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:**	July 1, 2019 - June 30, 2020
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:	$4,397,877	**Program Actual Amount:**	*$3,952,284.18
Number of Unique Clients Served During Time Period:	146		
Number of Services Rendered During Time Period:	4,514		
Actual Cost Per Client:	*$27,070.44		

NOTE: * *These amounts are not finalize as supplemental expenditures are pending for this fiscal year. Amounts will be updated as appropriate.*

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	PHF/Inpatient
Contract Term:	01/01/2016 – 06/30/2021	**For Other:**	Click here to enter text.
		Renewal Date:	June 30, 2021
Level of Care Information Age 18 & Over:	Choose an item.		
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 clients 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.

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 patient 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 patient related admission /discharge data and patient demographic information.

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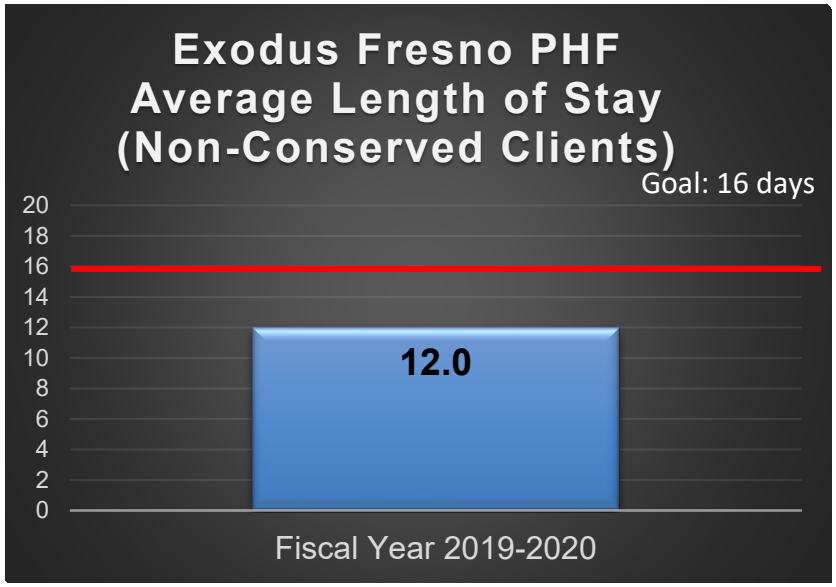
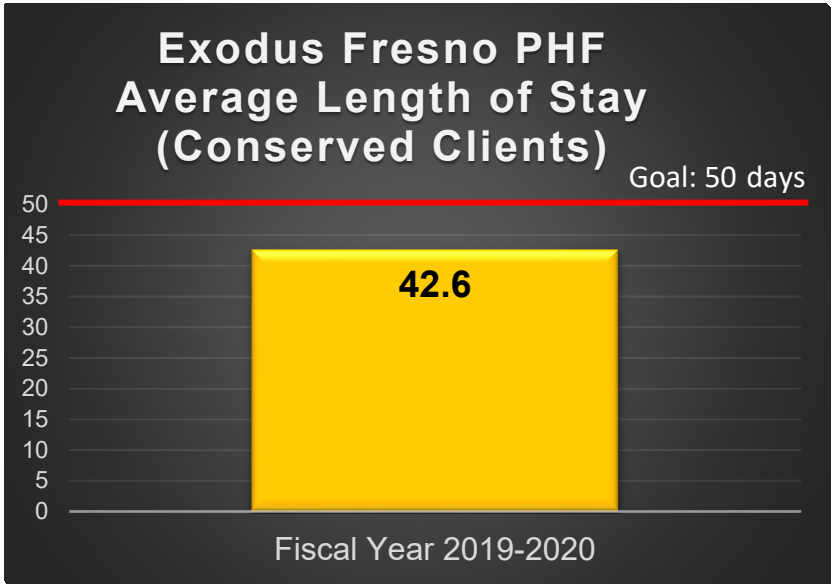
Outcome: Within 14 days plan, assist patient, stabilize excessive behaviors, and provide tools for successful interaction.
Domain: EFFICIENCY
Indicator: Length of Stay
Who Applied: All Persons Served
Time of Measure: FY 19-20
Data Source: Admissions Log
Target Goal Expectancy: 16 days

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 12.0 days for Non-Conserved clients and 42.6 days and Conserved clients for FY 19-20 discharges. As a result, Exodus has achieved the internal outcome goal of 16 days and 50 days, respectively.

