

Yolo Community Care Continuum

Cornerstone Semi-Annual Report

July 1st, 2020-December 31st, 2020

Submitted by: Heather Davis, Program Director

Summary:

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 18-65 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.

COVID-19:

Cornerstone Crisis Residential has implemented changes since COVID-19. Cornerstone now has a COVID-19 screening in the medical clearance for clients that are referred, cleaning checklists that are performed each shift and disinfecting of commonly touched areas and items once per hour, staff and client monitoring of COVID-19 symptoms, implementing social distancing, handwashing and sanitizing, and masks for all clients and staff. Cornerstone also has one room always empty for quarantine purposes in the event a consumer was suspected or confirmed of having COVID-19. Cornerstone had no staff or consumers contract COVID-19 during this reporting period.

Demographics:

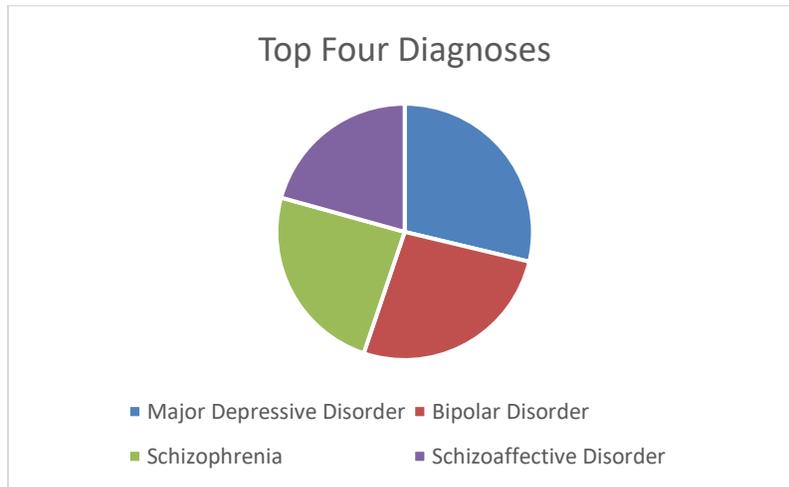
Cornerstone Crisis Residential admitted 112 individuals with serious mental illness during this period. A client may be transferred and admitted more than 1 time in a reporting period. During this reporting period, Cornerstone served 96 unduplicated consumers.

Referral Sources:

Cornerstone Crisis Residential accepts clients from various parties including hospitals, psychiatric facilities, and mental health outpatient providers. During this reporting period, 31% (35/112) consumers were referred from Sutter Roseville and Sutter Auburn, 29% (33/112) consumers referred from outpatient (Placer County Adult System of Care and Turning Point), 23% (26/112) consumers were referred from Cirby Hills Behavioral Health (locked psychiatric unit), 13% (14/112) consumers were referred from out of county locked psychiatric units, and 4% (4/112) consumers were referred from other referral sources.

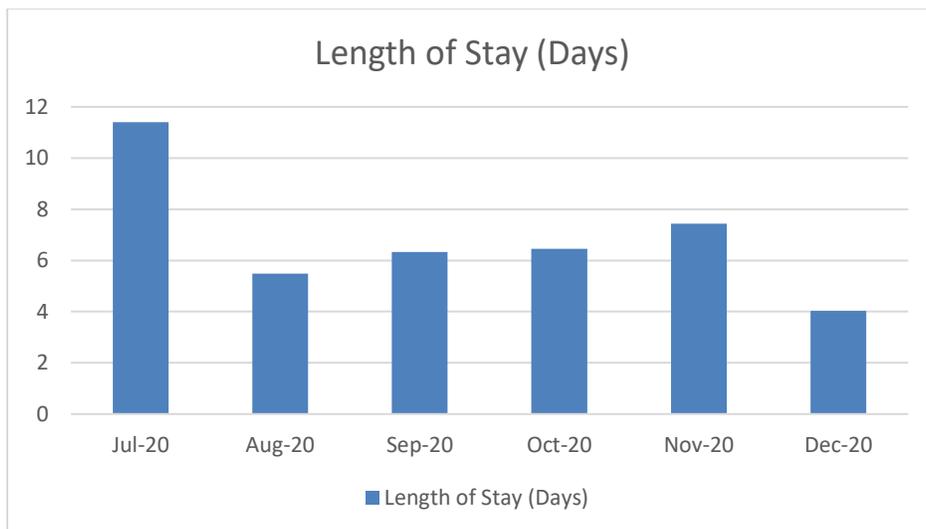
Diagnosis:

Cornerstone Crisis Residential serves consumers with a Serious Mental Illness (SMI) diagnosis. The top four diagnoses during this reporting period are 25% Major Depressive Disorder (28/112 consumers), 23% Bipolar Disorder (26/112 consumers), 21% Schizophrenia (24/112 consumers), and 18% Schizoaffective Disorder. 46% (52/112 consumer) served were co-occurring clients with both mental health and substance diagnoses.



Outcomes Measures:

The overall average length of stay (LOS) for this reporting period was 6.85 days. The average length of stay each month is listed in the graph below.



Discharge Outcome:

Cornerstone strives to have every consumer discharge be a planned discharge. In a planned discharge, the consumer has been evaluated by our psychiatry team and deemed ready to leave our program. We also work with consumers to make sure they are discharging to safe environments. Unfortunately, not all discharges are planned. Some consumers 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 consumers 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 78 planned discharges, 22 left AMA, and 12 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.

Homeless:

- Cornerstone works closely with our community partners to link consumers to community-based services, including housing resources.
- 29% (33/112) consumers were homeless at admit and discharge, 18% (20/112) clients were homeless at admit and not discharge, 43% (48/112) consumers were not homeless at admit or discharge, and 10% (11/112) consumers had housing at admit and were homeless at discharge.

Recommendations for Continuous Quality Improvement:

Program Development

1. Consult with the Clinical Director to analyze the reasons why clients are leaving the program Against Medical Advice (AMA) and develop strategies to reduce this occurrence.
2. Develop more activities for clients to participate onsite while maintaining COVID-19 safety precautions (handwashing, social distancing, masks).

Program Staffing

1. Cornerstone Crisis Residential staff are being offered more direct in person training on topics such as, customer service, client-centered communication, WRAP planning, treatment planning, and crisis de-escalation.

2. Managements' goal is to strengthen the skill set of staff and equip them with the tools to offer effective and efficient services to the Placer County crisis population.

Implementations of Last Period's Recommendations:

Program Development

1. Training curriculum has been updated and implemented. Clinical Director does new hire training for all new employees which includes the Intake Assessment, Treatment Plans, and Discharge Summary.