PROGRAM INFORMATION:				
Program Title: Program Description:	Exodus Youth Crisis Stabilization Center Exodus Recovery operates a Lanternman-Petris- Short (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.		Provider: Mental Health Plan (MHP) Work Plan:	Exodus Recovery, Inc. 4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1: Age Group Served 2: Funding Source 1: Funding Source 2:	CHILDREN Choose an item. Medical FFP Realignment		Dates Of Operation: Reporting Period: Funding Source 3: Other Funding:	April 15, 2015 to Present July 1, 2020 - June 30, 2021 Choose an item. Click here to enter text.
FISCAL INFORMATION:				
Program Budget Amount: Number of Unique Clients Se Number of Services Rendere Actual Cost Per Client:	-	1,125 1,788	Program Actual Amoun	t: \$3,242,589
CONTRACT INFORMATION:			- /-	
Program Type: Contract-Operated Contract Term: 07/01/2016 – 06/30/202 year extensions		2 plus two optional one-	Type of Program: For Other:	Crisis Stabilization Click here to enter text.
	year extensions		Renewal Date:	June 30, 2022
Level of Care Information Age 18 and 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.

FY 21-22 Outcomes

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

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 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 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 AND GOALS

- Must include each of these areas/domains: (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction and Feedback Of Persons Served and 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

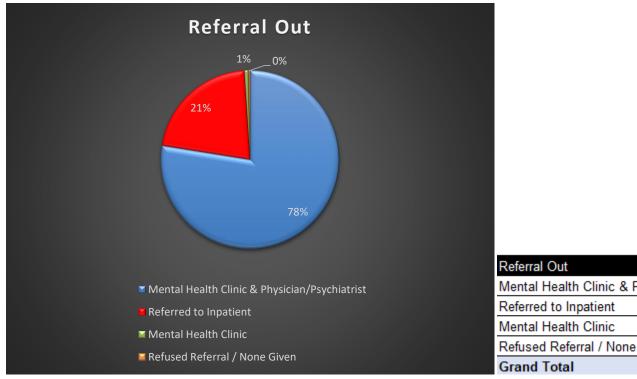
Exodus has designed a continuous quality assurance and quality improvement (QI) process with strategies to measure variations in the structure, method and program outcomes for the Exodus CSC. In addition, Exodus' Decision Support Department provides analytical support to the Exodus CSC by collecting, 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 persons served, 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 persons served 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 persons served related admission /discharge data and persons served 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 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 person served upon discharge that effectively connects our persons served to the broad array of services that Fresno County offers. This has resulted in better integration of behavioral care for our persons served across other systems, including physical health and other service services that positively impact the overall health and wellness of our persons served. Regardless of a persons served admission status to the Exodus CSC, the Admission Log collects information and other **indicators** about what Department of Behavioral Health (DBH) program, community provider or other community resources refer individuals to the Exodus CSC (Referral In). In addition, the Admission Log collects information about a persons served 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 persons served (951 individuals). 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, 77.5% of all person's served are discharged to non-hospital settings. 99.7% of those clients are referred to Department of Behavioral Health programs, community resources.



Referral Out	# of Clients	
Mental Health Clinic & Physician/Ps		1,386
Referred to Inpatient		384
Mental Health Clinic		12
Refused Referral / None Given		6
Grand Total		1,788

NOTES:

- Data extracted from Exodus' Fresno CSC Admissions Log - Includes Admissions from July 1, 2021 to June 30, 2022

- Includes adolescents 17 years of age and younger

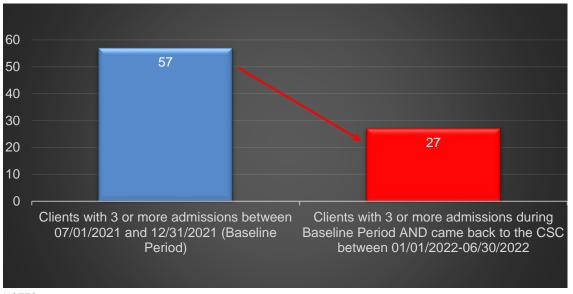
Outcome: Collaborative approach and treatment strategies to reduce readmission of clients with frequent readmissions to the facility.

Domain: EFFECTIVENESS Indicator: Recidivism/Readmissions Who Applied: Persons with 3 or more admissions Time of Measure: FY 21-22 Data Source: Admissions Log

FY 21-22 Outcomes

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

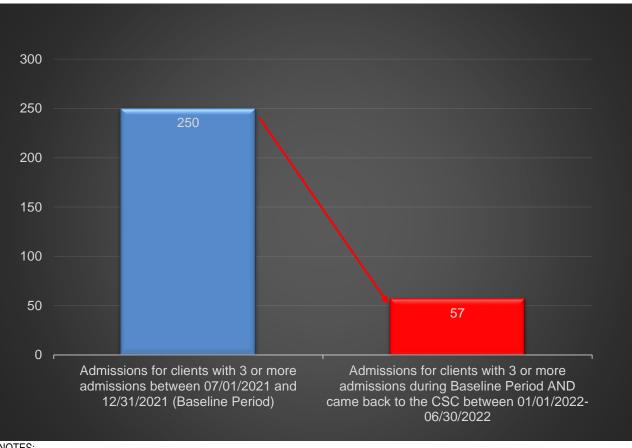
Exodus currently uses recidivism and readmission rates as **indicators** to measure the effectiveness of our collaborative approach and treatment strategies that keep clients from returning to the CSC. At any point in time, the Admission Log has the ability to **analyze** recidivism rates for clients 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. Our **goal** is to reduce readmissions and recidivism rates by 10% from the previous six month period.



