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, 2021 - June 30, 2022
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:	$ 5,676,281.00	**Program Actual Amount:**	**$4,711,020.00**
Number of Unique Persons Served During Time Period:	171		
Number of Services Rendered During Time Period:	6,336		
Actual Cost Per Person Served:	$27,550.00		

CONTRACT INFORMATION:			
Program Type:	Contract-Operated	**Type of Program:**	PHF/Inpatient
Contract Term:	07/01/2016 – 06/30/2022 plus two optional one-year extensions and one additional one-year extension added for the pandemic	**For Other:**	
		Renewal Date:	June 30, 2022
Level of Care Information Age 18 & Over:	N/A		
Level of Care Information Age 0- 17:	N/A		

*The levels of care shown above do not apply. This program provides acute inpatient services to persons served 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 persons served 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 persons served and families are seamless. Persons served 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:

The PHF has 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.

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

Domain: EFFICIENCY
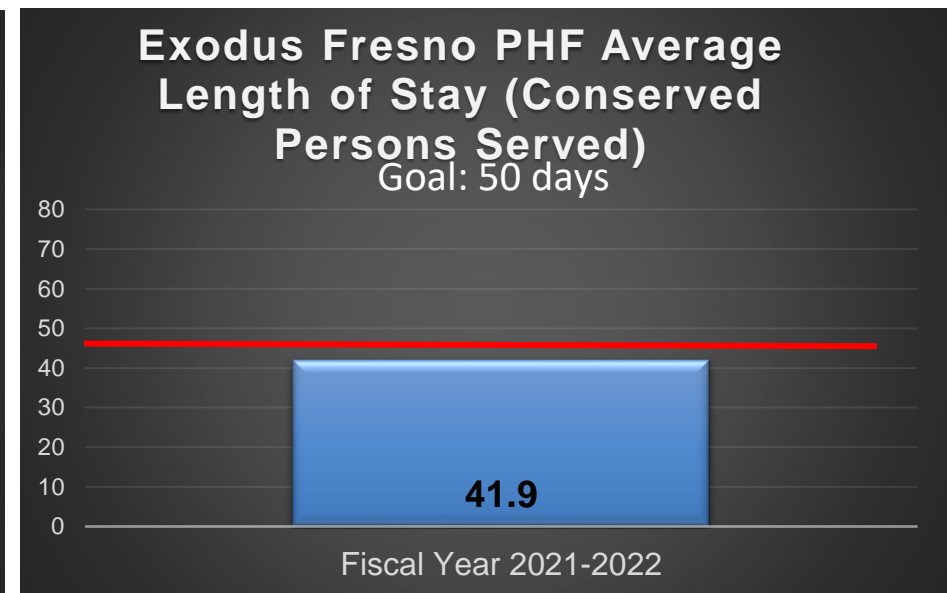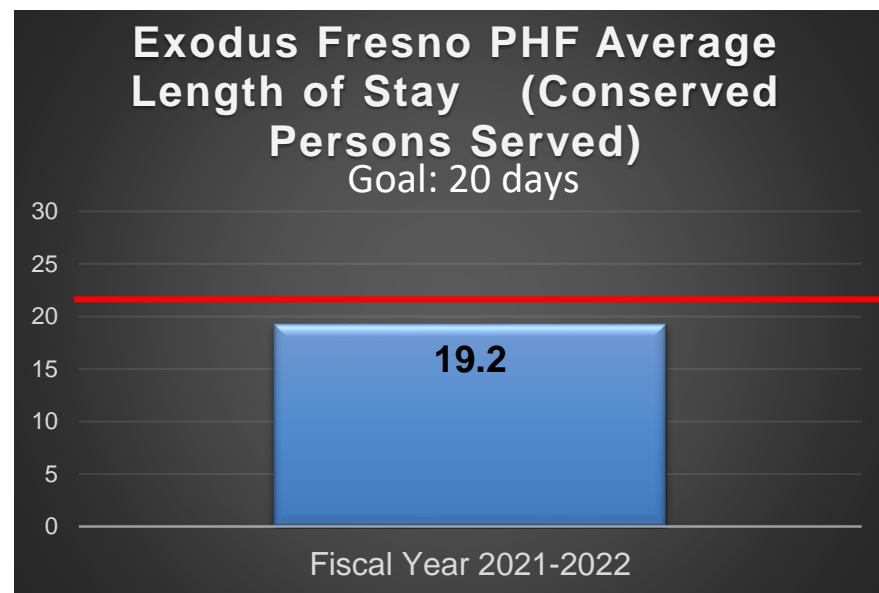Indicator: Length of Stay
Who Applied: All Persons Served
Time of Measure: FY 21-22
Data Source: Admissions Log
Target Goal Expectancy: 16 days

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 19.2 days for Non-Conserved persons served and 41.9 days and Conserved persons served for FY 21-22 discharges. As a result, Exodus has achieved the internal outcome goal of 20 days and 50 days, respectively.

Exodus Fresno PHF Average Length of Stay   (Conserved Persons Served)
Goal: 20 days

19.2	

Fiscal Year 2021-2022

Exodus Fresno PHF Average Length of Stay (Conserved Persons Served)
Goal: 50 days

41.9	

Fiscal Year 2021-2022

NOTES:
- Data extracted from Exodus' PHF Admissions Log ***For Conserved Persons Served, outliers (those with a length of stay of over 130 days) were excluded from the analysis***
- Includes Discharges from July 1, 2021 to June 30, 2022
- 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 21-22
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, 97.9% of all patients are discharged to non-hospital settings. 100% of those persons served are referred to Department of Behavioral Health programs, community providers or other community resources.

Referral and Linkage
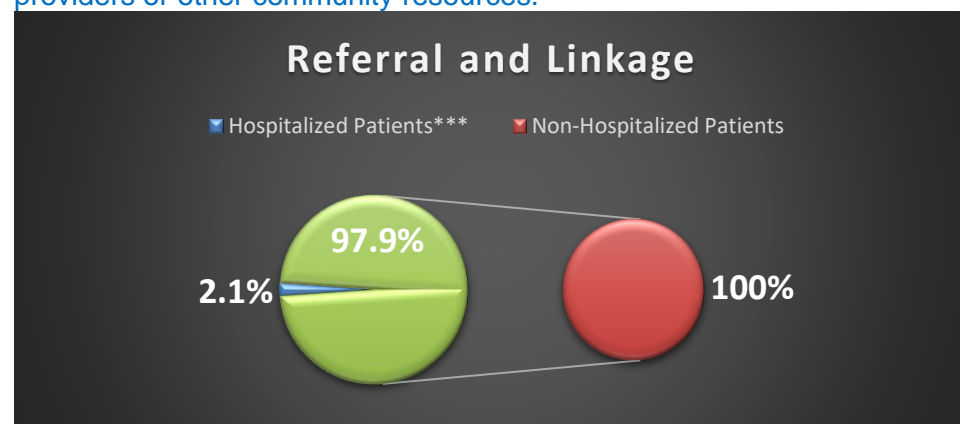
Referral Out	# of Patients
Hospitalized Patients***	4
Non-Hospitalized Patients	186
Grand Total	190

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, 2021 to June 30, 2022
- 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 21-22
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.
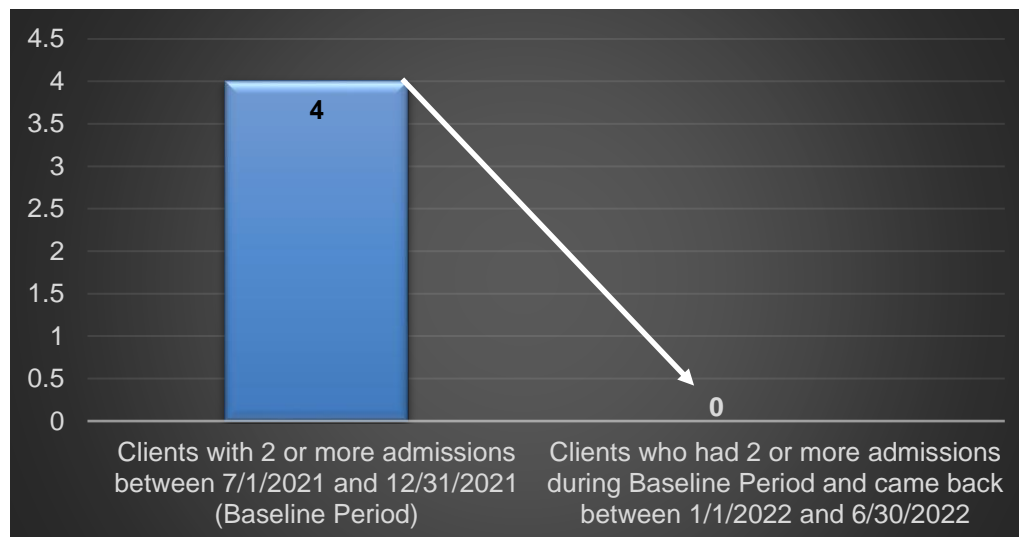
***100% reduction

NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2021 to June 30, 2022
- Includes adults 18 years of age and older

FY 2021-22 Outcomes
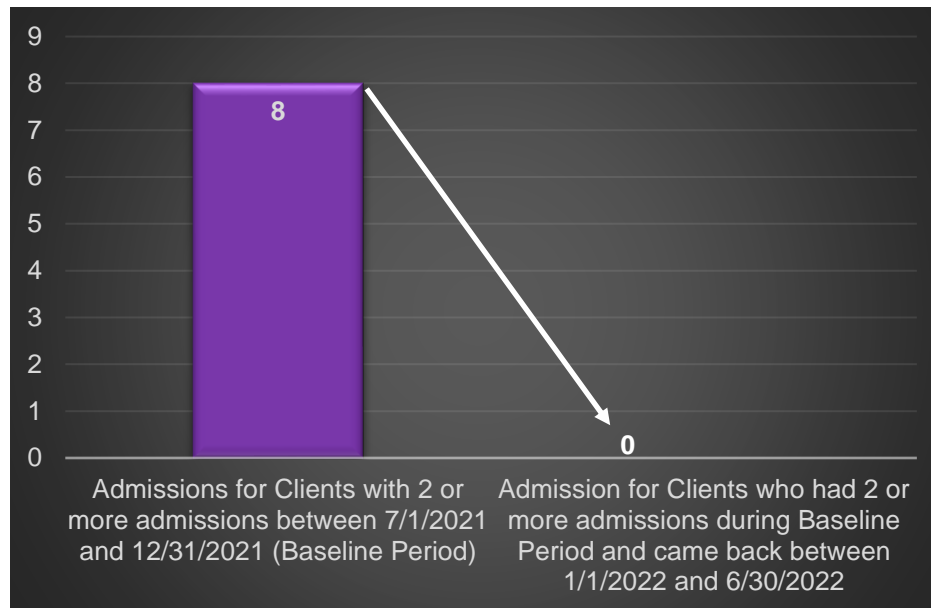
***100% reduction

NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2021 to June 30, 2022
- Includes adults 18 years of age and older

NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2021 to June 30, 2022
- Includes adults 18 years of age and older

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 21-22
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. Exodus will report the denial rate once we receive the Utilization Review from Fresno County.
The PHF 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
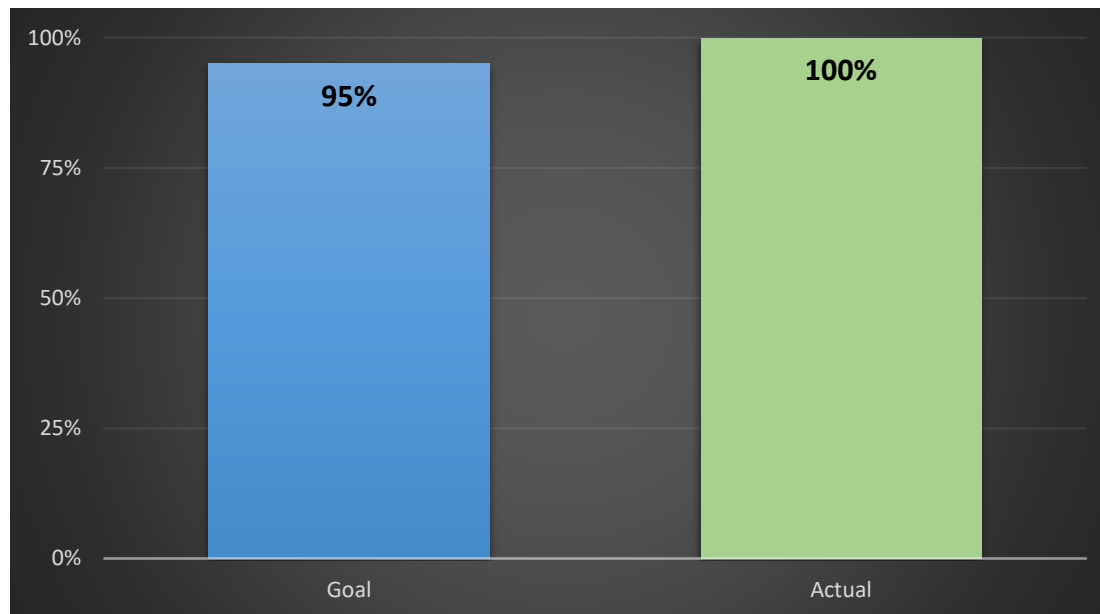Indicator: 3rd Day Post Admission Screening
Who Applied: All Persons Served
Time of Measure: FY 21-22
Data Source: Admissions Log
Target Goal Expectancy: 95% of persons discharged had 3rd day post admissions screening

The PHF goals are as follows: To have a 95% of patients discharged (171 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, 2021 to June 30, 2022
- 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
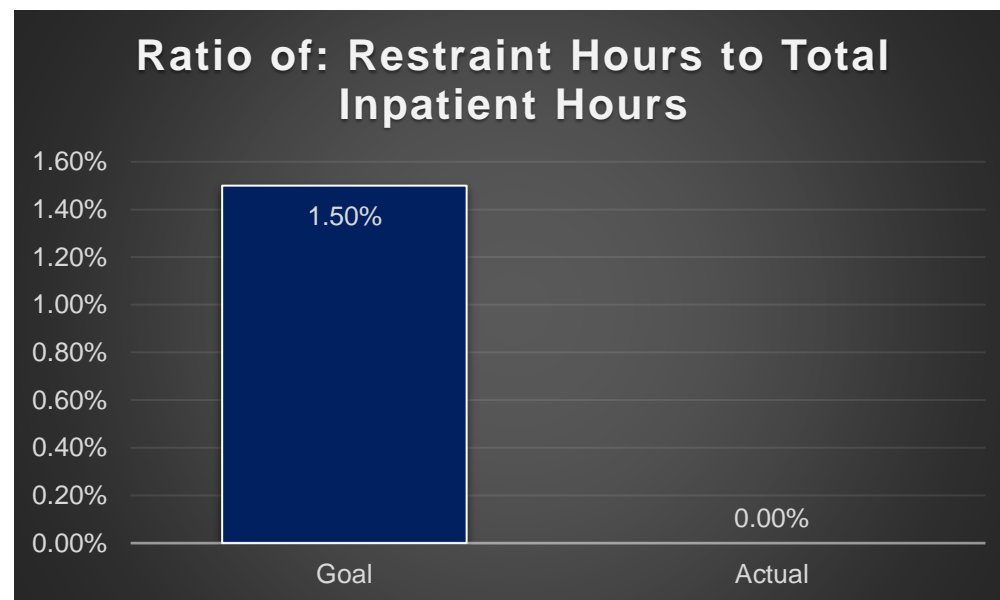Indicator: Hours of Physical Restraint Use
Who Applied: All Persons Served
Time of Measure: FY 21-22
Data Source: Admissions Log
Target Goal Expectancy: 1.5% Hours of Physical Restraint Hours to Total Inpatient Hours

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% (1.5 hours of physical restrain to 151,037 inpatient hours).

Bar chart titled "Ratio of: Restraint Hours to Total Inpatient Hours" — Goal: 1.50%, Actual: 0.00%

NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2021 to June 30, 2022
- 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 21-22
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 0.00%. (2.5 hours of seclusion to 151,037 inpatient hours).
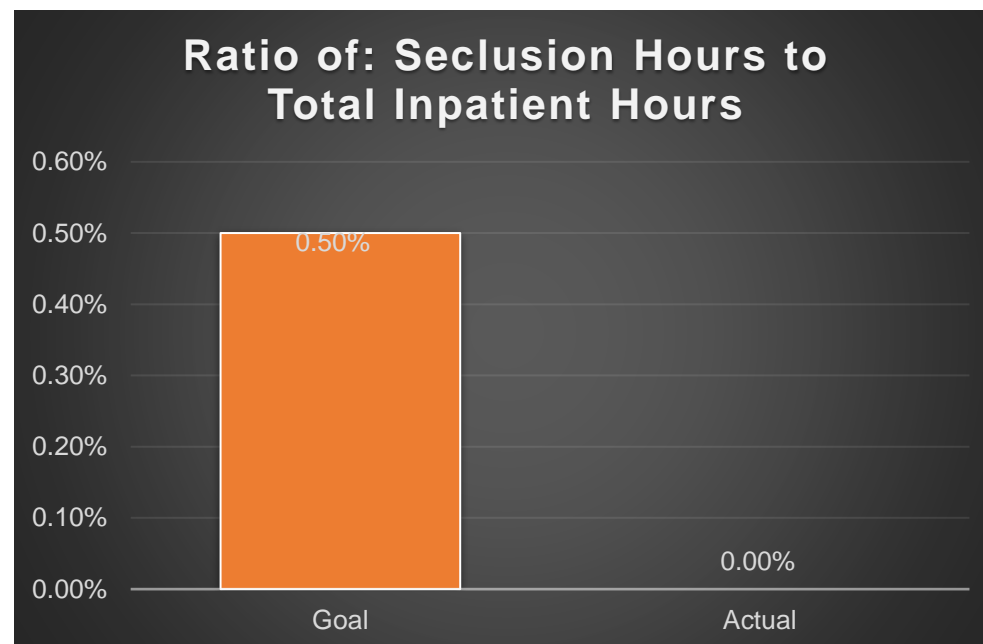
NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2021 to June 30, 2022
- Includes adults 18 years of age and older

FY 2021-22 Outcomes

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:
Indicator:
Who Applied: All Persons Served
Time of Measure: FY 21-22
Data Source:
Target Goal Expectancy:

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 intitiate 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
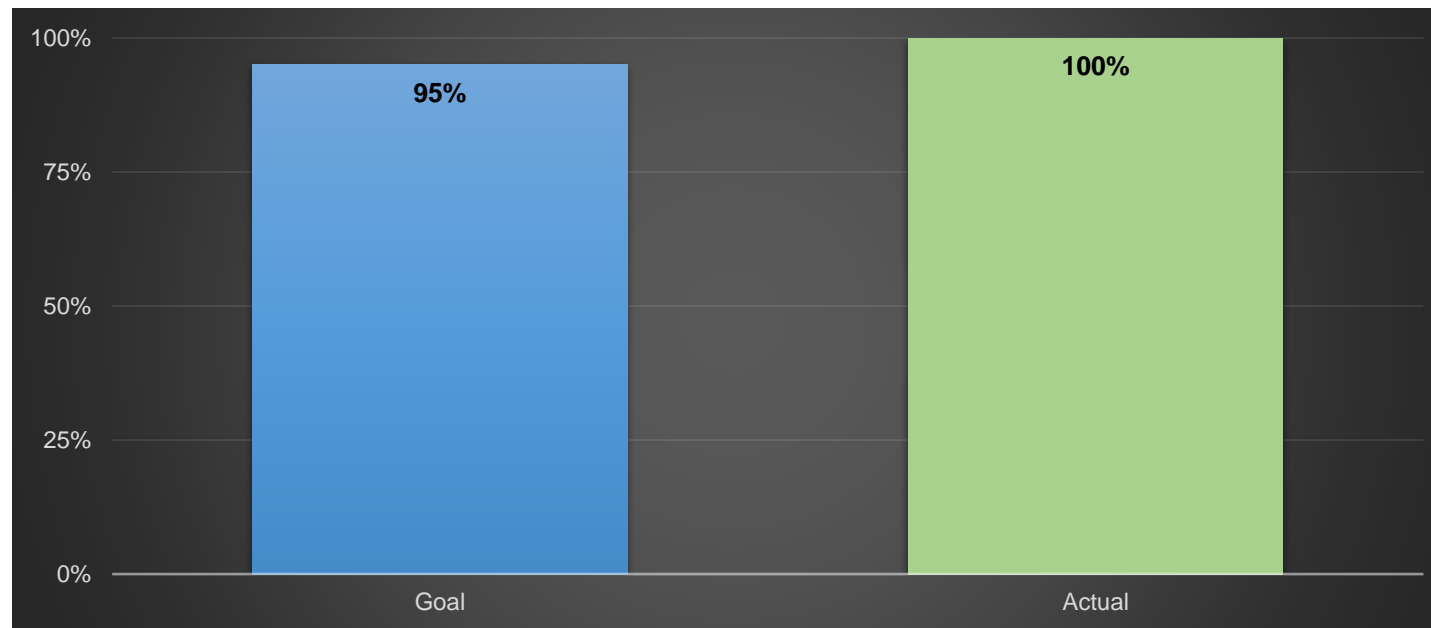Indicator: Continuing Care Plan Created
Who Applied: All Persons Served
Time of Measure: FY 21-22
Data Source: Admissions Log
Target Goal Expectancy: 95% of patients discharged with a continuing care plan

