

PROGRAM INFORMATION:

Program Title:	Exodus - Adult Psychiatric Health Facility	Provider:	Exodus Recovery, Inc.
Program Description:	The Exodus PHF is a 16-bed facility that 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.	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	January 1, 2016 - Present
Age Group Served 2:	Choose an item.	Reporting Period:	07/01/2017-06/30/2018
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:	\$3,810,886.00	Program Actual Amount:	\$3,754,191.04
Number of Unique Clients Served During Time Period:	389		
Number of Services Rendered During Time Period:	5,408		
Actual Cost Per Client:	\$9,650.88		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	PHF/Inpatient
Contract Term:	01/01/2016 – 06/30/2021	For Other:	Click here to enter text.
		Renewal Date:	June 30, 2021

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 acute inpatient services to clients at the 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.

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 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.

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 PHF. In addition, Exodus' Decision Support Department provides analytical support to the Exodus PHF 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 PHF. Altogether, our Quality Management Program and Plan are dedicated to meeting the needs and to exceed the expectations of our patients, 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 patient 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 patient related admission /discharge data and patient demographic information.

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

Domain: EFFICIENCY

Indicator: Length of Stay

Who Applied: All Persons Served (see note below for suggestion to further break down data by conserved status)

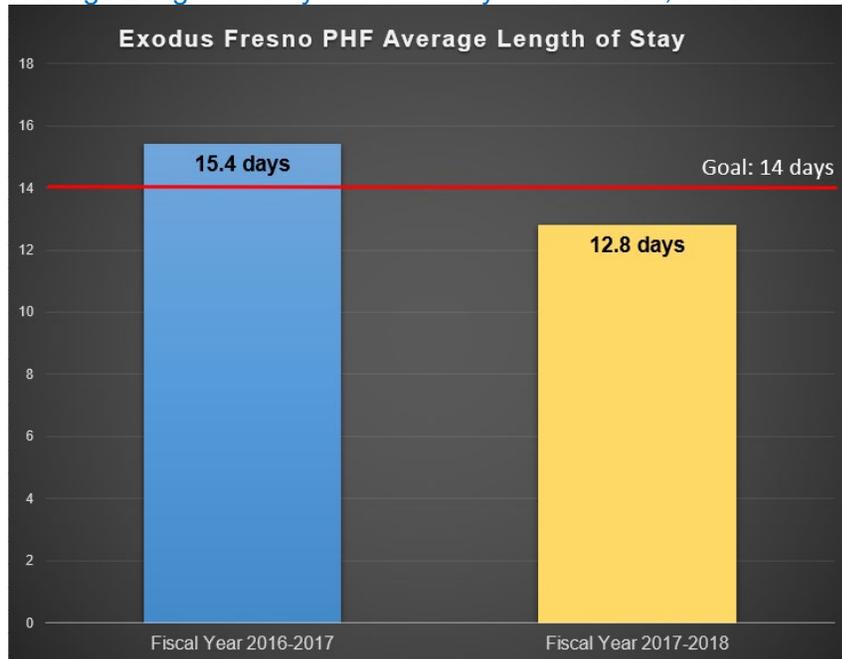
Time of Measure: FY 17-18

Data Source: Admissions Log

Target Goal Expectancy: 14 days

For FY 16-17 discharges, the Average Length-of-Stay was 15.4 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 12.8 days for FY 17-18 discharges. As a result, Exodus has achieved the internal outcome goal of 14 days.

In addition, for FY 17-18 NON-conserved client discharges, the Average Length-of-Stay was 11.8 days. For conserved client discharges, the Average Length-of-Stay was 21.6 days. As a result, conserved clients increased the overall LOS, though not in a drastic manner.



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2017 to June 30, 2018
- Includes adults 18 years of age and older

