
Yolo Community Care Continuum Cornerstone Semi-Annual Report

July 1, 2017 – December 31, 2017

Submitted by: Cathleen Hintz, AMFT
Cornerstone Crisis Residential Program Director

Cornerstone Crisis Residential is a short-term crisis treatment program that utilizes a psycho-social rehabilitation model to treat mental health consumers experiencing psychiatric crises.

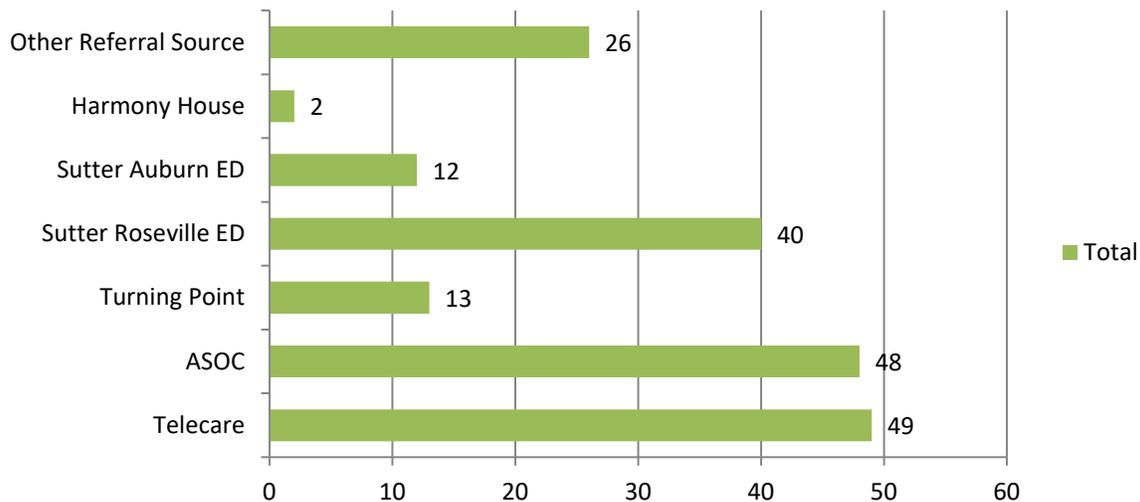
Demographics

Cornerstone serves adults ages 18 and up through our contract with Placer County Adult System of Care (ASOC). Our licensing allows us to accept individuals who are capable of attending to Activities of Daily Living without assistance. In July 2016 we increased our census from 9 beds to 12 beds.

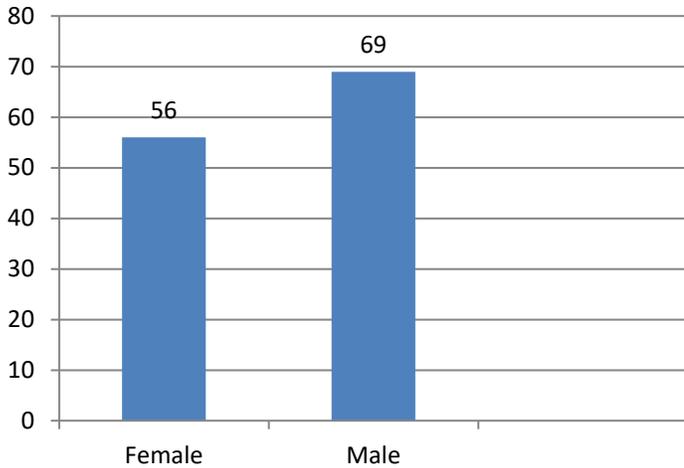
Cornerstone admitted 162 individuals with serious mental illness during this reporting period. We increased our admissions by 20%. A client may be referred and admitted more than 1 time in a reporting period. During this reporting period, Cornerstone served 125 unduplicated consumers.

Referrals come from multiple sources within ASOC. For the first half of the fiscal year, 49 came from Telecare Placer PHF, 48 from ASOC, 13 from Turning Point, 40 from Sutter Roseville ED, 12 from Sutter Auburn ED, 2 from Harmony House, and 26 from other sources.

