PROGRAM INFORMATION:

Program Title:	Exodus 24/7 Access Line	**Provider:**	Exodus Recovery, Inc.
Program Description:	In addition to the CSC for adults and youth, Exodus Recovery operates a toll-free 24/7 Access Line for DBH in accordance with state and federal regulations and utilizes the County's Access Line Database to maintain a log of all requests for mental health services.	**MHP Work Plan:**	1–Behavioral Health Integrated Access Choose an item. Choose an item.
Age Group Served 1:	ALL AGES	**Dates Of Operation:**	July 1, 2016 to Present
Age Group Served 2:	Choose an item.	**Reporting Period:**	7/01/2018 - 6/30/2019
Funding Source 1:	Medical FFP	**Funding Source 3:**	Choose an item.
Funding Source 2:	Realignment	**Other Funding:**	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount: $307,445 **Program Actual Amount:** $228,372.53

Number of Unique Clients Served During Time Period: Unique clients served were not tracked as many partnering community agencies also call into this service.

Number of Services Rendered During Time Period: 2,567

Actual Cost Per Client: $88.96 (the cost per client increased from the FY 17-18 numbers due to the launch of the SUD Access Line on 1/01/19, which diverted SUD calls from the Mental Health Access line)

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	Other, please specify below
Contract Term:	07/01/2016 – 06/30/2019 (plus two optional one-year extensions)	**For Other:**	Acccess Line
		Renewal Date:	06/30/2021

Level of Care Information Age 18 & Over: N/A

Level of Care Information Age 0- 17: N/A Choose an item.

The levels of care shown above do not apply.

TARGET POPULATION INFORMATION:

Target Population: No particular target population. The toll-free Access Line is open and accessible to all populations.

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services**: adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

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

Community collaboration

Access to underserved communities

Integrated service experiences

Choose an item.

Please describe how the selected concept (s) embedded :

We have provided a welcoming environment where a person in crisis or with urgent mental health needs will immediately be seen and evaluated by a professional and receive the services he/she needs. Treatment has been client-centered by incorporating the client's input in determining the services and supports that are most effective and helpful for our clients. We have provided ongoing services until the client is successfully connected to community services. A key component of our treatment services is the development of a comprehensive discharge plan designed to transition the client to a less restrictive but supportive level of care, reestablish linkage to their previous service provider, and link clients and their families to a system of relevant community resources. These have included outpatient treatment, crisis residential beds, shelter beds, board and cares, sober living houses, and other programs.

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

Exodus has designed a continuous quality assurance and quality improvement (QI) process with strategies to measure variations in the structure, method and program outcomes for the Exodus Access Line. In addition, Exodus' Decision Support Department provides analytical support to the Exodus Access Line by collecting, analyzing and reporting outcomes data from conceptualization through presentation to all stakeholders. The work of the Decision Support Department drives and supports key business decisions that yield positive outcomes at the Exodus CSC. Altogether, our Quality Management Program and Plan are dedicated to meeting the needs and to exceed the expectations of our clients, their families and the community.

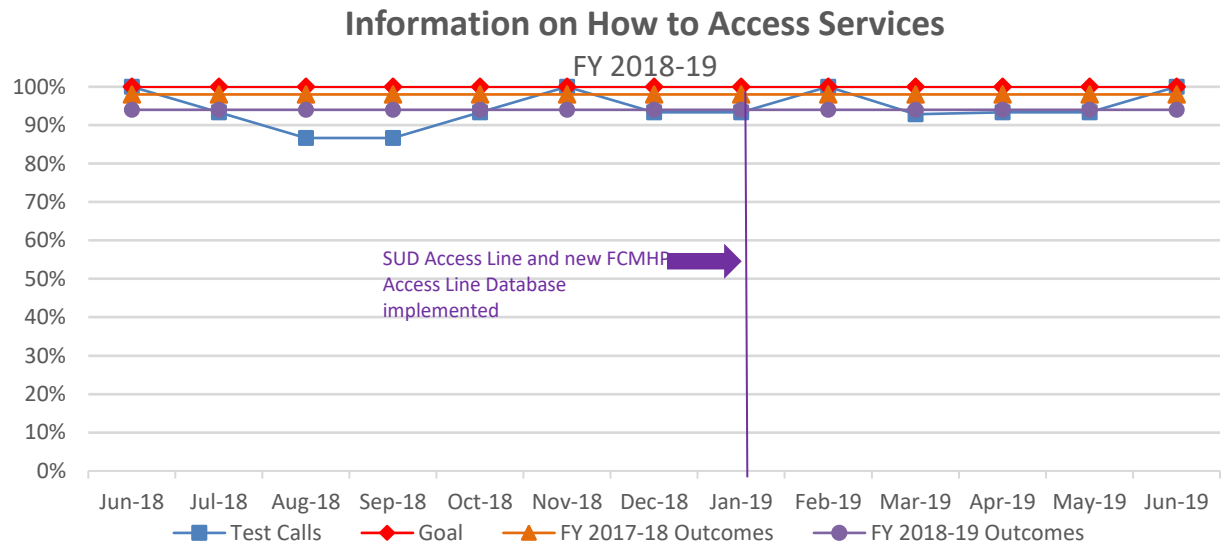
With the assistance of Decision Support, Quality Improvement Department and program management, Exodus collects, manages and submits data for internal tracking purposes as well as to demonstrate client outcomes and performance-based criteria inclusive of guidelines set forth by Exodus, Fresno County and the State. An internal Access based computerized tracking system ("the Admission Log") is used to collect and maintain data related to all Access Line calls received by Exodus.

