PROGRAM INFORMATION:

Program Title:	Exodus - Adult Psychiatric Health Facility	**Provider:**	Exodus Recovery, Inc.
Program Description:	The Exodus PHF is a 16-bed facility that offers comprehensive services to meet the needs of each individual including: ongoing assessment, medication evaluation and management, a daily program schedule to support recovery, healing and reintegration into the community psychosocial services and linkages providing linkage to community resources.	**MHP Work Plan:**	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	ADULT	**Dates Of Operation:**	January 1, 2016 - Present
Age Group Served 2:	Choose an item.	**Reporting Period:**	07/01/2018-06/30/2019
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: $4,291,345 **Program Actual Amount:** $3,861,883.40

Number of Unique Clients Served During Time Period: 183

Number of Services Rendered During Time Period: 3,341

Actual Cost Per Client: $21,103

**Census was reduced by half from 10/1/18 – 6/30/19 due to the PHF remodel project. This, along with patients who required longer lengths of stay, contributed to the higher average cost per patient.

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	PHF/Inpatient
Contract Term:	10/01/2015 – 06/30/2021 (three month start up and three year term plus two optional one-year extensions)	**For Other:**	Click here to enter text.
		Renewal Date:	June 30, 2021

Level of Care Information Age 18 & Over:

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

The levels of care shown above do not apply. This program provides acute inpatient services to individuals at the Adult Psychiatric Health Facility.

TARGET POPULATION INFORMATION:

Target Population: Male and female patients, who are 18 years and older, who may be admitted on a voluntary or involuntary basis. These patients will include Medi-Cal beneficiaries; Medicare and Medicare/Medi-Cal beneficiaries; indigent/uninsured patients; and jail inmates who are referred by the Department of Behavioral Health (DBH), DBH contract providers, or emergency rooms (aka emergency departments) to the PHF. Individuals who experience a mental health crisis or are in imminent danger of presenting a risk to themselves, others or becoming gravely disabled are able to immediately access care 24/7, 365 days per year at the PHF.

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)

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

Community collaboration

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 patient-centered by incorporating the patient's input in determining the services and supports that are most effective and helpful for our patients. We have provided ongoing services until the patient 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 patient to a less restrictive but supportive level of care, reestablish linkage to their previous service provider, and link patients 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 peer 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 PHF. In addition, Exodus' Decision Support Department provides analytical support to the Exodus PHF 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 PHF. Altogether, our Quality Management Program and Plan are dedicated to meeting the needs and to exceed the expectations of our patients, their families and the community.

An internal Access based computerized tracking system ("the Admission Log") is used to collect and maintain patient related admission / discharge data and patient demographic information.

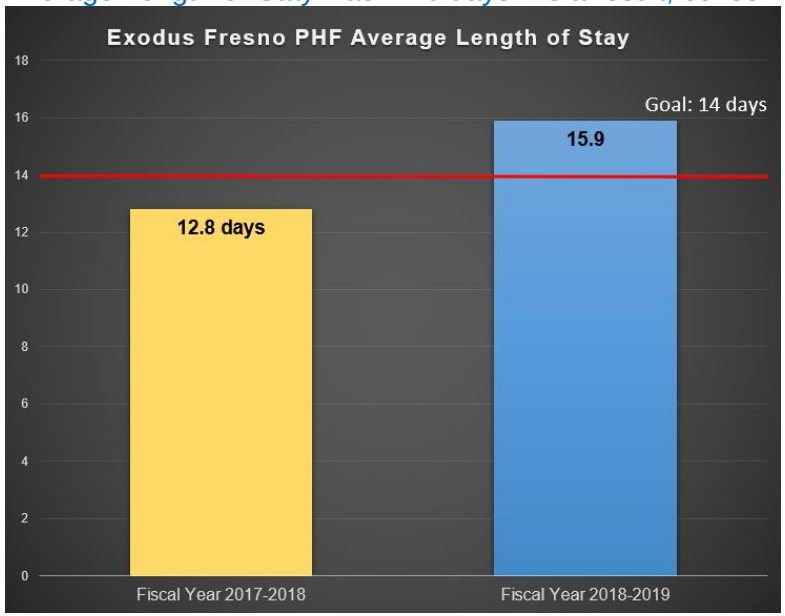
Outcome: The time between client arrival and admission to the PHF, until assessment.
Domain: ACCESS
Indicator: The time between client arrival and admission to the PHF, until assessment.
Who Applied: All Persons Served
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: Within 15 minutes of arrival

All patients admitted to the PHF are immediately assessed by the nurse upon arrival, even before they are taken off the gurney. This includes a mini mental status, and verbally assessing the patient's orientation. The process begins with the nursing screening, followed by the prescriber performing a psychiatric assessment, including reviewing the patient's medical clearance. Additionally, psychosocial factors are evaluated by social services.