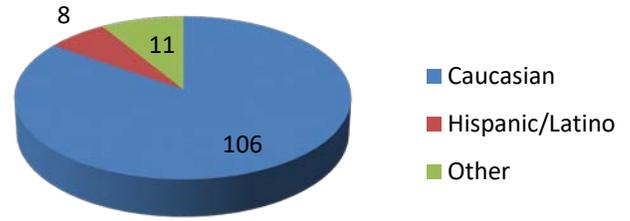
Total Number of Referrals, By Referral Source



Gender

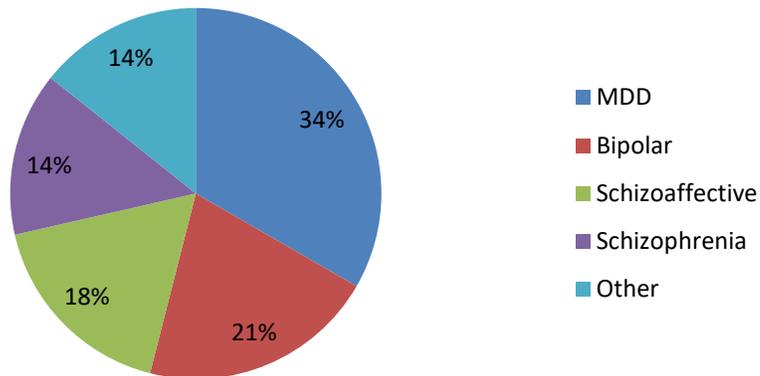


Ethnicity



Out of the 125 consumers served, the four most common diagnoses, making up about 86% of all consumers were the following: Major Depressive Disorder (MDD) (42 clients, 34%), Bipolar Disorder (26 clients, 21%), Schizoaffective Disorder (22 clients, 18%), and Schizophrenia (17 clients, 14%).

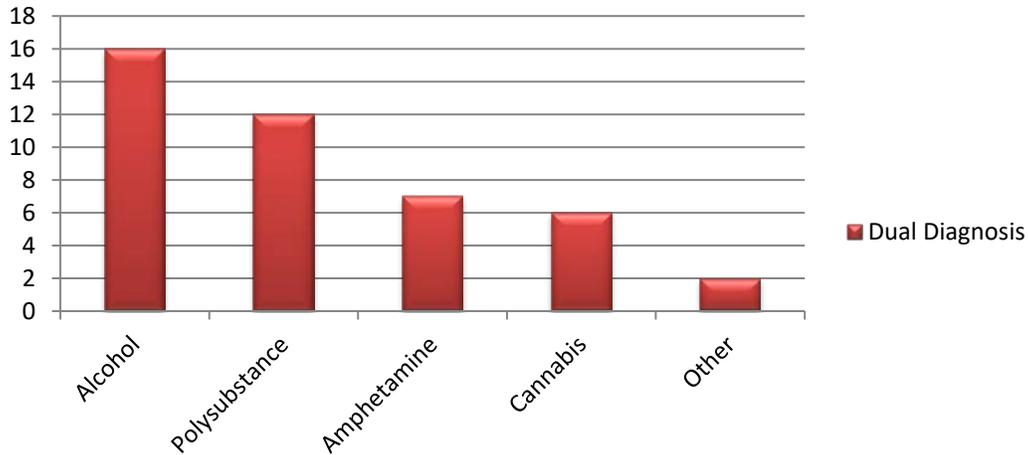
Common Diagnoses



Out of the 125 consumers that were admitted this fiscal year, 43 (34%) had a listed dual diagnosis of drug or alcohol use. The breakdown of consumers with a dual diagnosis by type of substance use diagnosis is as follows:

- Alcohol Abuse/Dependence: 16 consumers
- Polysubstance Abuse/Dependence: 12 consumers
- Amphetamine Abuse/Dependence: 7 consumers
- Cannabis Abuse/Dependence: 6 consumers
- Opiate Abuse/Dependence: 2 consumers

