

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Exodus Youth Crisis Stabilization Center	Provider:	Exodus Recovery, Inc.
Program Description:	Exodus Recovery operates an LPS designated Crisis Stabilization Center (CSC) providing psychiatric stabilization services to adolescents (17 years of age and younger) who would otherwise be taken to or access care in an emergency room. 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 Exodus CSC.	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	Dates Of Operation:	April 15, 2015 to 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:	\$4,522,262.40	Program Actual Amount:	*\$3,996,432.34
Number of Unique Clients Served During Time Period:	1,092		
Number of Services Rendered During Time Period:	1,681		
Actual Cost Per Client:	*\$3,659.74		
<i>NOTE: * These amounts are not finalize as supplemental expenditures are pending for this fiscal year. Amounts will be updated as appropriate.</i>			

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Crisis Stabilization
Contract Term:		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 crisis stabilization services to individuals at the Youth Crisis Stabilization Center.

TARGET POPULATION INFORMATION:

Target Population: Adolescent(17 years of age and younger) who would otherwise be taken to or access care in an emergency room. 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 Exodus CSC.

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

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

Choose an item.

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 CSC. In addition, Exodus' Decision Support Department provides analytical support to the Exodus CSC 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 client related admission /discharge data and client demographic information.

All collected program outcomes are appraised by the Quality Improvement (QI) Committee composed of clinical, quality and program leadership on a monthly basis. After outcomes appraisal, the review committee creates a plan to change behaviors that negatively influence outcomes.

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: Non-hospitalized individuals

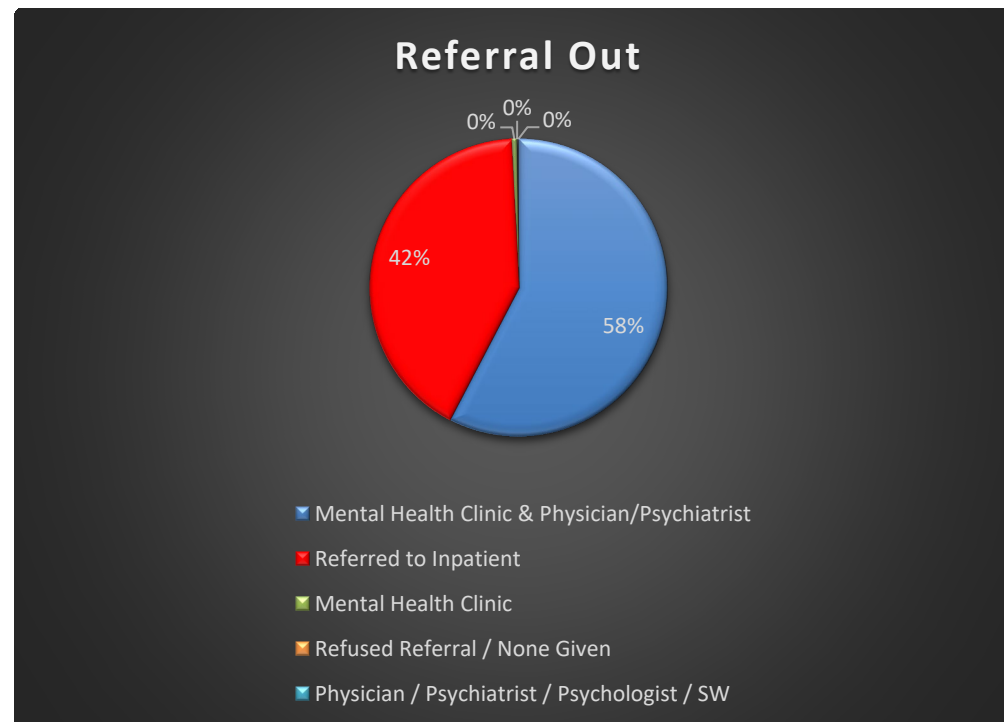
Time of Measure: FY 19-20

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 client upon discharge that effectively connects our clients to the broad array of services that Fresno

County offers. This has resulted in better integration of behavioral care for our clients across other systems, including physical health and other service services that positively impact the overall health and wellness of our clients. Regardless of a client admission status to the Exodus CSC, the Admission Log collects information and other **indicators** about what Department of Behavioral Health program, community provider or other community resources refer clients to the Exodus CSC (Referral In). In addition, the Admission Log collects information about a client'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 clients (981 clients). An **analysis** report is generated on a monthly basis for Exodus management to identify gaps in client care, services and problems with linkage care coordination. Currently, 58.4% of all patients are discharged to non-hospital settings. 99.8% of those clients are referred to Department of Behavioral Health programs, community providers or other community resources.