Outcome: Within 14 days plan, assist patient, stabilize excessive behaviors, and provide tools for successful interaction.

Domain: EFFICIENCY
Indicator: Length of Stay
Who Applied: All Persons Served (see note below for suggestion to further break down data by conserved status)
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: 14 days

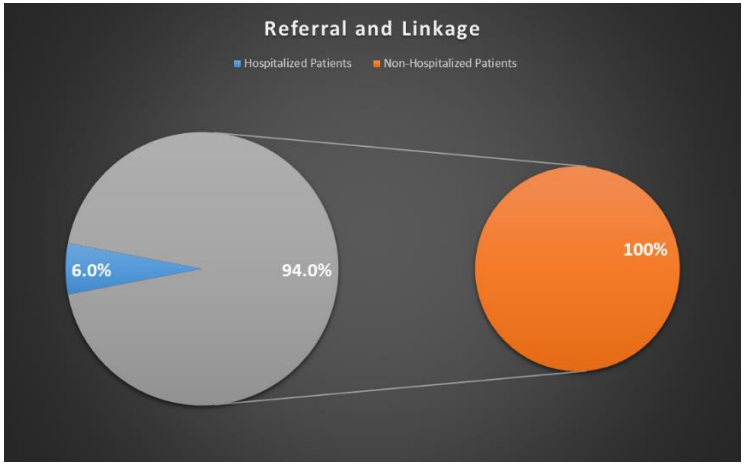
For FY 17-18 discharges, the Average Length-of-Stay was 12.8 days. By providing an alternative to traditional psychiatric care through collaboration, empowerment, a healing environment, as well as the use of tools such as medication evaluation, behavior assessment and short-term treatment planning, the Average Length-of-Stay was 15.9 day for FY 18-19 discharges. As a result, Exodus has achieved the internal outcome goal of 16 days.
In addition, for FY 18-19 NON-conserved client discharges, the Average Length-of-Stay was 12.9 days. For conserved client discharges, the Average Length-of-Stay was 27.6 days. As a result, conserved clients increased the overall LOS, though not in a drastic manner.



NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2018 to June 30, 2019
- Includes adults 18 years of age and older

Outcome: Effectiveness of Discharge Planning as demonstrated by the referral and linkage to other department of Behavioral Health programs, community providers and other community resources.
Domain: ACCESS
Indicator: Referrals and Linkages
Who Applied: All Persons Served
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: 100% of non-hospitalized persons served will be referred and linked

Exodus currently provides a plan to each patient upon discharge that effectively refers and links our patients to the broad array of services that Fresno County offers. This has resulted in better integration of behavioral care for our patients across other systems, including physical health and other service services that positively impact the overall health and wellness of our patients. Regardless of a patient admission status to the Exodus PHF, the Admission Log collects information and other **indicators** about what Department of Behavioral Health program, community provider or other community resources refer patients to the Exodus PHF (Referral In). In addition, the Admission Log collects information about a patient's subsequent referral out/disposition and discharge to Department of Behavioral Health programs, community providers or other community resources. Our **goal** is to refer and link 100% of our non-hospitalized patients. An **analysis** report is generated on a monthly basis for Exodus management to identify gaps in patient care, services and problems with linkage care coordination. Currently, 94% of all patients are discharged to non-hospital settings. 100% of those clients are referred to Department of Behavioral Health programs, community providers or other community resources.



Referral Out	# of Patients
Hospitalized Patients* **	13
Non-Hospitalized Patients	202
Grand Total	**215**

