

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Adult Acute Inpatient Psychiatric Health Facility (PHF)	<b>Provider:</b>	Exodus Recovery, Inc.
<b>Program Description:</b>	The Exodus PHF 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.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care
<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	January 10, 2011 - present
<b>Age Group Served 2:</b>	Choose an item.	<b>Reporting Period:</b>	July 1, 2016 - June 30, 2017
<b>Funding Source 1:</b>	Realignment	<b>Funding Source 3:</b>	Choose an item.
<b>Funding Source 2:</b>	Medical FFP	<b>Other Funding:</b>	Click here to enter text.

**FISCAL INFORMATION:**

<b>Program Budget Amount:</b>	\$3,698,759.00	<b>Program Actual Amount:</b>	\$3,542,944.17
<b>Number of Unique Clients Served During Time Period:</b>	321		
<b>Number of Services Rendered During Time Period:</b>	6,802		
<b>Actual Cost Per Client:</b>	\$11,037.21		

**CONTRACT INFORMATION:**

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	PHF/Inpatient
<b>Contract Term:</b>	10/01/2015 - 06/30/2016	<b>For Other:</b>	Click here to enter text.
	Additional three (3) year term with option for two (2) additional twelve (12) month periods	<b>Renewal Date:</b>	July 1, 2021
<b>Level of Care Information Age 18 &amp; Over:</b>	Choose an item.		
<b>Level of Care Information Age 0- 17:</b>	Choose an item.		

The levels of care show above do not apply. This program provides acute inpatient psychiatric services at an 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.

**MHSA CORE CONCEPTS:**

<b>Please select MHSA core concepts embedded in services/ program:</b>	<b>Please describe how the selected concept (s) embedded :</b>
<i>(May select more than one)</i>	
Client/Family Driven Program	<p>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 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.</p>
Community Collaboration	
Integrated Service Experience	
Recovery/Resiliency Orientation	

