

CIBHS Fiscal Institute

Small County Fiscal Break Out Session

12/12/17

Outcomes and Data: Hospitalization and Triage Crisis Brief

While we continually work to gain a better appeal with other agencies and within our community, we face the same challenges as many other rural agencies to accomplish this goal. The statistics from our hospitalizations have given us a more complete picture of just how effectively our Triage and Innovation Programs are working. During the last three years, we have seen a reduction in the number of hospital admissions and bed days, in comparison to the previous two years.

Hospital numbers are the most significant indicator of the success of the Innovation and Triage Grant Programs. As seen in chart A below, during the time frame of April 2012 through March 2013, there were 32 hospital admissions with 279 bed days used. During April 2013 through March 2014, there were 57 crisis-call visits to the emergency room for 43 unduplicated consumers of services. Of those 43 consumers, 31 were hospitalized, with a total of 300 bed days. Before Trinity began their SB 82 Triage and our OAC Innovation Project, the average hospitalization rate for these two years was 279 bed days annually.

During the next year, in the same monthly time period, TCBHS had 42 crisis-call visits from 30 unduplicated consumers. Of those 30 consumers, 14 were hospitalized for psychiatric care, with a total of 67 bed days. There were only four consumers who were hospitalized during the last six months, which is typically the season for the highest amount of hospitalizations. TCBHS attributes this change to several factors arising as a result of the Triage Program. During the following two years, there was a slight increase in ER visits, yet hospitalizations remained low. The total bed days increased due to several consumers who required longer hospital stays. In smaller counties with small consumer counts, it only takes one or two of these incidents to skew the numbers. Even with this occurring, our numbers remained low for the past three years.

During the three years when both the SB82 and the Innovation projects were operating, hospital bed days purchased dropped to an average of 127 each year. From a fiscal perspective, if we think of approximately \$1,000 a day per hospital day, figuring the cost of the actual bed day, the cost of transportation to and from the hospital, and the cost of the crisis intervention which may or may not be reimbursed by Medi-Cal, it cost Trinity about \$127,000 each year in the three-year period prior to our integrated service. The first two years prior to the project time period, we spent \$297,000 each year for hospitalizations. This is an annual difference of \$170,000. This savings is being reinvested in local capacity. This amount represents \$510,000 of cost avoidance that is still being spent, but now spent locally on developing crisis capacity.