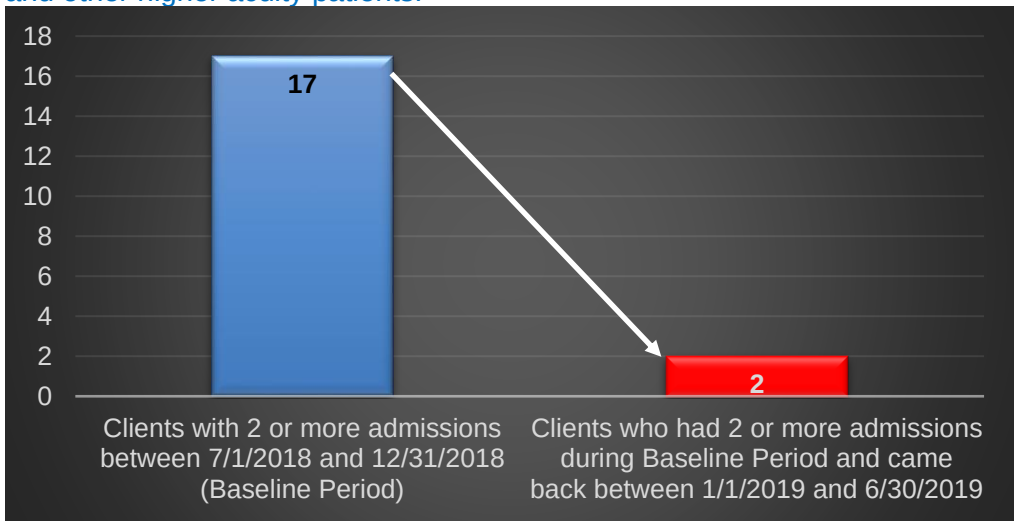
***Referred to Inpatient captures individuals who were discharged and admitted to a medical floor (i.e. inpatient medical).

NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2018 to June 30, 2019
- Includes adults 18 years of age and older

Outcome: Collaborative approach and treatment strategies to reduce readmission of patients with readmissions to the facility.
Domain: EFFECTIVENESS
Indicator: Recidivism/Readmissions
Who Applied: Persons with 2 or more admissions
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: Reduce rates by 10% from previous six month period

Exodus currently uses recidivism and readmission rates as **indicators** to measure the effectiveness of our collaborative approach and treatment strategies that keep patients from returning to the PHF. At any point in time, the Admission Log has the ability to **analyze** recidivism rates for patients who have had 2 or more admissions to the PHF during the previous 30 days, 3 or 6-month period. The Admission Log tracks these patients over subsequent months in order to measure a decrease or increase in readmissions for those patients. Also, the Admission Log has the ability to report monthly readmission rates (i.e. x percent of the admissions for a specific month were for repeat patients).

We rely on our community partnerships and relationships with other agencies for continuity of care. The has assisted us in reducing our recidivism through effective discharge and aftercare coordination. Our **goal** is to reduce readmissions and recidivism rates by 10% from the previous six-month period. With the remodel project, Exodus has had reduced beds, and as a result has had to give priority to conserved, jail and other higher acuity patients.



***88.2% reduction in recidivism during FY 18-19
VS 87.5% during FY 17-18

NOTES:
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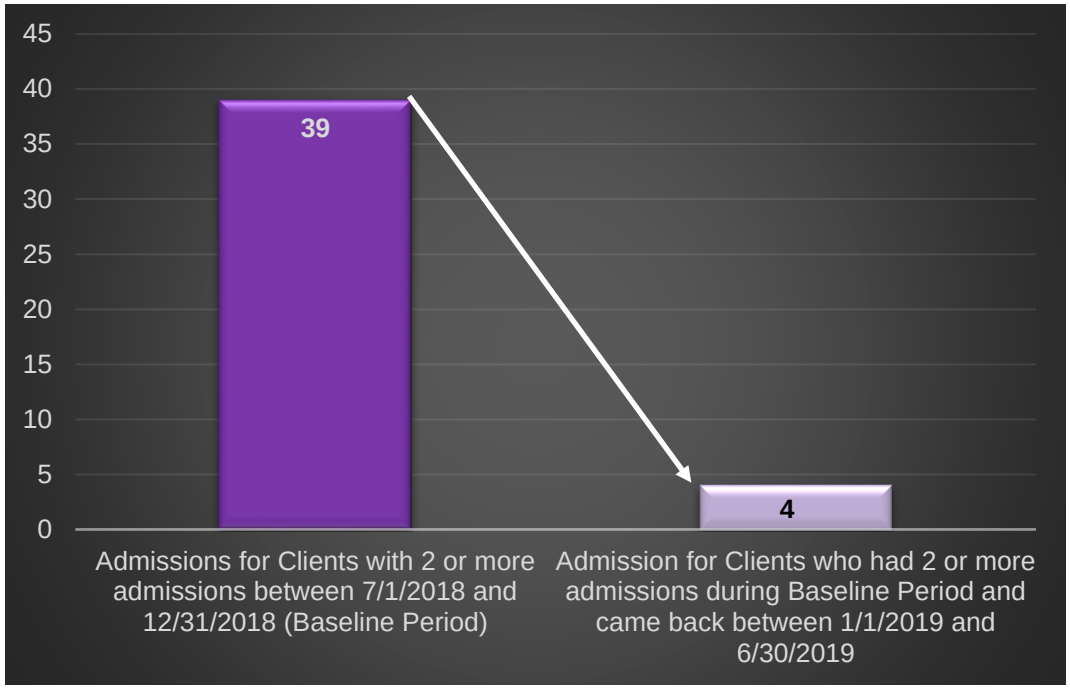