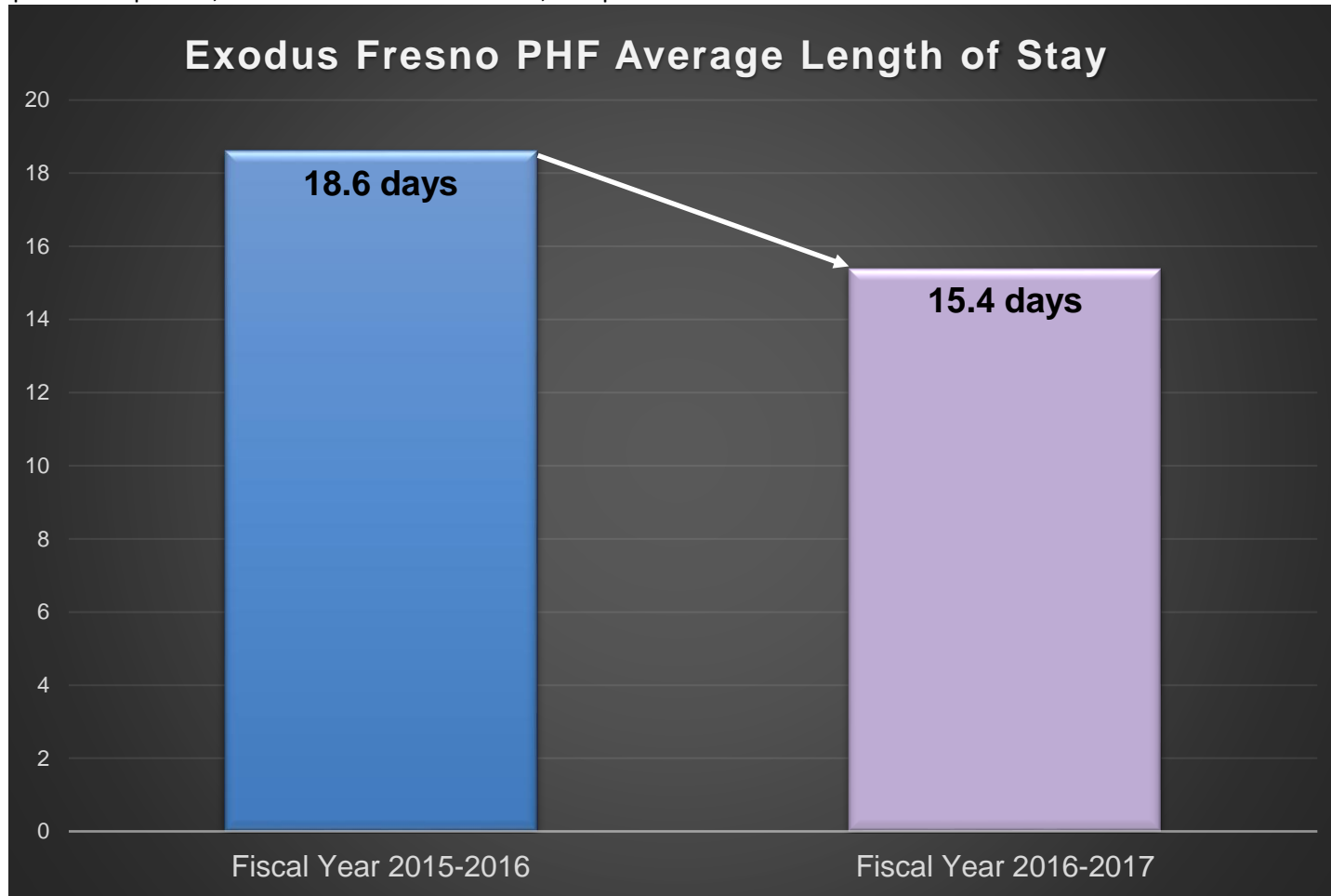
**PROGRAM OUTCOME GOALS:**

<u>OUTCOME GOAL</u>	<u>OUTCOME DATA</u>
<p>Within 14 days plan assist patient, stabilize excessive behaviors, and provide tools for successful interaction.</p>	<p>For FY 15-16 discharges, the Average Length-of-Stay was 18.6 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, Exodus was able to reduce the Average Length-of-Stay to 15.4 day for FY 16-17 discharges. Exodus is in a good position to achieve the outcome goal of 14 days by Fiscal Year 2017-2018.</p>
<p>Effective of discharge planning as demonstrated by the referral and linkage to the Department of Behavioral Health programs, community providers and other community resources.</p>	<p>Total adult patient discharges during FY 16-17 were 368. These patients were referred and linked to the following:                      -Department of Behavioral Health programs, community providers and other community resources: 362 (98.4%)                      -Referred to Inpatient: 6 (1.6%)</p>
<p>Collaborative approach and treatment strategies to reduce readmission of patients with readmissions to the facility.</p>	<p>There were 12 patients with 2 or more admissions between July 1, 2016 and December 31, 2016 (Baseline Period). Out of those 12 patients, only 2 came back to the PHF between January 1, 2017 and June 30, 2017. In addition, total visits for patients with 2 or more admissions during Baseline Period was 28 visits, compared to 2 visits between January 1, 2017 and June 30, 2017 for the same set of Baseline patients.</p>
<p>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.</p>	<p>Exodus needs Fresno County’s utilization review to determine the denial rate for CSU hours that do not meet Medi-Cal necessity criteria, which Exodus has requested. Once Exodus receives the utilization review, Exodus will report the denial rate as stated for this outcome.</p>
<p>Initial Screening – Percent of patients discharged that were screened by the 3<sup>rd</sup> 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.</p>	<p>The PHF goals are as follows: To have a 95% of patients discharged that were screened by the 3<sup>rd</sup> 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%.</p>

<p>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 devices that restrict freedom of movement of the body.</p>	<p>The PHF goals are as follows: To decrease the ratio of total hours patient spent in restraint to total inpatient hours to 0.5 %, we have surpassed our goal and decreased it to 0.4%.</p>
<p>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.</p>	<p>The PHF goals are as follows: To decrease the ratio of total hours patient spent in seclusion to total inpatient hours to 1.5%, we have surpassed our goal and decreased it to 1.1%.</p>
<p>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.</p>	<p>The PHF goals are as follows: To have a 95% 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. Exodus PHF has surpassed this goal and reached 100%.</p>
<p>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.</p>	<p>The PHF goals are as follows: To have a 95% of patients discharged with a complete continuing care plan that is transmitted to next level of care provider by the 5th day post discharge. Exodus PHF has surpassed this goal and reached 100%.</p>

