
Yolo Community Care Continuum Cornerstone Semi-Annual Report

July 1, 2018 – December 31, 2018

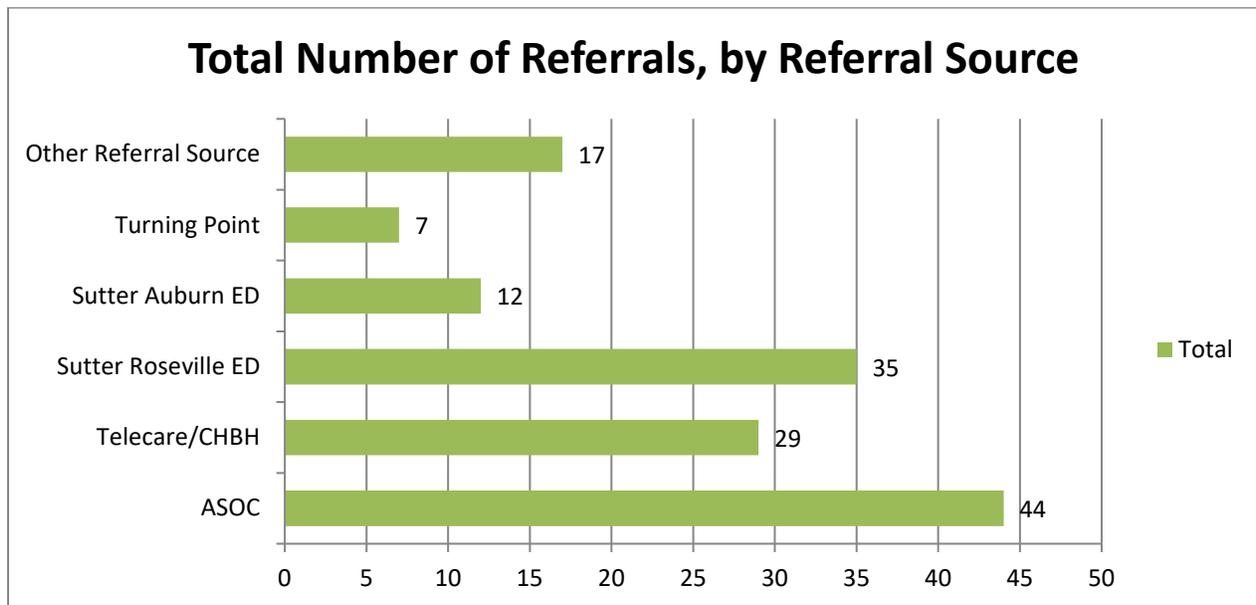
Submitted by: Cathleen Hintz, AMFT
Cornerstone Crisis Residential Program Director

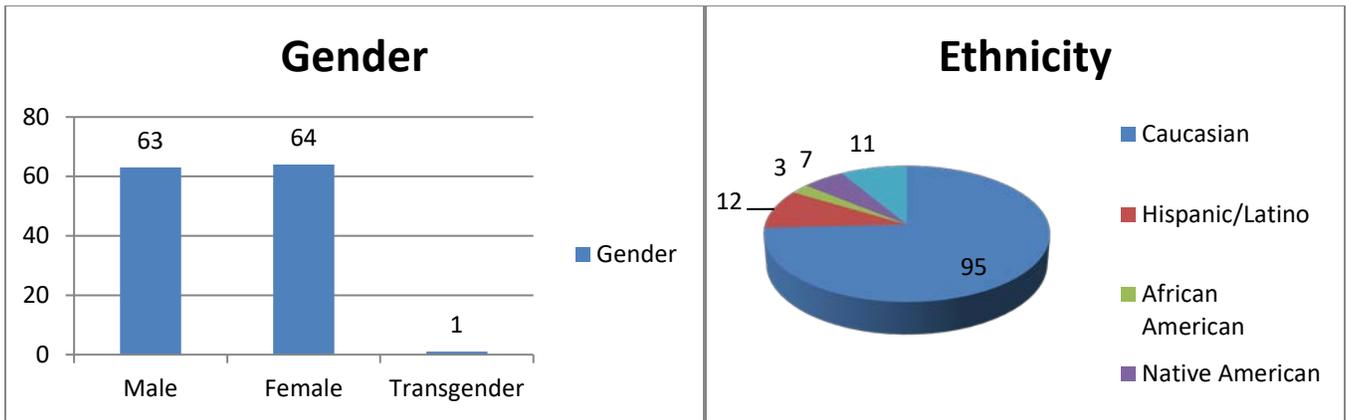
Cornerstone Crisis Residential is a 14-bed, short-term crisis treatment program that utilizes a psycho-social rehabilitation model to treat mental health consumers experiencing psychiatric crises. Cornerstone serves adults ages 18 and up through our contract with Placer County Adult System of Care (ASOC). Our licensing allows us to accept individuals who can attend to Activities of Daily Living without assistance.