*****All data from this point forward is originated directly from the Access Line Annual Test Call Report**

Performance Indicator 1:	**Information on how to access services**
Numerator:	Number of callers informed on how to access services
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2017-18:	98%
Outcomes for FY 2018-19:	94%

Graph:

The 'Test Calls' line indicates the overall percentage of calls made in that month which was provided appropriate information on how to access specialty mental health services (SMHS), file a grievance and/or appeal, how to receive a provider's list, etc. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.

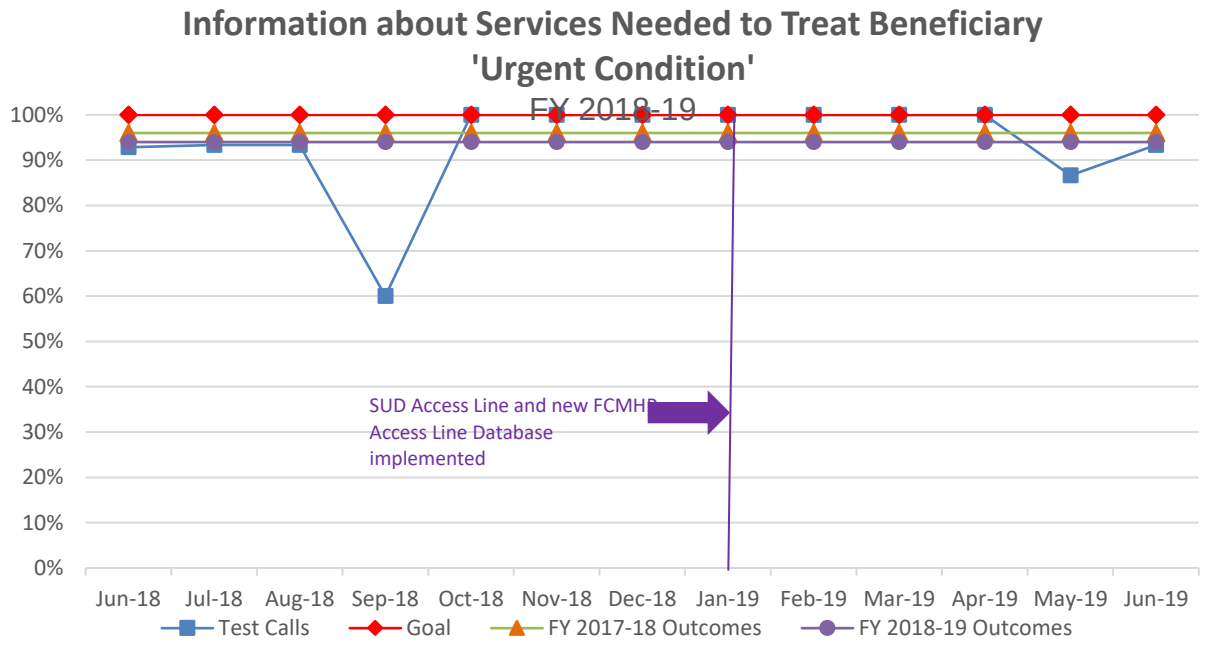


For performance indicator 1, the decrease in compliance rating may have been due to being understaffed or being inadequately staff. From August 2018 through the end of the fiscal year the Access Line only had 1 of 2 full time Access Line positions filled. Floor nurses were floated through the Access Line. Additional training were provided to all staff covering during this time. The full time position was filled in July 2019 and all staff were educated on Access Line including how to access services. Exodus expect performance to increase with these additional trainings.

Performance Indicator 2:	**Information about services needed to treat beneficiary 'Urgent Condition'**
Numerator:	Number of test callers assessed for crisis
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2017-18:	96%
Outcomes for FY 2018-19:	94%

Graph:

The 'Test Calls' line indicates the overall percentage of test calls made in that month assessed for crisis. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.