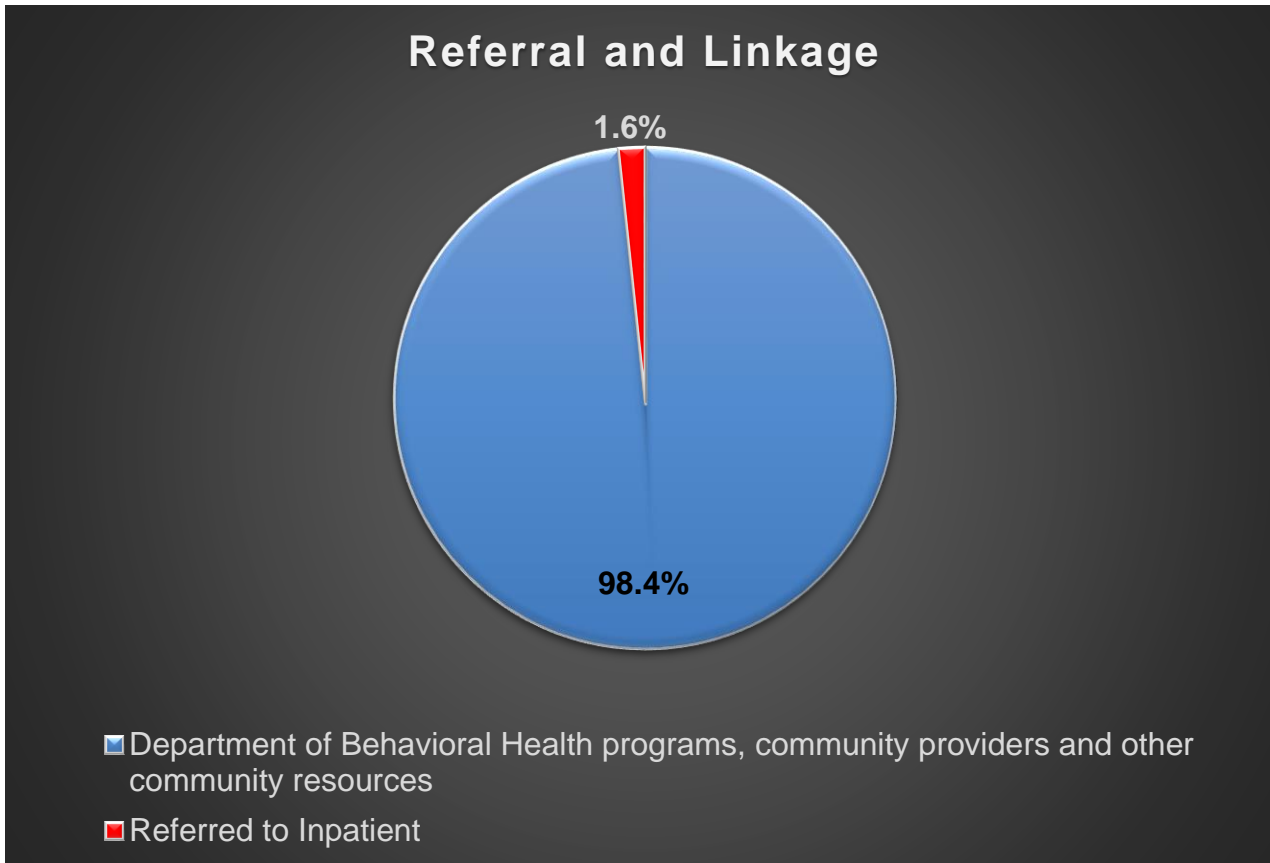
**PROGRAM OUTCOME DATA/INDICATORS:**

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



- NOTES:
- Data extracted from Exodus' Fresno PHF Admissions Log
  - Includes Discharges from January 1, 2016 to June 30, 2017
  - Includes adults 18 years of age and older

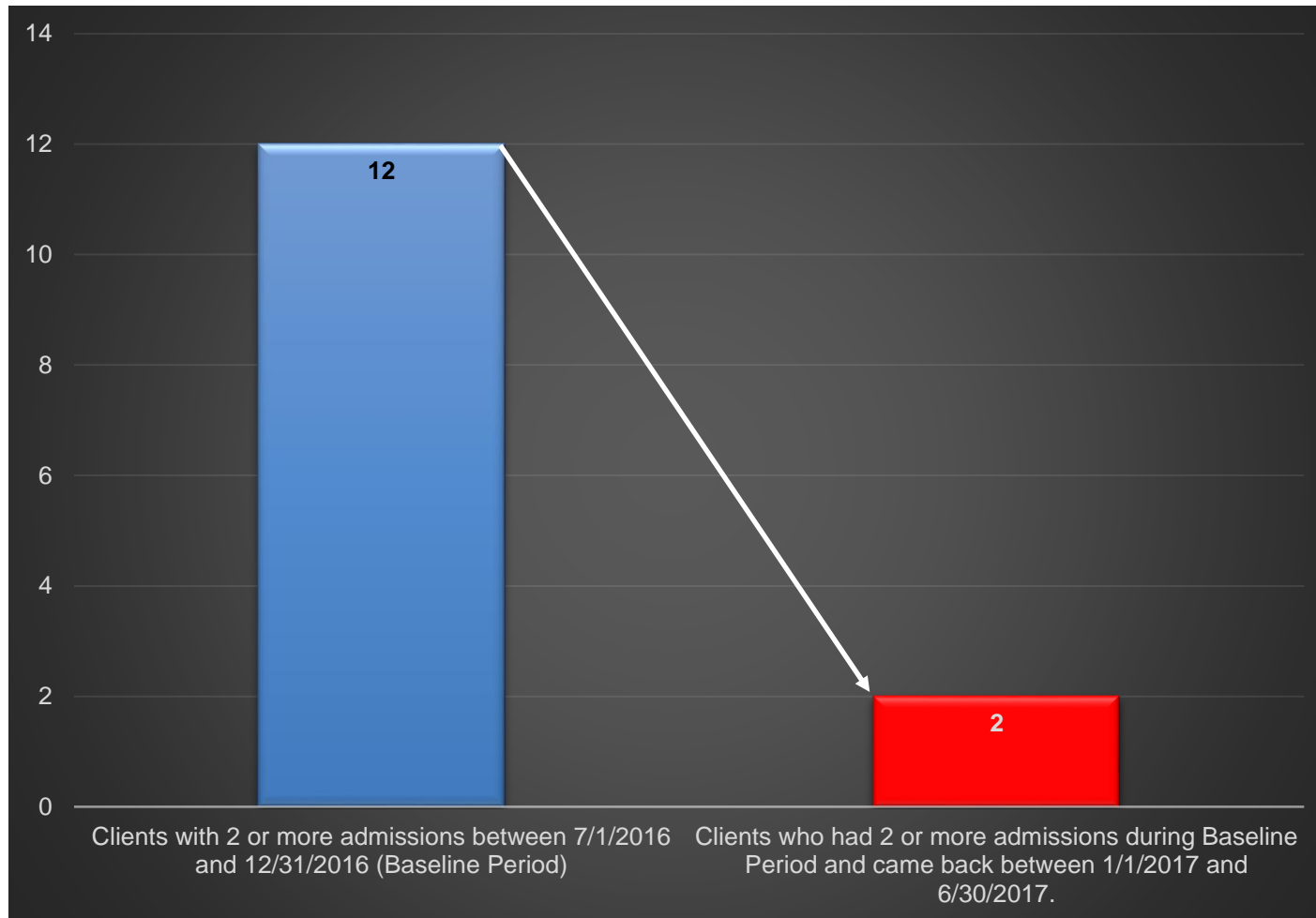
Outcome: Effective of discharge planning as demonstrated by the referral and linkage to the Department of Behavioral Health programs, community providers and other community resources.