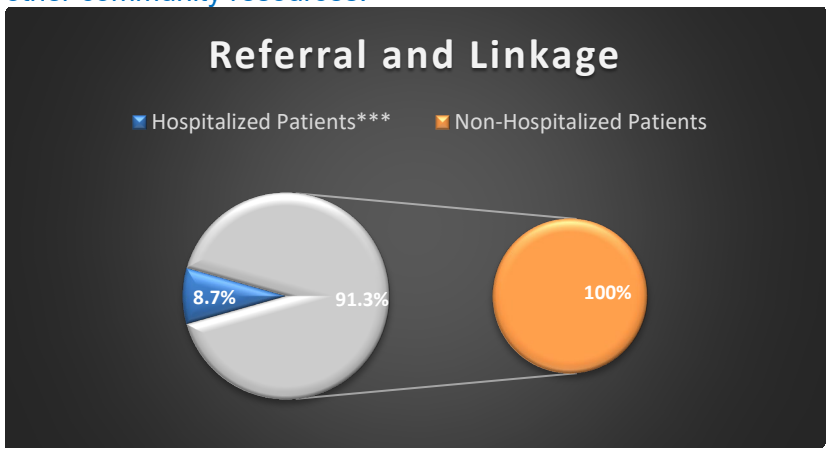




NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2019 to June 30, 2020
- Includes adults 18 years of age and older

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 19-20
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, 91.3% of all patients are discharged to non-hospital settings. 100% of those cliwents are referred to Department of Behavioral Health programs, community providers or other community resources.



Referral Out	# of Patients
Hospitalized Patients***	15
Non-Hospitalized Patients	157
Grand Total	172

***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, 2019 to June 30, 2020
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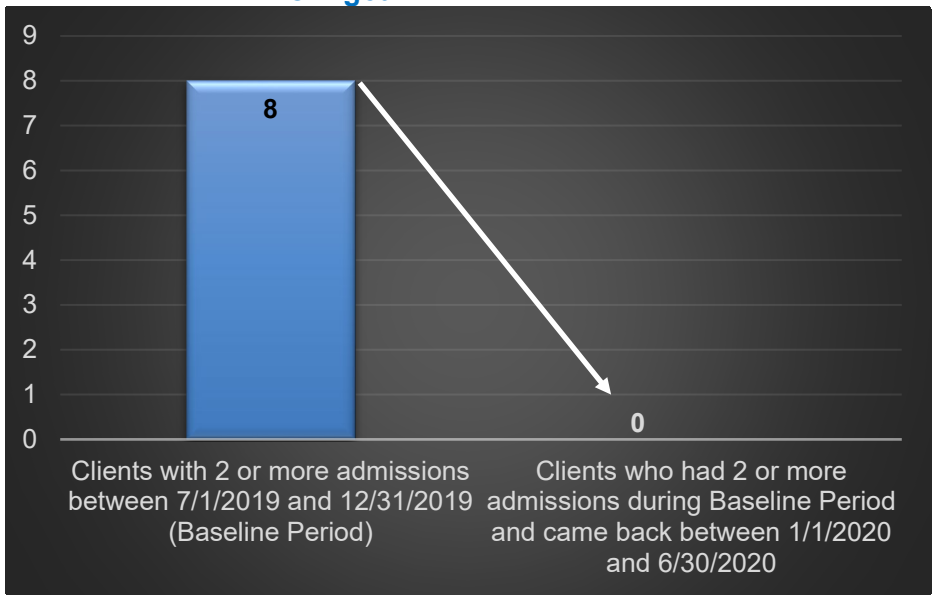
Outcome: Collaborative approach and treatment strategies to reduce readmission of patients with readmissions to the facility.
Domain: EFFECTIVENESS
Indicator: Recidivism/Readmissions
Who Applied: Persons with 2 or more admissions
Time of Measure: FY 19-20
Data Source: Admissions Log
Target Goal Expectancy: 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). Readmission/recidivism rates are reviewed by QI, Decision Support, program director, and discussed with Exodus staff as well as community partners in an effort to reduce readmissions. Our **goal** is to reduce readmissions and recidivism rates by 10% from the previous six month period.