***89.7% reduction in readmissions during FY 18-19 VS 94.3% during FY 17-18

NOTES:
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- Includes Discharges from July 1, 2018 to June 30, 2019
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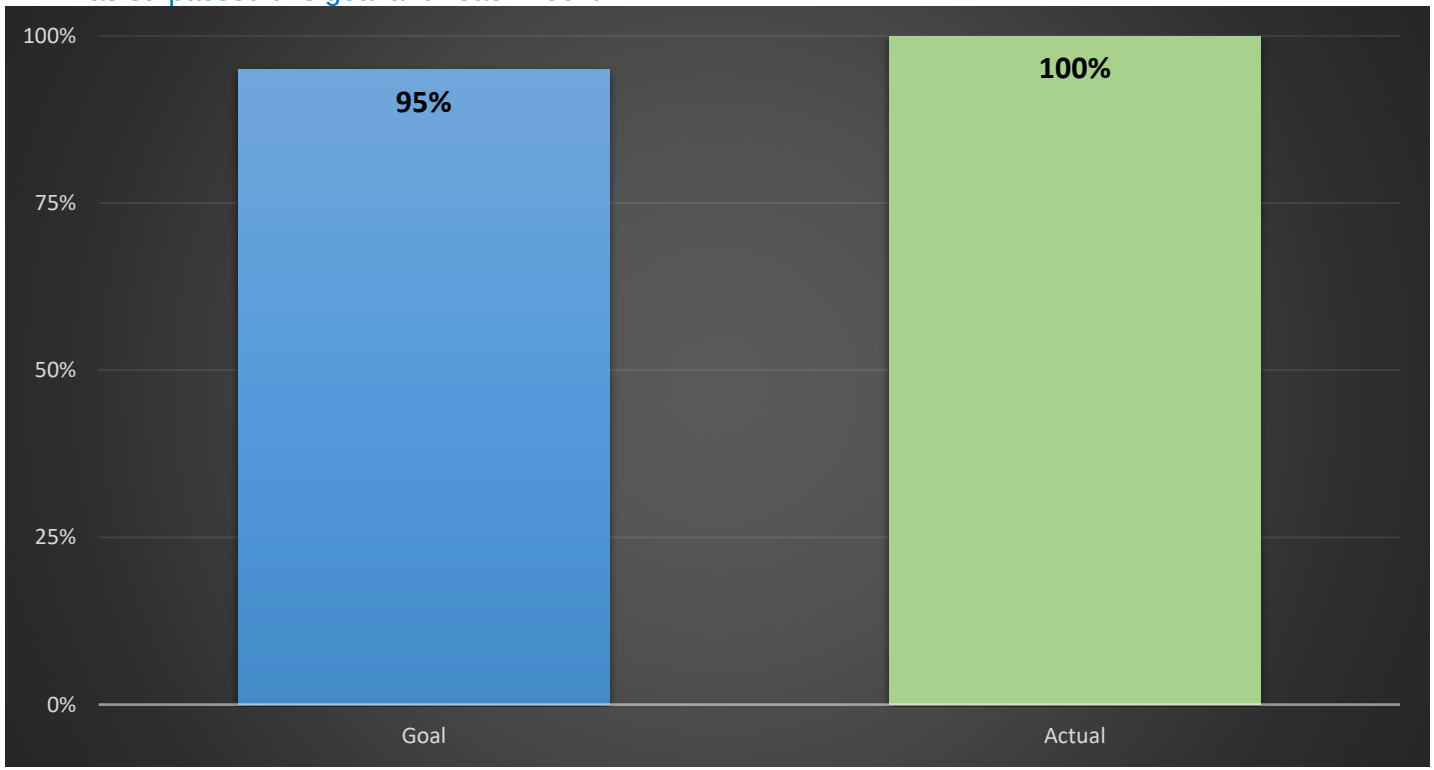
Outcome: Denial rate for PHF days that do not meet Medi-Cal medical necessity criteria as determined by the utilization review performed by the Fresno County Mental Health Plan.
Domain: EFFICIENCY
Indicator: Denial Rate for Non-Medical Necessity PHF days
Who Applied: Persons Served who did not meet medical necessity
Time of Measure: FY 18-19
Data Source: Avatar Billing Report by Cost Center
Target Goal Expectancy: 0% denial rate