The PHF goals are as follows: To have a 95% of patients discharged (171 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, 2021 to June 30, 2022
- 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 21-22
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 (171 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%.
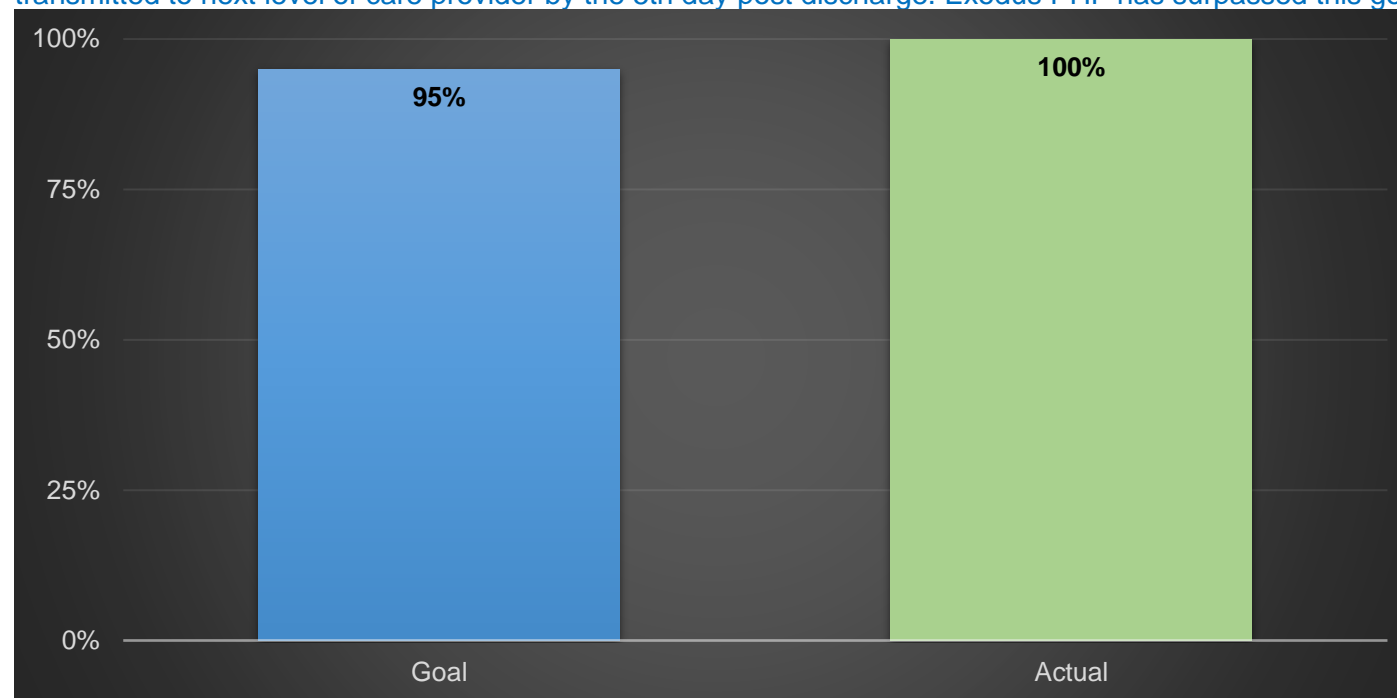
NOTES:
- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2021 to June 30, 2022
- Includes adults 18 years of age and older

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 21-22
Data Source: Consumer Perception Surveys
Target Goal Expectancy:

Exodus has maintained a strong connection in collaborating with every community partner in Fresno County. Thanks to the collaborative team efforts we have been able to link many persons served to the appropriate level of care and support needed to help continue their stability in the outpatient setting. A great resource we utilize consistently with success is the utilization of FSP referrals for every person served in need of more intensive mental health support in the outpatient setting. We pride ourselves in our ability to reconnect many of our persons served to FSP Services, conduct warm hand-offs to encourage re-engagement with services via their case managers and we work collaborate with our community stakeholders to advocate for higher levels of care for our persons served when necessary, including the advocacy for temporary conservatorship for some of our persons served when necessary.
Outcomes of complaints and concerns from persons served, providers and stakeholders are reviewed at the County monthly meetings to include any actions taken to resolve any major issues or concerns.

We pride ourselves on the positive feedback and good reviews given by some of our former persons served and family members which is often expressed by their kind words, comments and thank you cards. Exodus is the main facility contacted when a patient is considered for conservatorship as we have a very successful rate in conserving a person served, and even though very often the person served is not excited about the idea, we receive a lot of great feedback from the persons served once stabilized and on the right care while under a conservatorship status. We have wonderful relationships and carry great collaboration with the Fresno Police Department CIT Team and the Public Guardian's Office, and have excellent and positive feedback from this team. In a recent networking meeting where Exodus management staff was in attendance, we received great feedback from many of the stakeholders present, and were given praise for the consistency of services we provide to every individual as well as the consistent and solid leadership Exodus continues to hold.

Although we have had many successful cases, we have a case that has made us all proud due to the tremendous amount of collaboration and support gathered to ensure this person's success. This is the case of a 33-year-old person served that was admitted from Saint Agnes Medical Center on July 30th, 2021 and was discharged on August 27th, 2021. This person served was initially admitted on six 5150 holds for Danger to Others. This person served was given a diagnosis of Schizophrenia, Paranoid Type. This case required a lot of support, collaboration and involvement from Fresno County Counsel, Fresno County DBH, The Fresno County Conservatorship Team, Fresno County SHINE Team and Exodus PHF. Upon admission to Exodus PHF, Fresno County SHINE Team was requesting consideration of a temporary conservatorship due to the extensive history of non-compliance with medication and services offered in the outpatient setting. While at Exodus PHF, this person served presented with intense aggression, paranoia, was selectively mute for the first few weeks of admission, was not completing basic ADL's and was refusing all medication prescribed by the treating provider. A RIESE Petition was filed with County Counsel and the request to medicate the person served against his will was granted by a judge from the Fresno County Superior Court based on the extensive evidence that the person served was

in desperate need for psychotropic treatment in order to stabilize. Thanks to the support from County Counsel in advocating for the need to medicate this person served, as well as the detailed evidenced shared by our provider in the RIESE Hearing, the person served was able to begin the road to stabilization. The person served was given Abilify Oral tabs initially and later placed on a Abilify Long-Acting Injection which was administered on a monthly basis. Within the short time the person served was at Exodus PHF, the person served was able to stabilize to where medication was taken consistently without resistance. The person served was able to successful work with the assigned case manager from the SHINE Team to obtain a social security card and also agreed to get a Covid Vaccine. Upon discharge the person served was able to discharge back home despite refusing to reside with family initially due to blaming the family the initial hospitalization. The effort from the Exodus team to maintain family involvement and collaboration helped ensure that a good, positive relationship was re-established between the person served and the family and also the outpatient treatment team. The day of discharge the person served was able to meet with Dr. Robles the outpatient treating psychiatrist that would continue the person served's care, before going home with mom. This was a very successful case in the fact that although a temporary conservatorship was initially presented as the only option for this person served, the collaborate and quick interventions allowed the person served to return home with family where family would continue to provide support. The outpatient team was also able to ensure that continued recovery would be ongoing and that the person served continued to be an active participant in his own treatment and mental health wellbeing.

Person served Satisfaction Survey Data
Data was collected by providing all discharged PHF persons served the opportunity to complete a "Person served Satisfaction Survey." Data collection attempts formally began April 1, 2022. 63 surveys were collected before analysis and the data compiled into SPSS. Between April 1, 2022 and June 24, 2022, the Exodus PHF discharged 65 patients from our care, reflecting a Person served Satisfaction Survey Responsiveness of 97% of all discharged persons served. A rating scale of "Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree" was used. Data was calculated by assigning "Strongly Agree" a numeric value of 5, "Agree" a numeric value of 4, "Neutral" a numeric value of 3, "Disagree" a numeric value of 2, and "Strongly Disagree" a numeric value of 1. Data was assigned a .5 value if multiple feedback scores were circled. A Descriptive Statistics Analysis was performed, including production of a histogram reflecting the mean (average), as well as standard deviation.

Question 1: Staff made me feel safe and secure.