Referral Out	# of Clients
Mental Health Clinic & Physician/Psychiatrist	969
Referred to Inpatient	700
Mental Health Clinic	8
Refused Referral / None Given	2
Physician / Psychiatrist / Psychologist / SW	2
Grand Total	1,681

NOTES:

- Data extracted from Exodus' Fresno CSC Admissions Log
- Includes Admissions from July 1, 2019 to June 30, 2020
- Includes adolescents 17 years of age and younger

Outcome: Collaborative approach and treatment strategies to reduce readmission of clients with frequent readmissions to the facility.

Domain: EFFECTIVENESS

Indicator: Recidivism/Readmissions

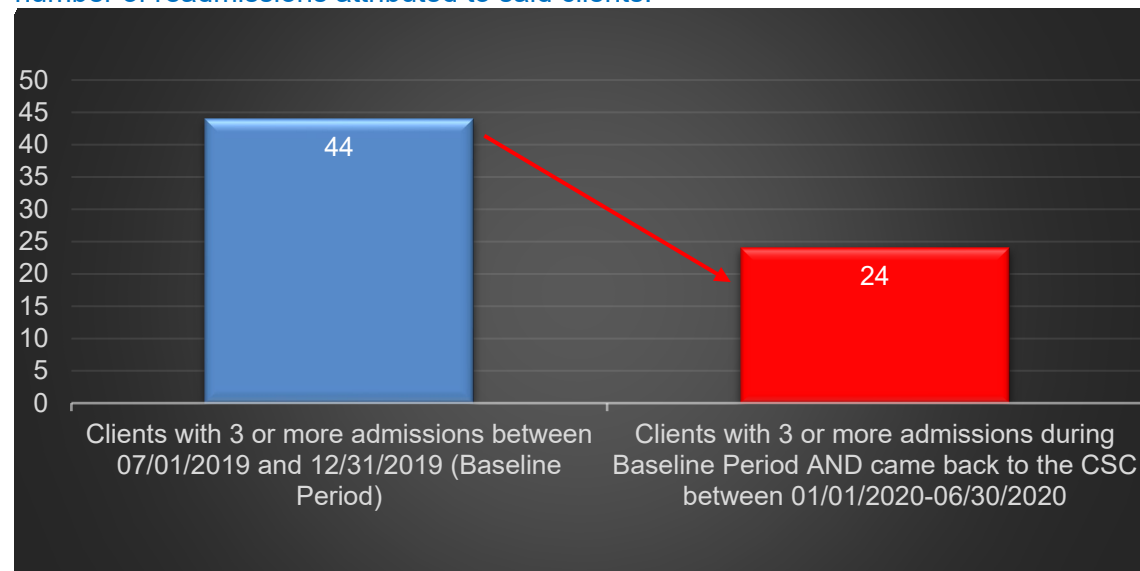
Who Applied: Persons with 3 or more admissions