Exodus calculates its denial rate by dividing the number of denied claims by the total number of claims processed post a Utilization Review (UR) from Fresno County MHP. Such **analysis** is generated based on the frequency of a UR being performed by Fresno County Mental Health Plan. Managed Care has been asked to confirm denial rate for FY 18-19. Avatar Report does not reflect any denied services (service code 90D).

At this time, Exodus lacks the data required to calculate our denial rate and will continue to work with DBH to gather the appropriate data to report for the upcoming fiscal year.

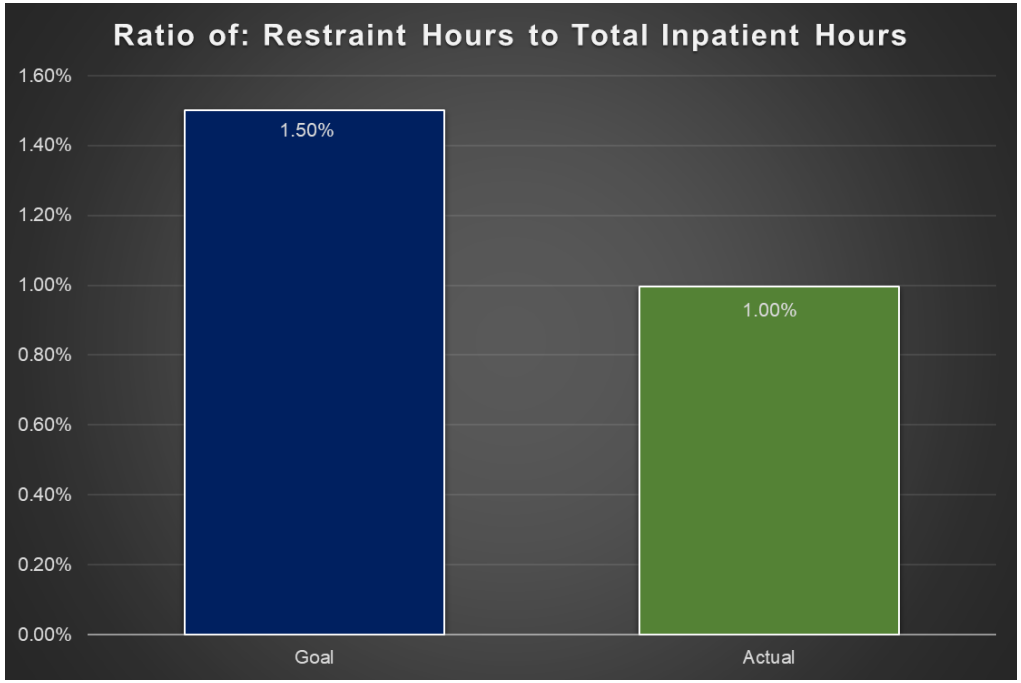
Outcome: Initial Screening – Percent of patients discharged that were screened by the 3rd day post admission for all of the following: risk of violence to self, risk of violence to others, substance use, psychological trauma history, and patient strengths.
Domain: ACCESS
Indicator: 3rd Day Post Admission Screening
Who Applied: All Persons Served
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: 95% of persons discharged had 3rd day post admissions screening

The PHF goals are as follows: To have a 95% of patients discharged (215 total patients) that were screened by the 3rd day post admission for all of the following: risk of violence to self, risk of violence to others, substance use, psychological trauma history, and patient strengths. Exodus PHF has surpassed this goal and reach 100%.



NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2018 to June 30, 2019
- Includes adults 18 years of age and older

Outcome: Hours of Physical Restraint Use – Total hours all patients spent in physical restraint as a proportion of total inpatient hours. Restraint is defined as mechanical and manual devises that restrict freedom of movement of the body.
Domain: EFFECTIVENESS
Indicator: Hours of Physical Restraint Use
Who Applied: All Persons Served
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: 1.5% Hours of Physical Restraint Hours to Total Inpatient Hours *(During FY 18-19, our method to calculate this ratio, as well as the goal was changed. The new calculation is based on total restraint hours/ total patient hours for clients who were on restraint)*
The PHF goals are as follows: To decrease the ratio of total hours patient spent in restraint to total inpatient hours to 1.5%, we've surpassed our goal and decreased it to 1.00% (30.1 hours of physical restraint to 3,024 inpatient hours).

