
**Yolo Community Care Continuum
Safe Harbor Annual Report**

July 1, 2016 – June 30, 2017

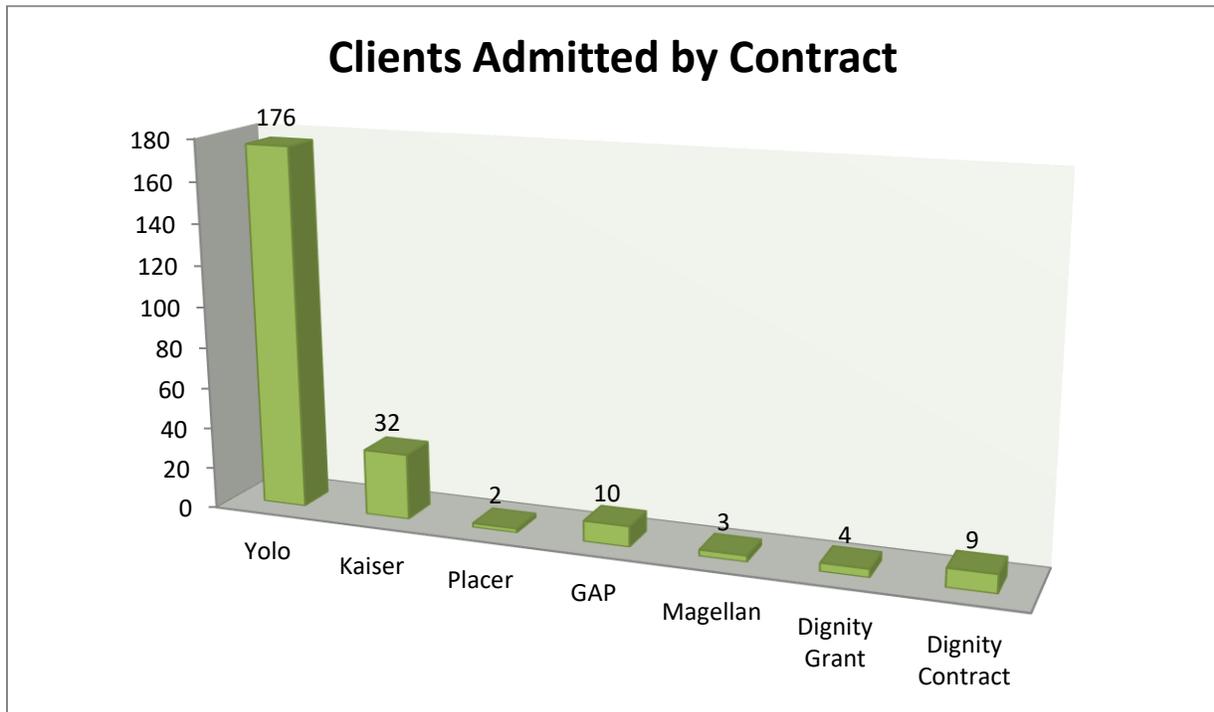
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Safe Harbor Crisis House Program Director

Safe Harbor Crisis House is a short-term crisis residential treatment program that supports the stabilization of consumers by utilizing a psycho-social rehabilitation model.