Demographics

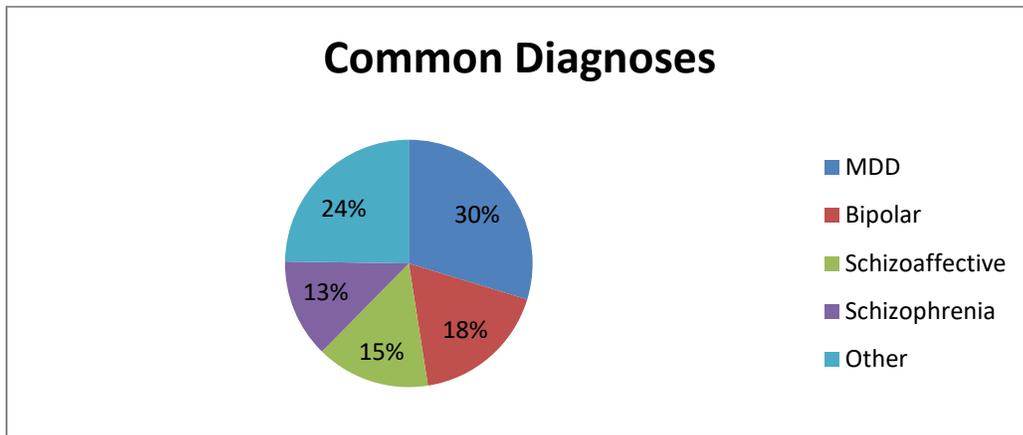
Cornerstone admitted 144 individuals with serious mental illness during this reporting period. A client may be referred and admitted more than 1 time in a reporting period. During this reporting period, Cornerstone served 128 unduplicated consumers.

Referrals come from multiple sources within ASOC. For the fiscal year, 44 from ASOC, 29 came from Telecare Placer PHF/Cirby Hills Behavioral Health PHF, 35 from Sutter Roseville ED, 12 from Sutter Auburn ED, 7 from Turning Point, and 17 from other sources.

