

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 adolescent consumers (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:	1–Behavioral Health Integrated Access 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, 2016 - June 30, 2017
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:	\$2,868,750.05	Program Actual Amount:	\$2,867,474.93
Number of Unique Clients Served During Time Period:	934		
Number of Services Rendered During Time Period:	1,644		
Actual Cost Per Client:	\$3,070.10		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Crisis Stabilization
Contract Term:	07/01/2016 – 06/30/2019 (07/01/2016 – 06/30/2019 plus two optional one-year extensions)	For Other:	Click here to enter text.
		Renewal Date:	07/01/2019

Level of Care Information Age 18 & Over:

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 clients at the Youth Crisis Stabilization Center.

TARGET POPULATION INFORMATION:

Target Population: Adolescent consumers (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 & 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

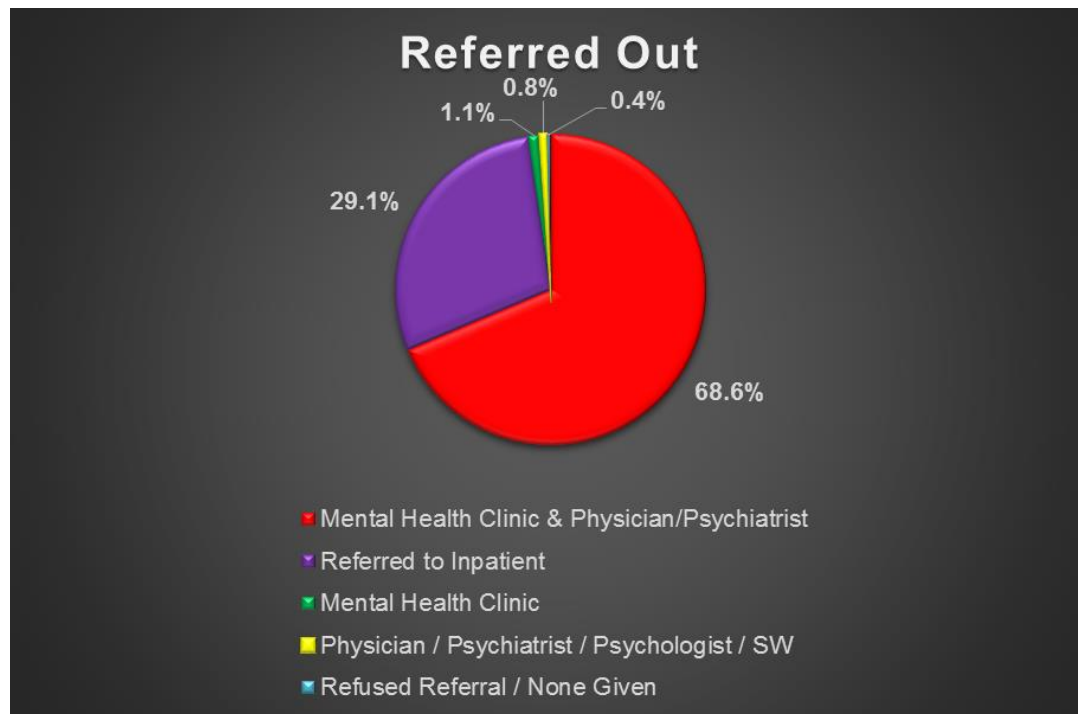
Exodus has designed a continuous quality assurance and quality improvement (QI) process with strategies to measure variations in the structure, method and program outcomes for the Exodus CSC. In addition, Exodus' Decision Support Department provides analytical support to the Exodus CSC by collecting, 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. (Access; Effectiveness)

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** will be to refer and link 100% of our non-hospitalized 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.