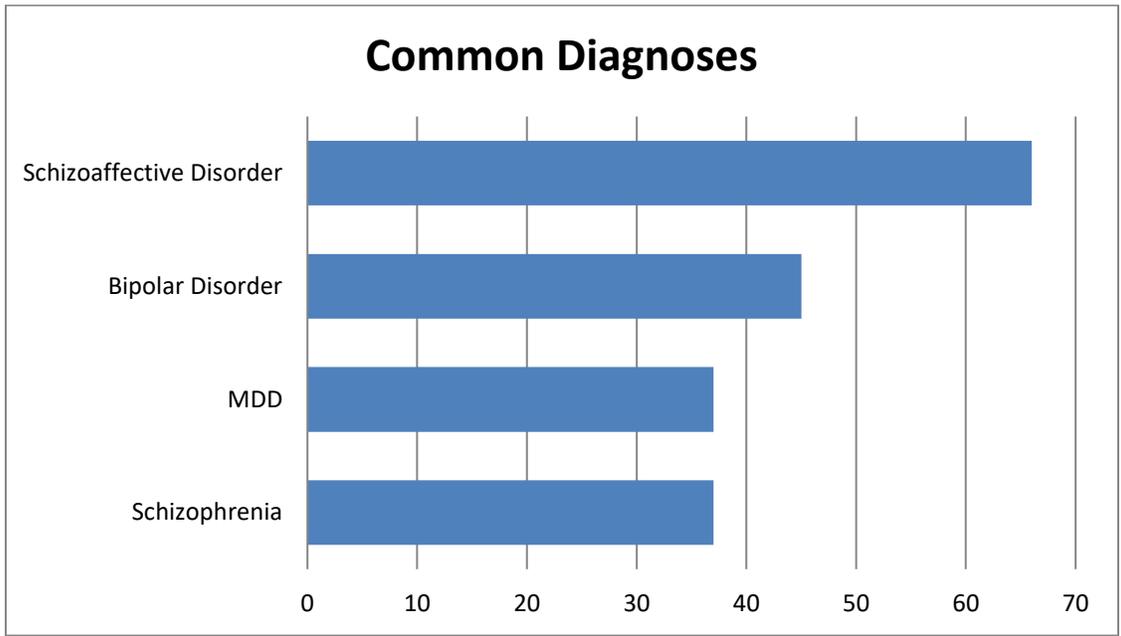
Demographics

Safe Harbor serves adults ages 18 through the senior years through 6 contracts and 1 grant. Our license allows for individuals who can independently manage Activities of Daily Living. We are allowed up to two individuals who are considered non-ambulatory (i.e. requiring mobility devices and needing minimal assistance in evacuation in emergency). Age and mobility are important factors in discharge planning.

Safe Harbor served 236 individuals with serious mental illness during this reporting period. 176 from the Yolo contract, 32 from the Kaiser contract, 2 from the Placer contract, 10 clients were referred from the GAP contract, 3 from the Magellan contract, 4 from the Dignity Health Yolo Grant, and 9 from the Dignity Health Sacramento Contract.

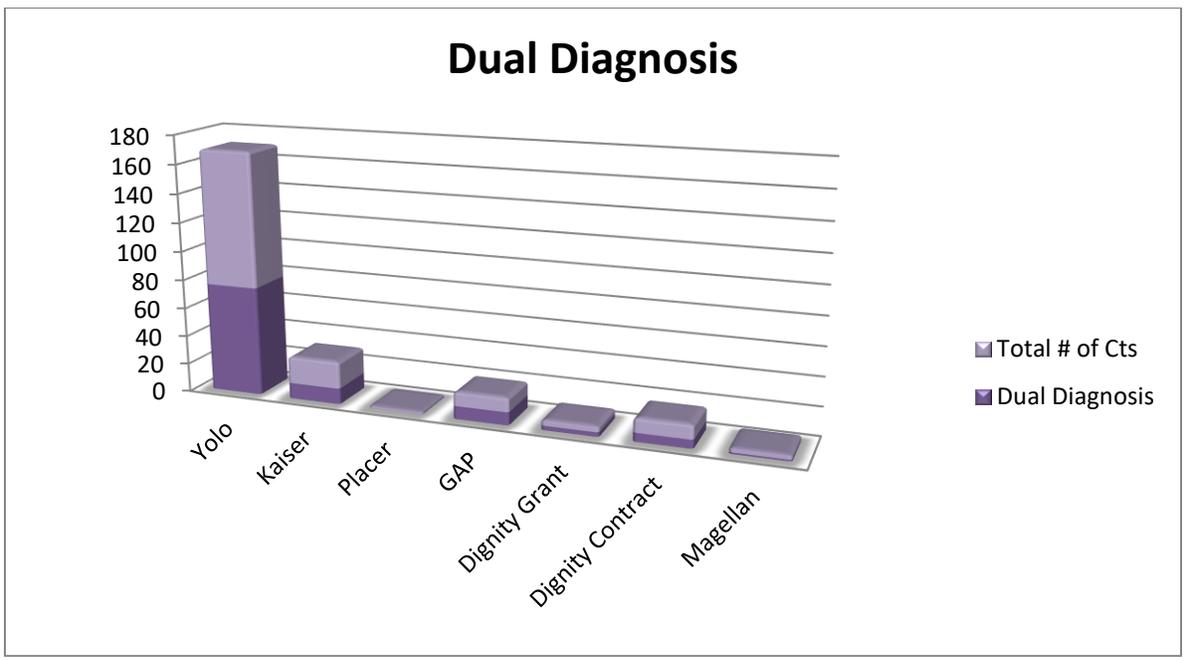


Out of the 236 consumers served, the four most common diagnoses, making up about 78% of all consumers, were the following: Schizoaffective Disorder (66 clients, 36%), Bipolar Disorder (45 clients, 24%), Major Depressive Disorder (MDD) (37 clients, 20%) and Schizophrenia (37 clients, 20%).