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: All Persons Served

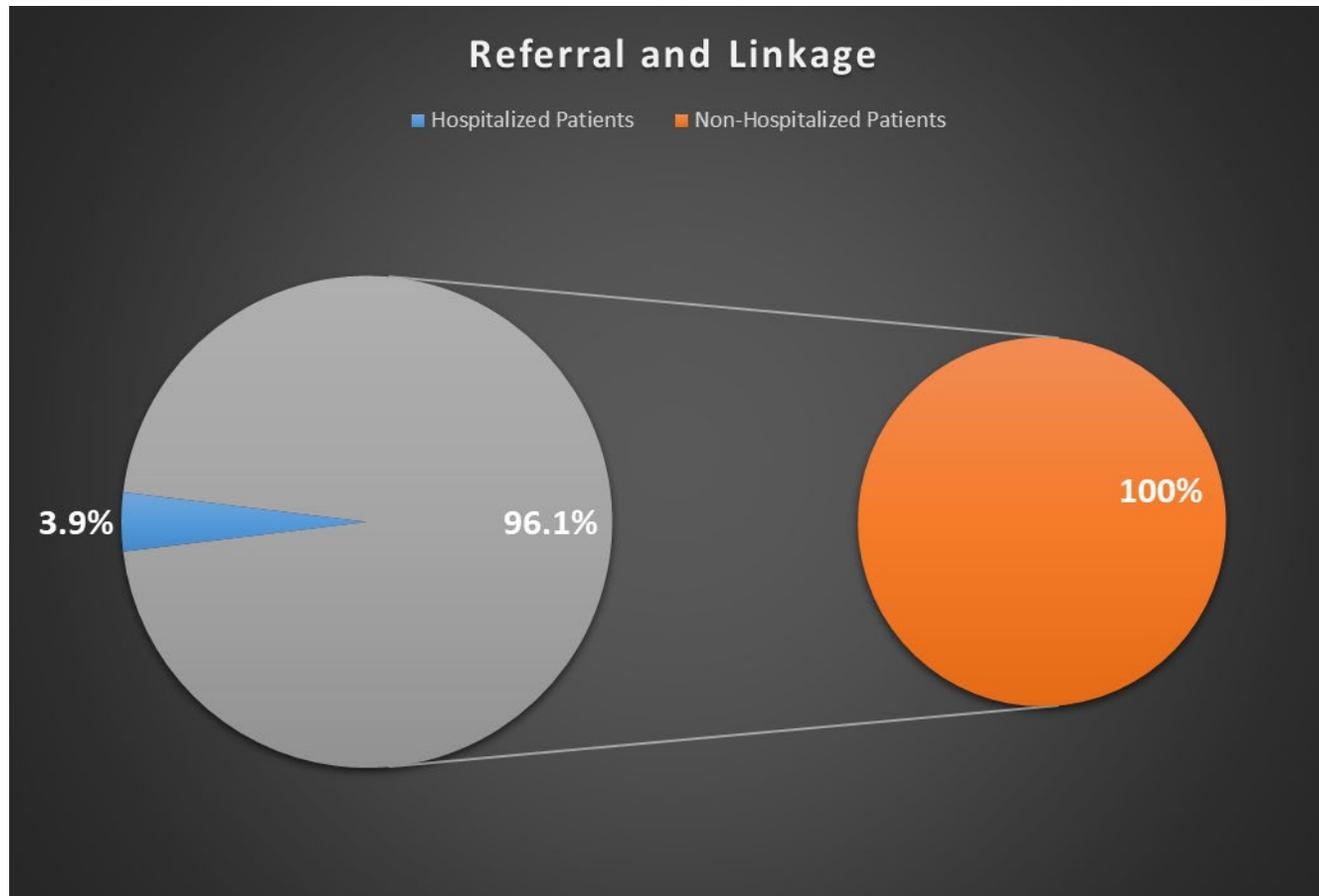
Time of Measure: FY 17-18

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 patient upon discharge that effectively refers and links our patients to the broad array of services that Fresno County offers. This has resulted in better integration of behavioral care for our patients across other systems, including physical health and other service services that positively impact the overall health and wellness of our patients. Regardless of a patient admission status to the Exodus PHF, the Admission Log collects information and other **indicators** about what Department of Behavioral Health program, community provider or other community resources refer patients to the Exodus PHF (Referral In). In addition, the Admission Log collects information about a patient’s 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 patients. An **analysis** report is generated on a monthly basis for Exodus management to identify gaps in patient care, services and problems with linkage care coordination. Currently, 96.1% of all patients are discharged to non-hospital settings. 100% of those clients are referred to Department of Behavioral Health programs, community providers or other community resources.

Referral Out	# of Patients
Hospitalized Patients	17
Non-Hospitalized Patients	423
Referred to Department of Behavioral Health programs, community providers or other community resources.	423
Grand Total	440



***Referred to Inpatient captures individuals who were discharged and admitted to a medical floor (i.e. inpatient medical).

NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2017 to June 30, 2018
- Includes adults 18 years of age and older

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

Domain: EFFECTIVENESS

Indicator: Recidivism/Readmissions

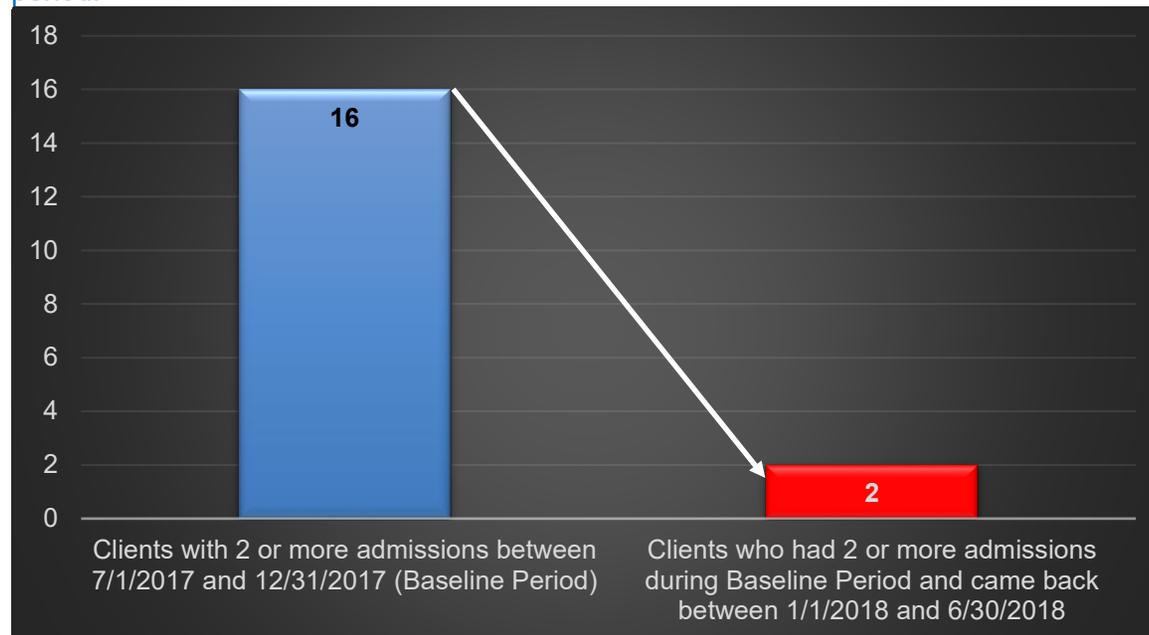
Who Applied: Persons with 2 or more admissions