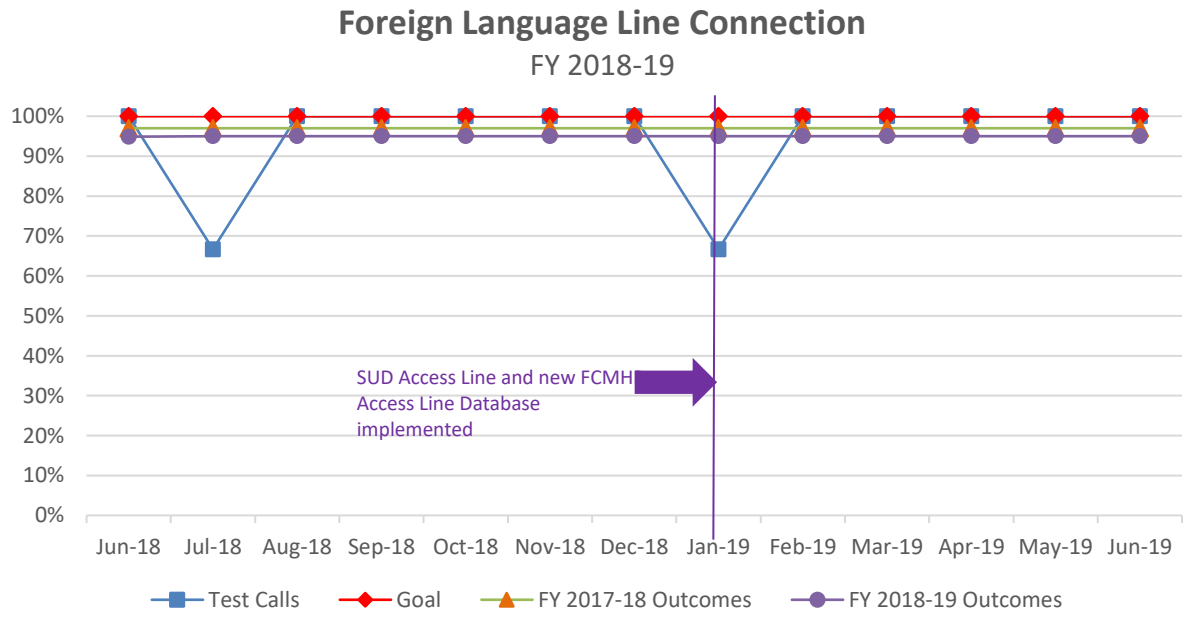


For performance indicator 2, the decrease in compliance rating may have been due to understaffed or being inadequately staffed. From August 2018 through the end of the fiscal year the Access Line only had 1 of 2 full time positions filled. Floor nurses were floated through the Access Line. Additional training was provided to all staff covering during this time. The full time position was filled in July 2019 and all staff were educated on Access Line including assessing for crisis and urgent conditions.

Performance Indicator 3:	**Foreign Language Line Connection**
Numerator:	Number of test calls, successfully connected to the language line and/or bilingual operator
Denominator:	Total number of test calls completed in a foreign langauge
Goal:	100%
Baseline Performance (Outcomes for FY 2017-18):	97%
Outcomes for FY 2018-19:	95%

Graph:

The 'Test Calls' line indicates the overall percentage of test calls made in a foreign language connected to the language line and/or an Access Line operator who spoke the language. Of the **179** test calls made in this reporting period, **33** calls were made in a foreign langage. Although the month of July 2018 and Jan 2019, shows a tremendous decrease, please be aware that the number of foreign language calls are quite small per month. On average, of the 15 test calls usually completed per month, the number of foreign language test calls is usually only three (3).

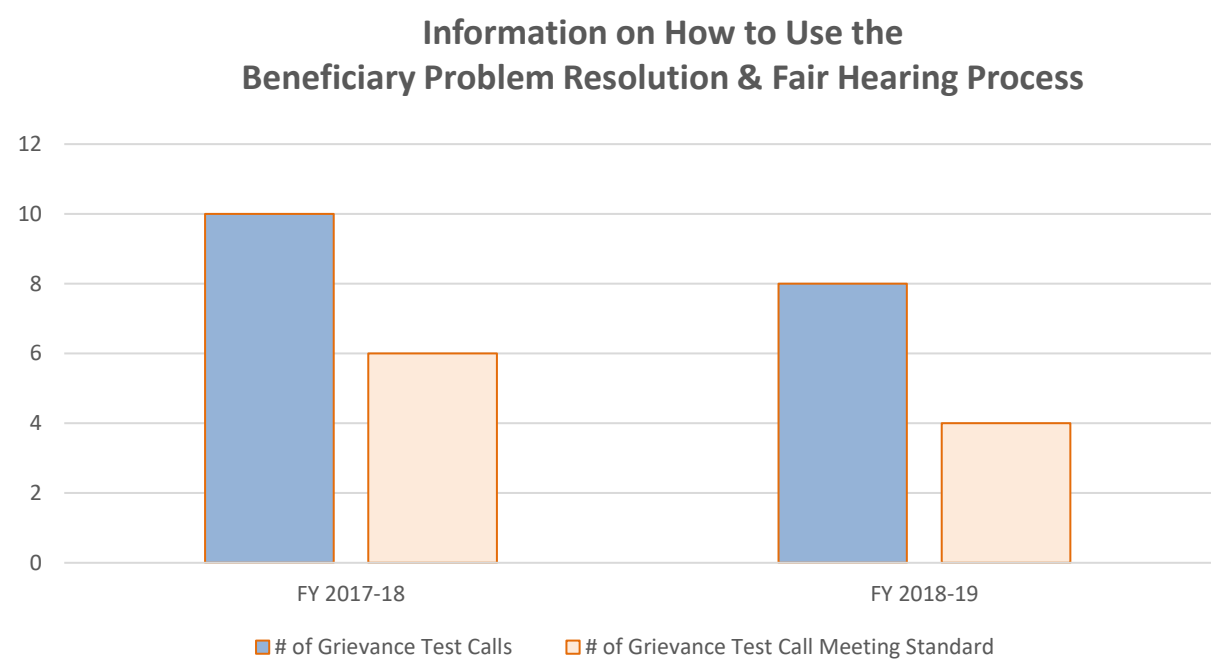


For performance indicator 3, the decrease in compliance rating may have been due to understaffed or being inadequately staffed. From August 2018 through the end of the fiscal year the Access Line only had 1 of 2 full time positions filled. Floor nurses were floated through the Access Line. Additional training was provided to all staff covering during this time. The full time position was filled in July 2019 and all staff were educated on Access Line including how to utilize the language line for interpreting services.