***100% reduction in recidivism during FY 19-20
VS 88.2% during FY 18-19

NOTES:
- Data extracted from Exodus' PHF Admissions Log
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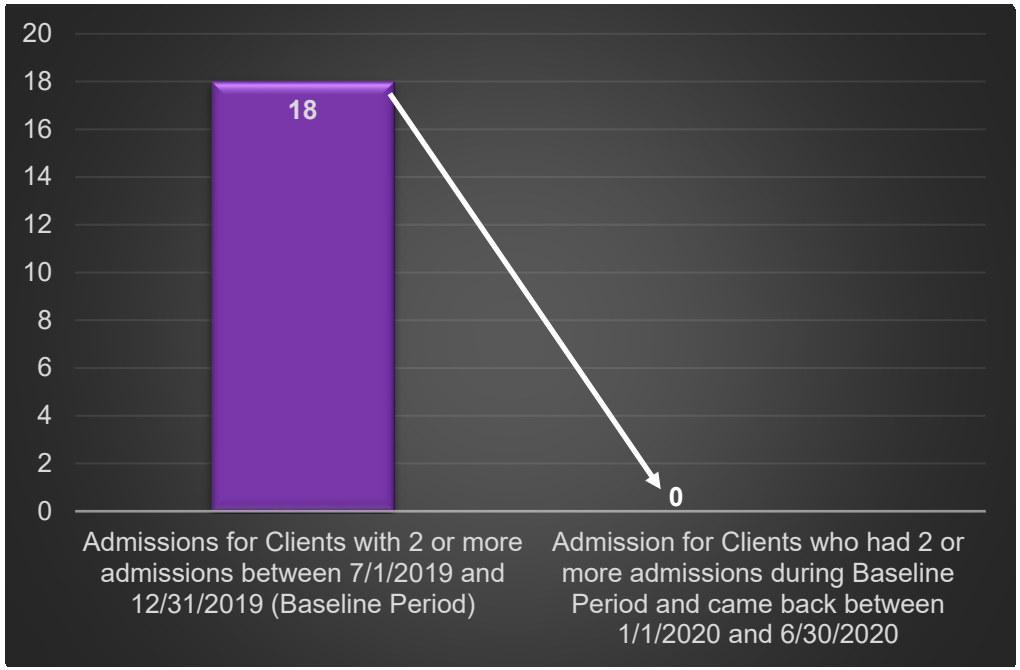


NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2018 to June 30, 2019
- Includes adults 18 years of age and older

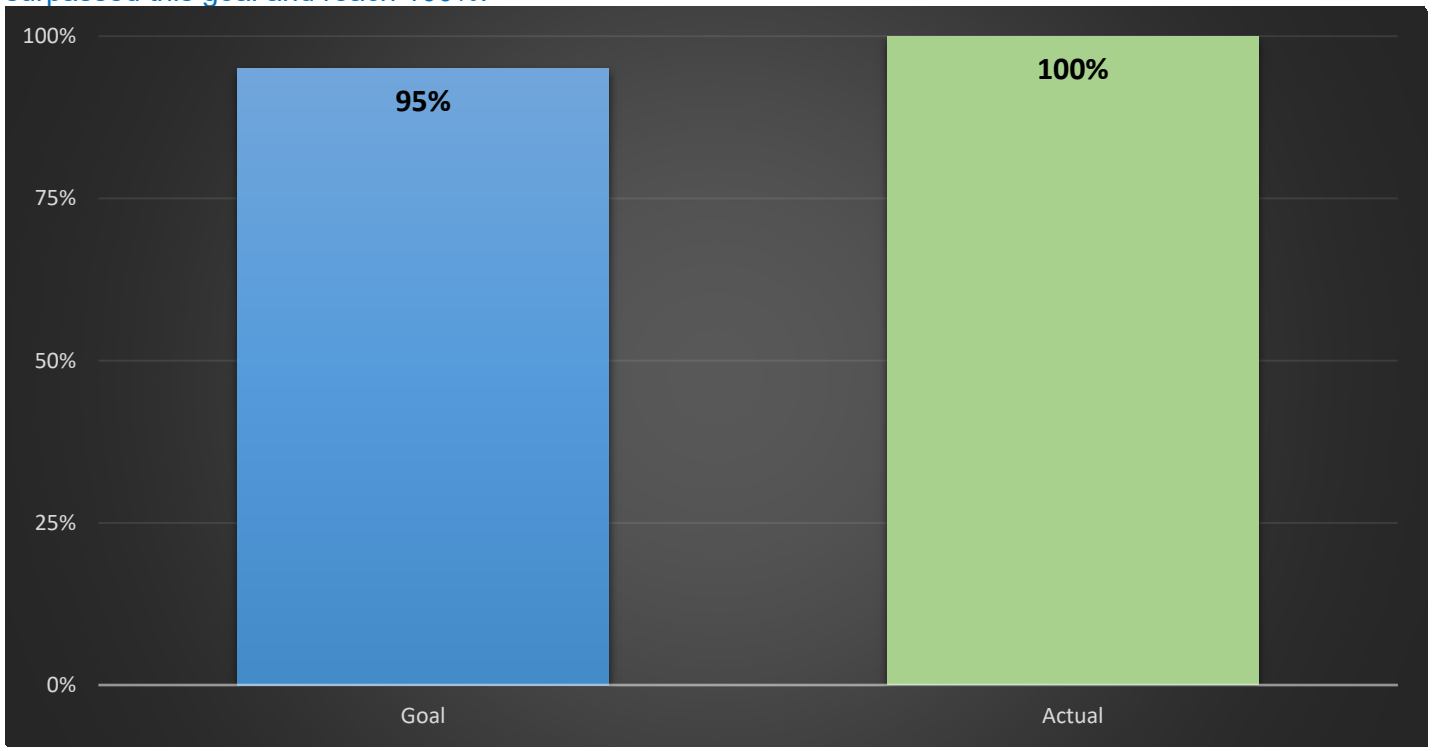
***100% reduction in readmissions during FY 19-20 VS 89.7% during FY 18-19