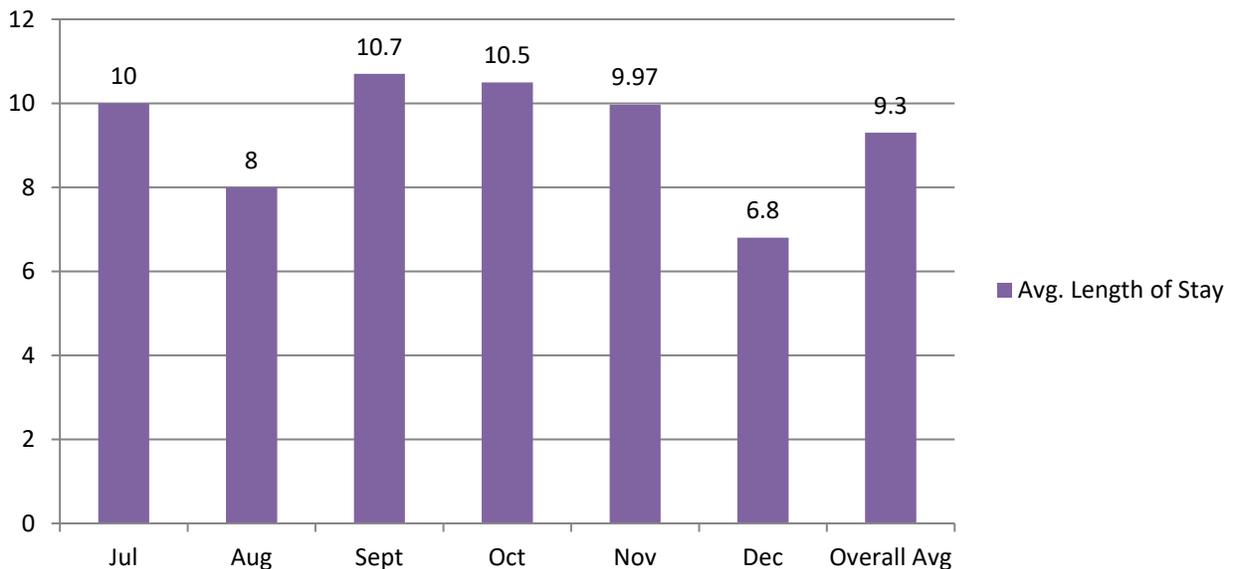
Dual Diagnosis



Outcome Measures

The overall average length of stay (LOS) for this reporting period was 9.3 days. The average length of stay each month is listed in the graph below:

Avg. Length of Stay (in Days)

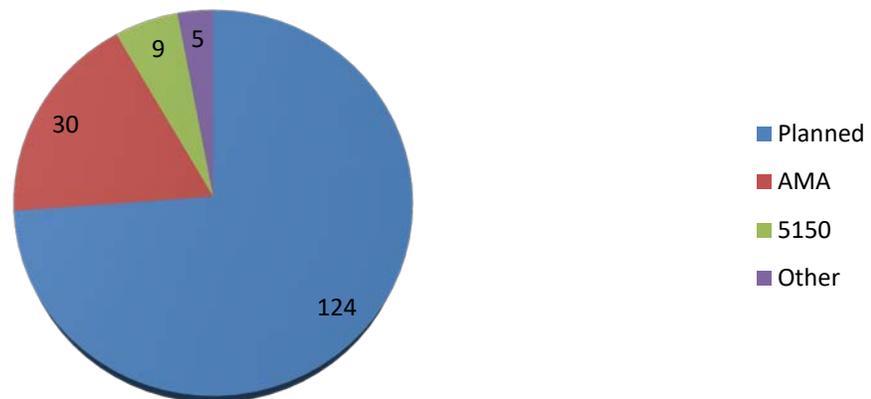


Discharge Outcome

Cornerstone strives to have every client discharge be a planned discharge. In a planned discharge, the client has been evaluated by our psychiatry team and deemed ready to leave our program. We also work with clients to make sure they are discharging to safe environments. Unfortunately, not all discharges are planned. Some clients may need to be evaluated and placed on an involuntary psychiatric hospitalization hold (5150) due to presenting a danger to self, others, or gravely disabled. Additionally, some clients choose to leave against medical advice (AMA). Cornerstone staff call the Roseville Police and the Mobile Crisis Team for evaluation of clients at the facility or for welfare checks in the community when clients leave AMA and are deemed to meet criteria for a 5150 hold.