Performance Indicator 4:	**Information on how to use the beneficiary problem resolution & fair hearing process**
Numerator:	Number of test callers informed on how to file a complaint and/or fair hearing
Denominator:	Total number of grievance test calls
Goal:	100%
Outcomes for FY 2017-18:	80%
Outcomes for FY 2018-19:	67%

Graph:

Please note that although FY 2017-18 outcomes were listed above, results are not comparable to the FY 2018-19 outcomes. For FY 2017-18, a total of **10** grievance test calls were completed, with **8** of those calls being identifed as acceptable. In FY 2018-19, a total of **6** grievance test calls were completed, with **4** identified as acceptable with appropriate information provided on how to file a grievance and who to contact.



For performance indicator 4, the decrease in compliance rating was due to oversight. In January 2019, Exodus and the County collaborated in regards to improving beneficiary problem resolution and fair hearing process. At this same time, we transitioned from the FCMHP log to Avatar. The county was able to add a prompt on the Avatar log for these specific requests to ensure the staff was provided correct information to all consumers.

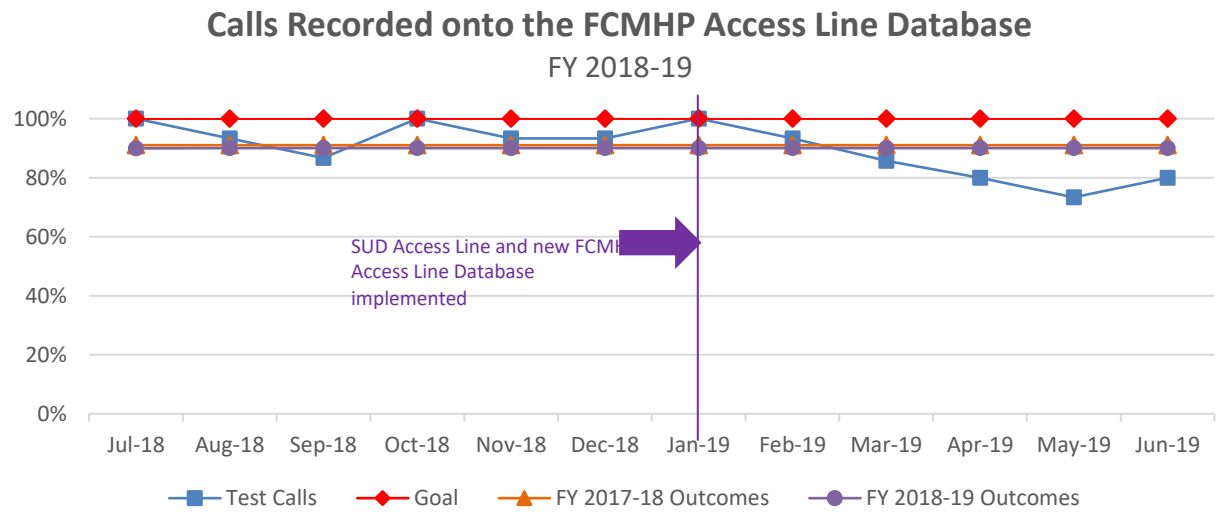
EFFICIENCY

Outcomes performance for FY 2017-18 and FY 2018-19 is based on the overall average result for the test calls completed for that fiscal year, for each individual performance indicator.

Performance Indicator 1:	**Calls recorded onto the FCMHP Access Line Database**
Numerator:	Number of calls recorded onto the FCMHP Access Line Database
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2017-18:	91%
Outcomes for FY 2018-19:	90%

Graph:

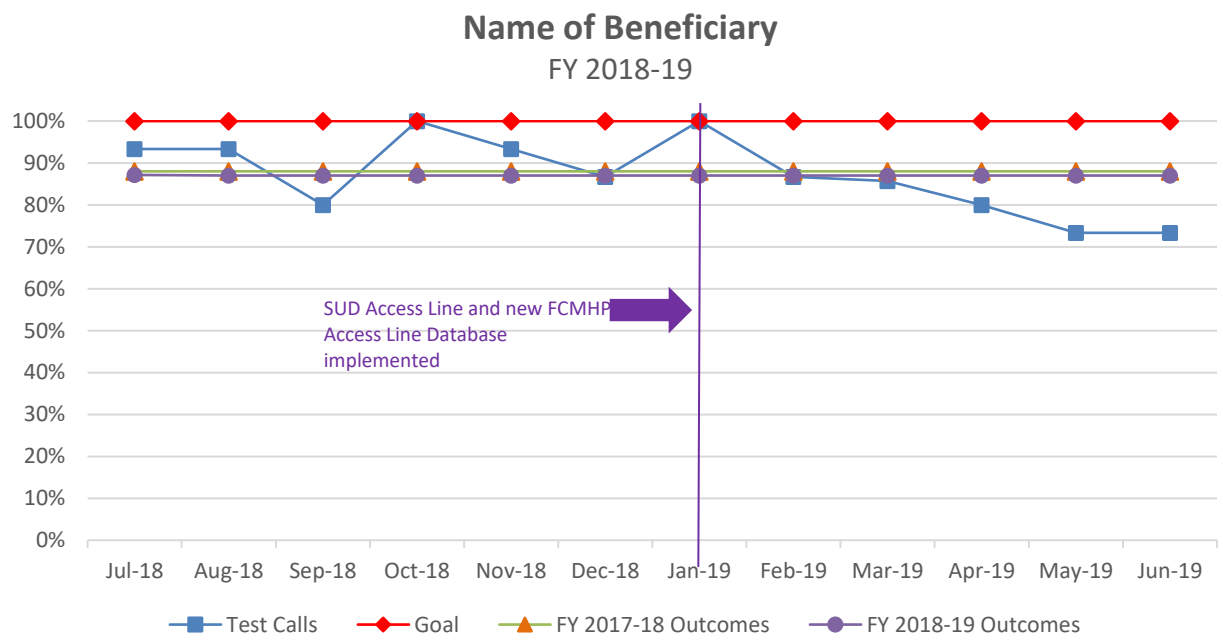
The 'Test Calls' line indicates the overall percentage of calls made in that month logged onto the FCMHP Access Line Databse. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



Numerator:	Number of accurate names recorded
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2017-18:	88%
Outcomes for FY 2018-19:	87%

Graph:

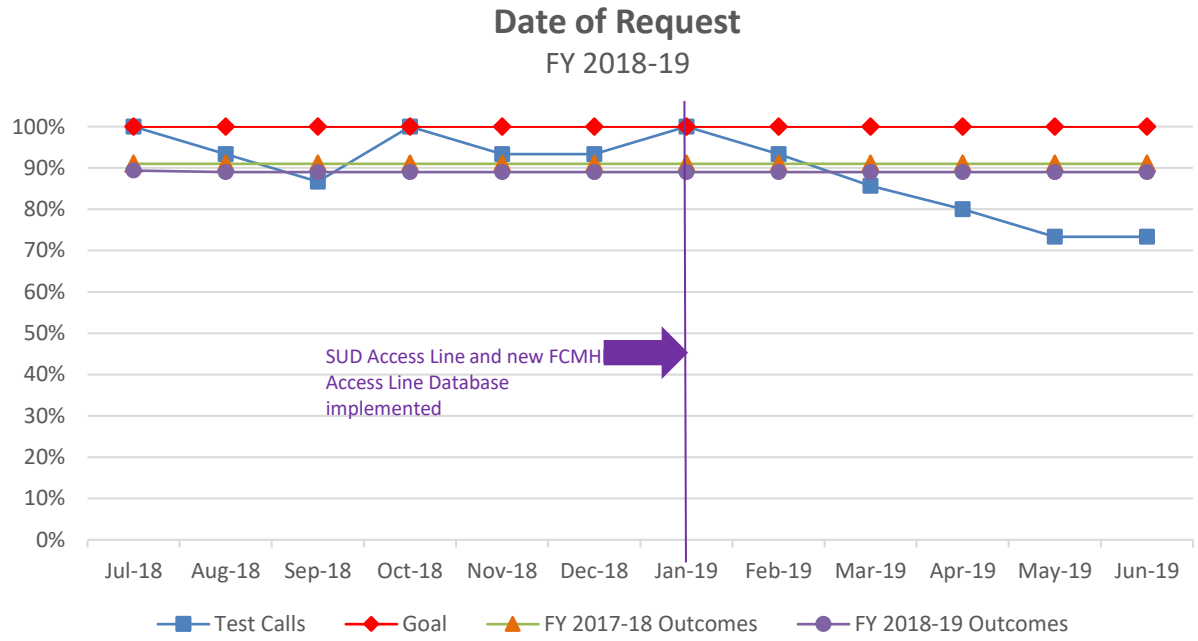
The 'Test Calls' line indicates the overall percentage of calls made in that month that had the names correctly logged on the FCMHP Access Line Databse. Please note, if a test call was not logged onto the Database, the name the test caller used cannot be verified. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



Performance Indicator 3:	**Date of Request**
Numerator:	Number of accurate Dates recorded
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2017-18:	91%
Outcomes for FY 2018-19:	89%

Graph:

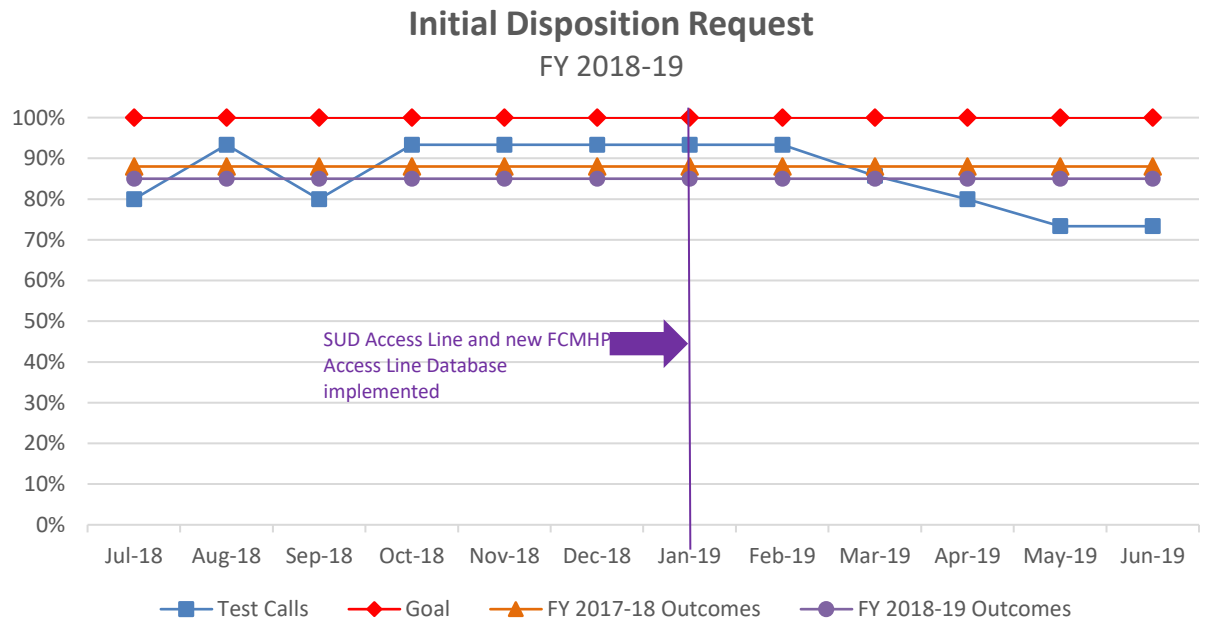
The 'Test Calls' line indicates the overall percentage of calls made in that month logged correctly with the date the call was made or within a timely manner (at least within 24 hrs from the time the test call was made) onto the FCMHP Access Line Databse. Please note, unable to verifiy date if call was not logged onto the Database. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



Performance Indicator 4:	**Initial Disposition Request**
Numerator:	Number of accurate disposition recorded
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2017-18:	88%
Outcomes for FY 2018-19:	85%

Graph:

The 'Test Calls' line indicates the overall percentage of calls made in that month with the correct dispostion/request in the FCMHP Access Line Database. Please note, unable to verifiy the disposition if the call was not logged onto the Database. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.

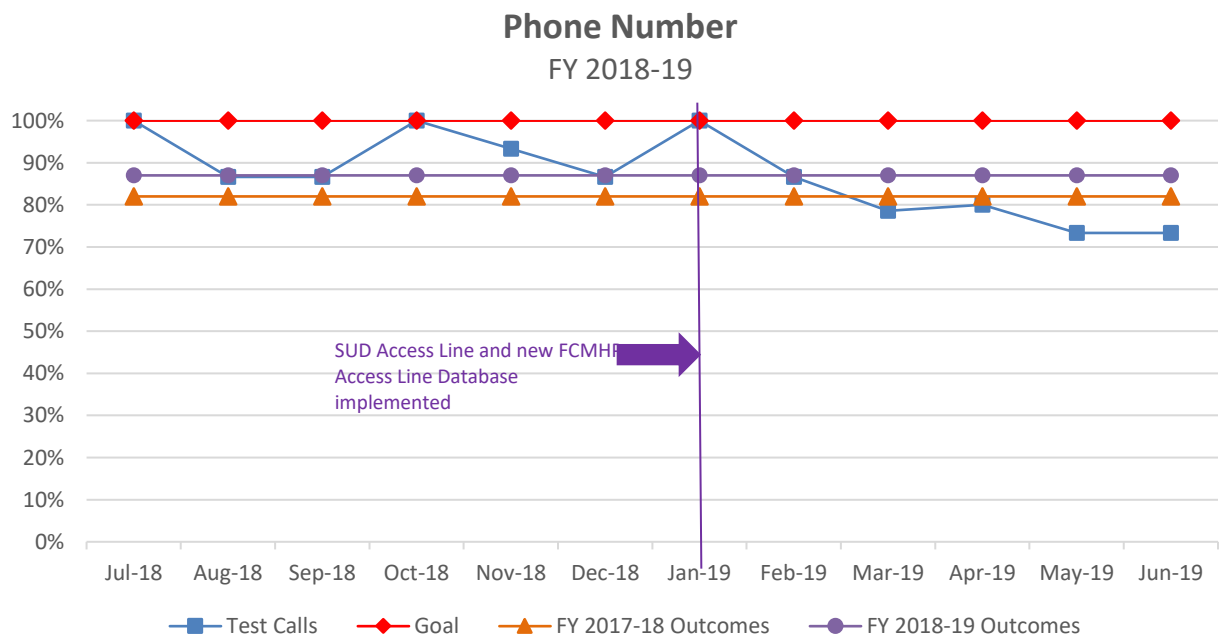


The decrease in compliance rating was due to being understaffed. From August 2018 through the end of the fiscal year the Access Line only had 1 of 2 full time positions filled. Floor nurses were floated through the Access Line. Additional training was provided to all staff covering during this time. The full time position was filled in July 2019 and all staff were educated on Access Line including providing proper dispositions.