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 19-20
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. 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. Exodus will report the denial rate once we receive the Utilization Review from Fresno County. Exodus' goal is as follows: to have a 0% for PHF hours that do not meet Medi-Cal necessity criteria.

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 19-20
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 (172 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 us, psychological trauma history, and patient strengths. Exodus PHF has surpassed this goal and reach 100%.



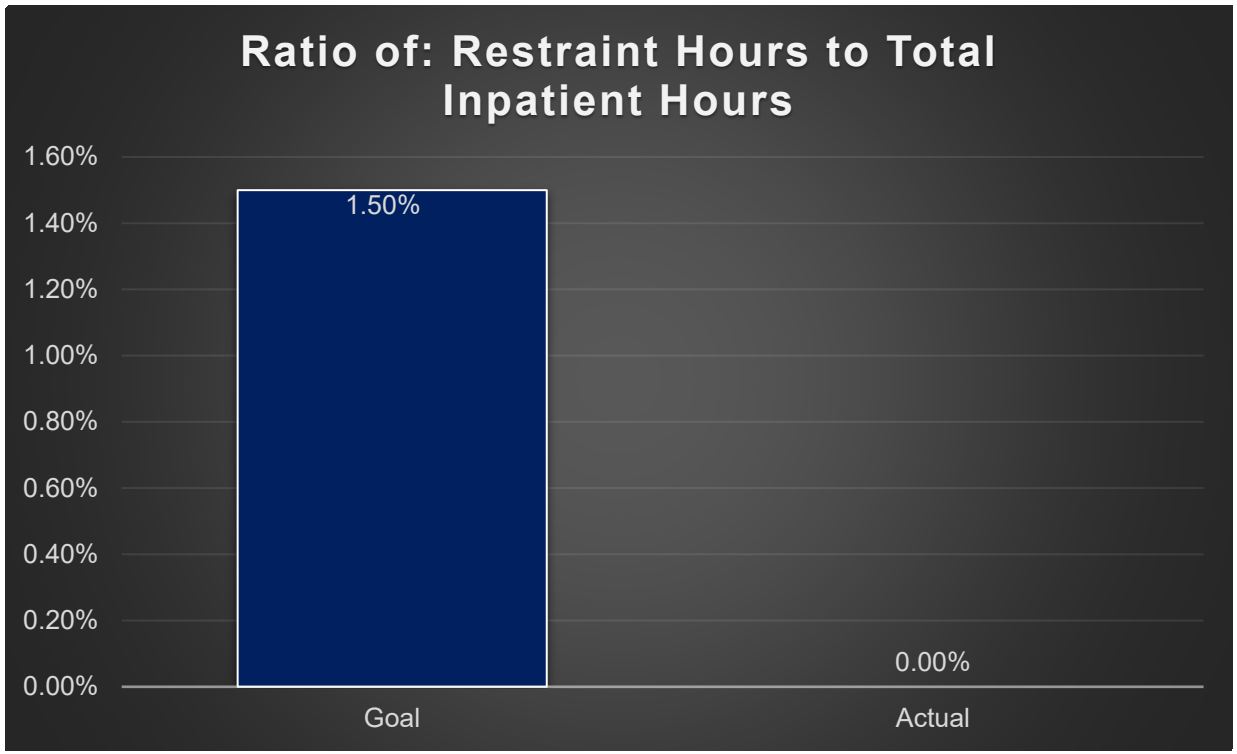
NOTES:
- Data extracted from Exodus' PHF Admissions Log