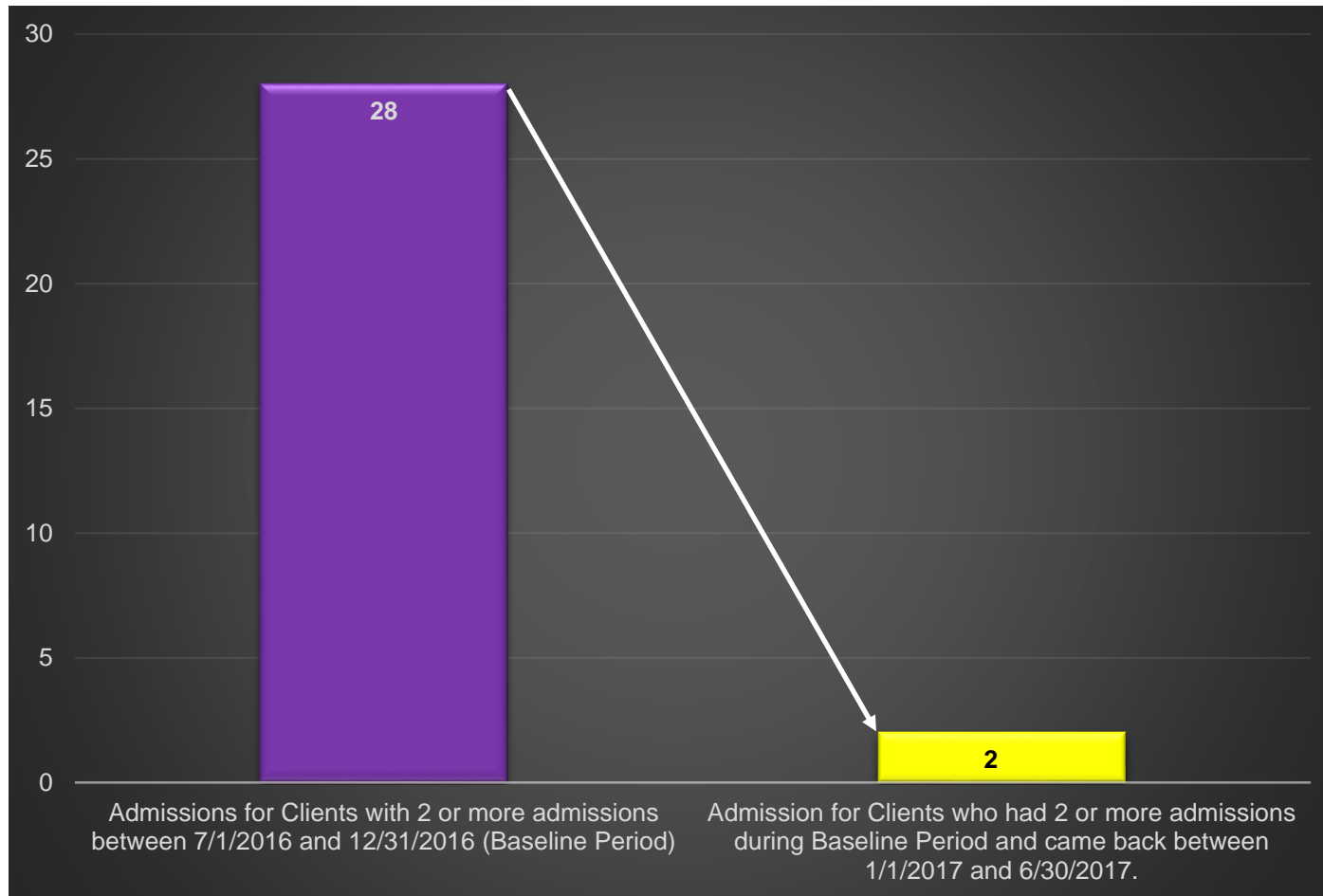


Referral Out	Patients
Department of Behavioral Health programs, community providers and other community resources	362
Referred to Inpatient	6
<b>Grand Total</b>	<b>368</b>

NOTES:  
 - Data extracted from Exodus' Fresno PHF Admissions Log  
 - Includes Discharges from July 1, 2016 to June 30, 2017  
 - Includes adults 18 years of age and older

Outcome: Collaborative approach and treatment strategies to reduce readmission of patients with readmissions to the facility





NOTES:

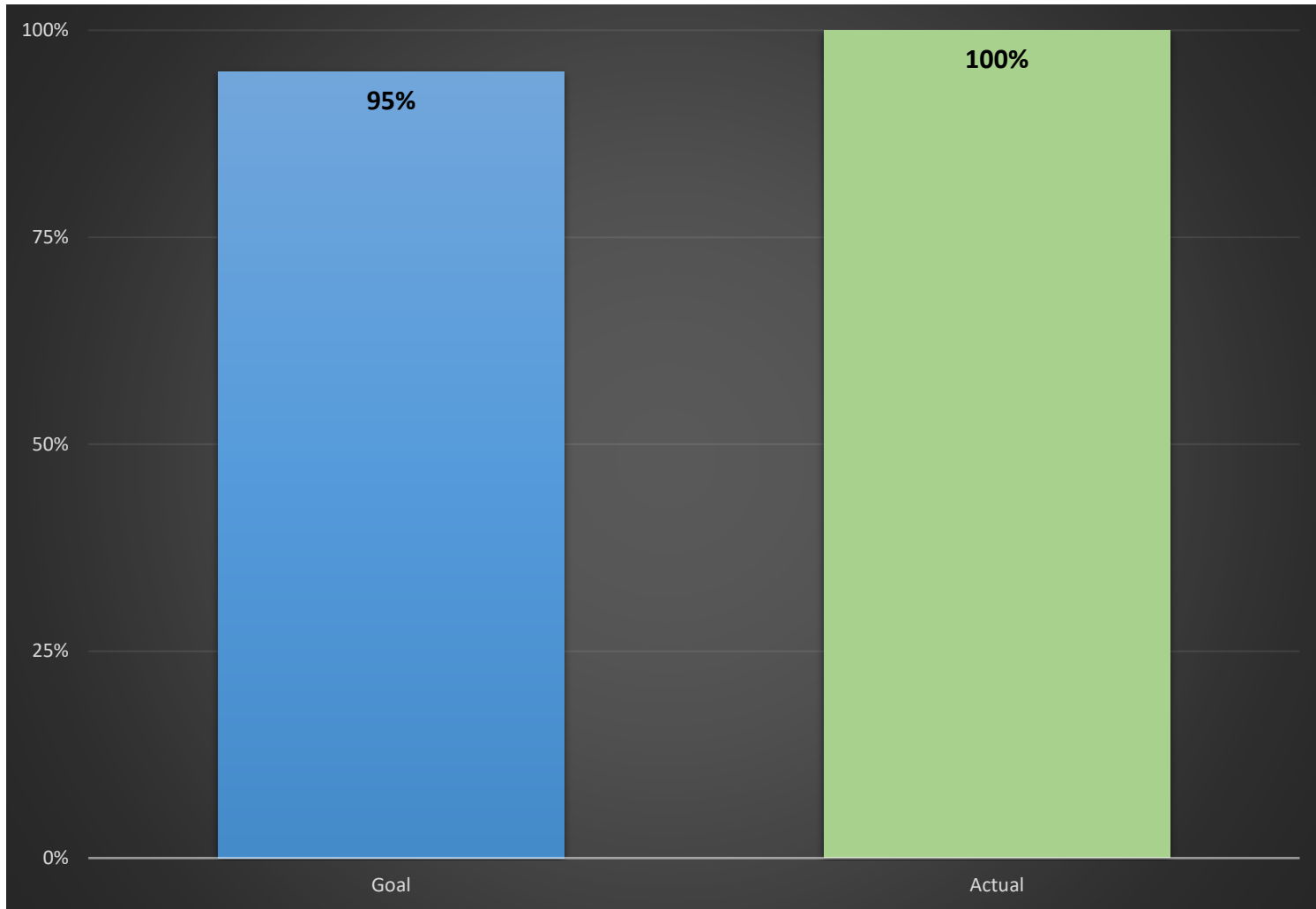
- Data extracted from Exodus' Fresno PHF Admissions Log
- Includes Discharges from July 1, 2016 to June 30, 2017
- Includes adults 18 years of age and older



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.