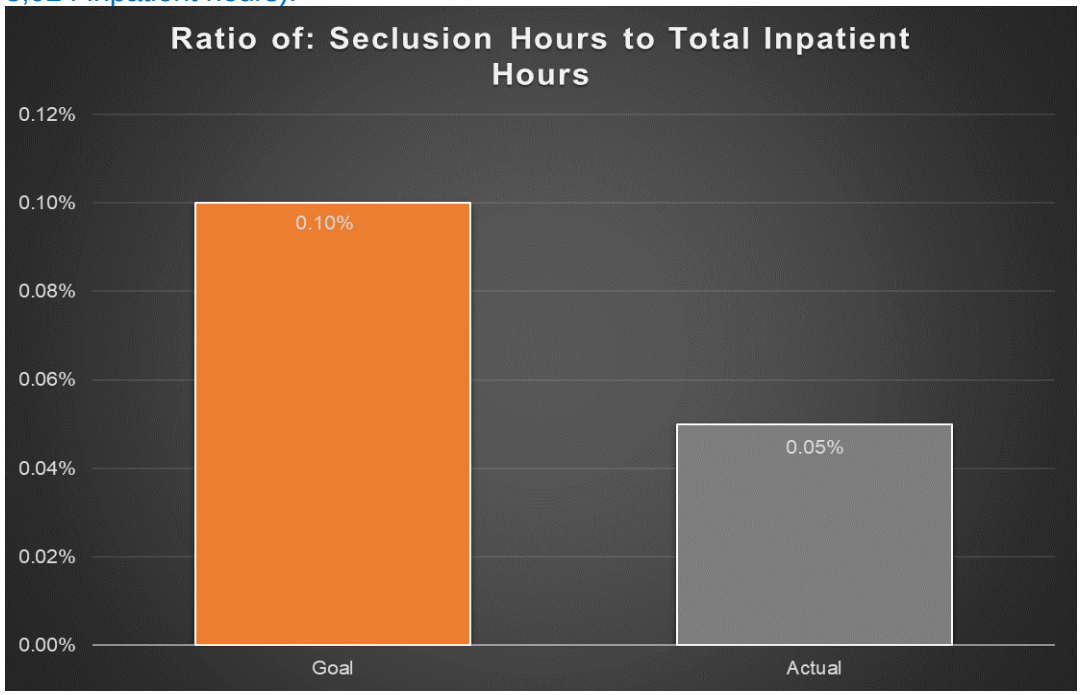


NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2018 to June 30, 2019
- Includes adults 18 years of age and older

Outcome: Hours of Seclusion Use - Total hours all patients spent in seclusion as a proportion of total inpatient hours. Seclusion is defined as restricted alone to a room or area where the patient is not allowed to leave without the permission of staff.

Domain: EFFECTIVENESS
Indicator: Hours of Seclusion Use
Who Applied: All Persons Served
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: 0.10% seclusion hours to total inpatient hours

During FY 18-19, our method to calculate this ratio, as well as the goal was changed. The new calculation is based on total seclusion hours/ total patient hours for clients who were on seclusion The PHF goals are as follows: To decrease the ratio of total hours patient spent in seclusion to total inpatient hours to 0.10%, we've surpassed our goal and decreased it to 0.05%. (1.58 hours of seclusion to 3,024 inpatient hours).



NOTES:
- Data extracted from Exodus' PHF Admissions Log
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- Includes adults 18 years of age and older