Mean = 4.35
Std. Dev. = .936
N = 63
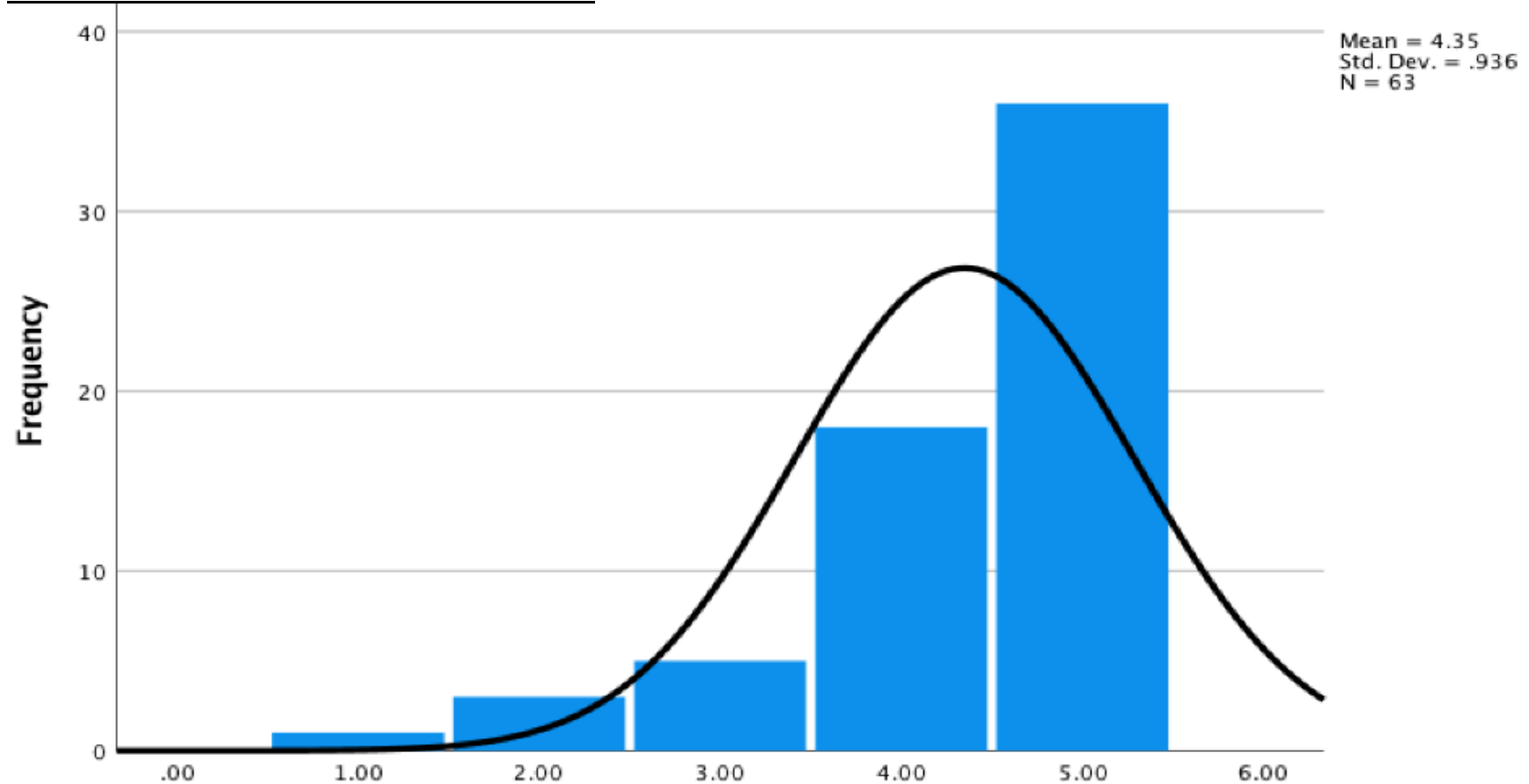
Q 1: Staff made me feel safe and secure.

Q 1: Staff made me feel safe and secure. Of 63 persons served, 54 (85.7%) reported they "Strongly Agree" or "Agree" the Exodus PHF staff made them feel safe and secure, resulting in an average score of 4.35 with a standard deviation of 0.936.

Question 2: The facility was clean.

Mean = 4.48
Std. Dev. = .859
N = 63
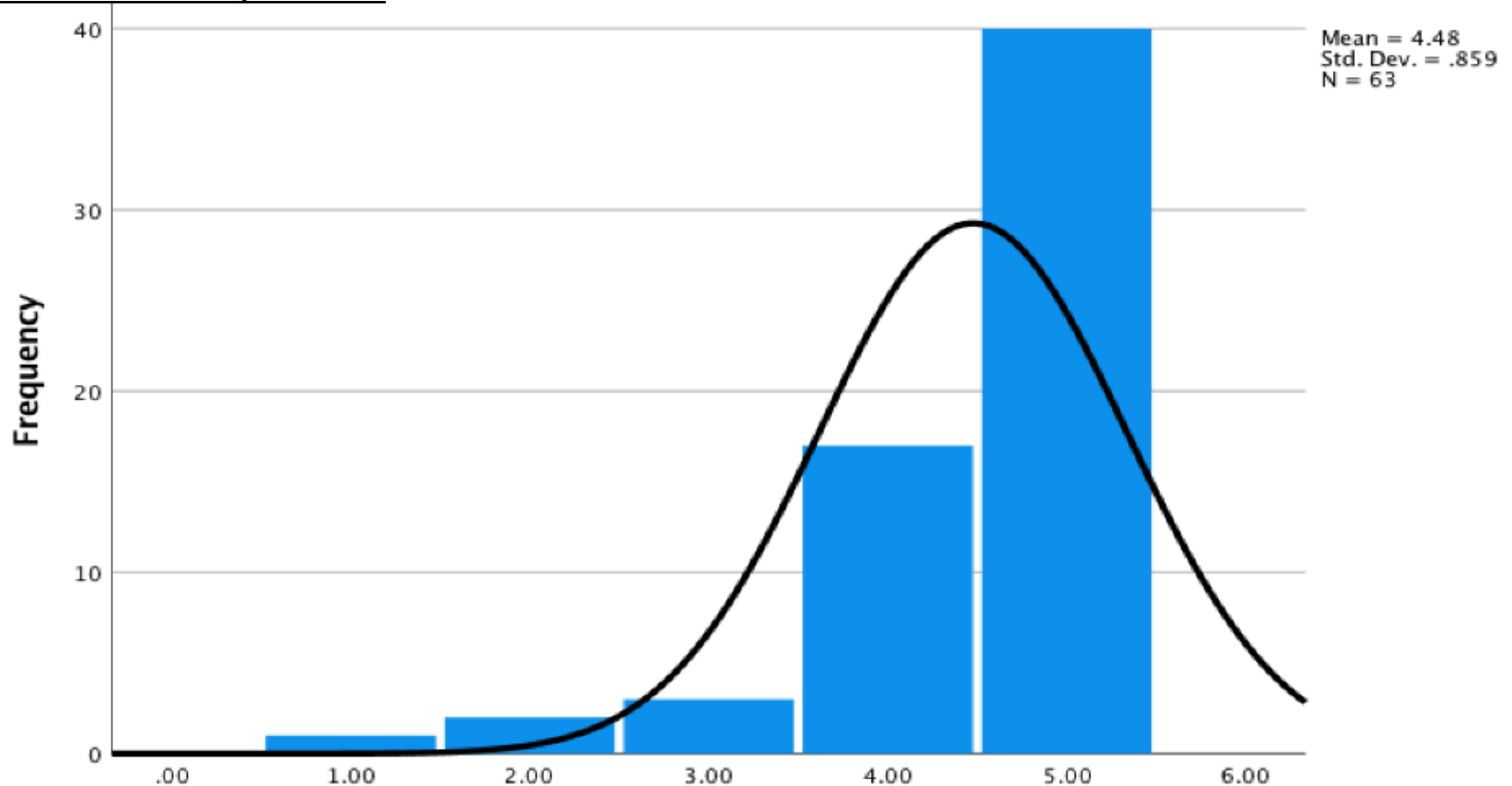
Q 2: The facility was clean.

Q 2: The facility was clean. Of 63 persons served, 57 (90.4%) reported they "Strongly Agree" or "Agree" the Exodus PHF was clean, resulting in an average score of 4.48 with a standard deviation of 0.859.

**Question 3: I agreed with my treatment plan.**

Mean = 4.21
Std. Dev. = 1.058
N = 62
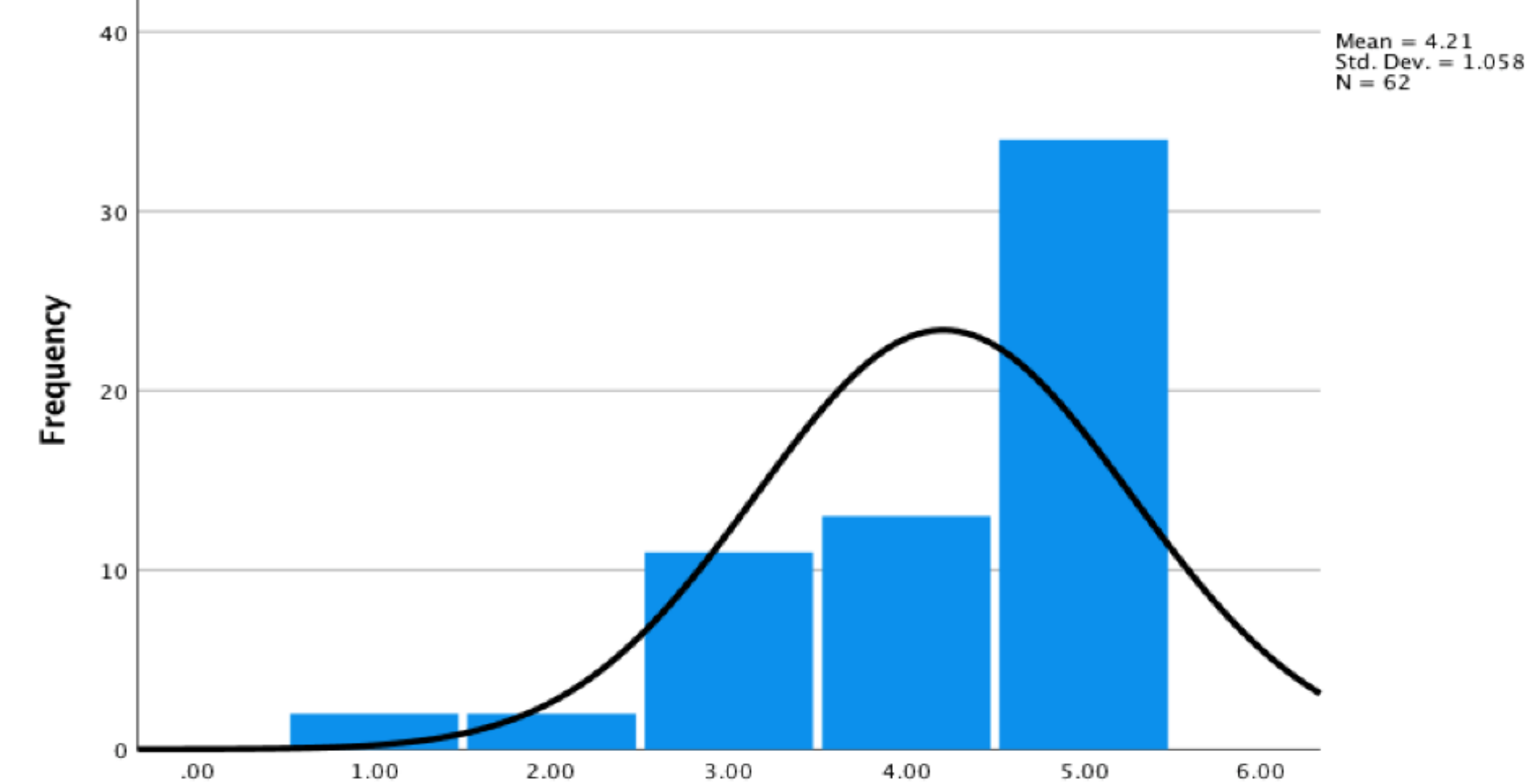
**Q 3: I agreed with my treatment plan.**

Q 3: I agreed with my treatment plan. Of 62 persons served, 47 (75.8%) reported they "Strongly Agree" or "Agree" with their treatment plan, resulting in an average score of 4.21 with a standard deviation of 1.058.