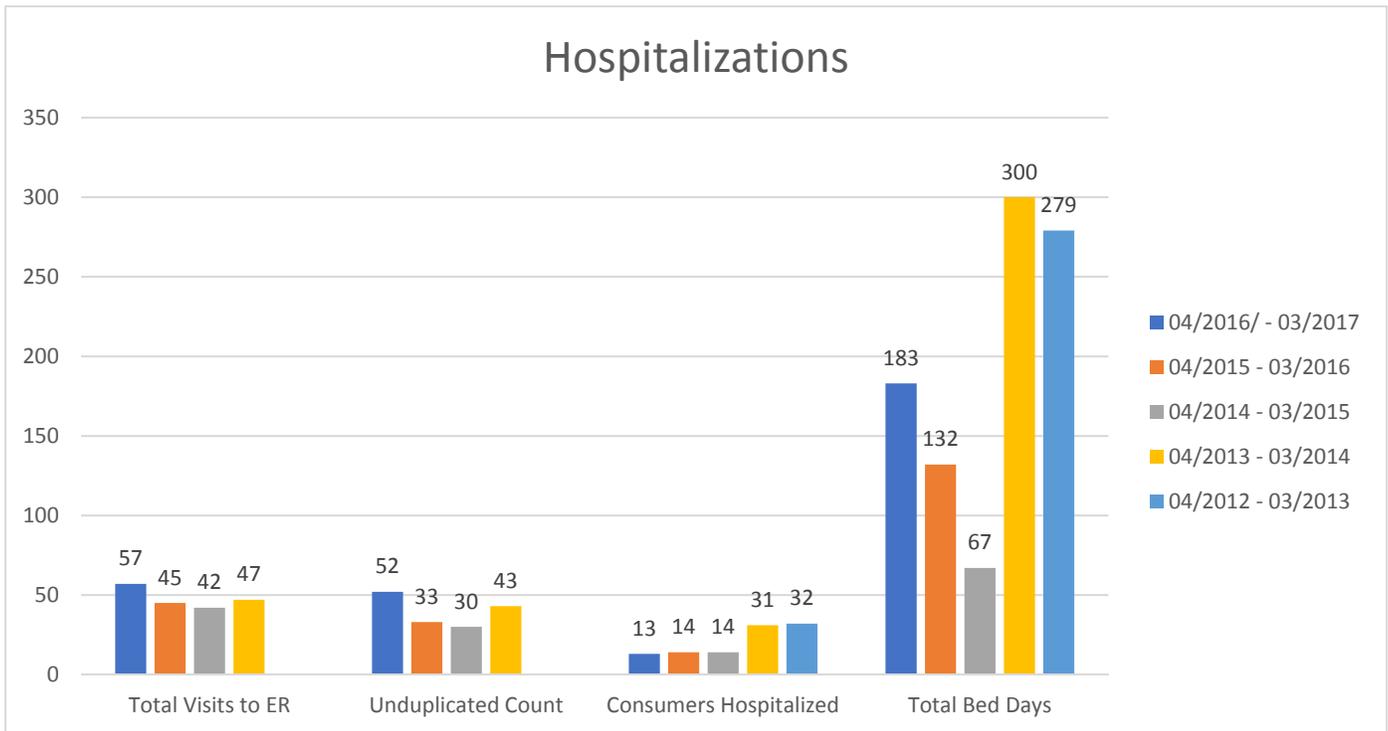


Chart A: Hospitalizations Medication management, wrap around services, and client socialization have each been an integral piece of the puzzle for improving the mental health of our clients requiring higher needs and facing possible hospitalization. While medication management is available to consumers through our triage workers and mental health services plan, our Peer Specialists provide wrap around services and client socialization within our Wellness Center. When they are not working in a classroom environment, the Peer Specialists will concentrate their efforts to assist our clients’ needs by providing peer support, as well as any other needed peer crisis support-type services, in a proactive measure to decrease hospitalizations.

We find this has specifically resulted in decreased hospitalizations and overall improved outcomes for the clients. The best indicator of this improvement is the comparison of total versus client crisis service contacts depicted in chart B, shown below. During the first three months of the program, 45 of the 69 (65.22%) requests for crisis services were from existing clients who were already receiving medication management and other mental health services, while in the last three-month reporting period there were 49 client contacts out of the 153 total requests for crisis services (32.03%). The increase of total crisis contacts was more than 221%. This is a significant difference in the number of requests from our community. As the number of total crisis contacts increased along with our total number of clients in service, and the percentage of existing clients requesting crisis services decreased all in the same time period, we can deduce that the program is having a positive outcome.

Total Vs. Client Crisis Service Contacts

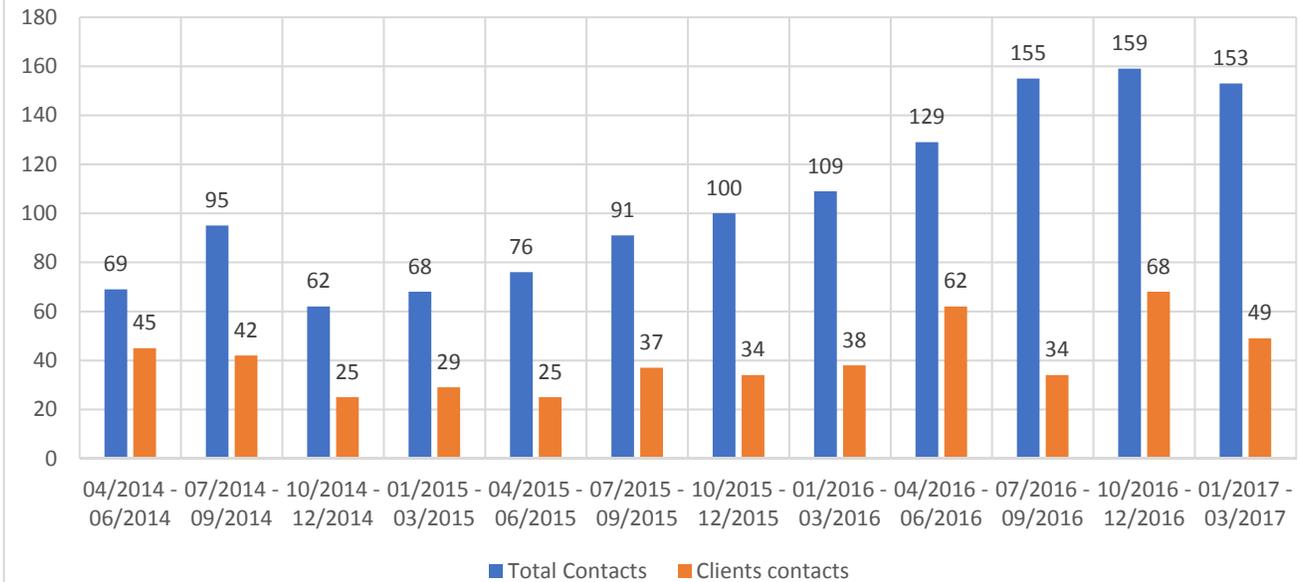


Chart B: Total Crisis Service Contacts Vs. Client Crisis Service Contacts

Additionally, the combination of a Peer Specialist working within the structure of the Wellness Center and the availability of the Triage Crisis Worker to conduct an intervention is a model that has been quite effective for TCBHS and Trinity County. Together with a revamp of the Wellness Center's core membership program, this Crisis Triage Program has increased the Wellness Center's monthly attendance counts by more than ten times in one year. These statistics demonstrate positive outcomes because of the Innovation and Triage Grant Programs working effectively in tandem.

In terms of actual client encounters over the three-year period beginning March 1, 2014 and ending on March 31, 2017, Trinity County Crisis Services reported a total of 891 unduplicated contacts resulting in an annual average of 297 unduplicated persons. Total contacts numbered 1,545, resulting in an average of 515 crisis contacts annually. Although TCBHS has crisis workers on call every shift of every day 365 days of the year, about 40% of the shifts yield zero contacts. However, it is critical that we have a response available at all times. These numbers reflect the work of our in-house crisis workers, the interventions in the jail by our staff of actual crisis visits, and the limited numbers of contacts recorded by Alameda Night Watch which reflect crisis calls made that are services provided by our contractor. There is a web based system in place that allows staff @ TCBHS to check in on a daily basis to see what has happened when phones are rolled over.

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