Time of Measure: FY 19-20

Data Source: Admissions Log

Target Goal Expectancy: Reduce rates by 10% from previous six month period

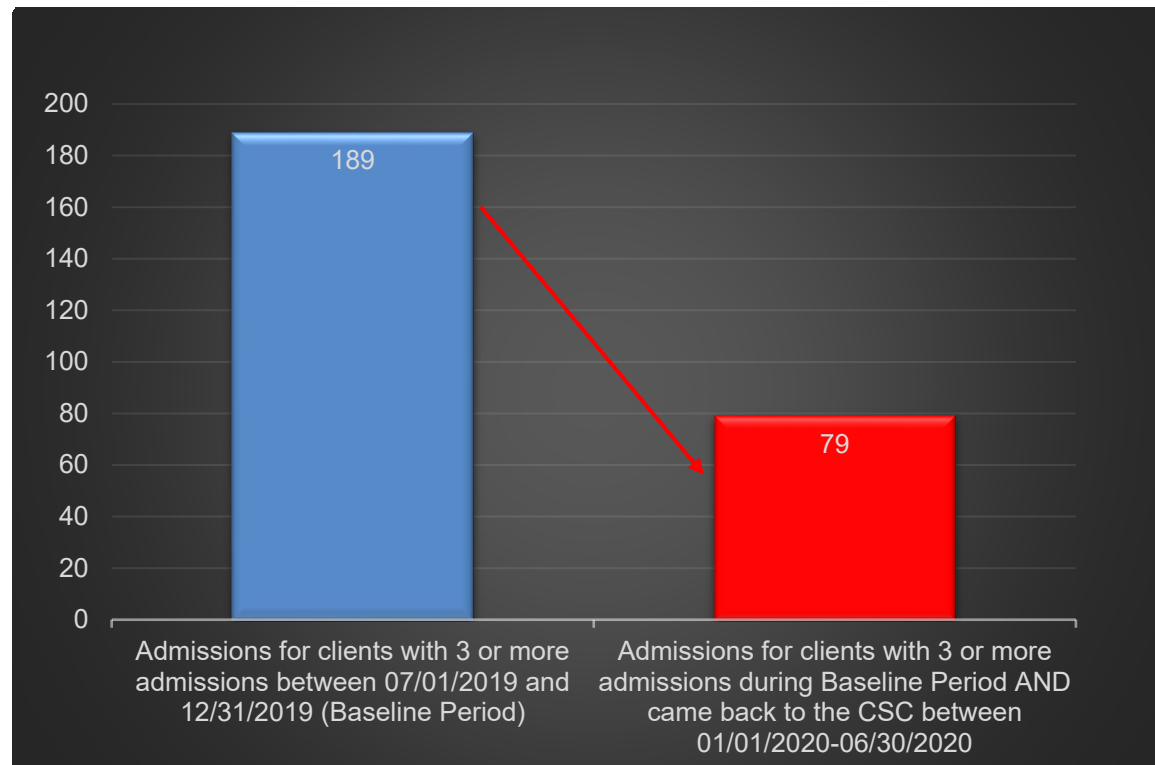
Exodus currently uses recidivism and readmission rates as **indicators** to measure the effectiveness of our collaborative approach and treatment strategies that keep clients from returning to the CSC. At any point in time, the Admission Log has the ability to **analyze** recidivism rates for clients who have had 3 or more admissions to the CSC during the previous 30 days, 3 or 6-month period. The Admission Log tracks these clients over subsequent months in order to measure a decrease or increase in readmissions for those clients. 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 clients). 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. We significantly exceeded our **goal** with regard to the number of clients with readmissions and the number of readmissions attributed to said clients.



***45.5% reduction in
recidivism during FY 19-20
VS 57.7% during FY 18-19

NOTES:

- Data extracted from Exodus' Fresno CSC Admissions Log
- Includes unique clients with admissions from July 1, 2019 to June 30, 2020
- Includes adolescents 17 years of age and younger



***58.2% reduction in readmissions during FY 19-20 VS 67.3% during FY 18-19

NOTES:

- Data extracted from Exodus' Fresno CSC Admissions Log
- Includes Admissions from July 1, 2019 to June 30, 2020
- Includes adolescents 17 years of age and younger

Outcome: Denial rate reduction of 5% for Crisis Stabilization billing that does 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 Crisis Stabilization

Who Applied: Persons Served who did not meet medical necessity

Time of Measure: FY 19-20

Data Source: DBH Managed Care Utilization Review

Target Goal Expectancy: 5% reduction

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. Exodus will report the denial rate once we receive the Utilization Review from Fresno County.

Outcome: 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: Direct consumer feedback, County feedback, Internal and County grievances, and success stories

Target Goal Expectancy:

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. We also reconnect many clients back to FSPs or other outpatient mental health settings, and encourage re-engagement with services.

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.

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. One particular example of feedback was regarding an autistic youth client that presented to the unit on a 5585 hold, in 4 point restraints, with a spit mask on. This client had never been to CSC prior. Upon admission, client's family presented to the unit and advised that the client was Punjabi speaking and non-verbal. Client's father explained that he would not respond well to strangers and a new environment and did not like being touched. Punjabi speaking staff was available and spoke with the family and client to provide culturally sensitive care. Accommodations were provided including utilization of a room with decreased stimuli, using an iPad to provide music as a coping skill, and visitation of a support person (father was allowed to stay in the individual room with the client). In addition CSC Youth was able to collaborate via telehealth to reduce the amount of time the youth spent at the facility by obtaining access to a provider trained to work with youth experiencing psychological issues at midnight. The youth client was successfully discharged home with family and with referrals. Facilitated follow up post-discharge to ensure family understood and had needed resources and support. The youth client was already connected on an outpatient basis.

Outcome: Timeliness of Services – Exodus' goal is to provide individuals with the highest opportunity for recovery by admitting clients after a referral is generated and providing individualized treatment within one hour.