Question 4: Nurses were helpful.

Mean = 4.50
Std. Dev. = .818
N = 63
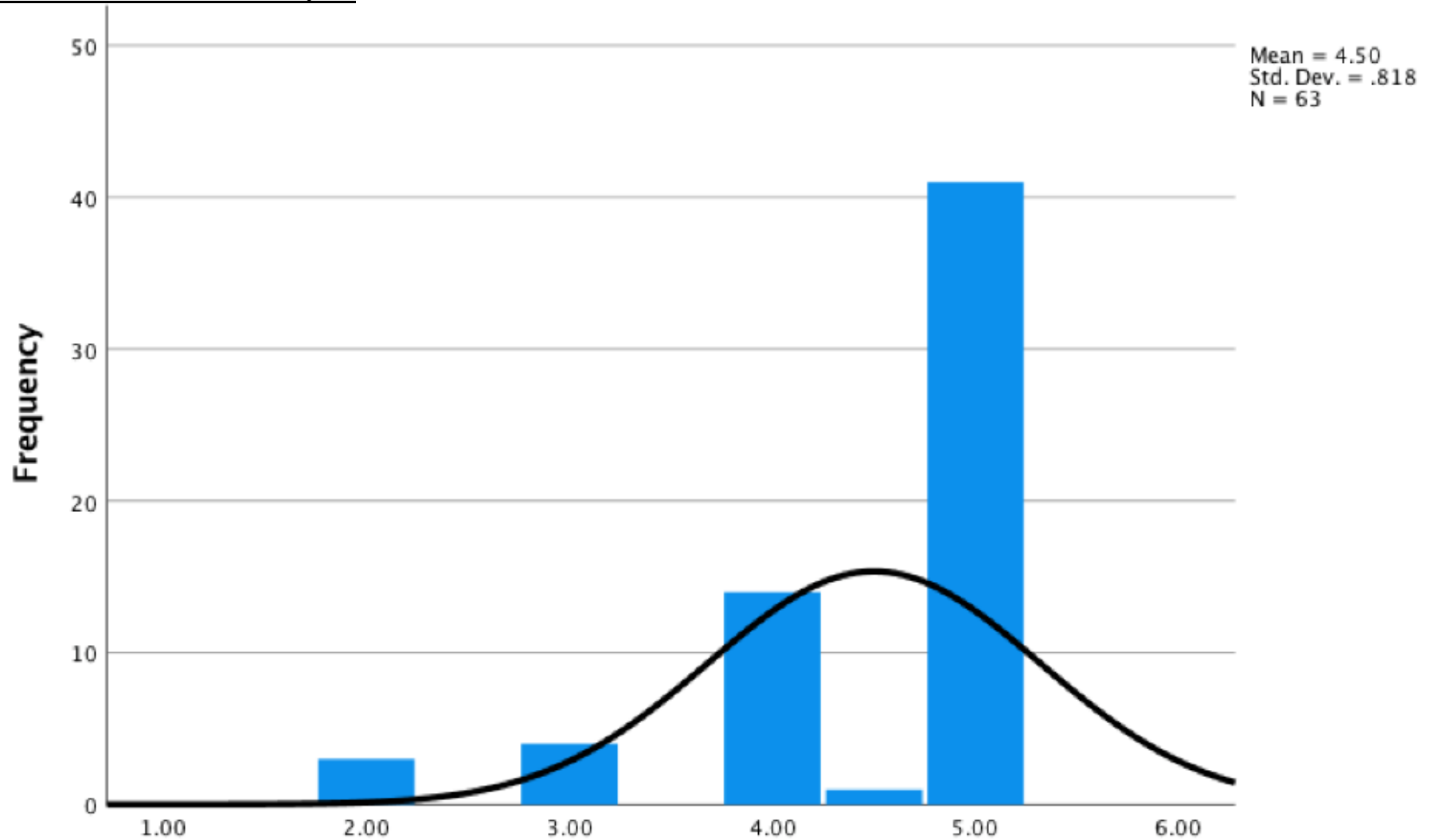
Q 4: Nurses were helpful.

Q 4: Nurses were helpful. Of 63 persons served, 56 (88.9%) reported they "Strongly Agree" or "Agree" the Exodus PHF nurses were helpful, resulting in an average score of 4.5 with a standard deviation of 0.818.

Question 5: The staff listened to what I was saying.

Mean = 4.25
Std. Dev. = 1.031
N = 63
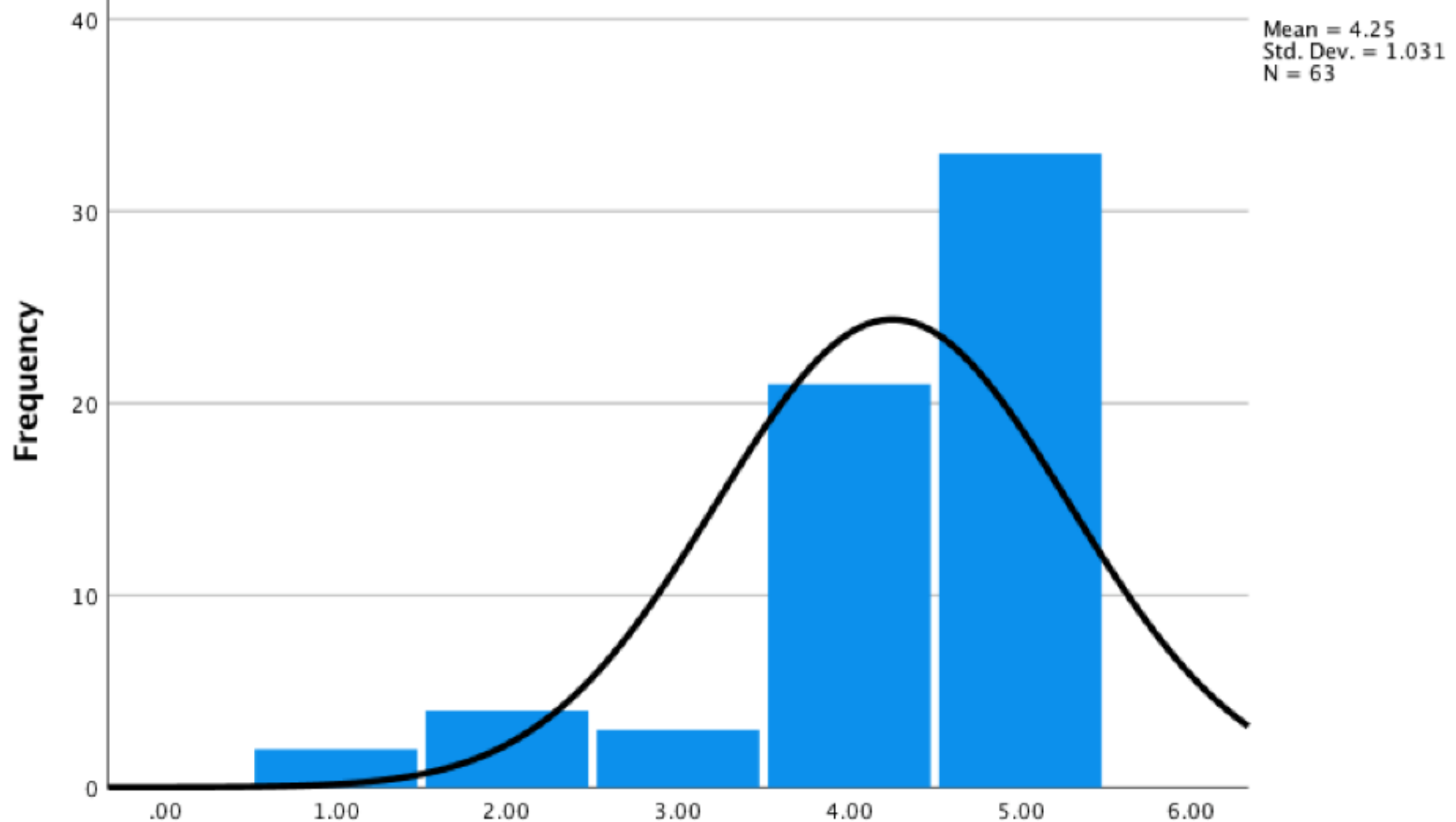
Q 5: The staff listened to what I was saying.

Q 5: The staff listened to what I was saying. Of 63 persons served, 54 (85.7%) reported they "Strongly Agree" or "Agree" the Exodus PHF staff listened to what they were saying, resulting in an average score of 4.25 with a standard deviation of 1.031.

Question 6: Follow up treatment was explained to me.