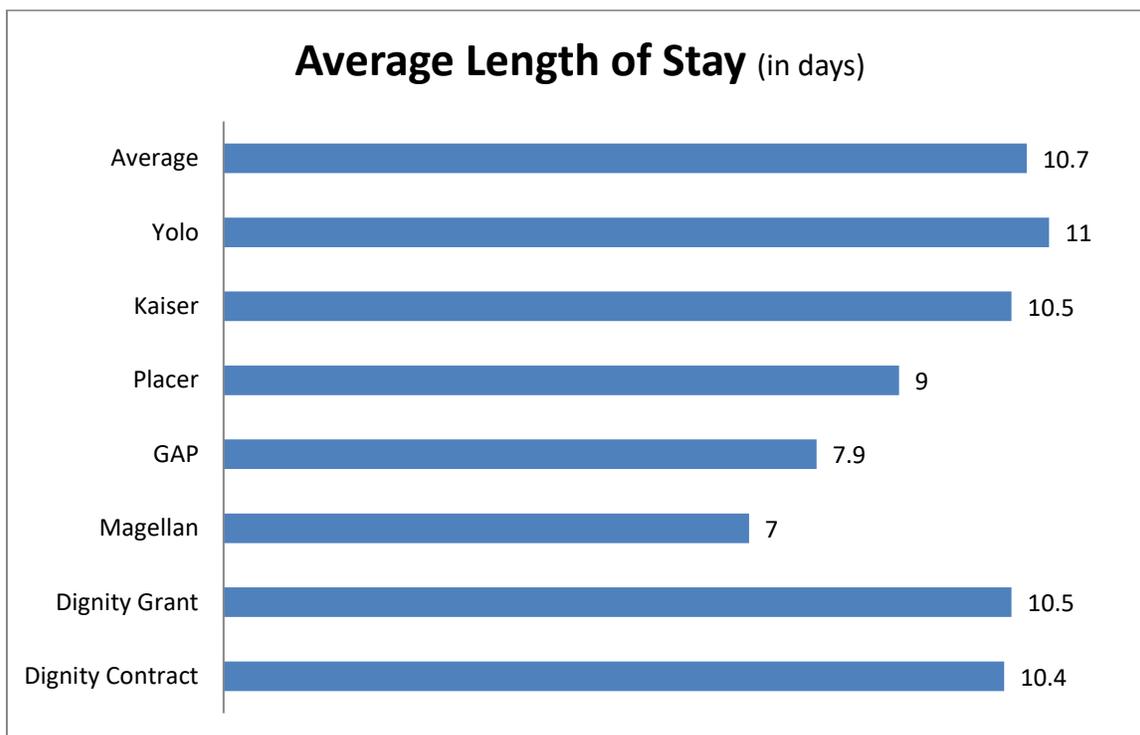
Out of the total 236 consumers that were admitted this fiscal year, 106 (45%) had a listed dual diagnosis of drug or alcohol use. The breakdown of consumers with a dual diagnosis by contract is as follows:

- Yolo: 76 consumers out of 170 admitted (43%)
- Kaiser: 11 consumers out of 30 admitted (37%)
- Placer: 0 consumers out of 2 admitted (0%)
- GAP: 9 consumers out of 10 admitted (90%)
- Dignity Grant: 3 consumers out of 4 admitted (75%)
- Dignity Contract: 6 consumers out of 10 admitted (60%)
- Magellan: 1 consumer out of 3 admitted (33%)



Outcome Measures

The overall average length of stay (LOS) for this reporting period is 10.7 days. The average length of stay for the Yolo County averaged 11 days, Kaiser contract averaged 10.5 days, Placer County averaged 9 days, GAP averaged 7.9 days, Magellan averaged 7 days, Dignity contract averaged 10.4 days, and the Dignity Grant averaged 10.5 days. Length of stay can be shortened with effective discharge planning, which takes place as soon as a referral is received.



Discharge planning is a required service for Kaiser contract outcomes, as well as an integral part of the case management involved in serving clients through the Dignity Grant. Safe Harbor is expected to resolve issues around income, housing, APS/CPS cases, and more. Staff assist clients with SSI applications, connect them with home finders and SMART-Y benefits service, and find aftercare treatment programs. It can be a challenge to coordinate these resources during the average length of stay, especially with clients who have more challenging conditions and living situations.

A client may be referred and admitted more than 1 time in a reporting period.

This reporting period, Safe Harbor served 124 unduplicated consumers with a total of 236 cases. The breakdown per contract is as follows:

Yolo: 77 of 176 cases were unduplicated
Kaiser: 26 of 32 cases were unduplicated
Placer: 0 of 2 cases were unduplicated
GAP: 7 of 10 cases were duplicated
Magellan: 3 of 3 cases were unduplicated
Dignity Grant: 2 of 4 cases were unduplicated
Dignity Contract: 9 of 10 cases were unduplicated

Safe Harbor measures the program's outcomes by repeat utilization, decreased days of hospitalization, avoiding hospitalization, and housing maintained, improved or found.