Domain: Behavioral Health Integrated Access

Indicator: Assessment time

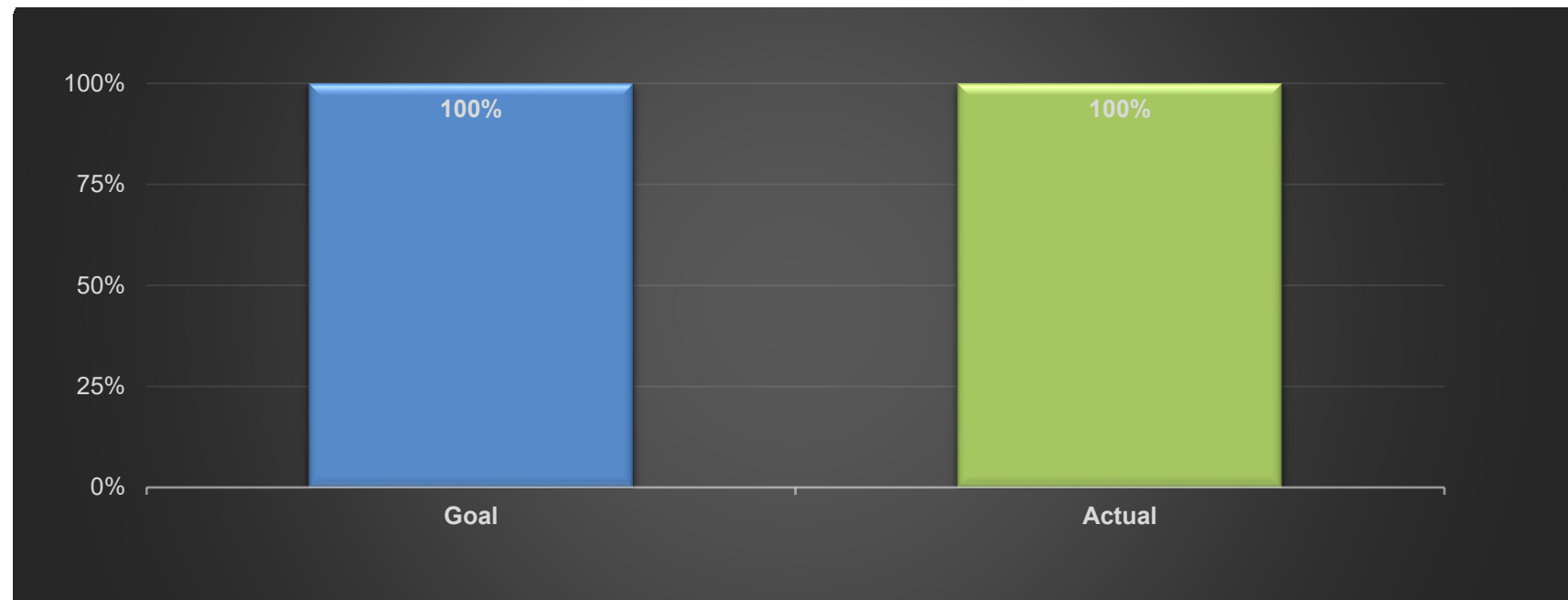
Who Applied: All Adolescent clients seeking admission

Time of Measure: FY19-20

Data Source: Documented time of arrival and beginning of intake.

When receiving referrals from hospitals and other outside sources, the information is reviewed immediately for a decision regarding medical necessity. If the client is appropriate for the setting, and we have availability, the referral source is contacted and notified to provide transport within 15 minutes of Exodus's decision being made.

Upon arrival to the unit, via referral or walk-in, the client receives an immediate evaluation by a nurse to determine if they meet criteria to be admitted to the unit. Within an hour all clients receive an evaluation by the nurse and wait to be evaluated by the provider. The provider will see the clients based on order of arrival. The nurse presents the client's case to the doctor to obtain orders for medication or standing orders when clinically indicated. The CSC's goal is to have 100% of patients evaluated within an hour, and that goal was reached for FY 19-20.



Outcome: Exodus strives to hire at least 50% of bilingual staff to care for the target population in their preferred languages, which include Fresno County's threshold languages.

Domain: Cultural/Community Defined Practices

Indicator: Languages spoken by staff

Who Applied: Exodus Staff

Time of Measure: FY 19-20

Data Source: HR Personnel Records

Exodus CSC currently has 126 staff members, of which 71 are bilingual (60 speaking either Hmong or Spanish). Making our bilingual percentage 56%. Our current CSC has staff that communicate in the following languages:

Nigerian	Laotian	Urdu
Yoruba	Somali	Hebrew
Tagalog	Russian	Visayan
Hindi	Indonesian	Armenian
Spanish	Shqip	German
Hmong	French	Arabic
English	Punjabi	ASL

DEPARTMENT RECOMMENDATION(S):

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