Mean = 4.29
Std. Dev. = .941
N = 63
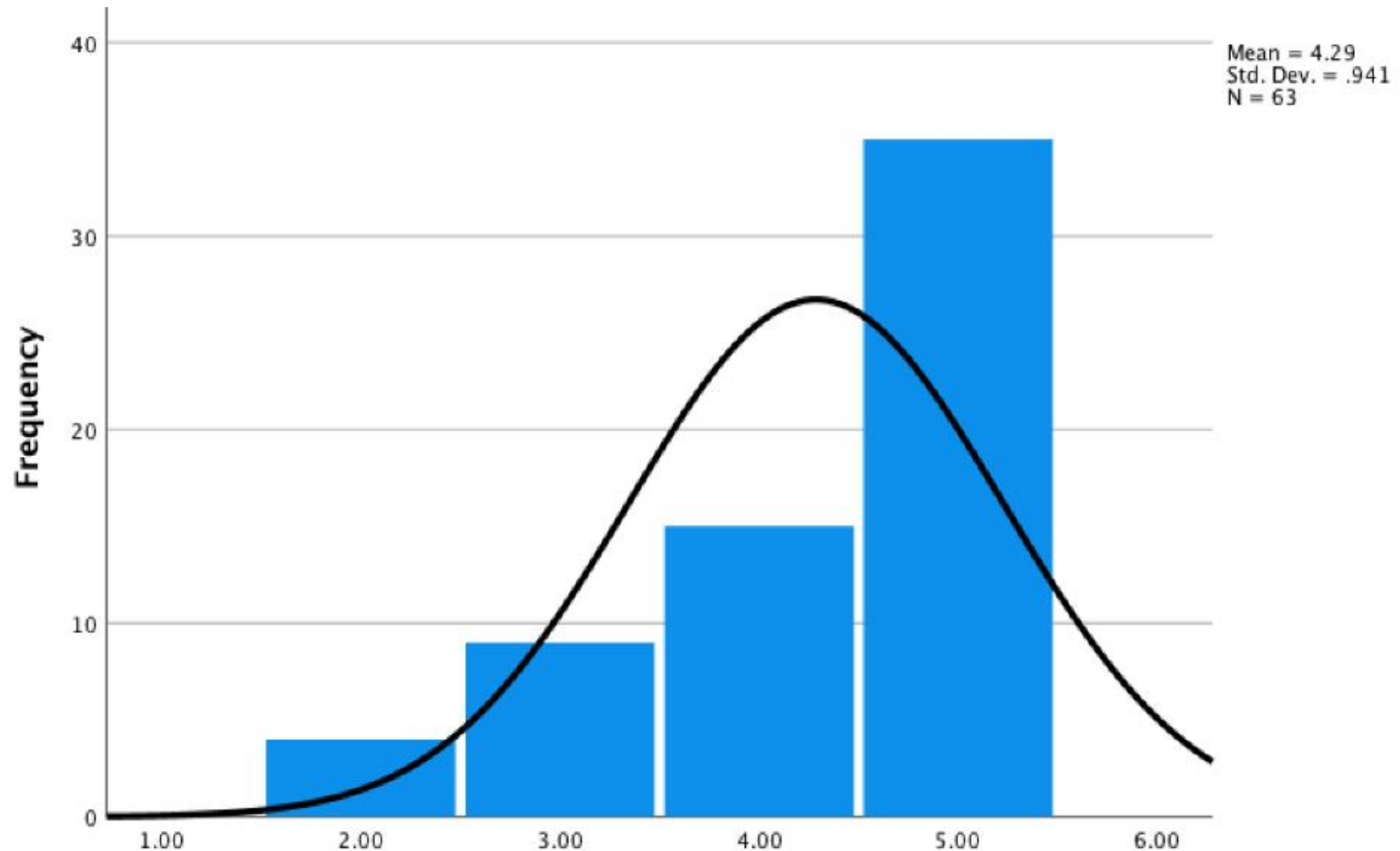
**Q 6: Follow up treatment was explained to me.**

Q 6: Follow up treatment was explained to me. Of 63 persons served, 54 (85.7%) reported they "Strongly Agree" or "Agree" their follow-up treatment was explained to them, resulting in an average score of 4.29 with a standard deviation of 0.941.

Question 7: Doctors answered all my questions.

Mean = 4.12
Std. Dev. = 1.173
N = 63
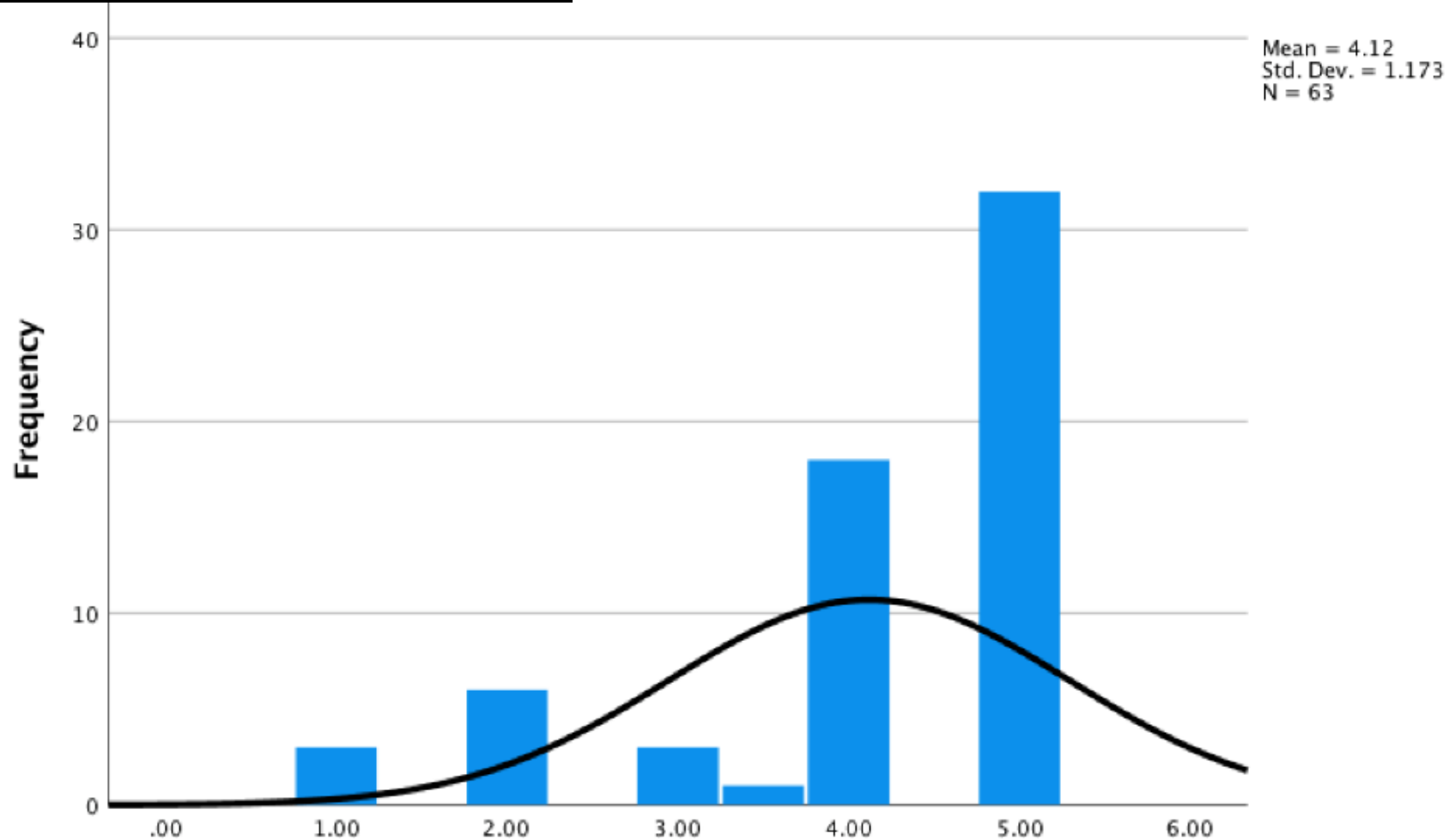
Q 7: Doctors answered all my questions

Q 7: Doctors answered all my questions. Of 63 persons served, 50 (79.4%) reported they "Strongly Agree" or "Agree" the Exodus PHF doctors answered all their questions, resulting in an average score of 4.12 with a standard deviation of 1.173.

Question 8: My condition improved from admission to discharge.

Mean = 4.34
Std. Dev. = .991
N = 63
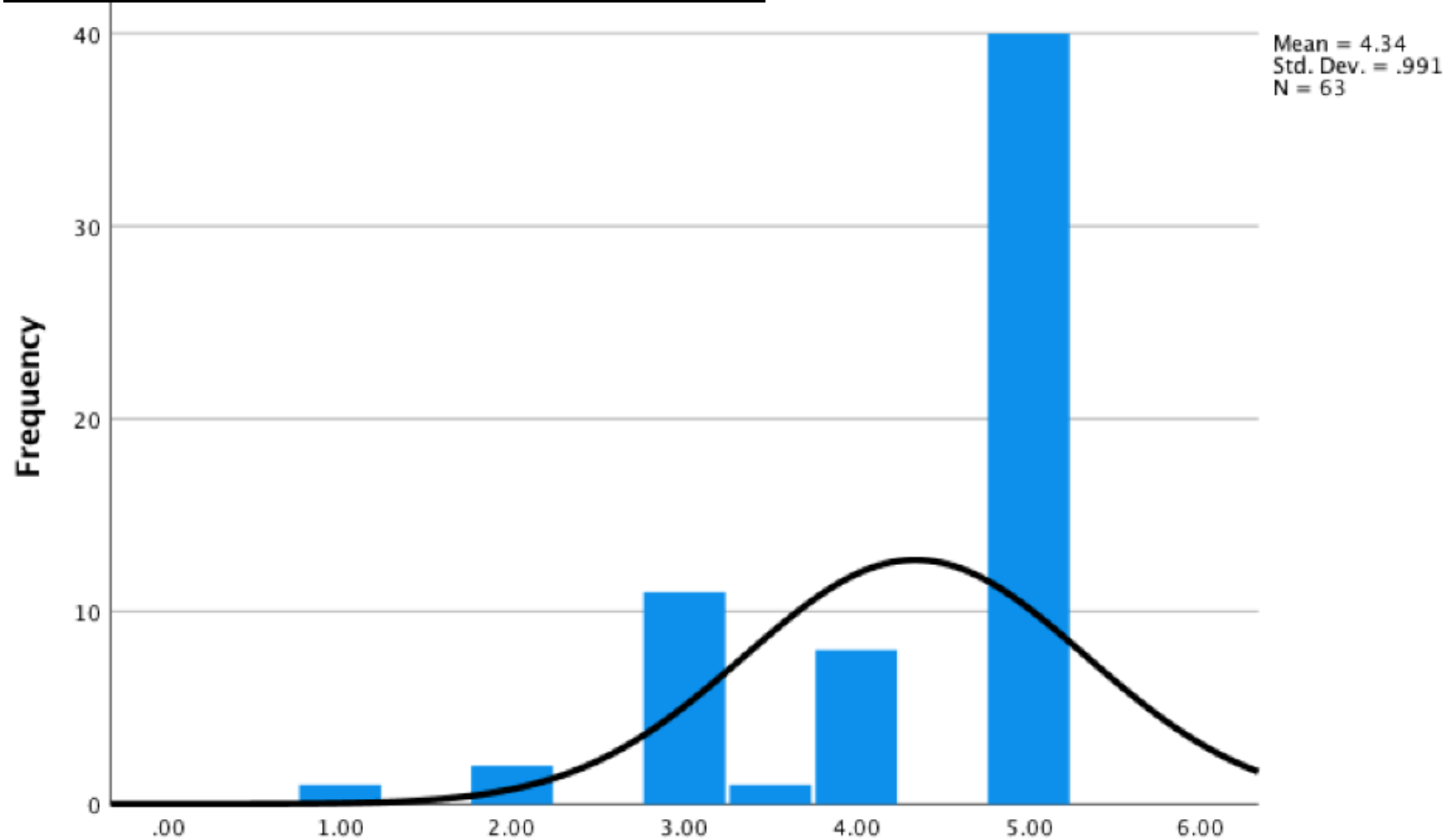
**Q 8: My condition improved from admission to discharge.**

Q 8: My condition improved from admission to discharge. Of 63 persons served, 48 (76.2%) reported they "Strongly Agree" or "Agree" their condition improved from admission at the Exodus PHF to their discharge at the Exodus PHF, resulting in an average score of 4.34 with a standard deviation of 0.991.