Time of Measure: FY 17-18

Data Source: Admissions Log

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

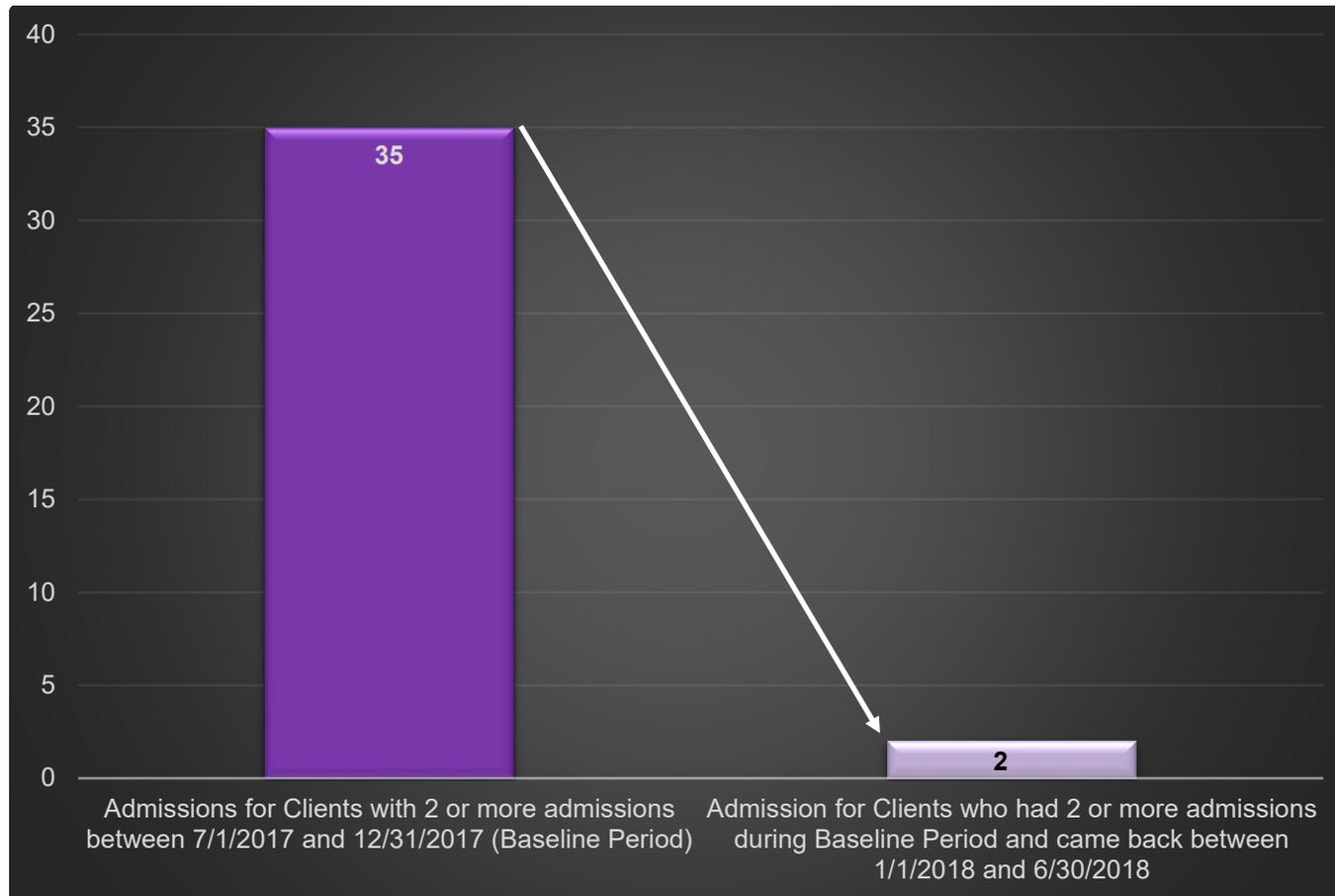
Exodus currently uses recidivism and readmission rates as **indicators** to measure the effectiveness of our collaborative approach and treatment strategies that keep patients from returning to the PHF. At any point in time, the Admission Log has the ability to **analyze** recidivism rates for patients who have had 2 or more admissions to the PHF during the previous 30 days, 3 or 6-month period. The Admission Log tracks these patients over subsequent months in order to measure a decrease or increase in readmissions for those patients. 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 patients). 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' PHF Admissions Log
- Includes Discharges from July 1, 2017 to June 30, 2018

- Includes adults 18 years of age and older



***94.3% reduction

NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2017 to June 30, 2018
- 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.

Domain: EFFICIENCY

Indicator: Denial Rate for Non-Medical Necessity PHF days

Who Applied: Persons Served who did not meet medical necessity

Time of Measure: FY 17-18

Data Source: Avatar Billing Report by Cost Center

Target Goal Expectancy: 0% denial rate

The PHF goal is as follows: to have a 0% for PHF hours that do not meet Medi-Cal necessity criteria. The FY 17-18 denial rate for PHF hours that do not meet Medi-Cal necessity criteria is 25 out of 5,408 hours (0.46%)