Performance Indicator 5:	**Phone Number**
Numerator:	Number of accurate phone number recorded
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2017-18:	89%
Outcomes for FY 2018-19:	87%

Graph:

The 'Test Calls' line indicates the overall percentage of calls made in that month with the correct phone number logged onto the FCMHP Access Line Database. Please note, if a test call is not logged onto the Database, phone number cannot be verify. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



ACCESS

Performance Indicator 1:	**Linked to Services**
Numerator:	Number of callers linked to services
Denominator:	Total number of callers requesting speciality mental health services via MH Access Line
Goal:	70%
Outcomes for FY 2017-18:	Information was not available during this reporting period.
Outcomes for FY 2018-19:	Information was not available during this reporting period. The Department will work on developing a process to track the numbers of callers linked to special mental health services.

Performance Indicator 2:	**Reffered to Services**
Numerator:	Number of callers reffered to services
Denominator:	Total number of callers requesting speciality mental health services via MH Access Line
Goal:	70%
Outcomes for FY 2017-18:	Information was not available during this reporting period.
Outcomes for FY 2018-19:	Information was not available during this reporting period. The Department will work on developing a process to track the number of callers referred to special mental health services.

Performance Indicator 3:	**Request to First Service**
Numerator:	Total number of days to first services
Denominator:	Total number of callers via Access Line who received a first service (billable service)
Goal:	10 Business Days (non-urgent) and 48 hours (urgent)
Outcomes for FY 2017-18:	Information was not available during this reporting period.
Outcomes for FY 2018-19:	Information was not available during this reporting period. The Department will work on developing a process to track the number of callers requesting for special mental health services to when they receive their first service.

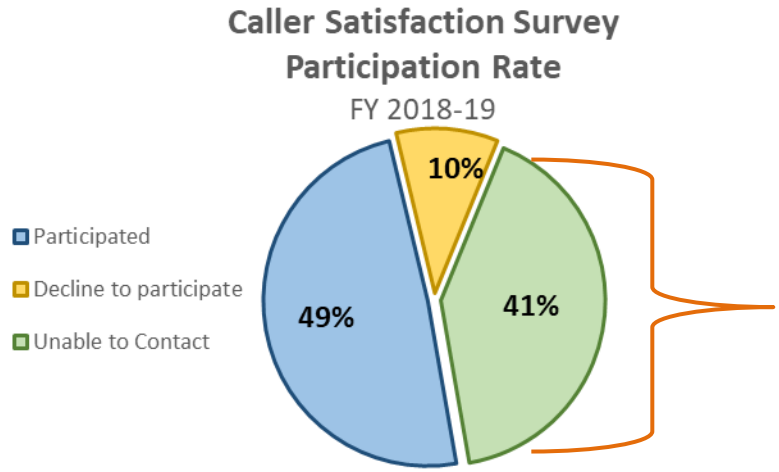
SATISFACTION

Outcome results are from the Caller Satisfaction Survey for FY 2017-18 and FY 2018-19. Survey is composed of three (3) questions, 2 of which is included on Performance Indicator 2 and 3 below. Results available upon request if needed for Question 3, "How can the Access Line be improved?" Survey results are based on the sample size of **160** callers who called the 24/7 Fresno County Mental Health Plan Access Line during the time period of May-June. Calls (1) logged and identifed as 'Emergency' in the FCMHP Access Line Database,(2) calls without a name and/or phone #, (3) calls, which upon reviewed of the call narrative was deemed not appropriate to call back, and (4) test calls; were excluded prior to making the survey calls.

Performance Indicator 1:	**Survey call respondent**
Numerator:	Total # of callers who participated with the Caller Satisfaction Survey
Denominator:	Total number of survey calls completed
Goal:	40%
Outcomes for FY 2017-18:	49%
Outcomes for FY 2018-19:	49%

Graph:

Caller Satisfaction Survey participation rates remain the same for both FY 2017-18 and FY 2018-19. The goal is to have at minimum of 40% participation, in order to have a valid survey.



