



# ★ Valley Star Community Services ★

## Crisis Walk-In Centers (CWICs)

**BRIEF REPORT** from the Department of Research and Program Practices

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What do you do and where do you go when experiencing a personal life crisis and you need help now? Outpatient walk-in clinics offer residents good options. In 2015, Valley Star Community Services created two such settings called Crisis Walk-In Centers (CWICs), one located in Victorville serving the entire High Desert region of San Bernardino County; the other in Yucca Valley, serving the Morongo Basin. The settings are staffed with multi-disciplinary teams of mental health professionals and paraprofessionals who provide brief, crises counseling and related services. The teams include peer staffs, known as Peer and Family Advocates, who understand the kinds of experiences people may have when acutely distressed, and they provide support to those making use of the setting. This **BRIEF REPORT** shares results for the CWICs since they opened (Victorville, May 2015; Yucca Valley, July 2015) through mid-May 2017 (roughly two years).

CWIC clients are 52% female; and their heritages are 48% Caucasian, 30% Latino, and 20% African Americans, among other ethno-cultural backgrounds.<sup>i</sup> They range in age from infants (brought in by concerned parents) to age 90 years, with an average age of 33 yrs. A majority (60%) are adults between the ages of 25 and 65 years of age. Young adults (ages 18 to 25) and minors (under age 18) make up roughly equal secondary proportions (19% each). They arrive at the setting from over 123 distinct zip codes; however, most reside within 15 zip codes.<sup>ii</sup> In terms of mental health diagnoses, at least half (50%) have one or more internalizing difficulties such as anxiety, bipolar, depression, mood disorders, adjustment disorders with emotional features, and post-traumatic stress. Good numbers (26%) have psychotic spectrum diagnoses, particularly common are schizoaffective and schizophrenia.

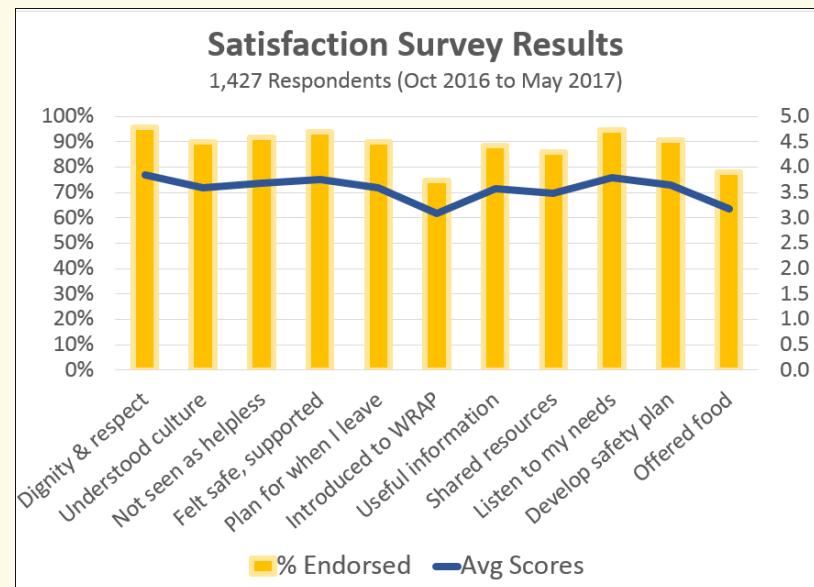
### Utilization by Calendar Year

(Combined Crisis Stabilization and Post-Crisis Medication Support)

CENTRAL TENDENCIES BY YEAR & SETTING		Combined			Victorville (opened May 2015)			Yucca Valley (opened July 2015)		
		CY 2015 (partial year)	CY 2016	CY 2017 (to mid-May)	CY 2015 (partial year)	CY 2016	CY 2017 (to mid-May)	CY 2015 (partial year)	CY 2016	CY 2017 (to mid-May)
	Admissions	3053	5917	2547	2628	4595	1993	425	1322	554
	Unduplicated Persons	1989	3261	1650	1695	2520	1310	308	756	344
	Episodes Per Person Within Year	1.5	1.8	1.5	1.6	1.8	1.5	1.4	1.8	1.6
	Epi Range Within Year	1 to 9	1 to 15	1 to 7	1 to 9	1 to 14	1 to 7	1 to 6	1 to 14	1 to 6

Use of the settings has been strong from the beginning and continues so, as can be seen in the table above.<sup>iii</sup> The average daily census is a little over 8 people; however, this varies by location (Victorville's average daily census is 13; Yucca Valley's is 4) and may vary considerably on any given day (from 1 up to 27 persons seen). Overall, there were 11,517 episodes of care (a discrete visit) involving 5,981 individuals. A crisis stabilization visit lasts less than 24 hours (99.6% of the time)<sup>iv</sup> and most visits (93%) are for psychiatric crisis stabilization. The other visits are post-crisis follow-up sessions for medication management.<sup>v</sup> To date, most people (65%) made use of the CWIC for crisis stabilization once; others (32%) made use from 2 to 5 times; a few (3%) returned for over 5 visits.<sup>vi</sup> Repeat use can also include those returning for post-crisis outpatient medication support: there were 1.7 crisis stabilization episodes per person to date; and, 2.5 medication support visits per person among the small number using this post-crisis option. Roughly 30% of all CWIC clients had additional crisis stabilization needs within six months; and 11% returned within 15 days. Overall, among those making use of the setting for crisis stabilization more than once, the average amount of time between their visits was 90 days.<sup>vii</sup>