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

Domain: ACCESS

Indicator: 3rd Day Post Admission Screening

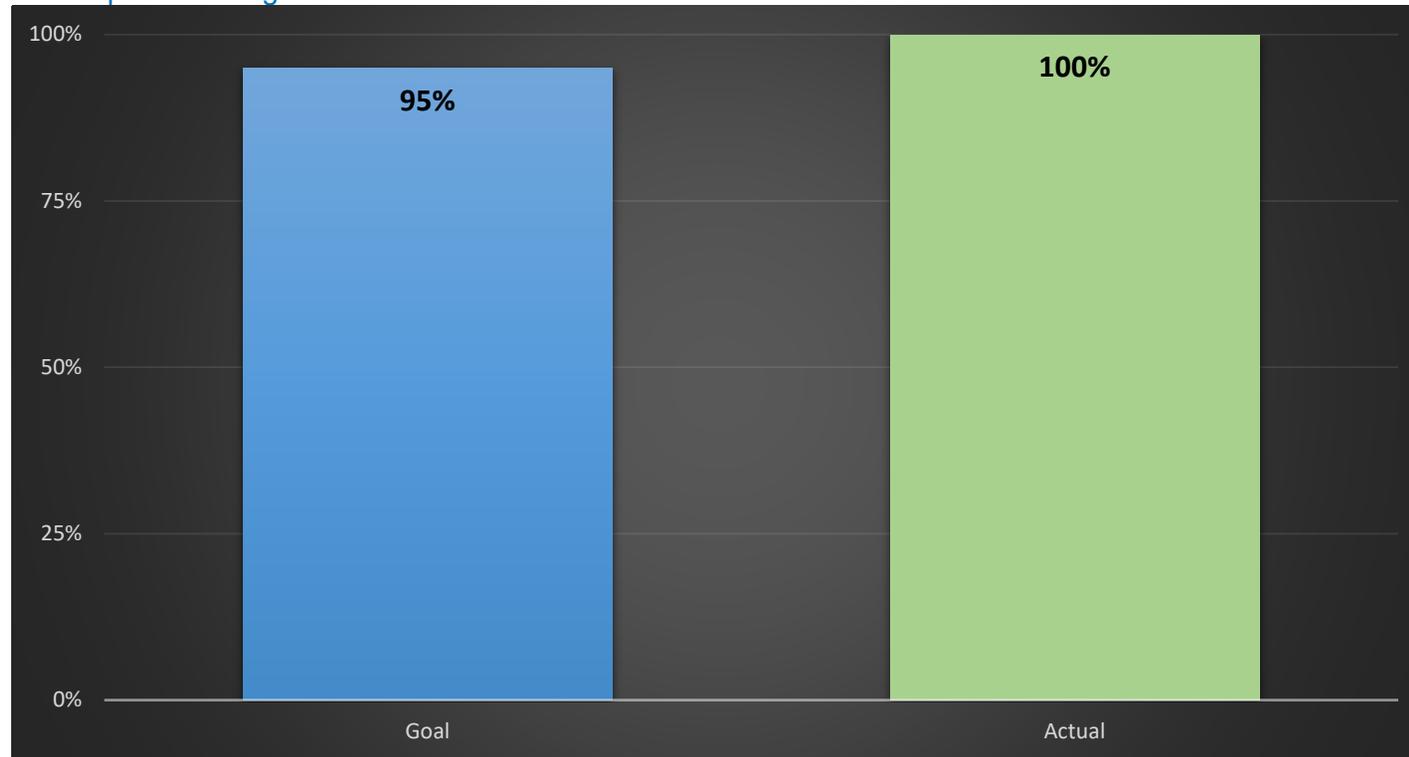
Who Applied: All Persons Served

Time of Measure: FY 17-18

Data Source: Admissions Log

Target Goal Expectancy: 95% of persons discharged had 3rd day post admissions screening

The PHF goals are as follows: To have a 95% of patients discharged (440 patients) that were screened by the 3rd 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%.



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2017 to June 30, 2018
- 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.

