FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: SOS **PROVIDER:** WESTCARE

PROGRAM DESCRIPTION: The SOS programs intent is to serve consumers with serious mental health disorders who present at emergency rooms for 5150 evaluation during the late evening/early morning hours and it has been determined that immediate hospitalization is not needed, but the consumer does require next day linkage to an appropriate program(s).

By design these consumers are given the opportunity to be discharged from the Emergency Department and be transported to the SOS facility where they can safely spend the night, receive a nutritious meal and get next day assistance with service linkage.

AGES SERVED:

- ☐ **Children**
- ☒ **Adult**
- ☒ **TAY**
- ☒ **Older Adult**

DATES OF OPERATION: July 2, 2012 – Current **DATES OF DATA REPORTING PERIOD:** Jan through June 2015

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OUTCOME GOALS **OUTCOME DATA**

SOS PROGRAM GOAL 1: Contractor shall track response time to emergency departments/5150 facility by SOS team members. Response to Emergency Department is expected within 30 minutes or less.

> **SOS Program Outcome 1:** YTD 2015 average response time from SOS facility to emergency department is ***15.3 minutes*** well below the expected goal of 30 minutes

SOS PROGRAM GOAL 2: Contractor shall track the amount of time it takes to place consumers from the emergency department to the SOS facility. The average time spent at the emergency facility constitutes the data for this goal.

> **SOS Program Outcome 2**: YTD 2015 average time from arrival at ED/5150 facility to departure to SOS facility was ***13.9 minutes***; consistent with the time it take to secure consent from the client to be transported as well as discharge information from hospital staff.

SOS PROGRAM GOAL 3: Contractor shall track consumers with behavioral health disorders who are frequent users of hospital ED/5150 facilities and monitor recidivism of those consumers

> **SOS Program Outcome 3**: Data show 309 discharges for the calendar year through June 30, 2015. Consumers are tracked from intake forward 90 days for revisits to the emergency room and/or subsequent hospitalizations. Data presented here are limited to information available in Avatar and does not, as a result, include repeat visits to CRMC. Data presented is data for revisits to Exodus facility only.
>
> As reported in Avatar, 155 unique persons or 50.2% had no identifiable return visits to Exodus during the time of involvement in the SOS Program. 79 persons (25.6 %) had one recorded visit. And 28 (9.1%) had two visits to Exodus. This suggests that 84.9% of persons who were served by SOS did not have excessive repeat visits to the 5150 evaluation facility. Of course, this data is to be interpreted cautiously as there is no information available for those consumers presenting at CRMC, St. Agnes and other area emergency

departments. It should be noted that this data is consistent with CY2014 data in all regards and neither shows an increase or a decrease of any significance.

Additionally, it should be noted that of 146 documented revisits to Exodus three (3) unique persons represented 42 or 29% of those return visits.

Data is similarly tracked for psychiatric hospitalization from intake admission at SOS to 90 days forward. Avatar is queried to identify hospital utilization. For 296 of 309 individuals discharged between January 1, 2015 and June 30, 2015 from SOS, there is no evidence of psychiatric hospitalization. This represents 95.8% of consumers discharged from SOS and suggests that the vast majority of persons presenting at ED/5150 facilities for "crisis," are, in fact, not requiring a 5150 hold to stabilize their condition. This also suggests that SOS is providing a valuable service by assisting ED/5150 facilities to clear their facilities efficiently. Eleven clients (3.6%) were shown to have one hospitalization on record in Avatar

Comparison data from pre-SOS involvement to post SOS involvement with regard to 5150 visits and hospitalizations was not available due to a long period of no access to the Avatar system after conversion to the cloud based system.

SOS PROGRAM GOAL 4: Contractor shall monitor report and track appropriate linkage successes and challenges.

SOS Program Outcome 4: The tables below shows discharge status for 611 individuals who discharged between January 1, 2015 and June 30, 2015. The table also includes comparison data (shown as percentage) by category for CY 2015

DISCHARGE STATUS	NUMBER	YTD 2015 PERCENT	CY2015 PERCENT
Successfully Linked	71	23.0	25.3
Linked but not known active at discharge	42	13.6	14.7
Declined services for linkage	63	20.4	22.4
Unable to locate	87	28.1	25.1
Moved out of county	21	6.8	4.4
Incarcerated	6	1.9	3.4
Primary AOD problem	2	0.7	2.4
Not SMI	1	0.3	0.5
Other	11	3.6	1.8
Unknown	5	1.6	N/A
TOTAL	309	100	100

Successes: 36.6 percent of individuals were successfully linked with one or more mental health service and almost 23% of persons discharged were actively participating in a mental health service at time of discharge. These figures are minimally lower than CY 2014 data (current year 3.4% lower than CY 2014) and cannot be considered fully until full calendar year 2015 is complete, as the figures will likely balance out over a 12 month period of time. It can be noted that a somewhat higher percentage of clients could either not be located or moved out of county and therefore could not be linked. This 5.5% of individuals could explain the almost five (5) percent decrease in linkages during the reporting period.

Challenges: Because at least 80% of consumers served by SOS are homeless, follow-up contact is very difficult and many consumers get lost until the next visit to the ED or 5150 facility. Keeping consumers engaged in services is also a challenge and once linkages have been made; contact with SOS is less intensive as responsibility for engagement shifts to the mental health provider.

The following table illustrates specific mental health linkages by agency. One hundred fifty one (151) consumers were linked from January to June 2015.