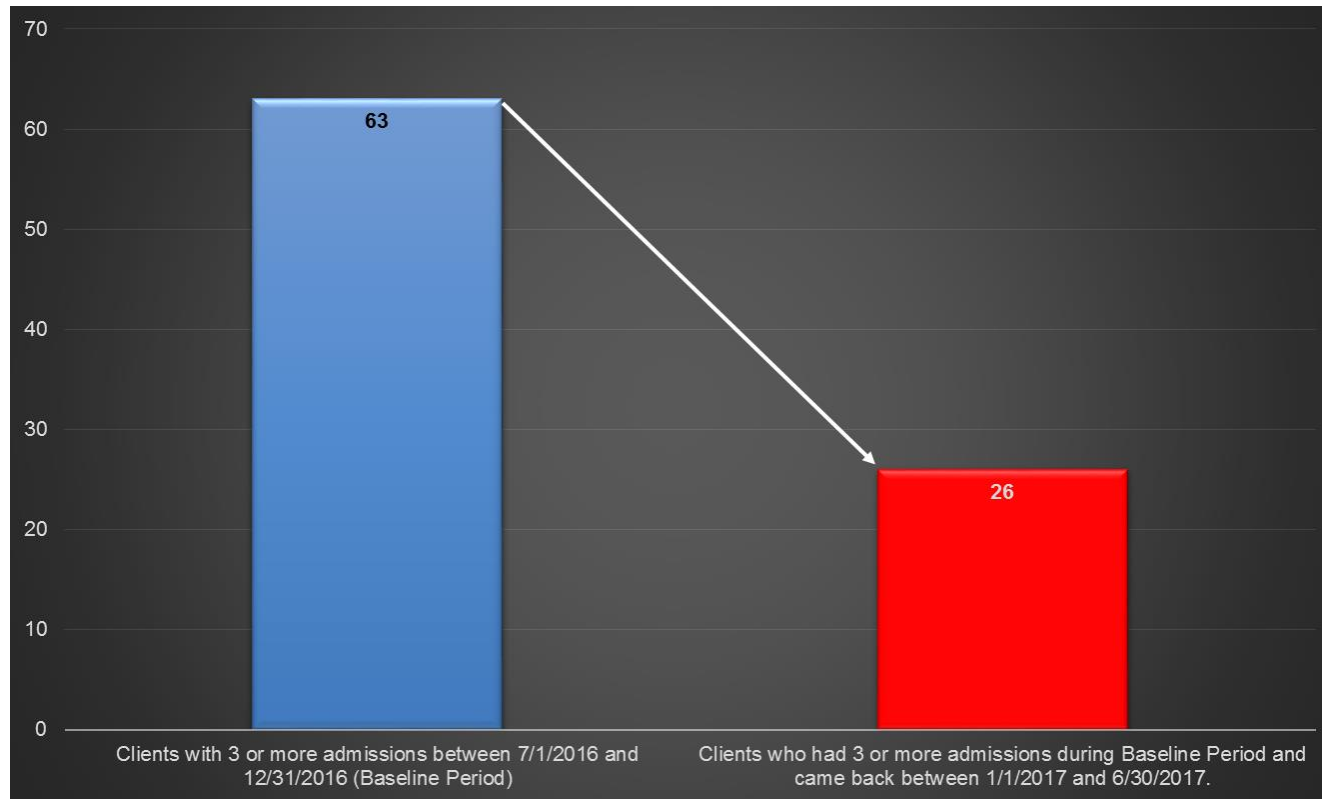
Referral Out Type	Clients
Mental Health Clinic & Physician/Psychiatrist	1,352
Referred to Inpatient	573
Mental Health Clinic	22
Physician / Psychiatrist / Psychologist / SW	16
Refused Referral	7
Grand Total	1,970