Domain: EFFECTIVENESS

Indicator: Hours of Physical Restraint Use

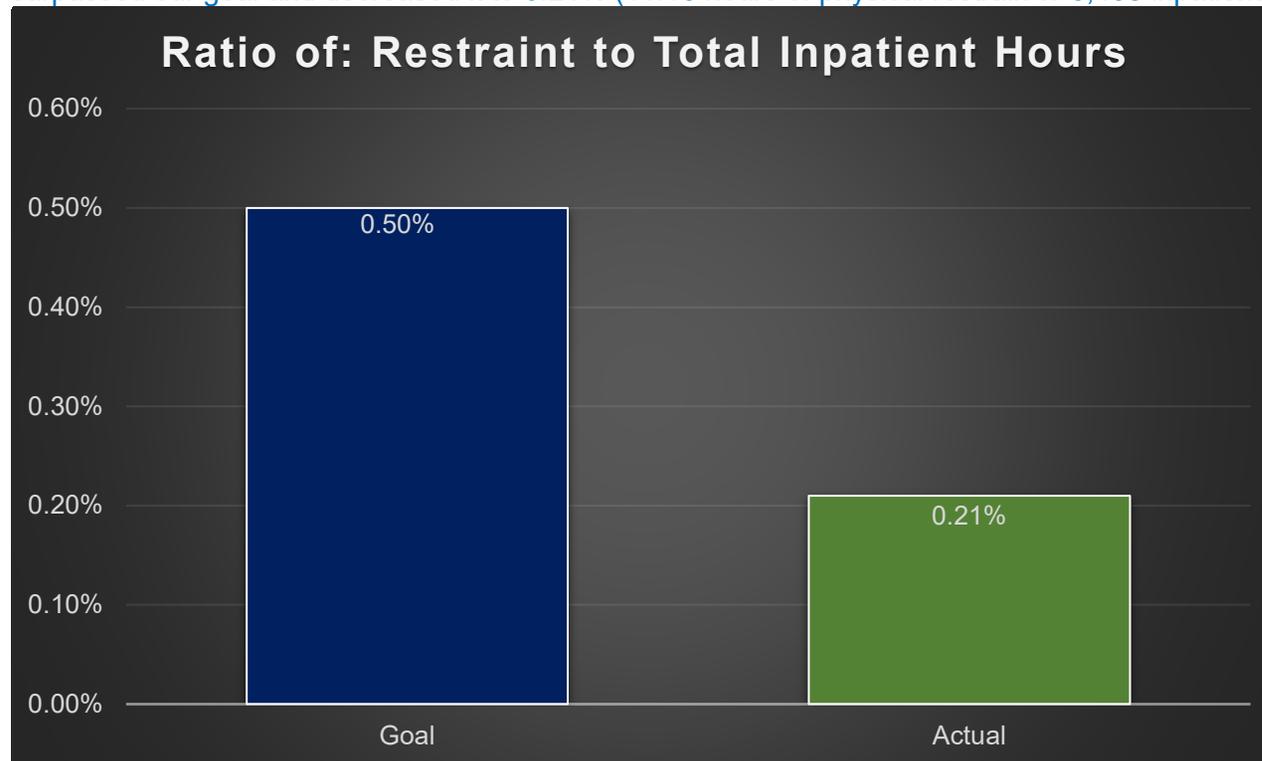
Who Applied: All Persons Served

Time of Measure: FY 17-18

Data Source: Admissions Log

Target Goal Expectancy: 0.5% Hours of Physical Restraint Hours to Total Inpatient Hours

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've surpassed our goal and decreased it to 0.21% (11.16 hours of physical restraint to 5,408 inpatient hours).



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2017 to June 30, 2018
- 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.

