

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Support and Overnight Stay (SOS)	Provider:	Westcare California
Program Description:	Case Management	MHP Work Plan:	4-Behavioral health clinical care 1-Behavioral Health Integrated Access Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	July 2012 to present
Age Group Served 2:		Reporting Period:	July 1, 2016 - June 30, 2017
Funding Source 1:		Funding Source 3:	Choose an item.
Funding Source 2:	Innovations (MHSA)	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$819,090	Program Actual Amount:	\$793,825
Number of Unique Clients Served During Time Period:	656		
Number of Services Rendered During Time Period:	7413		
Actual Cost Per Client:	\$1,210		

CONTRACT INFORMATION:

Program Type:		Type of Program:	
Contract Term:	July 2012 through June 2018	For Other:	Case Management
		Renewal Date:	Contract extended through June 2018
Level of Care Information Age 18 & Over:	Innovation		
Level of Care Information Age 0- 17:	Choose an item.		

TARGET POPULATION INFORMATION:

Target Population: Adults presenting to area EDs for 5150 evaluation who do not require hospitalization but do require linkage to mental health and other services to reduce crisis recidivism

CORE CONCEPTS:

Please select core concepts embedded in services/ program:
(May select more than one)

- Access to underserved communities
- Integrated service experiences
- Community collaboration
- Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Please describe how the selected concept (s) embedded :

Case management services endeavor to link consumers to needed MH services as well as other resources needed to stabilize them; case managers look at whole person and attempt to integrate all services necessary to support client, keeping in mind the consumer’s strengths, needs and preferences in linkage activities. Key to these efforts is strong collaboration with mental health treatment agencies to get consumers connected to ongoing support.

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

[Click here to enter text.](#)

NO.	GOAL	DOMAIN	INDICATOR	DATA SOURCE	Target
1	Program will respond to ED within 30 minutes of call	Access	Time to arrive at ED	Data system	Less than 30 min
2	Placement time to facility	Access	Time at ED before transport	Data system	Less than 30 min
3	Monitor crisis recidivism	Effectiveness	# of return crisis visits during SOS episode	Avatar	N/A

4	Clients will be linked to necessary services	Effectiveness	# of MH linkages by program	Data system	35%
5	Track clinical outcomes by discharge status	Effectiveness	Discharge status	Data system	N/A
6	Clients will receive an array of services to facilitate linkage (further elaborates on goal #8)	Effectiveness	# and type of services provided	Data system	N/A
7	Clients will report satisfaction with services provided	Satisfaction	% of clients reporting satisfaction with services	Consumer survey instrument	65% report satisfaction
8	Clients will receive services necessary to facilitate linkages	Efficiency	# of services provided	Data system	85%

OUTCOME GOALS

OUTCOME DATA

- **ACCESS**

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: FY 2016-17 average response time from SOS facility to emergency department is 17.3 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: FY 2015-16 average time from arrival at ED/5150 facility to departure to SOS facility was 15.3 minutes; consistent with the time it take to secure consent from the client to be transported as well as discharge information from hospital staff.

- **EFFECTIVENESS**

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 832 discharges for FY 2016-17. Six hundred eight-six (686) unique clients were discharged this reporting period. 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, other EDs and/or inpatient psychiatric units. Data presented is data for revisits to Exodus only and as recorded/found when accessing Avatar at discharge.

As reported in Avatar, for 454 (55%) discharges there was no identifiable return visit to Exodus during the time of involvement in the SOS Program. 160 persons discharged (19 %) had one recorded return visit. And 92 (11%) had two visits to Exodus. This suggests that 70% of persons who were served and discharged by SOS did not have excessive repeat visits to the 5150 evaluation facility. Fifty-three (53) of 378 discharged consumers with a return ED visit or 14%, had five or more visits return visits and about one percent of consumers had 10 or more return visits to the ED. 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 FY 2015-16 data in all regards and neither shows an increase or a decrease of any significance.

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 826 individuals who discharged between July 1, 2016 and June 30, 2017. The table also includes comparison data (shown as percentage) by category for FY 2015-2016.

DISCHARGE STATUS	NUMBER	FY 2016-2017 %	FY 2015-2016 %
Successfully Linked	195	23.6	28.4
Linked but not known active at discharge	75	9.1	10
Declined services for linkage	142	17.2	27.1
Unable to locate	283	34.3	25.9
Moved out of county	33	4.0	2.5
Incarcerated	78	9.4	1.2
Primary AOD problem	20	2.4	4.1
Not SMI	0	0.0	0.0
Other Linkage	0	0.0	0.8

TOTAL	826	100	100
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Successes: Thirty-four (34%) percent of individuals were successfully linked with one or more mental health services and at least 24% of persons discharged were actively participating in a mental health service at time of discharge. Both the percentage of persons linked and the percentage of those linked who were actively participating at discharge decreased by four percentage points. This may be attributed to the increase in persons the program was unable to locate (up from 26% last reporting period to 34% this reporting period) and the increase in those reporting homelessness at intake (up from 75% to 85%). Fewer persons refused service linkage this reporting period (a decrease of 10%) and the percentage of primary AOD consumers was lower.