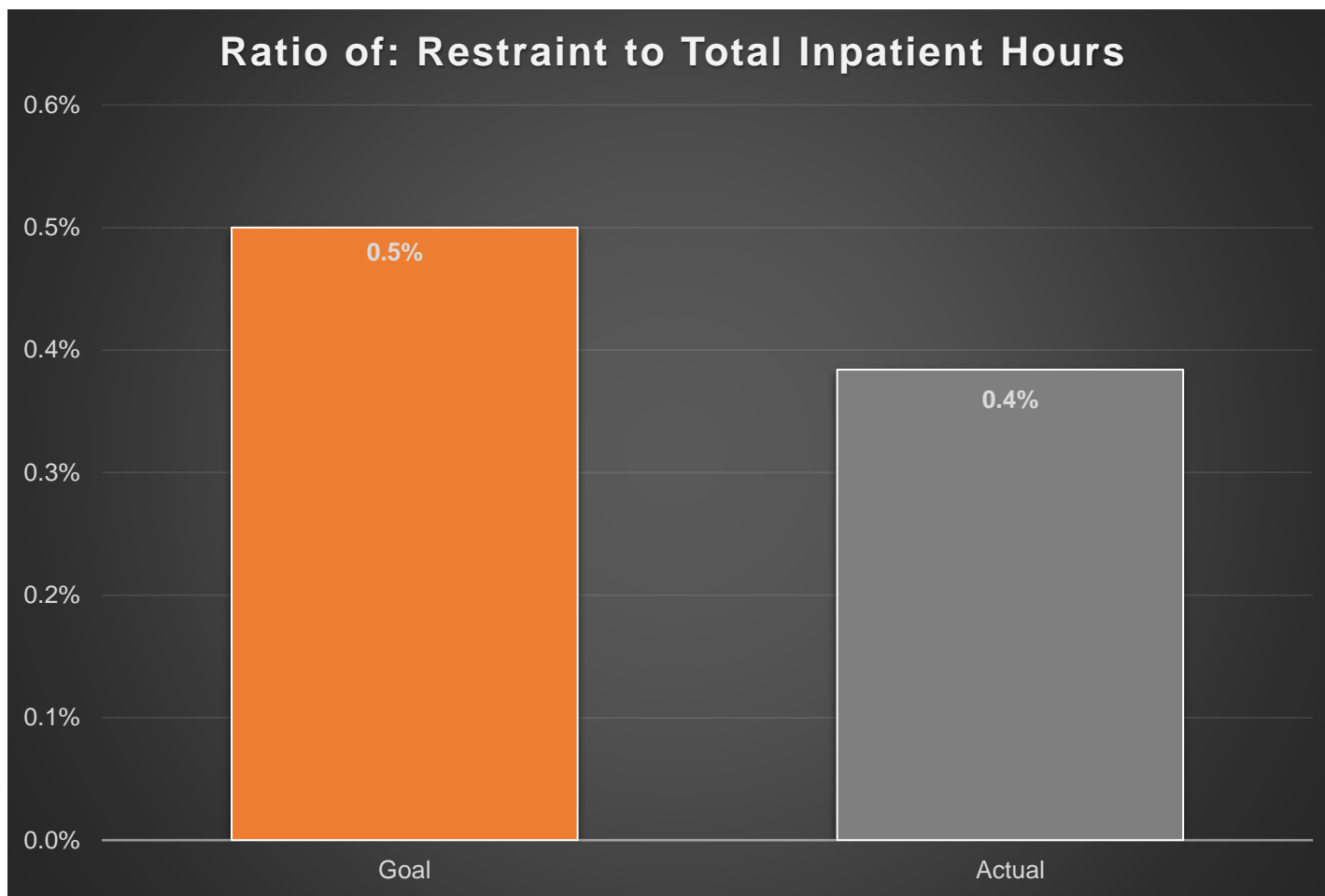
Exodus needs Fresno County's utilization review to determine the denial rate for PHF days that do not meet Medi-Cal necessity criteria, which Exodus has requested. Once Exodus receives the utilization review, Exodus will report the denial rate as stated for this outcome.

Outcome: Initial Screening – Percent of patients discharged that were screened by the 3<sup>rd</sup> 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.



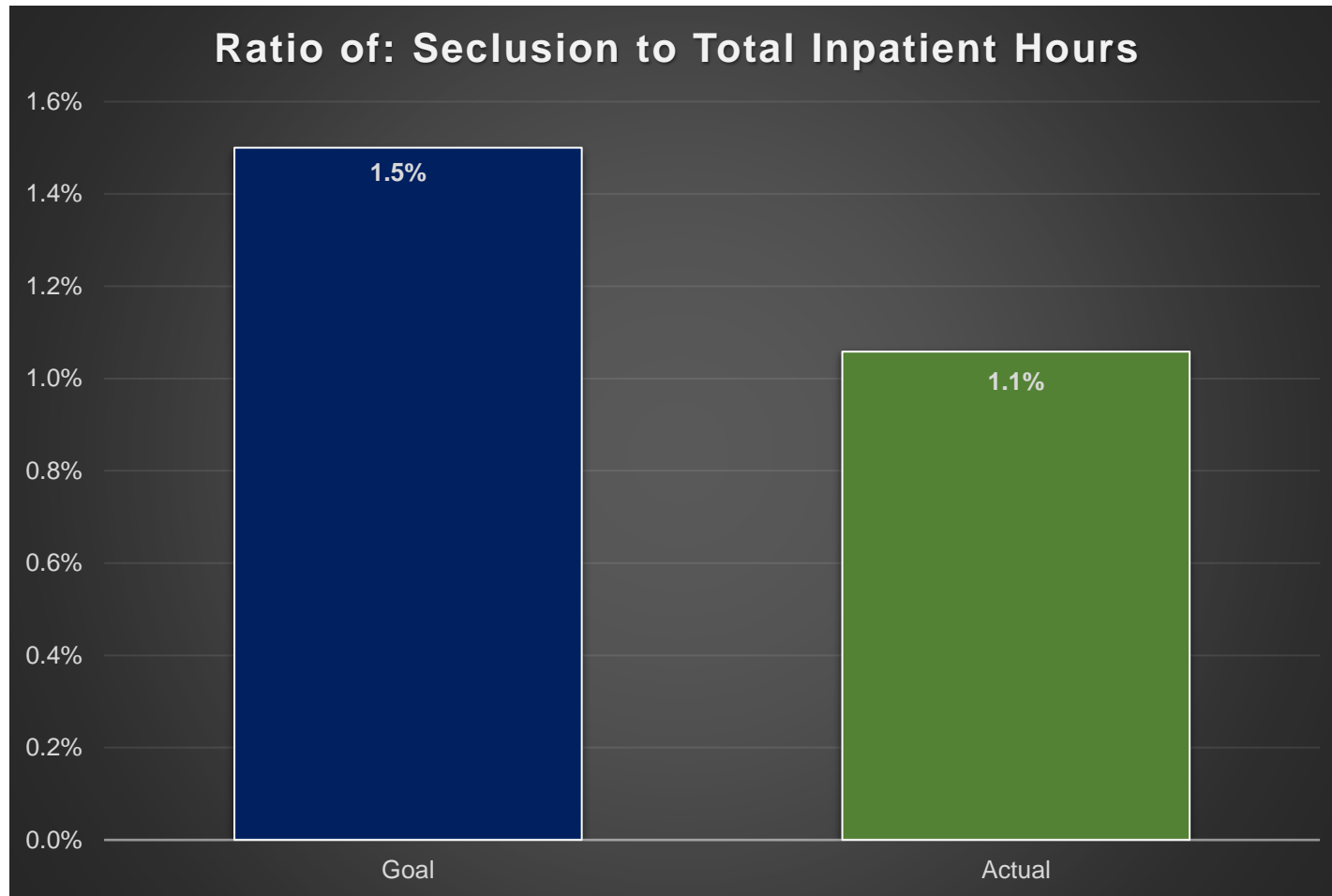
NOTES:  
- Includes Discharges from July 1, 2016 to June 30, 2017  
- Includes adults 18 years of age and older