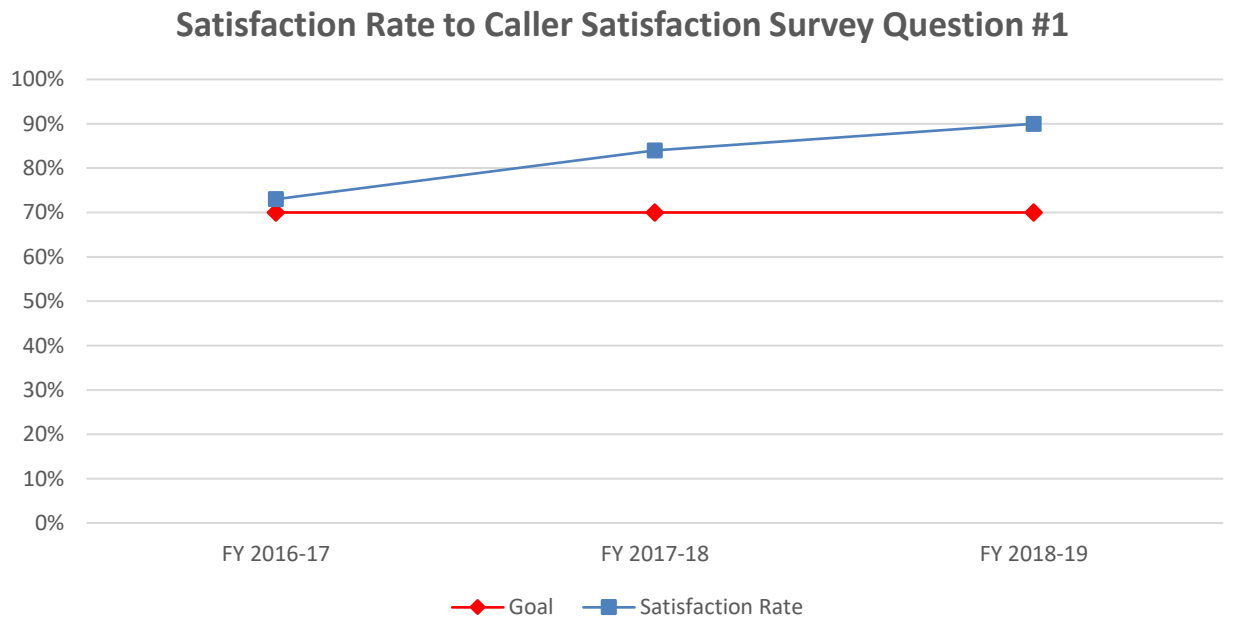
Reasons Why	
Business phone number	3%
Hopital/inpatient phone #	3%
Caller was in a program	2%
No answer*	55%
Caller only available after hours	3%
Phone error/restricted message	15%
Caller hung-up	3%
Wrong number	15%

*A minimum of 3 contact attempts were completed to engage the caller.

Performance Indicator 2:	**Resources provided to caller- Caller Satisfaction Survey, Question 1: "Operator understood me and gave me the information and direction on what to do."**
Numerator:	Total # of respondents who Strongly Agreed or Agreed to the question
Denominator:	Total number respondents who completed the survey
Goal:	70%
Outcomes for FY 2017-18:	84%
Outcomes for FY 2018-19:	90%

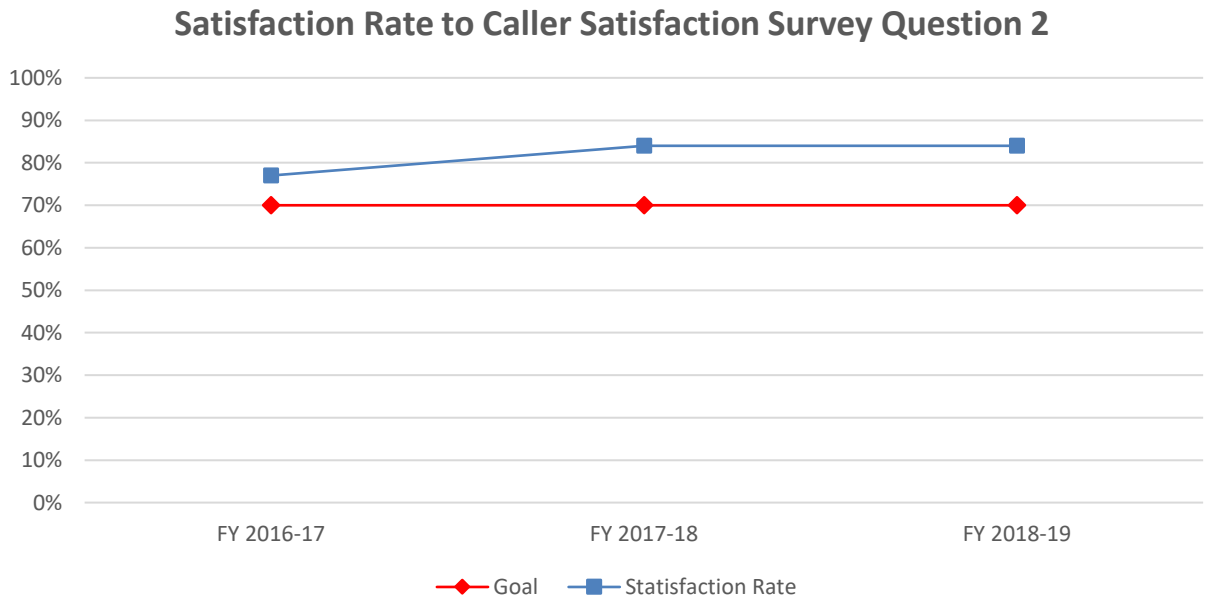
Graph:

The Caller Satisfaction Survey first started in FY 2016-17. Results from the last three Caller Satisfaction Survey are included on the graph to show the overall trend for Question 1.



Graph:

The Caller Satisfaction Survey first started in FY 2016-17. Results from the last three Caller Satisfaction Survey are included on the graph to show the overall trend for Question 2. Satisfaction results for FY 2017-18 and FY 2018-19 remains the same.



DEPARTMENT RECOMMENDATION(S):

Click here to enter text.