many cases consumers were also linked to Full Service Partnerships and provided care coordination services to effectively bridge the two service systems.

SOS PROGRAM GOAL 7: Contractor will develop a satisfaction survey, approved by DBH that complies with mandated state performance outcome and quality improvement reports. At a minimum, eight percent of consumers will report satisfaction with program services.

SOS Outcome 7: Two hundred thirty-three (232) consumer surveys were completed the day following admission. This is a 35% response rate overall. Satisfaction with SOS is very high and comments suggest that consumers experience the program staff as hospitable, compassionate and sensitive to their needs. Ninety-seven (97) percent of surveys are highly positive about the services that were provided. Questions on the survey include the following: 1) I was welcomed to the program and services were explained to me; 2) SOS staff treated me with dignity and respect; 3)The SOS facility was clean and I feel sage there; 4) I had access to showers, meals and a comfortable bed; 5) Before

my stay ended I met again with staff and was provided a business care so that I could follow up with needed services; and 6) Overall, my experience with SOS was a positive one. Obtaining surveys at the conclusion of an episode is not fruitful as so many consumers are lost to follow-up due to homelessness and lack of contact numbers.

SOS PROGRAM GOAL 8: Contractor will identify services provided to each consumer

SOS Outcome 8: For FY 2017-18 SOS provided a total of 7839 activities for consumers. Activities are displayed in two categories. Category One (3362 services) includes intake activities performed by Personal Service Coordinators and Peer Support Specialists. Category Two (4477 services) includes various support activities provided by case managers in efforts to get consumers linked to appropriate mental health services.

Contact attempts involve field visits and outreach efforts, coordination with other mental health providers, Fresno County Jail inmate locater and extended family contact when that information is known.

Category One: Non Case Management	**Number**	**Category Two: Case Management**	**Number**
Hospital Intake	1030	Case Management	1842
Intake at SOS facility	1229	Contact Attempt	1395
Transportation	1103	Family Support	145
		Mental Health Linkage	258
		Supportive Counseling	837
TOTAL CATEGORY ONE	3362	TOTAL CATEGORY TWO	4477

ADDITIONAL INFORMATION

Six hundred and fifty-six unique (648) persons received services for FY 2017-2018, an decrease of eight (8) consumers from FY 2017-18. Seventy-seven (77) percent reported homeless at intake, a decrease of eight percentage points.

DEPARTMENT RECOMMENDATION(S):

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