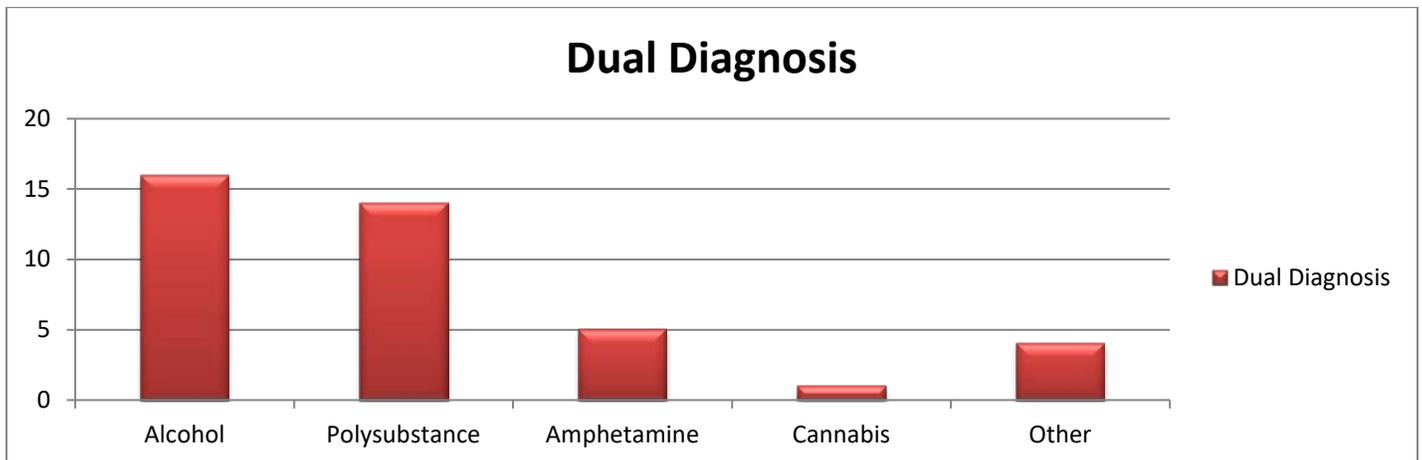




Out of the 128 unduplicated consumers served, the four most common diagnoses, making up about 76% of all consumers were the following: Major Depressive Disorder (MDD) (38 clients, 30%), Bipolar Disorder (23 clients, 18%), Schizoaffective Disorder (19 clients, 15%), and Schizophrenia (16 clients, 13%).

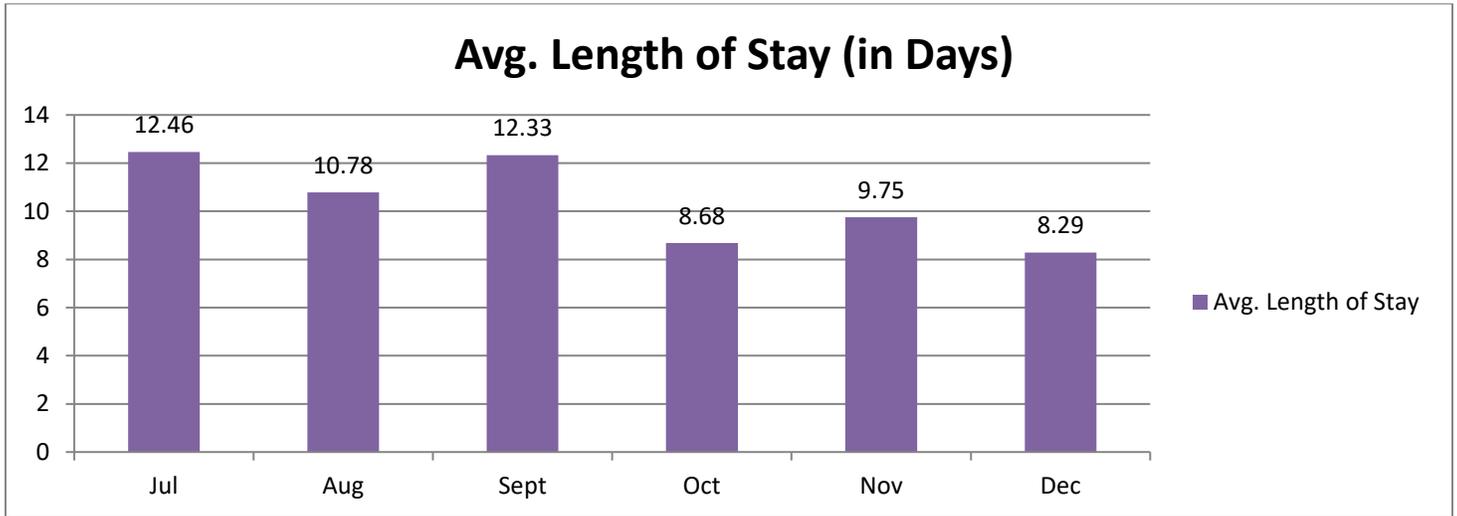


Out of the 128 unduplicated consumers that were admitted this reporting period, 40 (32%) had a dual diagnosis of drug or alcohol use. The breakdown of consumers with a dual diagnosis by type of substance use diagnosis is as follows: Alcohol Abuse/Dependence 16 consumers, Polysubstance Abuse/Dependence 14 consumers, Amphetamine Abuse/Dependence 5 consumers, Cannabis Abuse/Dependence 1 consumer, Opiate Abuse/Dependence 4 consumers.