- Includes Discharges from July 1, 2019 to June 30, 2020
- 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 19-20
Data Source: Admissions Log
Target Goal Expectancy: 1.5% Hours of Physical Restraint Hours to Total Inpatient Hours

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 0.00% (5.3 hours of physical restrain to 107,644 inpatient hours).

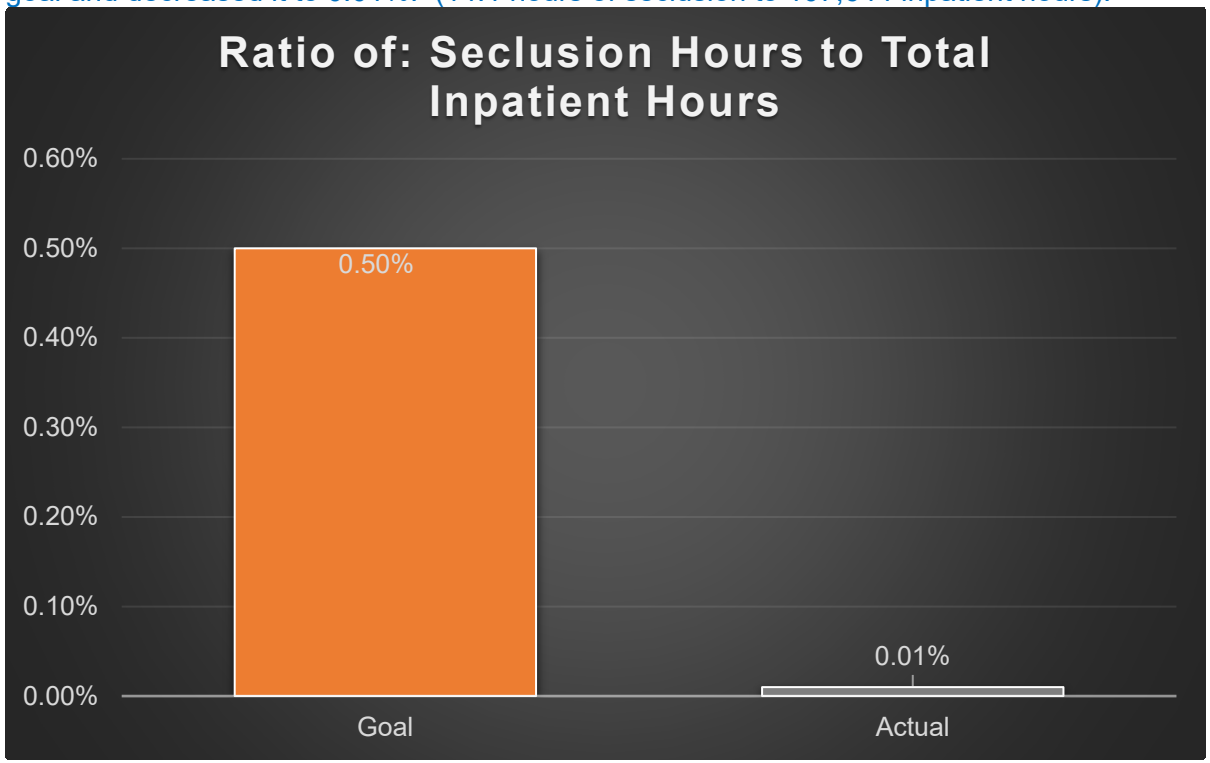


NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2019 to June 30, 2020

- 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 19-20
Data Source: Admissions Log
Target Goal Expectancy: 0.5% seclusion hours to total inpatient hours

The PHF goals are as follows: To decrease the ratio of total hours patient spent in seclusion to total inpatient hours to 0.5 %, we've surpassed our goal and decreased it to 0.01%. (14.1 hours of seclusion to 107,644 inpatient hours).



NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2019 to June 30, 2020

- Includes adults 18 years of age and older

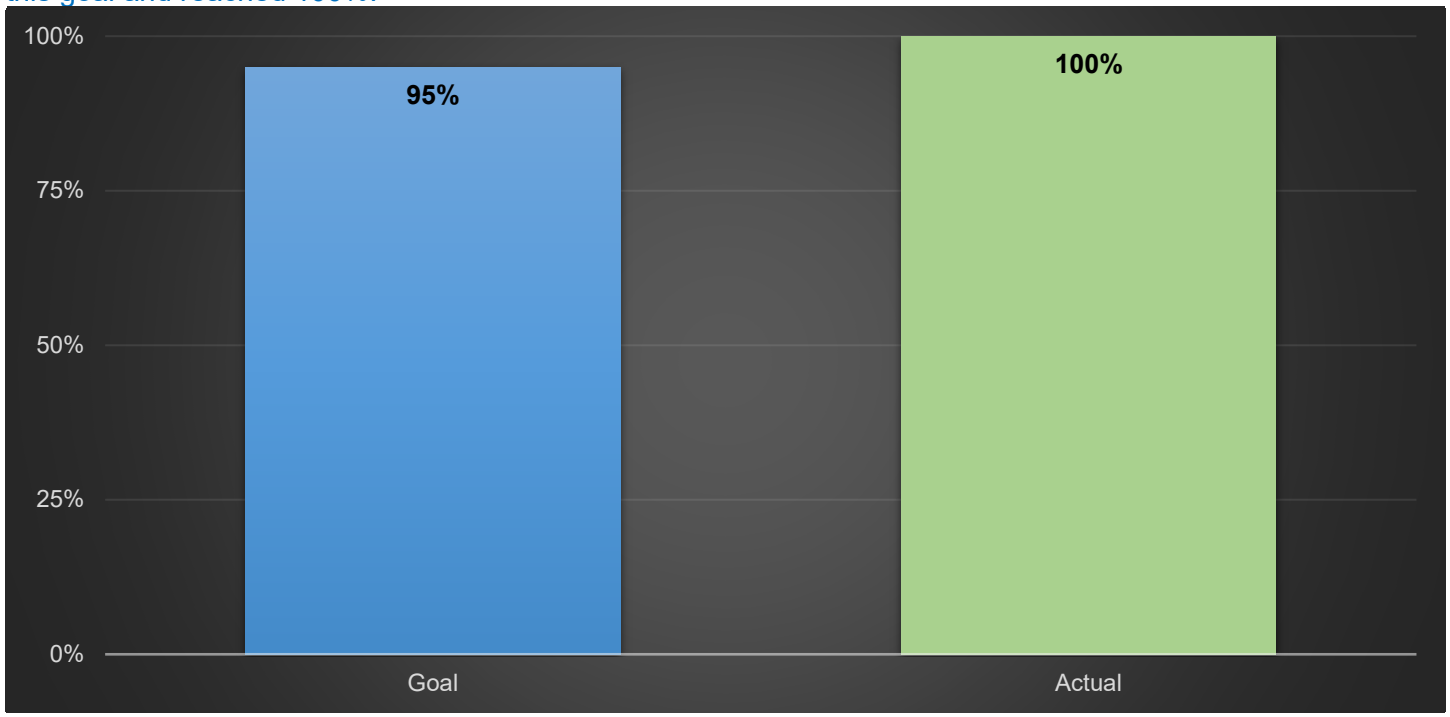
Outcome: Discharge on Multiple Antipsychotic Medications - Percent of patients discharged on two or more antipsychotic medications as a proportion of patients discharged on one or more antipsychotic medications. Antipsychotic medications include regularly scheduled oral doses and long-acting injectable forms, regardless of diagnosis.
Domain: Effectiveness
Indicator: Number of Clients discharged with more than one Antipsychotic Medication prescribed.
Who Applied: All Persons Served
Time of Measure: FY 19-20
Data Source: Discharge Summaries, modifying interal tracking system to consolidate this data for future outcomes reports
Target Goal Expectancy: Exodus to work with DBH to developed a current target goal expectancy as appropriate.