During this reporting period, Cornerstone had 124 planned discharges. We had 30 consumers leave AMA and 9 consumers were placed on 5150 holds.

Types of Discharge



Effectiveness

Cornerstone measures program effectiveness by looking at repeat utilization, reduction in homelessness, and how our consumers rate us on our Client Satisfaction Survey.

Repeat Utilization

Repeat utilization indicates a proper use of crisis residential services. Consumers are often able to avoid multiple hospitalizations by utilizing Cornerstone services before inpatient care becomes necessary. During this reporting period, 30 consumers were re-admitted.

Utilizing crisis residential services rather than hospitalization can be a measure of success for clients who have a pattern of repeated hospitalization. Crisis residential programs not only allow clients to manage their crisis at a lower level of care but also have a smaller fiscal impact on contract entity resources.

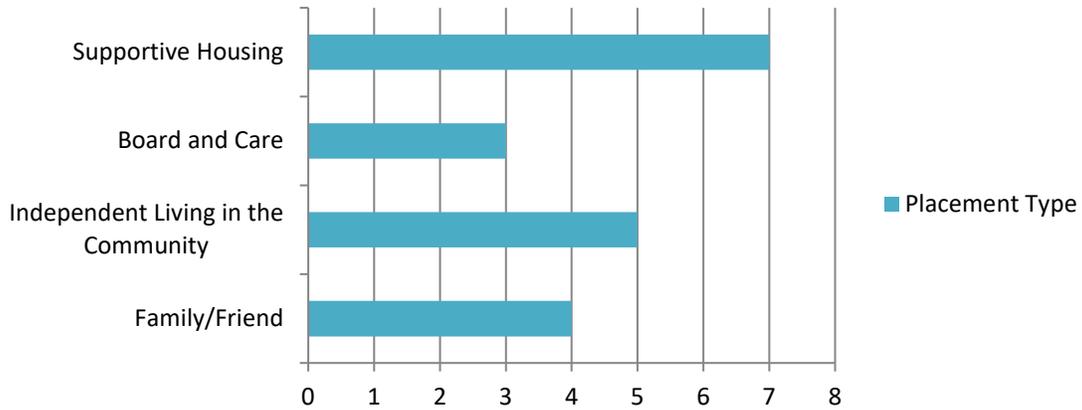
Homelessness

Of the 125 consumers served, 57 (46%) were homeless at the time of admission. Cornerstone works with consumers' case managers to find safe housing options during their stay. For clients not yet connected to county services, Cornerstone staff are responsible for assisting consumers with finding placement. Consumers sometimes discharge to a shelter.

Temporary or permanent housing was found for 19 (33%) at the time of discharge. The breakdown by placement is as follows.

Supportive Housing: 7 consumers
Independent Living in the Community: 5 consumers
Family/Friend: 4 consumers
Board and Care: 3 consumers