Repeat Utilization

Repeat utilization indicates a proper use of crisis residential services. Consumers are often able to avoid multiple hospitalizations by utilizing Safe Harbor services before their symptoms necessitate inpatient care. During this reporting period, 42 clients had more than one stay at Safe Harbor. Repeat utilization by contract: Yolo 36, Placer 1, Kaiser 3, GAP 1, and Dignity Grant 1.

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

Decreased Days of Hospitalization & Hospitalization Avoided

Admission to Safe Harbor decreases the number of days of hospitalization in two ways:

(1) Clients who admit from the hospital to continue stabilization at a lower level of care are often able to discharge sooner than if they were returning directly to the community. During this period, 146 individuals were discharged from hospitalization to Safe Harbor (which constitute 62% of all admits).

The breakdown by contract is as follows:

Yolo: 110
Kaiser: 24
Placer: 1
GAP: 1
Magellan: 1
Dignity Grant: 0
Dignity Contract: 9

(2) Clients who are experiencing an increase in symptoms can often stabilize at Safe Harbor and avoid the need for inpatient hospitalization. During this period, 91 individuals avoided hospitalization by being referred from outpatient sources, including day crisis clinics, emergency departments, and outpatient providers (which constitute 38% of all admits).

The breakdown by contract is as follows:

Yolo: 68
Kaiser: 6
Placer: 1
GAP: 9
Magellan: 2
Dignity Grant: 4
Dignity Contract: 1

Discharge Outcome

Outcomes are measured by the number of consumers whose housing was maintained, improved or found. 165 consumers discharged to permanent housing. In total, 70% of Safe Harbor clients discharged to permanent housing.

Incident Reporting

Internal incidents are documented, reviewed and submitted to Community Care Licensing as appropriate. They are reviewed by Safe Harbor management and the Agency Clinical Director, and then discussed with the Program Director and Staff for quality improvement. Staff submit incident reports as a way of tracking any incidents that happen during a client's stay that are out of the ordinary. This includes, but is not limited to, discharging from Safe Harbor against medical advice (AMA) or when a client is evaluated and placed on an involuntary psychiatric hospitalization hold (5150) due to presenting a danger to self, others, or gravely disabled. Safe Harbor staff may call the Woodland Police and the Community Intervention Program (CIP) 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. A quarterly report is submitted to our Kaiser contract, which includes documentation of incident reports.

During this reporting period, the number of AMA's and 5150's are as follows:

Kaiser Contract:

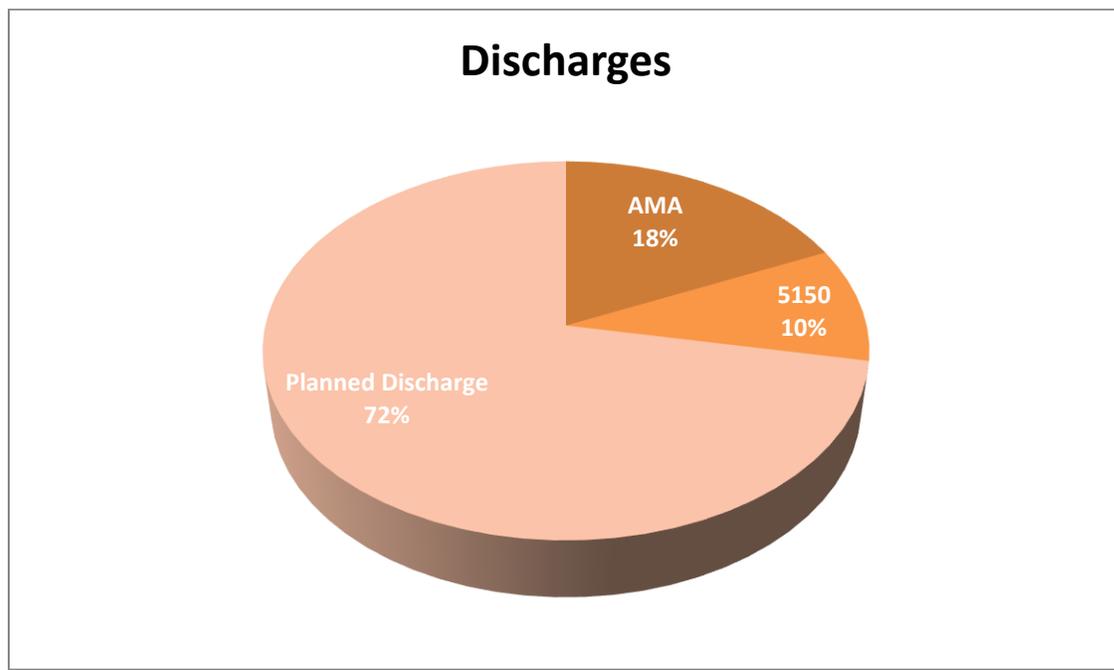
AMA: 5

5150: 1

Yolo and Dignity Health Contracts:

AMA: 38

5150: 22

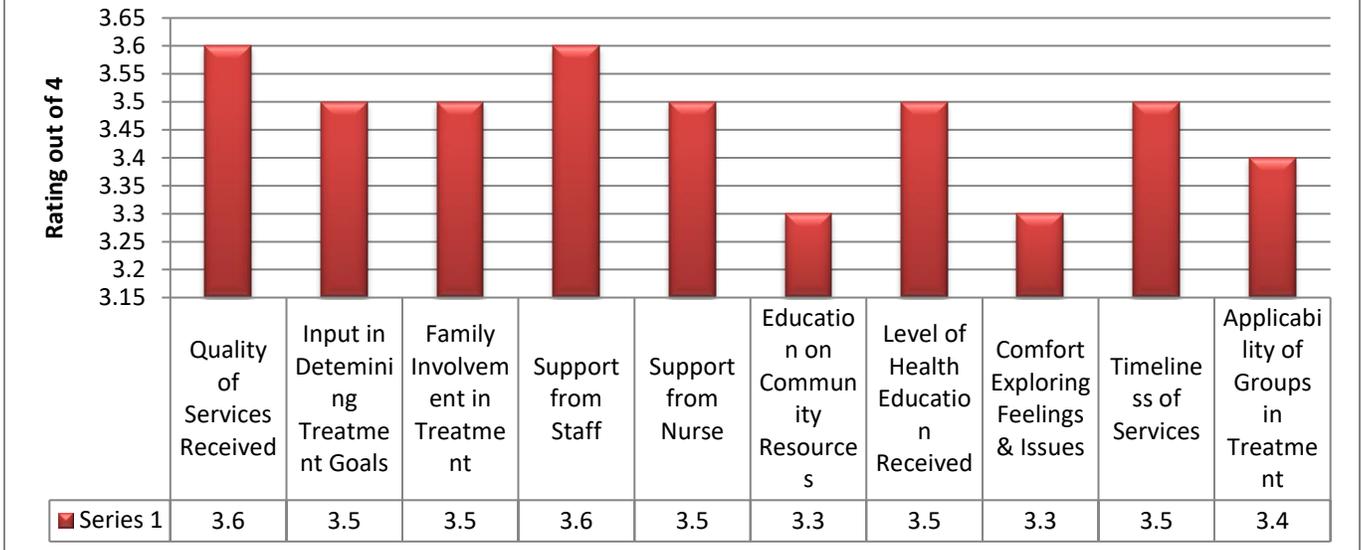


Client Satisfaction

A consumer satisfaction survey is made available for every client to complete upon discharge. 131 surveys were completed during this reporting period. Consumers rate the quality of services received overall as well as specific ratings.

For those who completed the survey, the overall average is 3.5 with individual ratings as follows:

Client Satisfaction Surveys



Clients included comments such as:

“This program changed my life. Thank you so much 😊”

“Safe Harbor was a fun safe experience, very beneficial to my future. I had a great time; very effective program”

“It was a perfect harbor and changed my life for the better immensely! Thank you!”

“People that work here at Safe Harbor are simply the best. Thank you very much.”

“Thanks for helping me during this tough time. Thank you.”

“I thank staff for everything they have done! 😊”

“They help me understand a little better how to deal with my anger situations I recently had.”

“The staff here are very kind, thoughtful and compassionate. I truly appreciate Safe Harbor. It’s nice to be able to escape life’s ‘crap’ if only for a while. 😊”

Feasibility and Fiscal

Cost of program: \$868,041.00

Number of client cases served: 236

Number of Bed Days: 2,548

Cost Per Client Per Day: \$340.68

The cost per client per day was \$340.60. Safe Harbor continues to adhere to a monthly budget and adjust staffing as needed in order to serve as many clients as possible at our contracted rates.

Contract Relationships

Safe Harbor served 236 individuals with serious mental illness during this reporting period. This is a decrease from last year's reporting period of 285 individuals, and 373 individuals the year before that (both years did not include the Dignity Health Sacramento Contract). The most drastic decrease in referrals and admits is from the **Kaiser Contract** with 61 admits this reporting period, 143 admits last reporting period, and 156 admits the year before. Safe Harbor leadership team and YCCC Clinical Director meet quarterly with the Kaiser Contract collaborators to address issues such as this in order to increase access to consumers in need of crisis residential services and to strengthen the contract relationship.