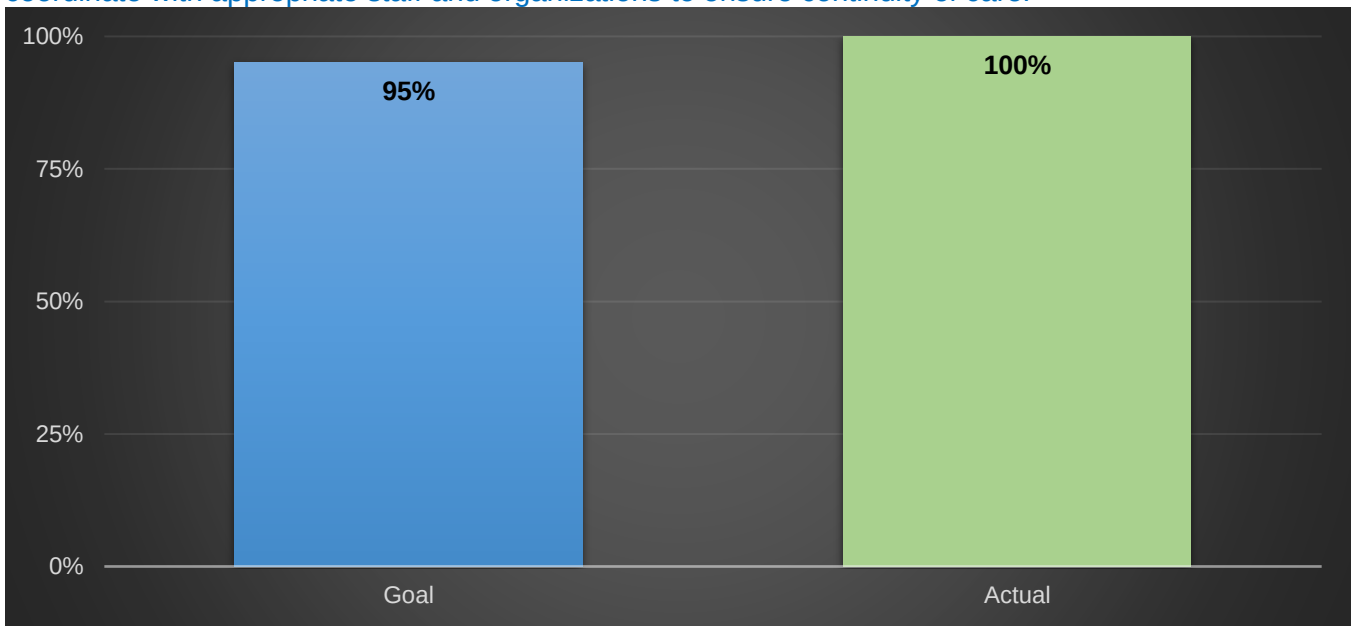
Outcome: Discharge on Multiple Antipsychotic Medications - Percent of patients discharged on two or more antipsychotic medications as a proportion of patients discharged on one or more antipsychotic medications. Antipsychotic medications include regularly scheduled oral doses and long-acting injectable forms, regardless of diagnosis.
Domain: EFFECTIVENESS
Indicator: Reduction in Polypharmacy prescriptions
Who Applied: All Persons Served
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: Exodus will work closely with DBH to identify a target goal.

Exodus has updated the physician discharge summary to track clients discharged on multiple antipsychotics. Exodus is also in the process of updating our internal log to track polypharmacy. Once EHR is available, it is our goal that this will be able to be tracked and available for analysis.

Outcomes: Continuing Care Plan Created - Percent of patients discharged with a continuing care plan created that includes all of the following: reason for hospitalization, discharge diagnosis, discharge medications, and next level of care recommendations. Minimum information for all discharge medications includes medication name, dose, and indications for use.

Domain: ACCESS
Indicator: Continuing Care Plan Created
Who Applied: All Persons Served
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: 95% of patients discharged with a continuing care plan

The PHF goals are as follows: To have a 95% of patients discharged (215 patients) with a continuing care plan created that includes all of the following: reason for hospitalization, discharge diagnosis, discharge medications, and next level of care recommendations. Exodus PHF has surpassed this goal and reached 100%. Clients who are sent to the hospitals for additional care, are sent with an aftercare plan incorporating their reason for psychiatric hospitalization, current diagnosis, and current medications, so that hospital social workers there are able to include PHF directions at hospital discharge. Exodus nurses and social service staff continues to coordinate with appropriate staff and organizations to ensure continuity of care.