***52.6% reduction in readmissions during FY 21-22 VS 61.5% during FY 20-21

NOTES:

- Data extracted from Exodus' Fresno CSC Admissions Log
- Includes unique clients with admissions from July 1, 2021 to June 30, 2022
- Includes adolescents 17 years of age and younger



NOTES:

- Data extracted from Exodus' Fresno CSC Admissions Log

- Includes Admissions from July 1, 2021 to June 30, 2022

- Includes adolescents 17 years of age and younger

***77.2% reduction in readmissions during FY 21-22 VS 61.5% during FY 20-21

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.

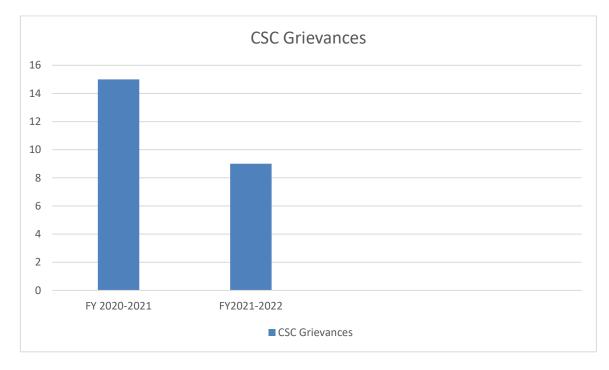
Domain: EFFICIENCY Indicator: Denial Rate for Non-Medical Necessity Crisis Stabilization Who Applied: Persons Served who did not meet medical necessity Time of Measure: FY 21-22 Data Source: DBH Managed Care Utilization Review Target Goal Expectancy: 5% reduction

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 Mental Health Plan (FCMHP). 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 and Feedback Of Persons Served and Stakeholder

Domain: SATISFACTION and FEEDBACK Indicator: Consumer feedback regarding satisfaction, efficiency, and effectiveness Who Applied: All persons served Time of Measure: FY 21-22 Data Source: Direct consumer feedback, County feedback, Internal and County grievances, and success stories Target Goal Expectancy:

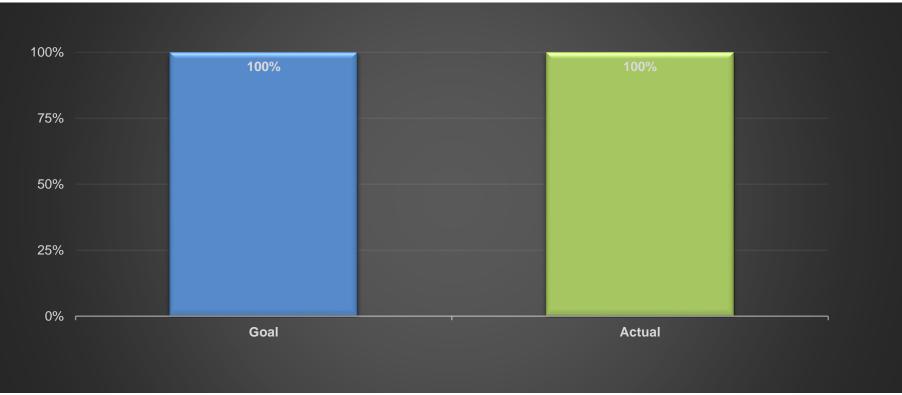
Exodus works closely with our community partners. Thanks to the collaborative team effort we have been able to link many clients to the appropriate level of care. We also reconnect many clients back to Full Service Provider (FSPs) or other outpatient mental health settings, and encourage re-engagement 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. During this fiscal year the management team, staff and clients worked on implementing same day problem resolution. The staff ensured that client concerns were resolved with the charge nurse or management. If they felt their concern was not addressed they could involve the Program Director in person or through an internal client complaint line. This complaint line was a 4 digit number 8630 or (559) 512-8630 that could be easily dialed from the client phones. The clients stated they were satisfied with the new process and clients were given an additional outlet to provide feedback. We believed this new process was a big contributor in decreasing our number of grievances by 40%.



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: FY21-22 Data Source: Data not applicable

When clients arrive to our unit they receive 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 if the provider is not able to see them before the end of their shift. The CSC's goal is to have 100% of person's served evaluated within an hour, and that goal was reached for FY 21-22.



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

Domain: Cultural/Community Defined Practices Indicator: Target language Who Applied: Exodus Staff Time of Measure: FY 21-22 Data Source: HR Data Tracker

Exodus CSC currently has 108 staff members, of which 70 are bilingual. Exodus works to hire staff that are bilingual to assist the clients in their care. We understand that it can be challenging for our clients to use an interpreter during their crisis or in the peak of their psychosis. We are proud to have a 64.8% of our staff speak an additional language.. Our current CSC has staff that communicate in the following languages:

FY 21-22 Outcomes

Inglish
Spanish
Imong
Chinese
vrmenian
lindi
Shqip
Punjabi
agalog
(hmer/Cambodian
/isayan
ligerian (Yoruba)
Thai
Irdu
aotian

DEPARTMENT RECOMMENDATION(S):

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