Placement Type

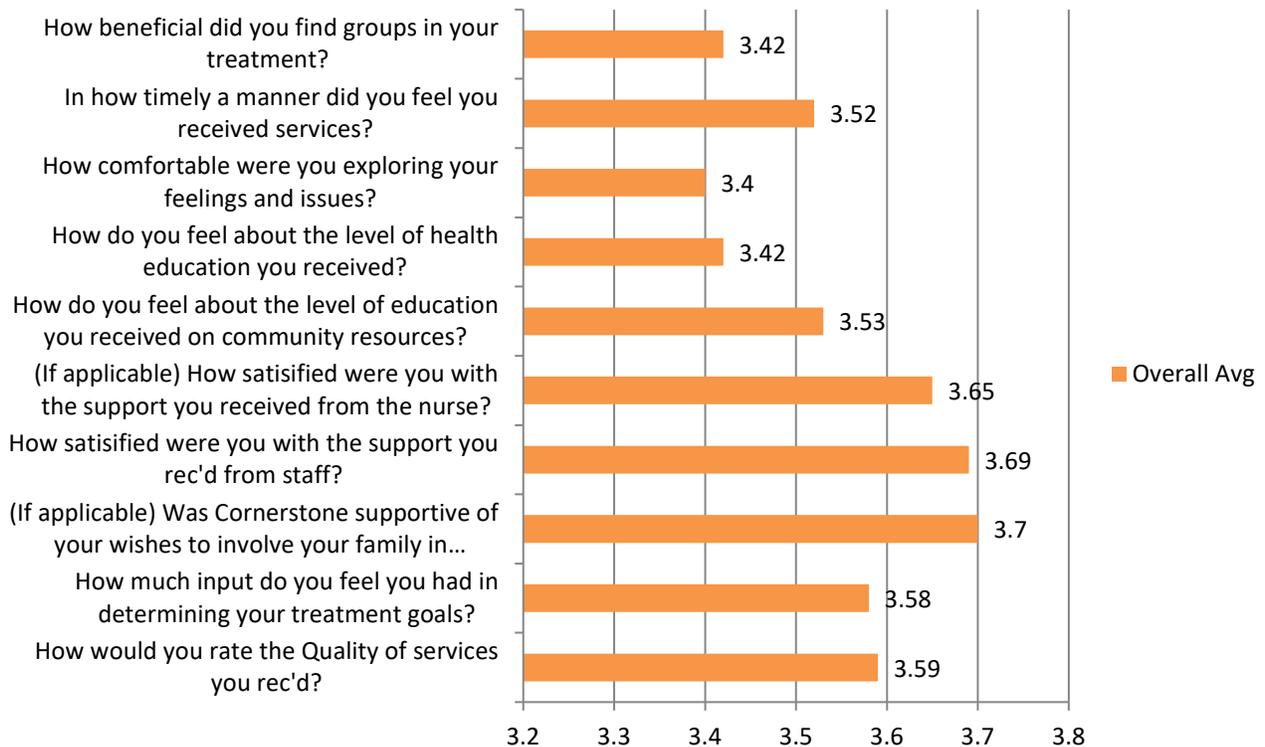


Client Satisfaction Survey

A client satisfaction survey is made available for every client to complete upon discharge. The survey has a scale of 1 to 4, with 1 being the lowest and 4 being the highest possible score. During this reporting period, 78 surveys were completed. Consumers rate the quality of services received overall as well as specific ratings.

For those who completed the survey, the overall average for quality of services was 3.63 with individual ratings as follows:

Client Satisfaction Survey Results



Clients included comments such as:

“Special thanks for Andrea, Mikayla (sic), Tina, Jocelyn, Anna, and Cindy. They were all exceptionally bright and really helped me to break through and process difficult emotions I was unable to acknowledge and come out of hiding. Kudos on your training. They are doing a great job.”

“I very much enjoyed speaking with staff. They were always extremely supportive and helpful. Going to miss them a lot.”

“The staff as a whole were amazing, kindhearted and truly devoted to helping every day. A++++”

“I am so very thankful I was helped with learning about my medications and homeless issues here with this staff. I could not imagine doing it on my own- everyone was so good to me. I was nervous leaving, but I can go knowing I learned enough to move on. So, thanks to all of you!”

“Thanks to everyone!! I am leaving with more coping skills and lots of encouragement.”

Feasibility

Cost of Program: \$664,545

Number of Clients Served: 162

Utilization (Bed Days Billed): 1571 Bed Days

Recommendations for Continuous Quality Improvement

Program Development

1. Create a Positivity Wall for clients to express positive affirmations and quotes. Clients will be able to leave inspiring messages for future consumers of our program.
2. The Client Satisfaction Survey will be reviewed and updated. We want to ensure that the survey accurately reflects the services Cornerstone provides.

Program Staffing

1. Develop and implement a Peer Mentor Program for new hires. We believe our new employees can benefit from having an experienced peer to help them navigate their new duties and responsibilities. The program will help to promote open communication and strengthen staff relationships. New employees will experience a smoother transition and integration into the team.

Implementations of Last Period's Recommendations

Program Development

1. The Sutter Grant had one client admitted during this reporting period. We are working with Sutter to identify ways to increase referrals.
2. The Client Satisfaction Survey was not updated during this period. The survey is being looked at by the whole agency. We will work with the agency's Clinical Directors and other program directors to update the form.

Program Staffing

1. Management has increased the number of one-on-one meetings with staff. Several staff members have had coaching plans developed to work on areas they wished to improve.