AGENCY	NUMBER
DBH: First Onset	1
DBH: Older Adult	1
DBH: Metro	38
DBH: UCWC	45
MHS Impact	10
Turning Point ICCST	13
Turning Point: IMH	6
Turning Point: TAY	12
Turning Point: Rural	4
Fresno Center for New Americans	1
Substance Abuse Treatment Program	20
Other	16
TOTAL	167

SOS PROGRAM GOAL 5: Contractor shall track, report and monitor follow-up contacts with consumers by case managers. These include the following types of services: linkage to mental health, case management, supportive counseling, family support and education and active efforts to contact consumers for follow-up. For CY 2014 case management activities are summarized in the graph below.

SOS Outcome 5: Data for CY 2014 show that 6261 activities were logged by case managers in efforts to get consumers linked to on-going mental health services after initial orientation and intake.

NOTE: SEE DATA TABLE UNDER PROGRAM GOAL 6 FOR DETAILED SERVICES

SOS PROGRAM GOAL 6: Contractor shall track clinical outcomes by discharge placement

SOS Outcome 6: Clinical outcomes by discharge placement are summarized below and are based on data presented in Program Goal 4:

Clinical Outcome 1: Forty percent (40) of consumers were linked to services

Clinical Outcome 2: Those consumers *successfully linked and active at discharge* (154) exhibit the following characteristics: they are linked to an identifiably appropriate mental health service; they are able to take an active role in their services, hospitalizations are minimized and returns to the ED are minimal; homeless consumers have been able to take advantage of housing opportunities.

Clinical Outcome 3: Consumers *linked but not active at discharge* (90) exhibit the following clinical outcomes; they are linked to an appropriate individual mental health service, they are familiarized with the range of options available to them; when stabilized homeless consumers can take advantage of housing opportunities and they are offered further supportive services should linkages fail.

Clinical Outcome 4: Consumers who *declined further services* (137) exhibit the following characteristics: they do not consider themselves to be mentally ill or in need of services; they exhibit a high level of denial and poor insight and many have co-occurring substance use disorders they are unwilling to address. They tend to recidivate to area ED/5150 facilities when experiencing a transient crisis.

Clinical Outcome 5: Consumers who cannot be contacted (153) represent 25% of all consumers and exhibit the following characteristics: high levels of denial and poor insight, mostly homeless, are in a

constant state of transition and avoid services, except when in a transient crisis; these consumers are more likely to recidivate to are ED/5150 facilities.

Clinical Outcome 6: Those consumers who are identified as *primary substance abusers* in need of linkage to residential and/or outpatient substance use services (15) represent only 2.4% of consumers served at SOS, though co-occurring mental health disorders are highly prevalent across the board for SOS consumers (about 80%). In 2014, a total of 15 persons with primary substance abuse disorders were linked directly to substance abuse services.

SOS PROGRAM GOAL 7: Contractor will develop a satisfaction survey, approved by DBH that complies with mandated state performance outcome and quality improvement reports. At a minimum, eight percent of consumers will report satisfaction with program services.

SOS Outcome 7: WestCare is not in compliance with this requirement at this time. We are unable to locate consumer satisfaction surveys that were completed in CY 2014. It is not known if surveys were ever completed and where they are stored.

SOS PROGRAM GOAL 8: Contractor will identify services provided to each consumer

SOS Outcome 8: For CY 2014 SOS provided a total of 11,080 activities for consumers. Activities are displayed in two categories. Category One (4819 services) includes intake activities performed by Personal Service Coordinators and Peer Support Specialists. Category Two (6261 services) includes various support activities provided by case managers in efforts to get consumers linked to appropriate mental health services.

Contact attempts involve field visits and outreach efforts, coordination with other mental health providers, Fresno County Jail inmate locater, and confidential census reports provided by psychiatric hospitals as well as phone contacts.

Category One:	**Number**	**Category Two:**	**Number**

Non Case Management		Case Management	
Hospital Intake	988	Case Management	1054
Intake at SOS facility	638	Contact Attempt	299
Transportation	490	Family Support	6
		Mental Health Linkage	212
		Supportive Counseling	395
TOTAL CATEGORY ONE	2116	TOTAL CATEGORY TWO	1966

Overall numbers of services counted for YTD 2015 suggest a decrease in average services per month and the reason is not known. There was a significant leadership change in early 2015 and during this time there were administrative staff or program management staff available to inform new administrative staff of the data collection requirements. It is believed that much data during this period was not captured effectively and current management staff is working to resolve this issue going forward.

ADDITIONAL NARRATIVE:

A. For 2015 SOS is tracking three additional data points:

(1) clients who are categorized as “revisits” to SOS, defined as clients who while enrolled in SOS experience as return to SOS through the ED/5150 facility on a subsequent crisis event;
(2) clients who are allowed to “lay over” at SOS in order to enhance linkages; these clients may come in over a weekend and therefore cannot be linked until the following Monday, or they may be clients who have a specific linkage plan (i.e. housing) that is not available right away. These “lay overs” are generally for one to three nights and for the sole purpose of facilitating linkage;
(3) Clients who are active participants with Full Service Partnerships, yet who utilize the ED/5150 facilities and SOS on a frequent basis.

B. Since going to 24/7 operation in January 2015, new client referrals are up 24% from an average of 50 clients per month to 64 per month. Continuing clients (those clients who remain open to service from initial intake to another month is also up 24% from an average of 167 per month to 207 per month in the first half of 2015.

C. Revisits and lay-overs have increased at least 79% from CY 2014. This reflects actual ED revisits, but also lay-overs of existing clients as well as better tracking of such.