Due to the arrangement Exodus has with Fresno County, to assist in treating the highest utilizers to facilitate temporary conservatorship applications, we have a higher acuity of patients, who arrive on multiple antipsychotics, or have a documented history of their symptoms being insufficiently controlled on a single antipsychotic medication. Exodus would like to discuss with Fresno the potential revision of this outcome to account for patients who are admitted to the PHF already prescribed multiple antipsychotic medications versus patients whom we initiate a second or subsequent antipsychotic prescription for.

Currently, for any patient discharged on multiple antipsychotics our discharge summary entails the discharging doctor justifying the continued use of more than one antipsychotic medication upon discharge. Exodus is continuing to develop a method to best compile the data from these discharge summaries, however due to unforeseen circumstances, have experienced setbacks in establishing a electronic tracking system.

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 19-20
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 (172 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%.



NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2019 to June 30, 2020
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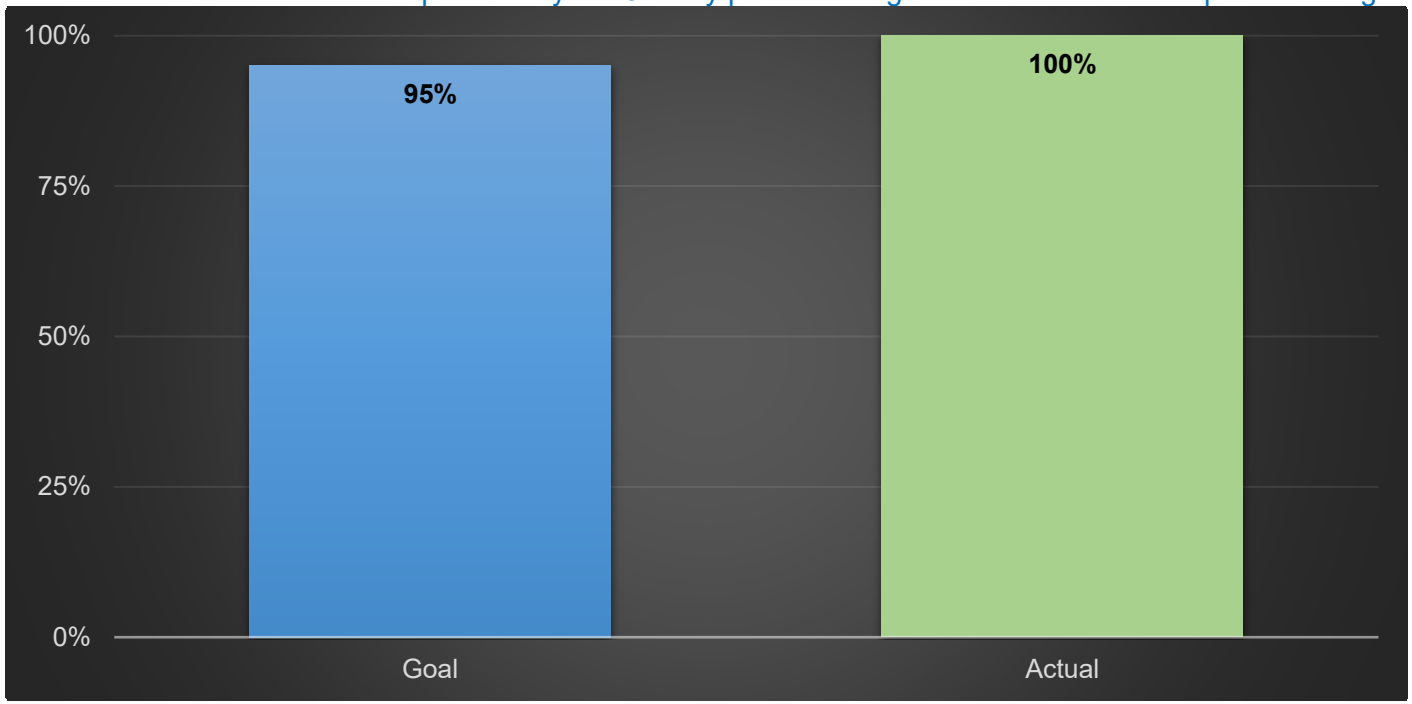
Outcomes: Continuing Care Plan Transmitted. Percent of patients discharged with a complete continuing care plan that is transmitted to next level of care provider by the 5th day post discharge.
Domain: ACCESS
Indicator: Continuing Care Plan Transmitted
Who Applied: All Persons Served
Time of Measure: FY 19-20
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 (172 patients) with a complete continuing care plan (defined in #14) that is transmitted to next level of care provider by the 5th day post discharge. Exodus PHF has surpassed this goal and reached 100%.