Domain: EFFECTIVENESS

Indicator: Hours of Seclusion Use

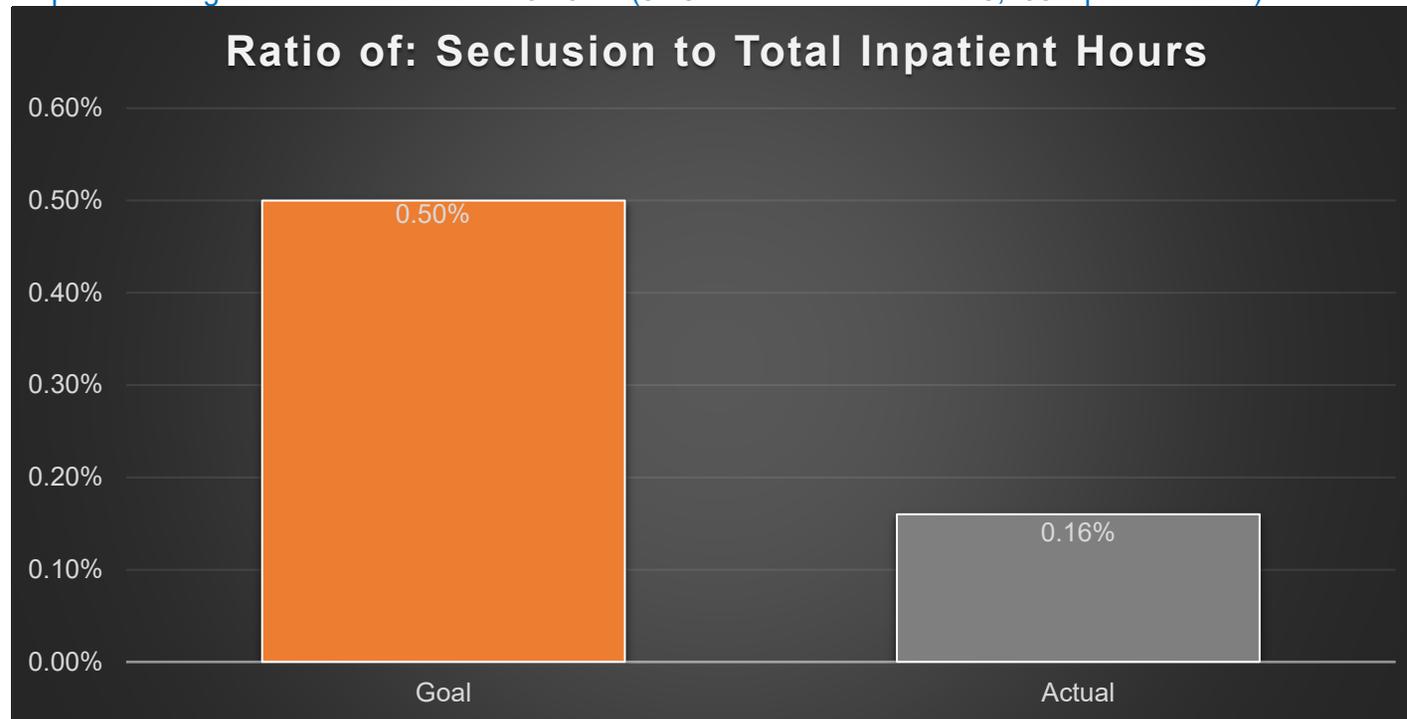
Who Applied: All Persons Served

Time of Measure: FY 17-18

Data Source: Admissions Log

Target Goal Expectancy: 0.5% seclusion hours to total inpatient hours

The PHF goals are as follows: To decrease the ratio of total hours patient spent in seclusion to total inpatient hours to 0.5 %, we've surpassed our goal and decreased it to 0.16%. (8.75 hours of seclusion to 5,408 inpatient hours).



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2017 to June 30, 2018
- 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.

Domain: ACCESS

Indicator: Continuing Care Plan Created

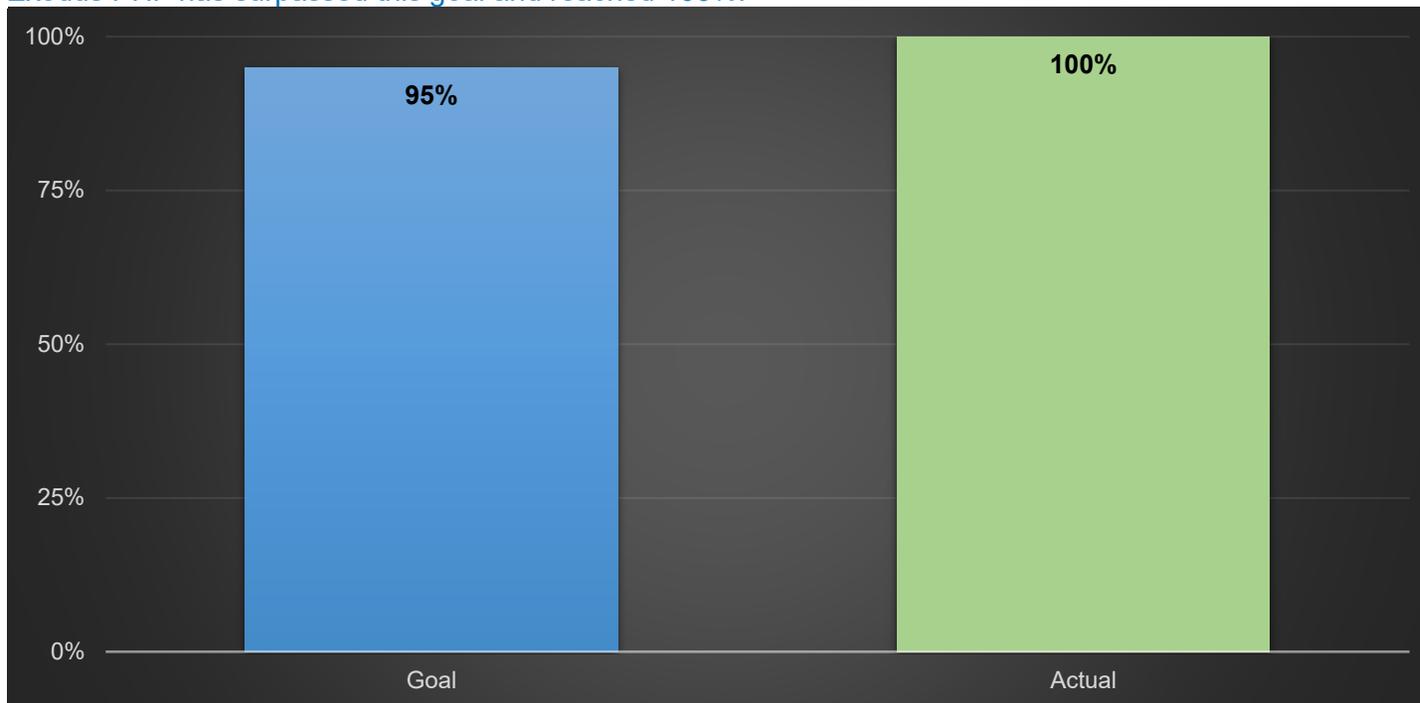
Who Applied: All Persons Served

Time of Measure: FY 17-18

Data Source: Admissions Log

Target Goal Expectancy: 95% of patients discharged with a continuing care plan

The PHF goals are as follows, to have a 95% of patients discharged (440 patients) 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%.