While at the CWIC during a crisis stabilization episode, all individuals receive a variety of mental health services and supports including screenings and assessments -- e.g., Pain, Health & Nutrition, Columbia Suicide Severity Rating Scale, Psychosocial Assessments, Nursing Assessments and either an Adult or Child Psychiatric Evaluation. For the latter type of assessment, they will be seen by a psychiatrist or nurse practitioner, either of whom may review and adjust medications, or prescribe new medications, and they always provide education and wellness information attuned to the person's diagnoses and/or difficulties. In the current program year, a little over 70% of visits including seeing the doctor. Other staff contribute counseling and supportive rehabilitative guidance including introducing people to the concept of wellness and recovery that are the hallmarks of Wellness Recovery Action Plans (WRAP). Every person receives aftercare instructions, typically anchored to individual needs, strengths and resources via a formalized Client Resource Evaluation, with referrals, linkages -- and sometimes even transportation -- to next-on providers and various types of community resources. Non-English language interpreters are available as needed; which is about 1% of the time.



People are satisfied about their experiences at the CWICs. On the graph, the left-hand axis and bars are the percent's endorsing (very much agree or agree) – almost all items achieved 80% or higher. Lower performing items are a priority for the program's continuous quality improvement program – e.g., being introduced to Wellness Recovery Action Plans (currently at 75%) and being offered food when hungry (currently 78%) are areas the team is focused on improving. The right-hand axis and line shows average scores on a scale from 0 = Don't Know to 5 = Very Much Agree.

CWIC clients nearly always make favorable comments; there are very few negative observations (mostly about wait times to see the doctor on busy days). On the next page are typical types of positive comments.

## CWIC Client Comments

- *They hear you out, they treat you right, and they respect you.*
- *All staff very friendly, all staff showed concerned.*
- *I learned more about how to treat my problem.*
- *The doctor was great at this facility.*
- *LGBTQ support, understanding, inclusiveness and respect.*
- *Professional kindness, attention to detail and listening to me.*
- *They gave me and my family privacy.*
- *They help, they care, they know how to make me feel safe.*
- *Professional, wait time minimal, the doctor was a good listener.*
- *Gave me resources I need, helped me, didn't need appointment.*
- *Comfortable, safe, taken seriously.*

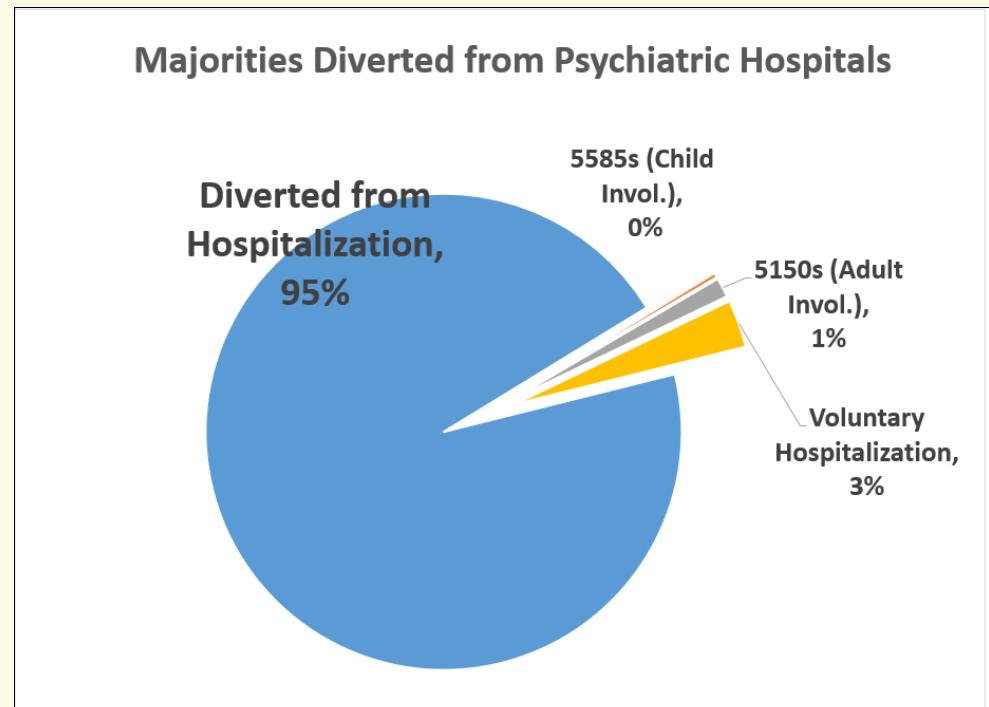
A priority key performance indicator, and the rational bases for sponsoring these settings, is the diversion of individuals from more expensive emergency room and psychiatric hospital settings, which are also potentially more disruptive and intrusive to the person's circumstances. In this regard, Valley Star's CWICs shine, by returning large majorities (95%) back to community living without requiring hospitalization.<sup>ix</sup>