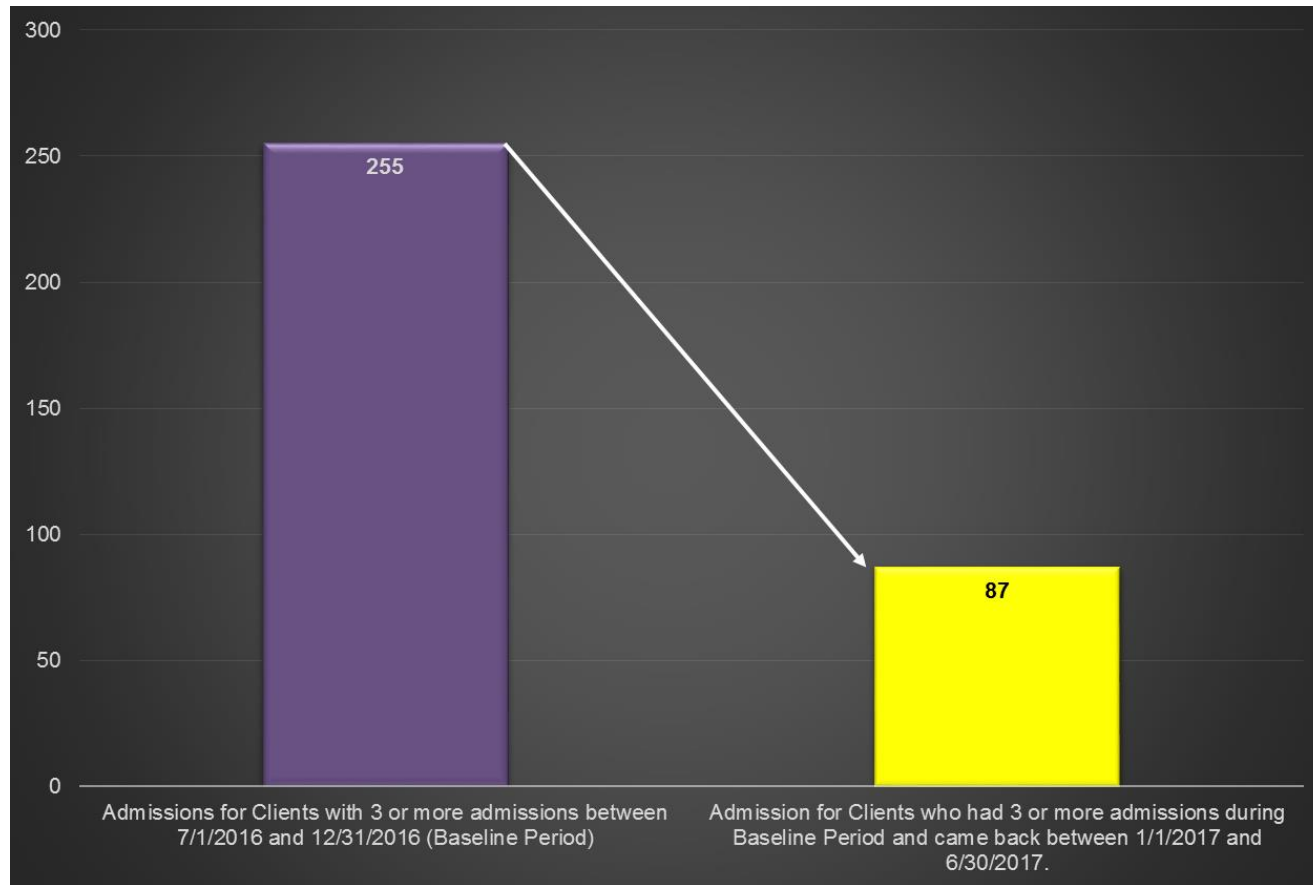
NOTES:

- Data extracted from Exodus' Fresno CSC Admissions Log
- Includes Admissions from July 1, 2016 to June 30, 2017
- 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. Measurement of recidivism rates, including measuring percentage of recidivism within 30 days.

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.





NOTES:

- Data extracted from Exodus' Fresno CSC Admissions Log
- Includes Admissions from July 1, 2016 to June 30, 2017
- 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.

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. For FY 16-17 Exodus' denial rate was 0%; our **goal** is to maintain a 0% denial rate.

Mode of Service Number	Service Function Code	Sum of Grand Total All Units	Sum of Total Approved Medi-Cal Cost Report Units	Sum of Non-Medi-Cal (without-Medicare) Cost Report Units	Sum of Total Pending Cost Report Units for Medi-Cal	Sum of Total Unbilled Cost Report Units for Medi-Cal	Sum of Total Denied Cost Report Units for Medi-Cal
10	24	27,393	11,827	903	4,644	10,019	-
Grand Total		27,393	11,827	903	4,644	10,019	-

NOTES:
 - Data extracted from the Fresno County FY 1617 UOS Report
 - Includes claims from July 1, 2016 through June 30, 2017

Satisfaction & Feedback Of Persons Served & Stakeholder

Exodus currently does not collect Satisfaction & Feedback Of Persons Served & Stakeholder data. A team comprised of members of the Exodus QI/QA department, Decision Support department, and other clinical, quality and program leadership will meet in a near future to identify CARF domain #4, "Satisfaction and Feedback", in order to understand how to best address this performance dimension moving forward. A data collection plan will be drafted, and Exodus will begin reporting Satisfaction & Feedback outcomes to Fresno County as soon as data becomes available.