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2017 to June 30, 2018
- Includes adults 18 years of age and older

Outcomes: 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.

Domain: ACCESS

Indicator: Continuing Care Plan Transmitted

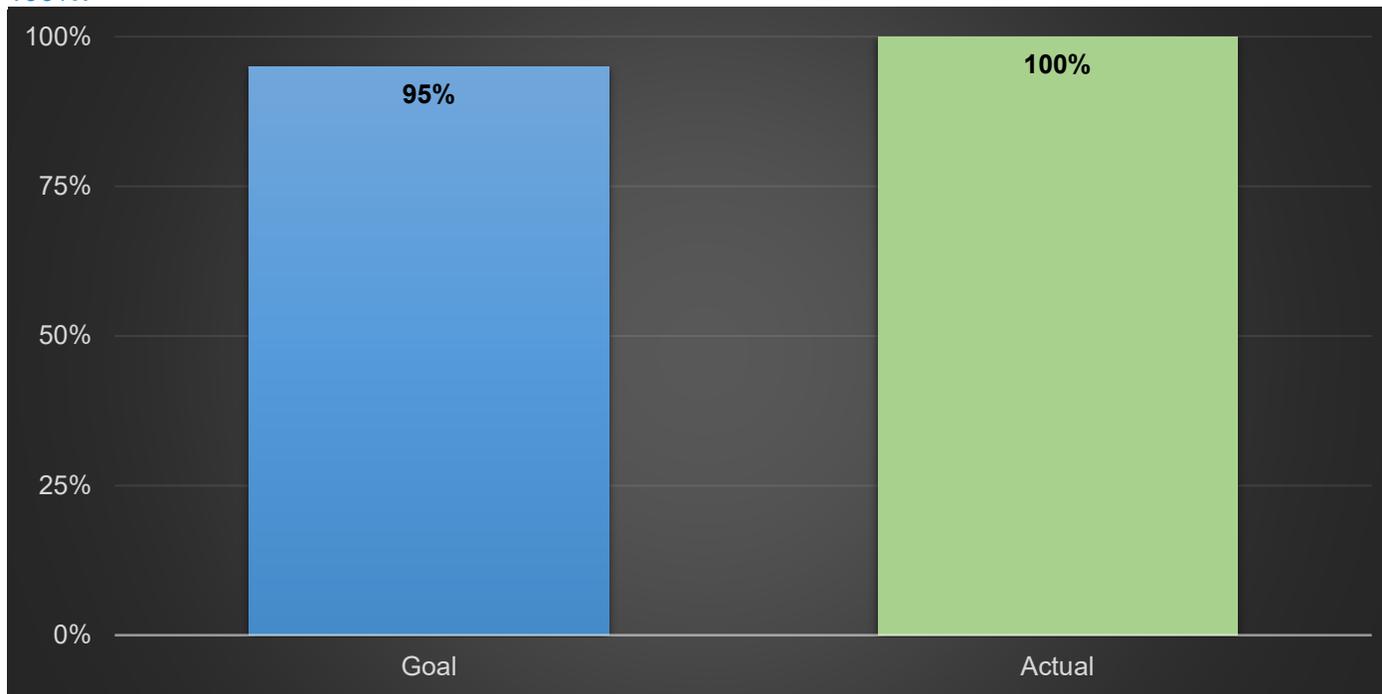
Who Applied: All Persons Served

Time of Measure: FY 17-18

Data Source: Admissions Log

Target Goal Expectancy: 95% patients discharged with a continuing care plan that is transmitted to next level care provider by 5th day post discharge

The PHF goals are as follows: To have a 95% of patients discharged (440 patients) with a complete continuing care plan (defined in #14) that is transmitted to next level of care provider by the 5th day post discharge. Exodus PHF has surpassed this goal and reached 100%.



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2017 to June 30, 2018
- Includes adults 18 years of age and older

Satisfaction & Feedback Of Persons Served & Stakeholder

Domain: SATISFACTION & FEEDBACK

Indicator:

Who Applied:

Time of Measure:

Data Source:

Target Goal Expectancy:

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 (expected July 2019).

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.