The rate improved over the last two fiscal years: it was 94% and went to 96% this last year (through mid-May 2017). Victorville's diversion rate increased from 95% to 96%; and the Yucca Valley team went from 90% to 97%!

We estimate these diversions – if the individuals involved would have otherwise met criteria for hospitalization – might be yielding close to \$25 million dollars annually in cost offsets to the county and taxpayers. This is based on an estimate of \$7,494 for each psychiatric hospital admission, compared to CWIC episode costs for the diverted majority.<sup>x</sup>

Peer specialists randomly complete an Ad Hoc Study Protocol as individuals are discharged, to empower the teams to better understand the needs of those making use of CWICS.<sup>viii</sup> The results reveal that about 30% of CWIC clients are already making use of peer to peer services in their communities -- helpful that such supports are in place!

They also document, from CWIC nursing and rehabilitation assessments, that an estimated 10% of clients have other health and medical needs that warrant attention; and, 20% have substance abuse issues and related treatment needs. Smaller numbers report they could benefit from additional supports and resources related to income, housing, food, education, employment, child care, transportation, legal issues and immigration. These patterns and proportions are generally the same across the two sites. At both locations, CWIC staffs maintain robust lists, community connections and collaborative partnerships to refer and link CWIC clients to a range of services and supports.



Valley Star's CWICs are funded through San Bernardino County Department of Behavioral Health, Mental Health Services Act (MHSA), Community Services and Support (CSS) program. Valley Star Behavioral Health (dba "Community Services") is a part of *Stars Behavioral Health Group* (SBHG), a statewide provider of behavioral health care and related educational and social services to children, adolescents, young adults and adults and their family members.

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<sup>i</sup> Yucca Valley clients tend to be a bit older (average age is 38), more female (58% compared to 51%), and more are Caucasian (73% compared to 41%). However, this setting also has 3% Native American clientele.

<sup>ii</sup> At Victorville CWIC, the most common (descending order) are: 92395, 92345, 92392, 92307, 92301, 92311, 92308, 92394, 92344 and 92371; at Yucca Valley, the prevalent areas are 92284, 92277, 92252, 92285 and 92256.

<sup>iii</sup> Utilization data is provided monthly to the county in a Reporting Tool, and is also available from the SBHG EMR. The county monthly reports provide information on use by day of week -- generally, equally distributed during workweek and lower on weekends; and, time in setting – e.g., 80% at Victorville and 86% at Yucca Valley leave within 10 hours, among other types of information such as referral sources, demographics, dispositions, etc. Data fields and definitions in the Reporting Tool were defined by the county.

<sup>iv</sup> Per regulation, crisis stabilization episodes need to be completed within 24 hours. The record documents the reasons for those few clients whom stay beyond 24 hours and these are subjected to utilization review, with guidance for program improvement as needed.

<sup>v</sup> Primarily at Victorville, 5% of people make use of medication support services over an average duration of 41 days, post crisis; their repeat visits elevate the average episode counts in the table somewhat.

<sup>vi</sup> Rarely did someone receive services from both locations (36 individuals, <1%).

<sup>vii</sup> The 'time periods until return' statistics exclude circumstances of individuals coming in, leaving quickly, and returning within 24 hours, perhaps after deciding it was safe and wise to do so. There were 417 episodes of such immediate returns. However, the average episode counts per person do include these immediate returns.

<sup>viii</sup> To date, close to 700 of these protocols have been completed across the two sites, a robust sample.

<sup>ix</sup> The 95% diversion rate may be an overestimate: it is unknown how many CWIC clients would have otherwise fully met (at the time) criteria for psychiatric hospitalization; and/or, how many might have potentially escalated to meeting such criteria in a reasonably near term, had the CWIC not been available to them. CWIC clients who are not diverted may be transported to a local hospital by CWIC staffs; and, CWIC staffs may wait with them during the admission process.

<sup>x</sup> The psychiatric hospital cost estimate uses information published in *Mental Health Conditions Among Top 10 Causes of Hospital Readmissions*. (2012, August 6). OPEN MINDS Weekly News Wire. We would very much value an opportunity to partner with the county for more refined cost offset analyses, for example, applying local psychiatric emergency and hospitalization episode costs known to the county, as well as community actuarial information on emergency services and hospitalization usage trends, and/or comparisons between periods prior to after Valley Star's CWIC started operations.