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 devices that restrict freedom of movement of the body.



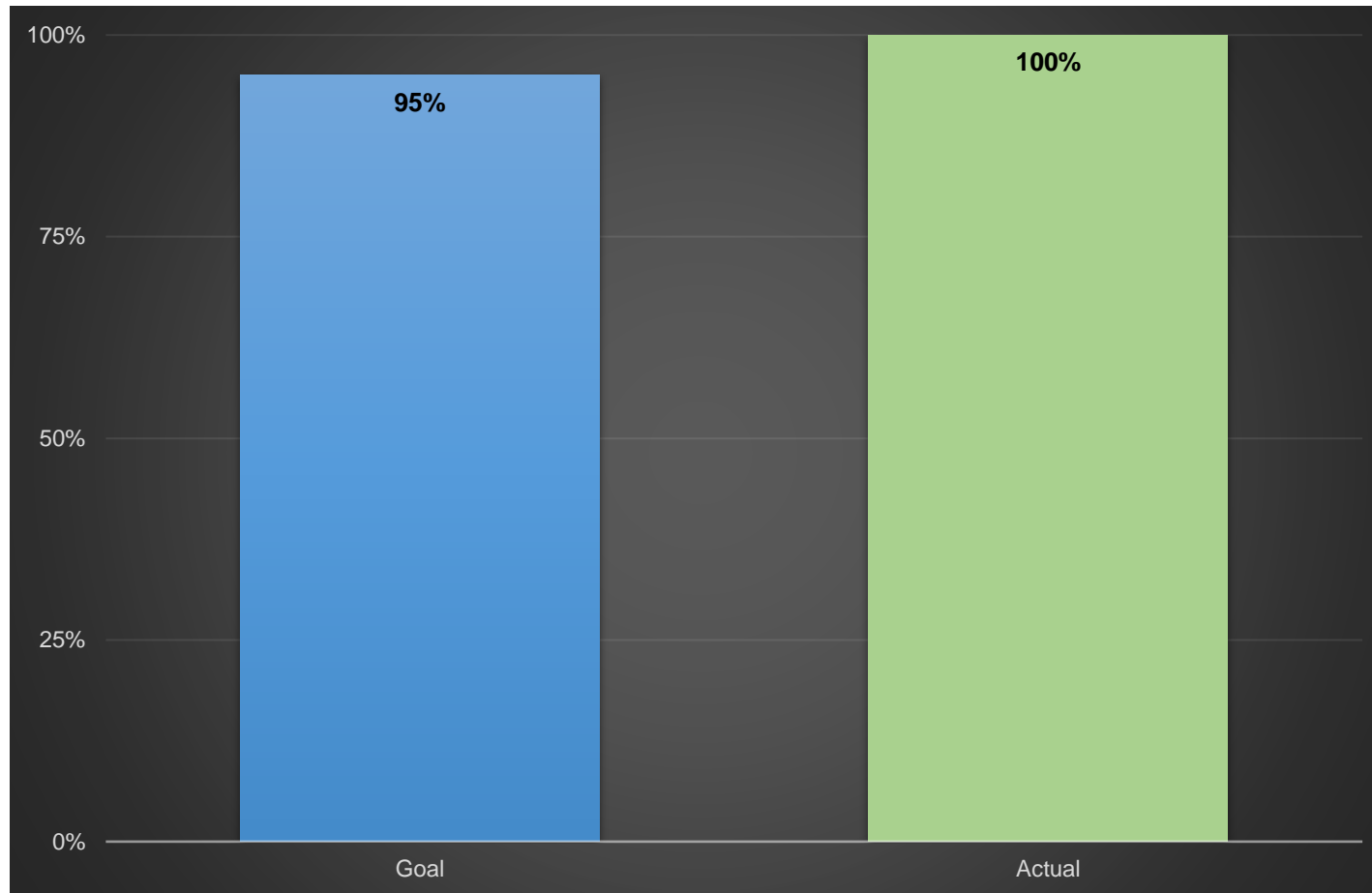
NOTES:  
- Includes Discharges from July 1, 2016 to June 30, 2017  
- Includes adults 18 years of age and older

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.