Challenges: Because 85% 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 number of persons at discharge who were reported to be incarcerated rose by eight (8%) percent; reasons for this are unclear but may reflect more active inquiry by program staff at discharge

The following table illustrates specific mental health linkages by agency. Three hundred fifty-seven (357) recorded linkages were made for consumers during FY 2015-16. This number is consistent with data from FY 2015-2017 in which 358 linkages were recorded. These linkages represent ONLY mental health linkages. The SOS case managers also routinely link consumers to housing, SSI, DSS, physical health providers, payee services, DMV and the like. These additional linkages are necessary to obtaining other necessary services that may help promote mental health stabilization. The table below identifies mental health linkages, but cannot capture much of the anecdotal stories of consumers with multiple ED contacts who by virtue of SOS persistence in case management demonstrate a reduction in ED visits and successful transitions into ongoing mental health care despite a history of treatment failure.

AGENCY	NUMBER 2016-2017	NUMBER FY 2015-2016
DBH: Older Adult	6	6
DBH: Metro	83	86
DBH: UCWC	84	83
DBH: TAY	3	0
MHS Impact	53	36
Turning Point Vista	66	67
Turning Point: TAY	17	21
Turning Point: Rural	18	23
Substance Abuse Treatment Program/TP 109	4	28
Other Mental Health	23	8

TOTAL	357	358
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SOS PROGRAM GOAL 5: Contractor shall track clinical outcomes by discharge placement

SOS Outcome 5: Clinical outcomes by discharge placement are summarized below and are based on data presented in Program Goal 4:

Clinical Outcome 1: Thirty-three (33) percent (270) of consumers were linked to services

Clinical Outcome 2: Those consumers successfully linked and active at discharge (195) exhibit the following characteristics: they are linked to an identifiable 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 (75) 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 (142) 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. Fewer clients refused linkage service this reporting period (17% versus 27% in FY 2015-16).

Clinical Outcome 5: Consumers who cannot be contacted (283) represent 34% 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 area ED/5150 facilities. This is an eight percent increase in consumers lost to follow-up as compared to last reporting period and reflects an increase in homelessness for SOS referred consumers (approximately 6% increase over last year).

Clinical Outcome 6: Those consumers who are identified as primary substance abusers in need of linkage to residential and/or outpatient substance use services (20) 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 88%). During FY 2016-2017, a total of 4 persons with substance abuse disorders were linked directly to substance abuse services, primarily residential. In many cases consumers were also linked to Full Service Partnerships and provided care coordination services to effectively bridge the two service systems.

SOS PROGRAM GOAL 6: Contractor will identify services provided to each consumer

SOS Outcome 6: For FY 2015-16 SOS provided a total of 7413 activities for consumers. Activities are displayed in two categories. Category One (2994 services) includes intake activities performed by Personal Service Coordinators and Peer Support Specialists. Category Two (4419 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 locator and extended family contact when that information is known. There was a significant increase in Family Support activities to engage family members of consumers served; a nine-fold increase from 11 activities last year to more than 100 this year.

Category One: Non Case Management	Number	Category Two: Case Management	Number
Hospital Intake	633	Case Management	1675
Intake at SOS facility	1242	Contact Attempt	1712
Transportation	1119	Family Support	105
		Mental Health Linkage	357
		Supportive Counseling	570
TOTAL CATEGORY ONE	2994	TOTAL CATEGORY TWO	4419

ADDITIONAL INFORMATION

Six hundred and fifty-six unique (656) persons received services for FY 2015-16, an decrease of thirty-one (31) consumers from FY 2015-16. Eight-five (85) percent reported homeless at intake. One hundred twenty-five (125) consumers had two or more episodes. Eight-five (85) percent of those (106) had only two episodes and three (3) percent (4) had four episodes.

Two hundred fifteen persons (215) had return visits to SOS during their service episode. This represents 33% of unique consumers served. A revisit occurs when a consumer open to SOS case management returns to Exodus or an ED and is referred for another overnight stay. Almost half of those who returned to SOS (46.5%) only had one revisit while receiving SOS services, 33% had 2-3 revisits, and 19% had between 4 and 10 revisits. Five individuals, however, came back to SOS after visiting Exodus, the EDs and/or a hospitalization 10 or more times. These five persons (2.3% of total unique consumers) represent 29% of the revisits (62). More clients had 2-3 revisits as compared to last year (33% versus 23%) but repeat visits of the highest users decreased by 12% over last year. Most are homeless and co-occurring, refuse further services or have poor follow through after being linked to a mental health service.

- **SATISFACTION**

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: Four hundred twenty-six (426) consumer surveys were completed the day following admission. This is a 62% response rate overall. Satisfaction with SOS is very high and comments suggest that consumers experience the program staff as hospitable, compassionate and sensitive to their needs. Ninety-seven (97) percent of surveys are highly positive about the services that were provided. Questions on the survey include the following: 1) I was welcomed to the program and services were explained to me; 2) SOS staff treated me with dignity and respect; 3)The SOS facility was clean and I feel safe there; 4) I had access to showers, meals and a comfortable bed; 5) Before my stay ended I met again with staff and was provided a business card so that I could follow up with needed services; and 6) Overall, my experience with SOS was a positive one. Obtaining surveys at the conclusion of an episode is not fruitful as so many consumers are lost to follow-up due to homelessness and lack of contact numbers.

- **EFFICIENCY**

SOS PROGRAM GOAL 8: 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. Services for FY 2016-2017 are further summarized under program goal number six.

SOS Outcome 8: Data for YTD 2015 show that 4419 activities were logged by case managers in efforts to get consumers linked to on-going mental health services after initial orientation and intake. This number is higher than last reporting period because of attention focused on data training that reduced input errors.