Outcome Measures

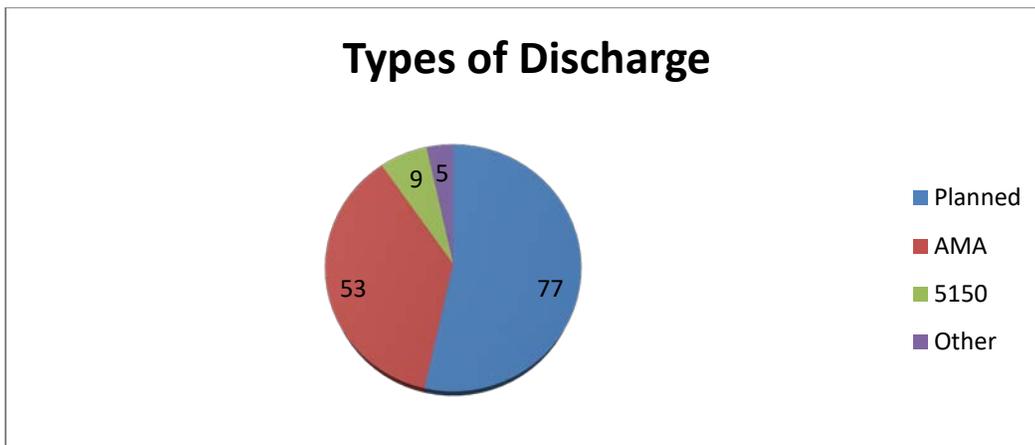
The overall average length of stay (LOS) for this reporting period was 10.38 days. The average length of stay each month is listed in the graph below.



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 we are concerned for their safety.

During this reporting period, Cornerstone had 77 planned discharges, 53 consumers left AMA and 9 consumers were placed on 5150 holds.



Effectiveness

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

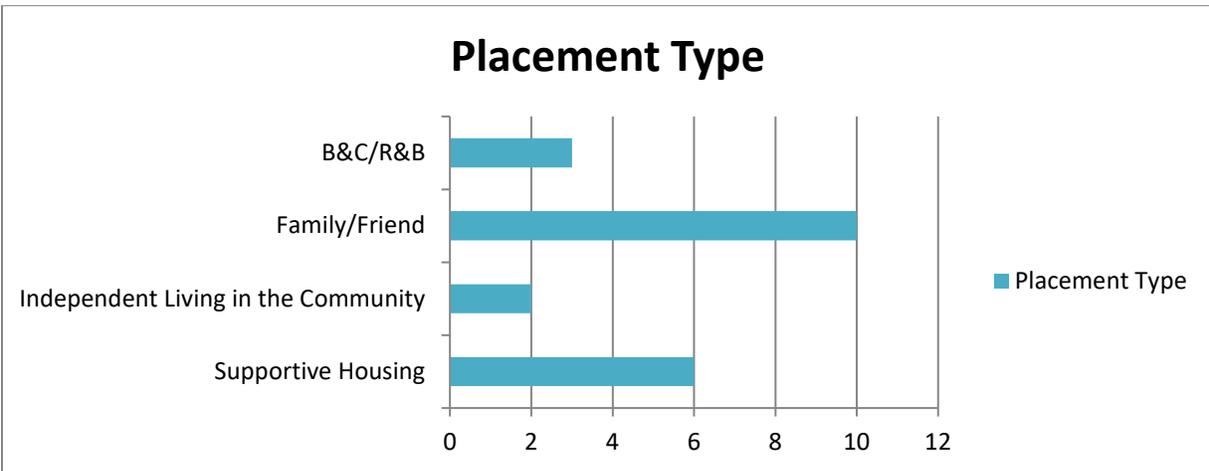
Repeat Utilization

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. Repeat utilization instead of using the hospital, 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, 16 consumers were re-admitted.

Homelessness

Of the 128 unduplicated consumers served, 63 (49%) 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 do have to discharge to a shelter.

Temporary or permanent housing was found for 21 (16%) at the time of discharge. The breakdown by placement is as follows: supportive housing 6 consumers, independent living in the community 2 consumers, family/friend 10 consumers, board and care/room and board 3 consumers.