NOTES:  
 - Includes Discharges from July 1, 2016 to June 30, 2017  
 - Includes adults 18 years of age and older

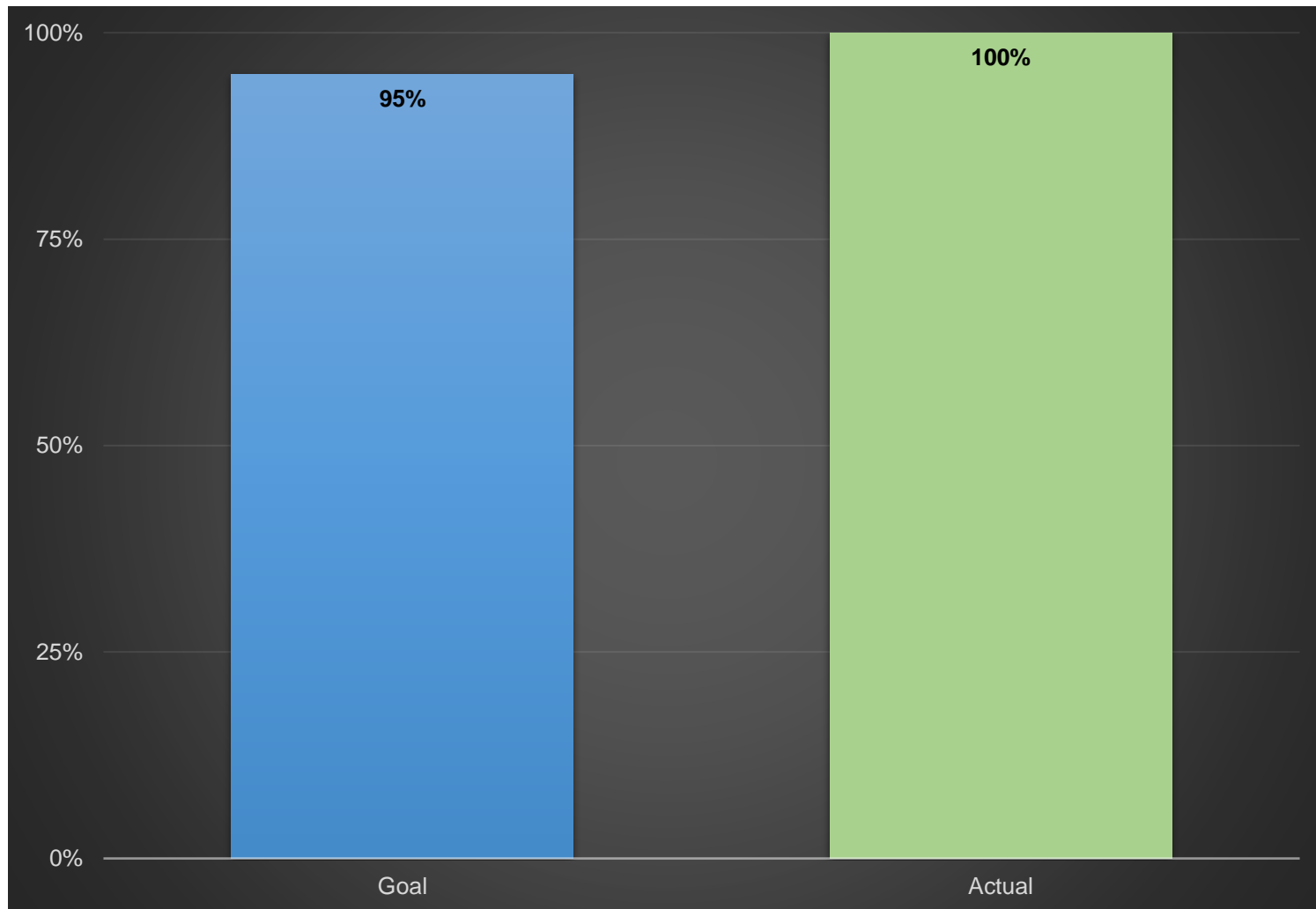
Outcomes: Continuing Care Plan Created - Percent of patients discharged with a continuing care plan created that includes all of the following: reason for hospitalization, discharge diagnosis, discharge medications, and next level of care recommendations. Minimum information for all discharge medications includes medication name, dose, and indications for use.



**NOTES:**

- Includes Discharges from January 1, 2016 to June 30, 2016
- Includes adults 18 years of age and older

Outcomes: Continuing Care Plan Transmitted. Percent of patients discharged with a complete continuing care plan (defined in #14) that is transmitted to next level of care provider by the 5th day post discharge.



NOTES:

- Includes Discharges from January 1, 2016 to June 30, 2016
- Includes adults 18 years of age and older