NOTES:
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Satisfaction & Feedback Of Persons Served & Stakeholder
Domain: SATISFACTION & FEEDBACK
Indicator: Consumer feedback regarding satisfaction, efficiency, and effectiveness
Who Applied: All Persons Served
Time of Measure: FY 19-20
Data Source: Consumer Perception Surveys
Target Goal Expectancy: Exodus will work with DBH to establish a target goal expectancy for the next reporting cycle.

Exodus works closely with our community partners. Thanks to the collaborative team effort we have been able to link many clients to the appropriate level of care. For instance, we are able to advocate and complete FSP referrals efficiently. We reconnect many clients back to FSPs, and conduct a warm hand-off to encourage re-engagement with services. We work collaborate with our community stakeholders to advocate for higher levels of care for our patients, such as temporary conservatorship.
Outcomes of complaints and concerns from clients, providers and stakeholders are reviewed at the County monthly meetings to include any actions taken to resolve issues. At the Behavioral Health Board meeting in the spring, the board members positively reviewed their walk-through site visit, with complimentary remarks to the board and participants in the meetings.

As for direct feedback from persons served as well as family members, we have several pieces of art, notes/cards, and writings from individuals expressing their thanks and appreciation for the services provided. While many clients do not like the idea of being conserved, many express appreciation when they feel stabile and have a positive outcome. In addition, we receive positive feedback from the CIT Team and Public Guardian's Office related to collaborating and assisting with continuity of care; particularly with challenging situations. Likewise, Libby Hellwig-Teague from the Office of Fresno County Counsel provides positive feedback on a regular basis with the services provided, documentation and flexibility with various court hearings. An example can be provided with a middle-aged Latina who experienced chronic homelessness, considered an extremely high utlizer of emergency services, exhibiting several co-morbid health problems that placed her at high risk physically. She experienced severe psychotic symptoms that impaired her judgment and insight to mental health issues which only exacerbated her critical medical issues. She presented with disorganized thoughts and behaviors, unintelligible speech much of the time, and frequent outbursts of aggression which included biting, spitting, scratching and throwing objects. Medically, she was compromised with a blood-disorder, enimia, hypertension and uncontrollable diabetes to name a few. Another medical challenge was her symptoms interefered with her understanding for the need of insulin and she frequently refused in her early weeks. History showed that the individual moved from one emergerncy situation to another, and she was utilizing emergency services more often than not.

In addition, she exhibited a long history of inability to care for herself and successfully engage in available resources within the community. Furthermore, her medical conditions were such a challenge; they would briefly stabilize in the emergency room but with the inability to follow up due to severe, chronic mental health symptoms, she would be immediately a risk once again. Her severe and ongoing medical issues also made it challenging to find an appropriate placement. Exodus Recovery successfully worked with the CIT and Fresno Police Department to engage the individual at our Crisis Stabilization Unit. Collectively, we coordinated a difficult yet successful transition to our PHF where CIT and Fresno Police Department provided documentation supporting an application for temporary conservatorship in addition to our medical providers. During that time, Exodus Recovery staff at the PHF provided consistant, structured and empathic care for this individual which required one-to-one due to violence,

monitoring carefully medical issues, coordinating with emergency room visits and follow up medical in attempts to stabilize the individual's physical and mental conditions experienced. Our staff worked with the Office of Fresno County Counsel and Public Guardian's Office and the individual became temporarily conserved. With the person's served, the overall outcome was extremely success in stabilizing her mental health and medical conditions and discharged to an IMD to help aid in reinforcing structured care at a lower level and maintaining the individuals wellbeing.

DEPARTMENT RECOMMENDATION(S):

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