Safe Harbor consistently receives the least amount of referrals from the **Magellan Contract** with 3 admits this reporting period, 3 admits last year, and 5 admits the year before that. During last year's reporting period, Safe Harbor's Associate Director improved the referral process by streamlining the Magellan inpatient referral and authorization plan of operations to be more time efficient and cost effective.

Yolo County Health and Human Services Agency (HHS) is consistently the most common utilized contract of Safe Harbor, with 176 admits this reporting period, 150 last year, and 172 the year before that. In addition to attending weekly meetings with Yolo County HHS providers, Program Director and YCCC Clinical Director meet periodically with Yolo County collaborators in working groups including, but not limited to the Crisis Intervention Program that Safe Harbor receives referrals from, and the **After Hours 24 hr Phone Line**, in which Safe Harbor Staff provide access to information and services to Yolo County consumers when HHS is closed. Additionally, ongoing meetings are focused on the afterhours referral program in order to develop a working agreement and plan of operations to receive referrals, authorization, and coordinate client admissions after hours. Currently, there is no method for obtaining authorization from Yolo County HHS for Client admit after hours.

Program Director and YCCC Clinical Director meet regularly with the **Dignity Health Yolo Grant** collaborators for system utilization and coordination purposes. During this reporting period, majority of referrals came from outpatient providers and services, with Davis Community Meals being the most common referral source.

In January 2017, Safe Harbor began receiving referrals from the new **Dignity Health Sacramento Contract**. Referrals come from the following hospitals: Mercy General Hospital, Mercy Hospital of Folsom, Mercy San Juan Medical Center, Methodist Hospital of Sacramento, and Woodland Memorial Hospital. Program Director, Clinical Director, and Executive Director meet with the Dignity Health team in a working group meeting to discuss service delivery, outcomes, and quarterly reports.

On June 26, 2017, Safe Harbor welcomed the **Sutter Grant** team of Davis and Sacramento for a meet and greet to tour Safe Harbor, discuss referral forms, and explain the plan of operations to begin submitting referrals to Safe Harbor. There are no admits during this reporting period, as the working agreement was to start accepting referrals on July 1, 2017. Safe Harbor Program Assistant's schedule was adjusted in order to meet the indicated need of the most common referral time being 11am – 7:30pm for the Sutter hospitals.

Safe Harbor leadership team worked closely with the **GAP** team for coordination of referrals to and from Safe Harbor, and collaboration of service delivery. The GAP program ended in June 2017.

With Cornerstone successfully serving their contract with **Placer County** Mental Health, Safe Harbor serves as an "over-flow" option or in the event that admit to Safe Harbor is more appropriate.

Program Staffing

Safe Harbor continues to hire per diem staff in order to increase staffing and ensure a higher rate of admissions. In order to run Safe Harbor at full capacity, the program requires a minimum of 84 shifts per week and at least 25 line staff. Safe Harbor employees are available for a maximum of 75 shifts at current staffing (barring illness, vacations, leave for educational pursuits, and limited staff availability due to their status as students). With this amount of staff, we have been able to maintain a higher census than before. Other limiting staffing factors to maintaining a higher census include but are not limited to: non-guaranteed fluctuation of referrals submitted for admit, percentage of fully trained and seasoned staff employed, consistently loaning staff to other agency programs, uneven spread of staff's availability amongst days of the week, difficulty establishing consistent weekend and grave staff, and limited chances to hire staff who can work full time.

Safe Harbor always strives to obtain the highest census possible in order to provide crisis residential services to everyone who meets criteria. However, a high census presents challenges and barriers that are impacting and difficult to operate under its current programmatic resources. In order to effectively maintain a census of 14 clients, Safe Harbor would need to address some of these barriers, including but not limited to: increasing staffing and retention, an additional agency vehicle, and consistent psychiatric coverage.

Over the course of this reporting period, Safe Harbor hired 16 new Mental Health Worker line staff. All of the new hires are students and/or have other employment, which greatly affects their availability. During this period, Safe Harbor lost a total of 22 line staff (19 resignations and 3 terminations), which is more than the previous reporting period with 17 total staff lost (16 resignations and 1 termination). Safe Harbor had 18 Mental Health Worker line staff as of the end of this reporting period which is less than the previous reporting period, which had 22 line staff. Safe Harbor management is currently prioritizing hiring and training to ensure we obtain enough staff to support a high census. As a result of the high turnover rate in staff, we are improving our first year plan of supervision with the goal of increasing retention, staff learning, and morale.

