PROGRAM TITLE: Crisis Psychiatric Response Services (CPRS) PROVIDER: WestCare

PROGRAM DESCRIPTION: WestCare assumed 24/7operation of Crisis Psychiatric Response Services (CPRS) in summer of 2012. CPRS program provides mobile emergency department response services to designated Fresno County Hospitals, both metropolitan and rural, for crisis intervention and assessment of adults age 18 and over when they present in the emergency department for evaluation and/or need for involuntary hospitalization pursuant to California Welfare and Institutions Code Section 5150.

For CY 2012, a total of 649 clients were evaluated by CPRS clinicians. Below is a review of Outcome Data for CY 2012. Outcome Data described below are from January 1, 2012 through December 31, 2012.

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	Children		TAY
\boxtimes	Adult	\boxtimes	Older Adult

DATES OF OPERATION: January 2012 December 2012 **DATES OF DATA REPORTING PERIOD:** Jan1-Dec 31, 2012

OUTCOME GOAL

1. Decreased Length of Stay in Emergency Department (ED), increased consumer satisfaction, evidence of crisis interventions.

OUTCOME DATA

The average Length of Stay between response time to time of discharge from Metro Hospitals (Clovis, CRMC, SAMC) was 175 minutes based on 403 contacts. The Average Response Time to Metro hospitals was 28 minutes based on 403 contacts.

Average Length of Stay between response time and time of discharge to Rural Hospitals (Selma, Sierra Kings) was 173 minutes based on 241 contacts. The Average Response Time to Rural was 33 minutes based on 241 contacts.

Average Length of Stay between response time and time of discharge in Coalinga, was 212 minutes based on 5 contacts. The Average Response Time was 92 minutes based on 5 contacts.

2. Crisis specific assessment and intervention to address crisis and engage support system when clinically appropriate discharge to lower level of care.

For 29% of consumers (185), contact was made in person or by phone with family members or significant support persons in attempt to engage them. For 27% of consumers (177), Clinicians attempted to make contact but without success. For 44% (287) there was no family contact (i.e. no Release of Information, no contact information, or indication of family support available).

3. Prior to discharge, all consumers will be educated for continued care, who they can contact, and how they may obtain specifically recommended services.

For 77% of consumers (498), CPRS clinicians rendered referral recommendations at discharge. For 23% (151), there are no recommendations recorded; for some consumers, this was due to consumer unwillingness to receive further services or ineligibility for other programs and/or services.

Of 649 consumers receiving assessment between January 1, 2012 and December 31, 2012; 12% (76) had repeat contact (e.g., 2 or more) with CPRS staff; 88% (573) were evaluated once.

DEPARTMENT RECOMMENDATION(S):

Based on the outcome and contract measurements reported as well as based on the community's usage of this program, the Department is reviewing this agreement for continued funding for FY 2013-14.

See Pages 4-8 for Tables and Charts