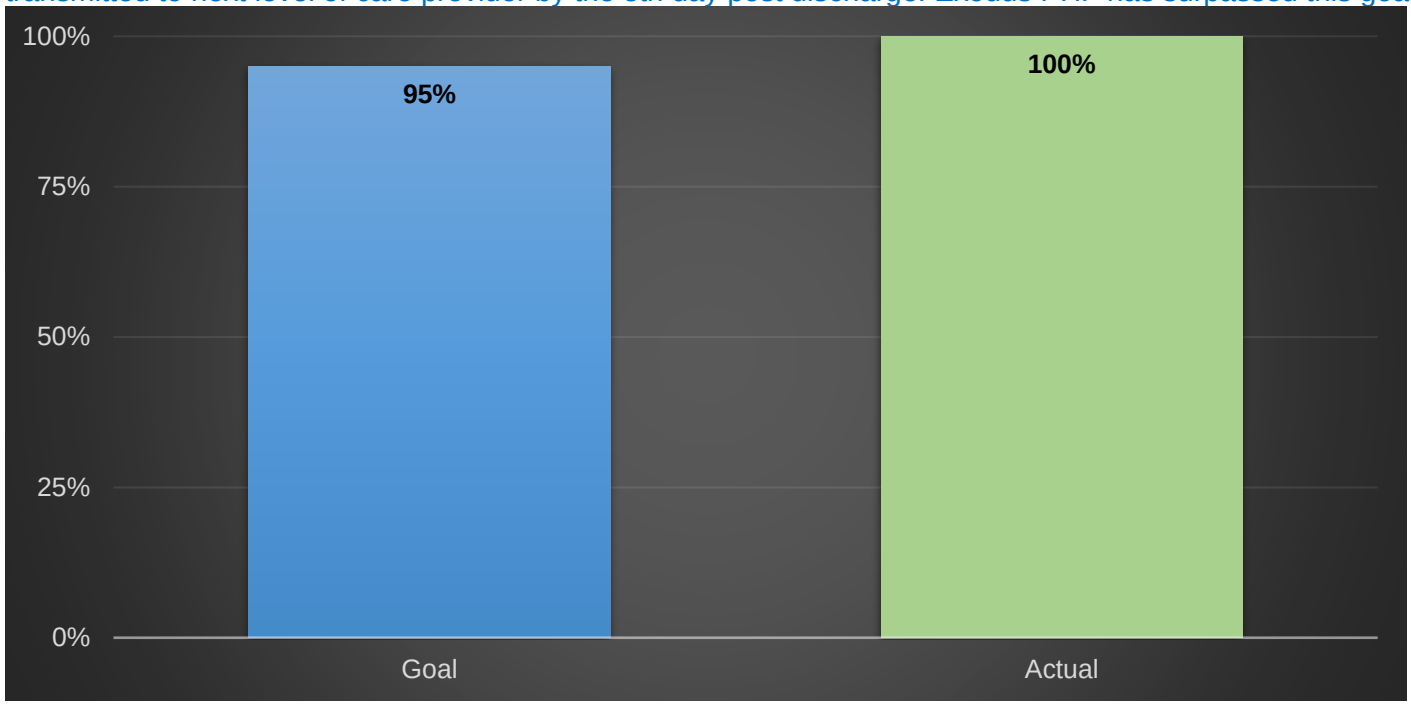
NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2018 to June 30, 2019

- Includes adults 18 years of age and older

Outcomes: Continuing Care Plan Transmitted. Percent of patients discharged with a complete continuing care plan that is transmitted to next level of care provider by the 5th day post discharge.

Domain: ACCESS
Indicator: Continuing Care Plan Transmitted
Who Applied: All Persons Served
Time of Measure: FY 18-19
Data Source: Admissions Log
Target Goal Expectancy: 95% patients discharged with a continuing care plan that is transmitted to next level care provider by 5th day post discharge

The PHF goals are as follows: To have a 95% of patients discharged (215 patients) with a complete continuing care plan that is transmitted to next level of care provider by the 5th day post discharge. Exodus PHF has surpassed this goal and reached 100%.



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Satisfaction & Feedback of Persons Served & Stakeholder
Domain: SATISFACTION & FEEDBACK

Currently Exodus does not have a mechanism, such as satisfaction surveys, to survey client satisfaction. Due to the nature of the program design and clientel, it is difficult to following up for feedback. Exodus will work with DBH to develop appropriate mechanisms and goals for this domain. However, Exodus does work closely with many community partners to gather constructive feedback, complaints, and grievances to improve overall performance of the program. Thanks to the continuous collaborative efforts with all our partners, we have been able to link many clients to the appropriate levels of care for our clients. For instance, we are able to advocate and complete Full-Service Partnership (FSP) referrals for our clients efficiently, so that they can receive the much needed attention and guidance in the community while recovering. Exodus has also been able to reconnect many clients back to their FSP programs, and conduct warm hand-off to encourage re-engagement with those services. Exodus work collaboratively with many community stakeholders to advocate for higher levels of care for our patients who demands the extra care, such as temporary conservatorship. Outcomes of complaints and grievances from clients, providers, and stakeholders are reviewed at DBH monthly meetings to guide Exodus with appropriate actions, if needed, to resolve outstanding concerns or future concerns.

Reviewed a

DEPARTMENT RECOMMENDATION(S):

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