Question 9: It was easy to get services here.
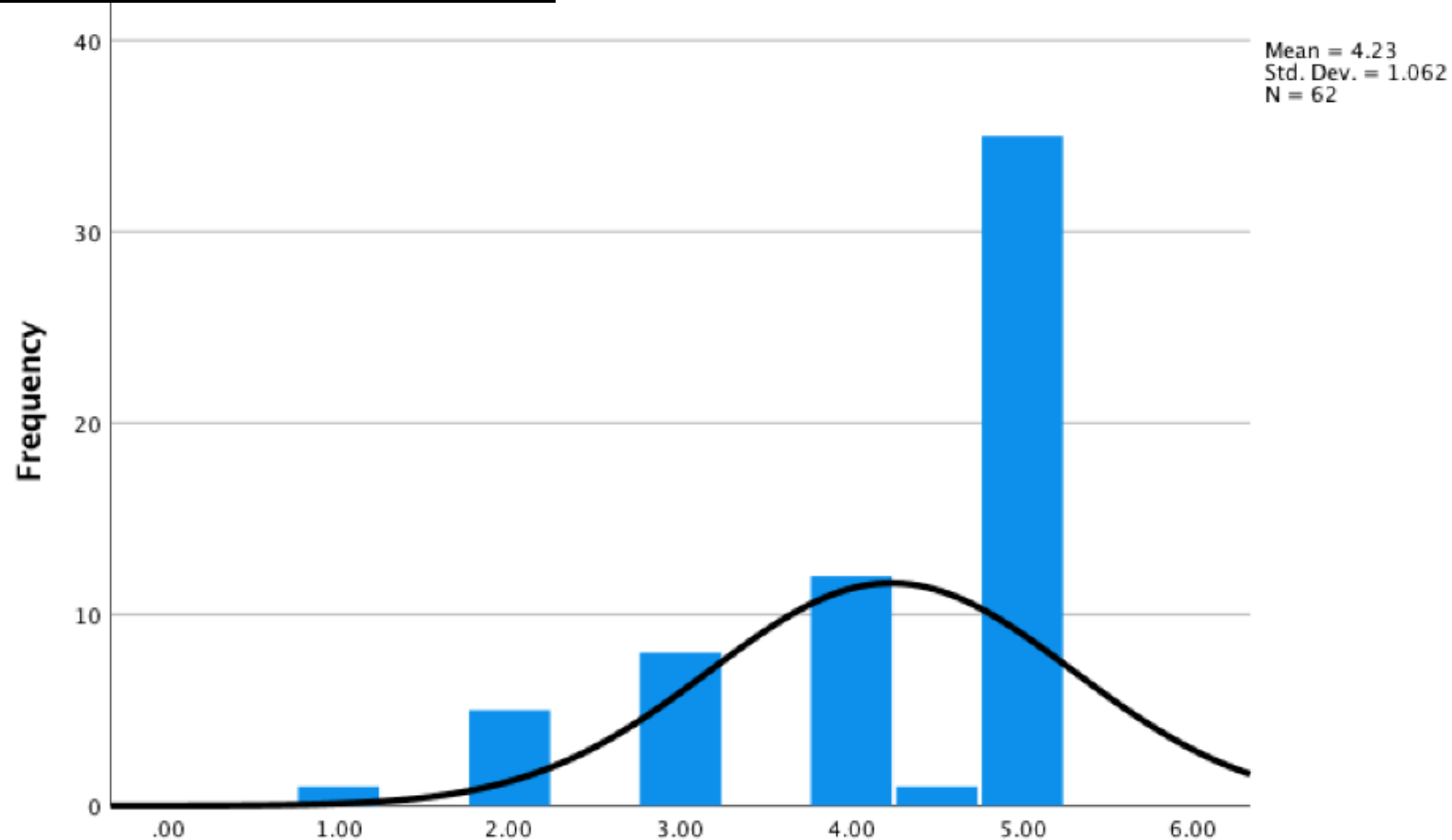


Q 9: It was easy to get services here.

Q 9: It was easy to get services here. Of 62 persons served, 48 (77.4%) reported they "Strongly Agree" or "Agree" it is easy to get services at the Exodus PHF, resulting in an average score of 4.23 with a standard deviation of 1.062.

Question 10: Doctors were friendly.

Mean = 4.41
Std. Dev. = .854
N = 63
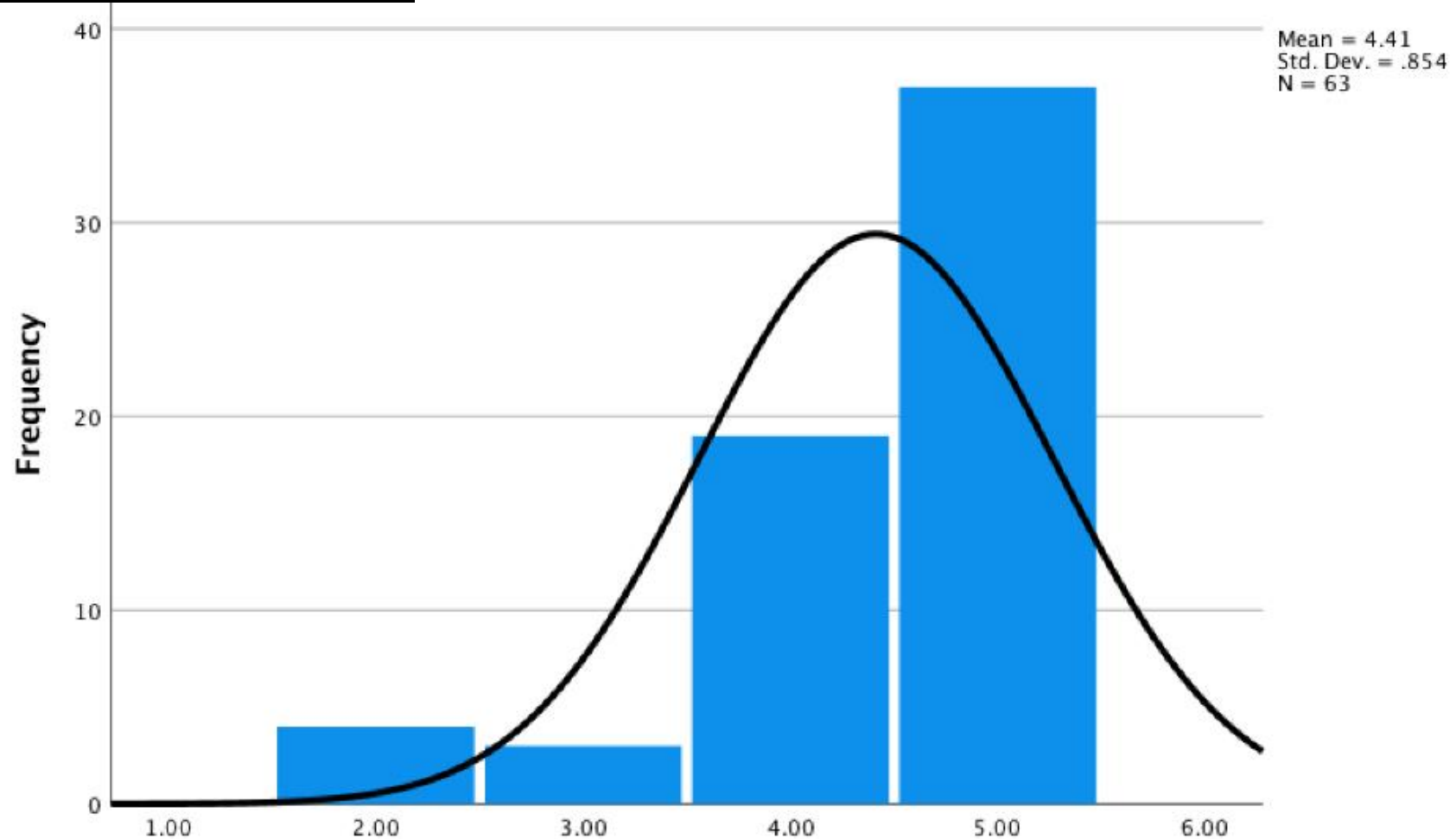
**Q 10: Doctors were friendly.**

Q 10: Doctors were friendly. Of 63 persons served, 56 (88.9%) reported they "Strongly Agree" or "Agree" doctors at the Exodus PHF were friendly, resulting in an average score of 4.41 with a standard deviation of 0.854.

Question 11: I was provided education about my situation.

Mean = 4.23
Std. Dev. = .999
N = 62
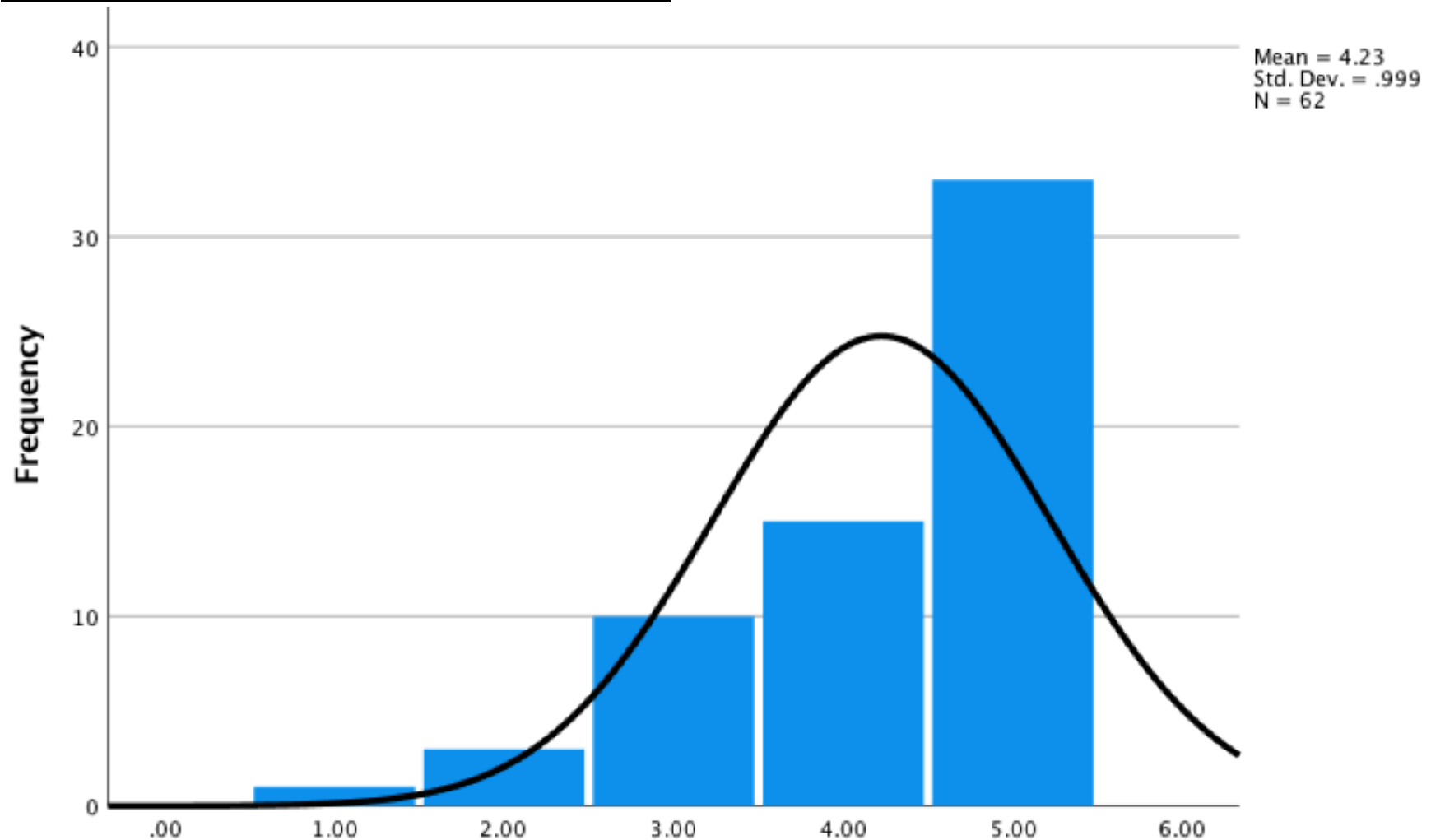
Q 11: I was provided education about my situation.