Medical Support Staff

Safe Harbor's employs their Psychiatric Provider Team, and consisted of two Psychiatrist, two Nurse Practitioners, and one Registered Nurse during this reporting period. The Psychiatric Provider team provides twice weekly sessions to all non-Yolo County clients, as Yolo County clients meet with their respective providers at Yolo County Mental Health. Dr. Lally Pia, M.D. provided psychiatric treatment to Kaiser, Magellan, Placer, and Dignity Health clients. After 7 years of employment at Safe Harbor, Dr. Pia resigned from her position in July 2017.

Terry Dauwalder, DNP partnered with Dr. Pia to provide consistent, twice weekly, psychiatric coverage for Safe Harbor's Kaiser Contract, as both Dr. Pia and Dr. Dauwalder were Kaiser Certified to provide treatment to Kaiser insured clients. Dr. Zinzi Raymond, DO, joined the Safe Harbor psychiatric team in June 2017 to provide treatment for Clients who do not have Yolo or Kaiser Insurance. Julie Hettig, FNP provided back-up psychiatric coverage to support continuous referrals and admits to Safe Harbor. She resigned from her position in October 2017. Karla Plascencia, FNP joined the psychiatric team in August 2017 and is awaiting confirmation of her Kaiser credentialing in order to provide treatment to our Kaiser contract. Safe Harbor increased its back-up psychiatry coverage to ensure that clients are seen twice a week, with the first evaluation within the first 72 hours of admittance to Safe Harbor. Since last reporting period, psychiatric coverage has improved and Safe Harbor has been able to provide consistent psychiatric care, increasing the number of admits.

Safe Harbor's referral process has been successful in its implementation. Although referrals fluctuate with some months being slower, management has been able to maintain the census at levels supported by current staffing availability.

Program and Facility Management

There were a lot of changes and transitions in Safe Harbor's Management this reporting period:

Erika Jansen resigned from her position as Clinical Assistant in December 2016.

Sara Sarmiento was promoted from Full Time Mental Health Worker to Clinical Assistant on February 1, 2017. Her duties include, but are not limited to, Training Coordinator and Hiring Partner to the Program Director.

Rachel Warren MFTI, Safe Harbor Associate Director, went on maternity leave in March 2017. She resigned from her position as Associate Director and returned to Safe Harbor in September 2017 as a part time Mental Health Worker.

In April 2017, the position title of "Clinical Assistant" was changed to "Program Assistant" to more accurately represent the role and duties of the position.

The Position of Safe Harbor Associate Program Director was removed and replaced with 2 Program Assistants to better serve the multiple and increasing amount of contracts and responsibilities to successfully run the program.

Dahyoung Yoon was promoted from Full Time Mental Health Worker to Program Assistant on May 1, 2017. Her duties include, but are not limited to After Hours Contract Lead, and Food Bank Lead.

Grace Gragasin was promoted from Full Time Mental Health Worker to Program Assistant on June 1, 2017. Her duties include, but are not limited to, Medication Monitoring Lead and Medication Trainer.

Safe Harbor Program Director, Melanie Henrich LMFT, was promoted to YCCC Clinical Director in September 1, 2017. New Program Director, Rennodia Mims MA started on September 5, 2017. YCCC Clinical Director, Gail Nelsen LCSW is retiring on November 1, 2017.

At the end of this reporting period the Safe Harbor Leadership Team consisted of Melanie Henrich LMFT as Program Director, Sara Sarmiento as Program Assistant, Dahyoung Yoon as Program Assistant, and Grace Gragasin as Program Assistant.

Staff Hiring, Training, and Ongoing Support

New staff receive peer training from the most senior or full time staff. Safe Harbor also provides a classroom cohort format to train the ongoing new hires. New staff are given an orientation training handbook to which they add training modules as they progress. All staff have their own manual for review and for performance improvement planning. All trainings are documented in an Excel spreadsheet and printed for annual licensing reviews.

To facilitate ongoing training as required by licensing, YCCC continues to use the online training system called Relias Learning. This online training module allows staff to complete monthly trainings at home or during their shift at Safe Harbor. Safe Harbor management review and choose the topics relevant to the staff's work at Safe Harbor. Some topics during this review period were Suicide

Assessment and Treatment, Understanding Borderline Personality Disorder, Working with Grief and Loss, Working with the Homeless, and Motivational Interviewing.

The leadership team has prioritized improving staff retention through improvements to the hiring process, organizing and updating training materials, and increasing the level of support available to staff.

Hiring

In order to increase staff retention, the leadership team evaluated the hiring process with the goal of hiring applicants more suited to the program. Program Director and Associate Director/Program Assistant continued to use the updated phone screening process and hiring interview to better reflect the qualities and qualifications desired in potential Mental Health Workers, with the added numerical rating system for screening the applicant's interview performance, which aids in hiring decision making.