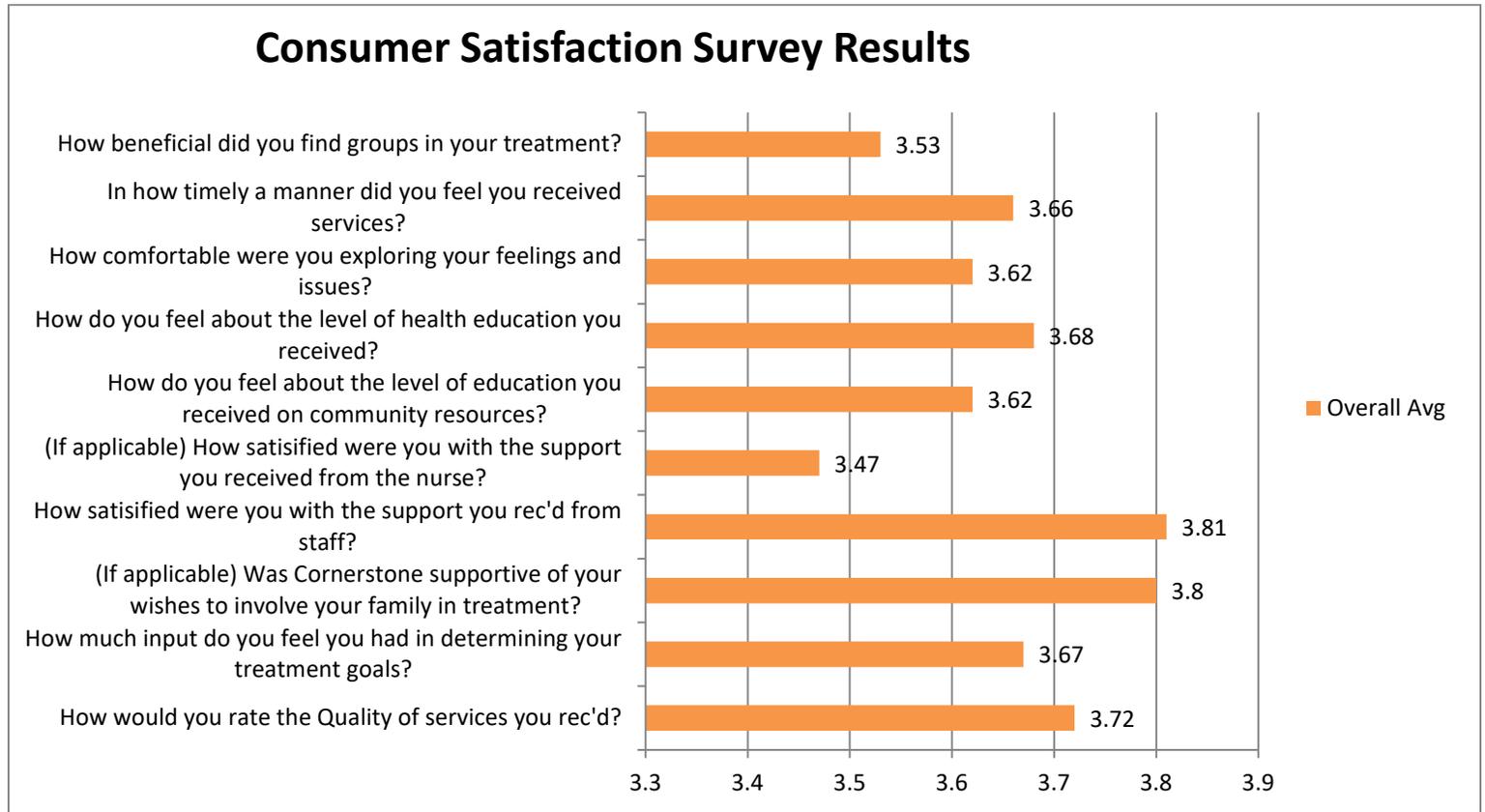


Client Satisfaction Survey

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, 72 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 3.72 with individual ratings as follows:



Clients included comments such as:

"Cornerstone was very helpful and I am grateful. Thank you for being available. And for all you do."

"The staff always stopped when I felt in crisis to help me implement the skills I have learned here. They rock."

"I learned a lot from my stay here. Useful tools I can use in the outside world."

Recommendations for Continuous Quality Improvement

Program Development

1. Review the data and statistics that we currently collect. We want to make sure we are tracking information that is relevant and will help us to improve our program.
2. Consult with the Clinical Director and the Quality Improvement Director to analyze the reasons why clients are leaving the program Against Medical Advice (AMA) and develop strategies to reduce this occurrence.

Program Staffing

1. Continue developing our 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. Staff have begun to incorporate more physical activities into the program schedule. We have not been able to do as many walks and outdoor games since winter began but hope to start again when the weather improves. We have had more yoga groups.
2. The Client Satisfaction Survey was updated for the whole agency. Clients now complete a survey online.

Program Staffing

1. The Peer Mentor Program has not been implemented yet. We are continuing to develop the program and hope to put it into operation soon.