Q 11: I was provided education about my situation. Of 62 persons served, 48 (77.4%) reported they "Strongly Agree" or "Agree" they were provided education about their situation, resulting in an average score of 4.23 with a standard deviation of 0.999.

Question 12: My needs were met while at the facility.

Mean = 4.32
Std. Dev. = .964
N = 63
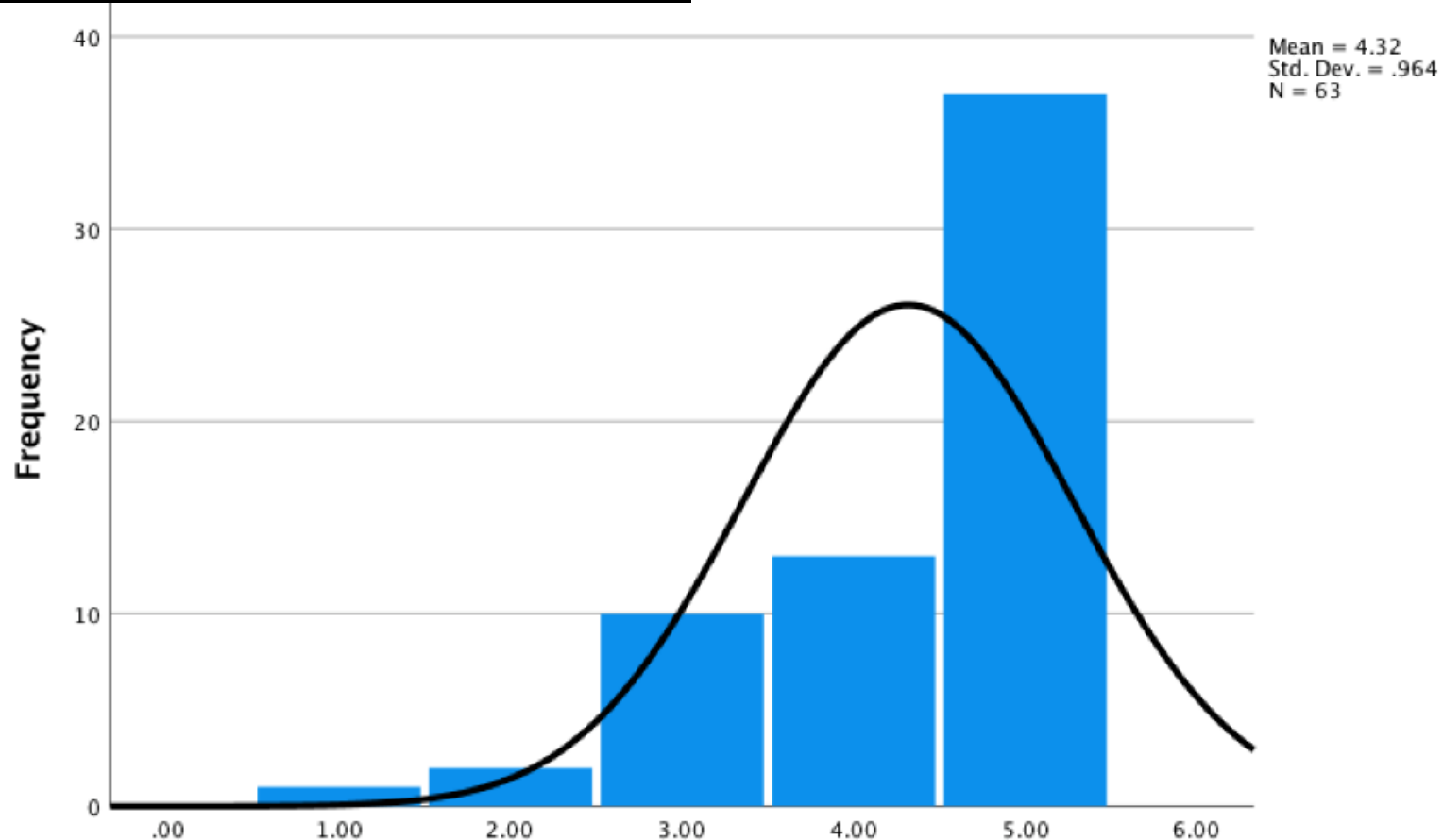
Q 12: My needs were met while at the facility.

Q 12: My needs were met while at the facility. Of 63 persons served, 50 (79.4%) reported they "Strongly Agree" or "Agree" their needs were met while at the Exodus PHF, resulting in an average score of 4.32 with a standard deviation of 0.964.

Question 13: Staff provided services promptly.

Q 13: Staff provided services promptly. Histogram with Mean = 4.46, Std. Dev. = .758, N = 63.
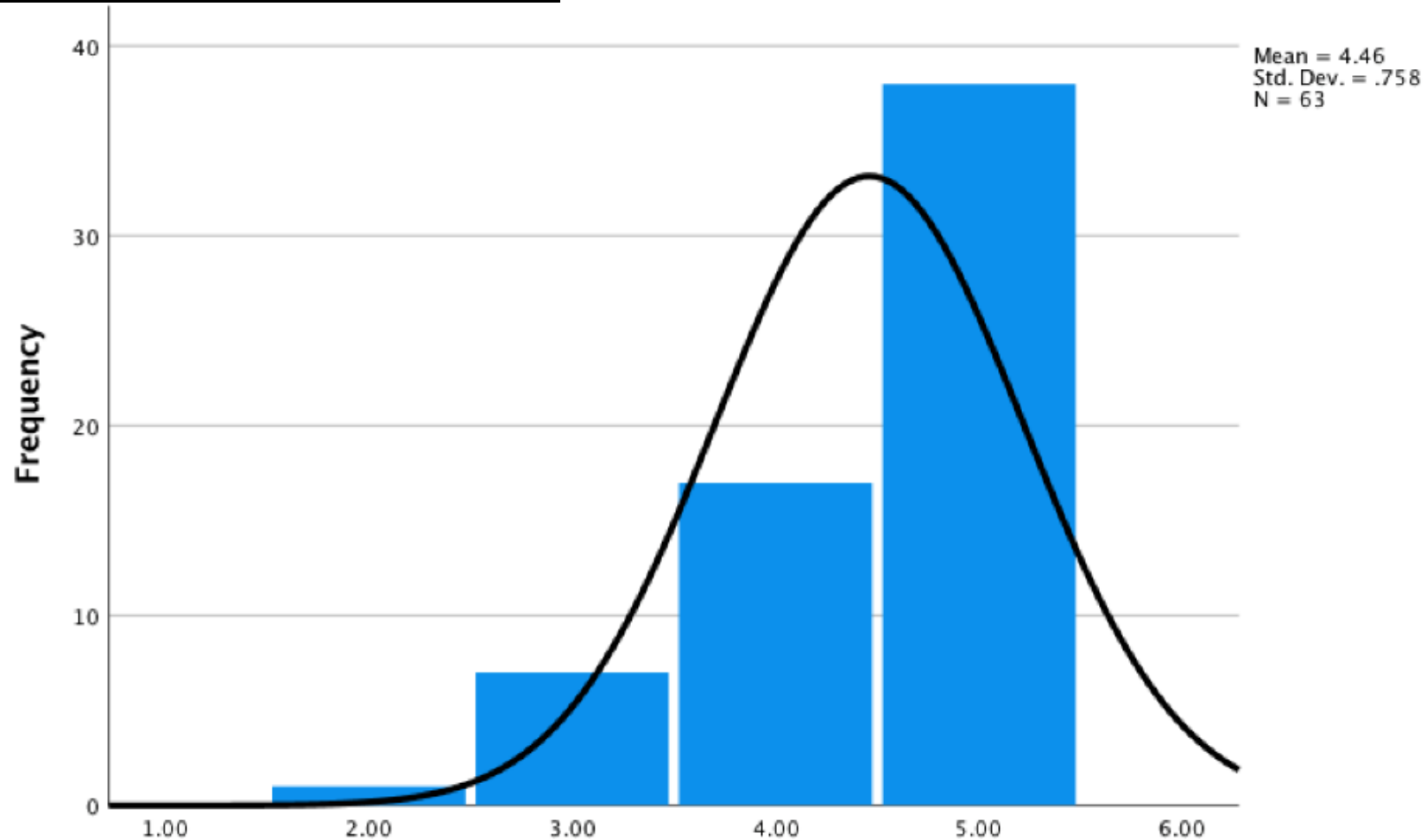
Q 13: Staff provided services promptly.

Q 13: Staff provided services promptly. Of 63 persons served, 55 (87.3%) reported they "Strongly Agree" or "Agree" staff provided services promptly, resulting in an average score of 4.46 with a standard deviation of 0.758.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.