Training

The Associate Director duty of Training Coordinator was transitioned to Program Assistant, Sara Sarmiento, who used both existing Safe Harbor training materials such as the improved first year plan of supervision and updated training modules to reflect current policies and procedures. Program Assistants are involved in offering ongoing training to staff as needed. Plans to continue training improvements include improving the peer training checklists and developing a Grave Shift training module.

The Program Director continues to do an orientation with all new staff during their first shifts. The orientation includes an introduction to basic Safe Harbor procedures and the therapeutic model of "meeting clients where they're at", as well as covering Safety and Universal Precautions.

Support

Staff are scheduled to receive evaluations after the first three months of employment and annually thereafter. In order to better support our staff, Program Director and Associate Director completed all outstanding staff evaluations and developed a schedule for continuing to complete evaluations in a timely manner.

Staff have continually requested increased supervision and support. In order to meet this need, during the last reporting period, the leadership team assessed what staff think will be helpful during 1:1 meetings with leadership through a staff survey. With these responses in mind, the leadership team developed a template for doing 1:1 meetings with staff. 1:1s are staff-directed and include the topics of self-kudos and areas for growth, future plans and goals, client treatment and clinical interventions, and ideas for program improvements or other concerns.

This reporting period, the 1:1 template was approved to serve as an evaluation tool for staff performance. Other YCCC programs have adopted this form to use as their own staff evaluation tool. Program Director completed evaluations/1:1's for Full Time Mental Health Workers and the Program Assistants; and Program Assistants complete evaluations for the Per-Diem Mental Health Workers.

Facility Maintenance

The position of Program Assistant (Dahyoung Yoon) includes the duty of tracking the facility's maintenance needs and gathering estimates to ensure the best possible price for needed repairs. In order to organize this process, the Program Assistant maintains a Maintenance Log for staff to report needed repairs. Program Assistant continues to use and develop the Maintenance Binder established by the previous Clinical Assistant in order to track needed repairs, estimates, and progress.

Program Management

The Program Director attends weekly Service Utilization Review (SUR) meetings with Yolo County, in addition to weekly PCC meetings with Yolo County that take place every Tuesday. Program Director coordinates and leads the monthly staff meeting, coordinates and leads Kaiser and psychiatrist quarterly meetings, attends monthly management meetings and quality improvement meetings, and attends periodic After Hours review and CIP working group meetings. Program Director meets with Yolo County HHSA, Department of Health Care Services (DHCS), and Community Care Licensing (CCL) for yearly compliance reviews. Program Director meets with Yolo County HHSA for tri-annual Medi-Cal site certification and Kaiser for tri-annual site certification. Program Director meets periodically with contracting agencies of the Dignity Health Grant and Sutter Grant in working group settings.

Program Director continues to lead the "Kudos" section of the staff meeting which allows people to acknowledge each other for going above and beyond by meeting the needs of the program and the clients we serve. Program Director also gives a monthly Employee Service Award at each staff meeting. This award was developed as an incentive program to increase staff motivation and morale by inviting staff to nominate fellow staff members. The leadership team selects the recipient from the nominees, reads aloud the acknowledgements during staff meetings, and rewards the recipient with a certificate and YCCC sweatshirt provided by the Executive Director.

Safe Harbor continues to buy groceries at Food 4 Less and Yolo Food Bank in order to buy affordable food in bulk. Yolo Food Bank trips increased to weekly to serve as a supplement and cost reduction of our weekend trips to Food 4 Less. Our updated and healthier food menu continues to receive rave reviews. Safe Harbor continues to provide well balanced meals, which meet the dietary restrictions of our consumers.

Continuous Quality Improvement Planning

Safe Harbor Program Director attends the monthly quality improvement meeting, facilitated by the YCCC Clinical Director, to develop and improve programmatic and agency policies and procedures. Various projects are worked on including developing forms to meet state licensing regulations and developing policies for compliance and ethical service delivery.

YCCC Safe Harbor was awarded as a recipient of the Dignity Health Grant for the fourth year in a row. In collaboration with Suicide Prevention of Yolo County (SPYC) and Yolo Family Services Agency (YFSA), Safe Harbor provides crisis residential services to Yolo County residents who do not have health insurance or do not have coverage for crisis residential care. Safe Harbor has increased the referral sources for this grant, and now receives referrals for clients from Woodland Memorial Hospital, Davis Community Meals, the Crisis Intervention Program, and clients' outpatient psychiatrists. Safe Harbor meets quarterly with the collaborators of the grant. Safe Harbor continues to strive to provide the best quality care and increase access to mental health services to members of the community.