COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEATLH

EVALUATION REPORT

CONTINUITY OF CARE OF CENTRAL REGION PATIENTS DISCHARGED FROM LOCAL AND STATE HOSPITALS

Central Mental Health Region

QUALITY SUPPORT BUREAU

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CONTINUITY OF CARE WITHIN CENTRAL MENTAL HEALTH REGION

Introduction

The continuing care of clients discharged from public psychiatric inpatient facilities has been a major concern of the mental health system in California since 1974 when legislation was passed specifically mandating a continuing care plan for such patients. The first agency to establish such a program in Los Angeles County was the Los Angeles-University of Southern California Medical Center. In fact this program was first implemented at this agency in 1973 prior to the legislation (Wolkon, Peterson and Rogowski, 1978).

It had been found that unless the hospital administration emphasized the need for continuing care, it is given a low priority by the hospital staff (Wolkon and Tanaka, 1965). When the continuing care program is given a high priority, there tends to be a high rate of successful referral connections to community services. In fact one study of this agency's continuing care program found that of the 552 patients referred for outpatient services, 76% made and kept their first appointments (Wolkon, et al, 1978). In this latter study there was obviously a great effort expanded on the discharge plan and its follow through. It is doubtful that without such an heroic effort there would have been such a rate of successful referral linkages.

In the 1981-82 Los Angeles County Plan, Central Mental Health Region requested funding for its continuing care program. In the plan it is stated:

> "The Continuing Care Program proposes a Case Management System for Central Mental Health Region's Community Residential Treatment System. This system will ensure increasing referral and linkage success between the various components of the system and thus reduce dropouts and recidivism. Further, the functions of the Office of Continuing Care and the Public Guardian's Office will be coordinated to ensure adequate ongoing treatment services to each client."

The program objective stated in Central Region's proposal are:

> "Follow-up services will be encouraged by referring agencies within the continnum of care. Outreach services should be structured in each system component in order to:
>
> a. reinforce the importance of keeping first appointments;
>
> b. provide services to persons who fail first appointments and/or drop-out of treatment; and
>
> c. integrate existing treatment services with the new system.
>
> Overall program objectives are to strenghthen linkages of clients with aftercare agencies...and to reduce recidivism".

At the present time continuing care services are provided by a small staff located at the LAC-USC-Medical Center. This staff attempts to connect patients

being discharged from the Medical Center's inpatient program as well as these being discharged from the Metropolitan State hospital if they had been transferred there from the Medical Center.

Referrals primarily are made to Short-Doyle agencies including the State Office of Mental Mental Health Social Services (OMHSS). To facilitate this service, a person is designated an after care coordinator in each OMHSS Districts. OMHSS staff function primarily as a case managers and thus must refer patients to other Short-Doyle clinics if psychiatric follow-up care is indicated. In some cases, OMHSS staff place clients in board and care homes where they receive psychiatric from a "fee for service" psychiatrist.

Procedure and Findings

As part of evaluation of service provided in the Central Mental Health Region, a sample of inpatients was developed to pursue questions pertaining to continuity of care of inpatients who are or were residents of the Region. To accomplish this, a sample was developed consisting of all patients who resided in Central Region Health Sectors and who were discharged from local Short-Doyle and State Hospitals during January through March 1980. This resulted in a total sample of 703 discharged inpatients from contract hospitals, LAC-USC and state hospitals. A few Central Region patients discharged from Olive View were taken out of the sample to simplify the analysis. LAC-USC had discharged 253 patients, contract hospitals and discharged 162 patients, Metropolitan Hospital had discharged 166 patients and Camarillo had discharged 122 patients during the time period selected. These patients were tracked within the patient file through September 1980. However, State Hospital data were not available after June 1980. 1980. Thus the data pertaining to state rehospitalization is deficient because they were not available for more than 3 months after discharge. The rate of rehospitalization is, therefore, conservative.

Each patient's record was individually studied and his/her treatment record was summarized for six months after discharge. Also available was the previous five year history on each patient so their overall utilization of services over this time period could be analyzed.

After care services were defined as those delivered at outpatient clinics and day treatment facilities. Several reporting units were not counted as outpatient or day treatment services because they are emergency or consultation liaison units where patients usually come in expectation of being admitted to the hospital or were in the hospital with a physical condition. These include: 4299, 6207, 6209, 6211, 6258, 6260, 6262, 6951, and 6954.

A missing link in this follow-up study is the Office of Mental Health Social Service. Their services are not part of the present Short-Doyle computer file and, therefore, the services offered by OMHSS were not available for this study.

The most striking finding is that of the 703 Central Region clients discharged, only 16.3% made a contact with a Short-Doyle outpatient or day treatment service within 30 days and only 24.3% made a contact within six months. There is a fairly large difference between state hospitals and local hospitals in the per-

centage of patients who were connected with Short-Doyle community services. Of the 253 patients discharged from LAC-USC, 20.2% were connected with S/D services within thirty days and 22.2% of the contract hospitals discharges were so connected. This compares with approximately 10% of the State Hospitals discharged patients who made such a connection. Some of the discharges from the State Hospital and LAC/USC were undoubtedly connected with OMHSS. However, since OMHSS is primarily a case manager social service, one would think that OMHSS would refer patients for Mental Health services other than case management.

If the patients records indicate they have received a referral, their connection rate is greater. Of the 93 LAC-USC patients who were given a referral, 31% made a connection to a Short-Doyle service. The contract Hospital patients also tended to more often go to a Short-Doyle service if they were referred. Of the 75 patients referred, 28% made it to another service while only 17% of the non referred made such a connection. It should be noted that the contract hospitals recorded that 46% of their discharged patients received a referral while only 36% of the LAC-USC discharges' had a record of referral.

During this same time period 27.3% of the clients were rehospitalized. This is a conservative figure as the patient file include state hospital records for only three of these six months. Thus anyone who was rehospitalized in a State Hospital after June 1980 is not recorded as such. However, 15% were readmitted within 30 days.

The hospital recidivism date also differed. LAC-USC and State Hospitals had a rate of 30% within six months while the contractors had a rehospitalization rate of 20%. Given that 3 months of State Hospital data is missing, the readmissions to State Hospitals is probably substantially higher as there is a tendency for patients to return to the same hospital. This difference in recidivism may be partly explained by the fact that the County and State Hospitals serve a more chronic and severely disturbed group. The LAC-USC patients, for instance, had a 5 year average of 100.3 inpatient days per patient compared to an average of 73.9 inpatient days for the 162 contract patients prior to the target hospitalization used in this report.

A finding that is of interest, but not related to the main thrust of this study, is that a great deal of inpatient services is consumed by a small minority of the patients. For instance 10% of the LAC-USC patient cohort consumed 47% of the total inpatient services of that group and 10% of the contract hospital discharges consumed 54% of the total inpatient days of that group over a five year period. Thus if a way can be found to identify this 10% group earlier in their treatment history, alternative programs could be developed that would be more appropriate to hospitalization needs and may save many dollars in later years.

Discussion

It is obvious from these findings that a greater effort must be made if patients are to be successfully referred at the time of their hospital discharge. The discrepancy between these results and those found by Wolkon, et al may indicate that the Medical Center's continuing care program has once again become a low

priority issue to the staff and perhaps receives no priority at the State Hospitals whatsoever. Considering the fairly high rate of recidivism this matter should be thoroughly investigated. Although there are other important factors involved, it still should be noted that the highest rate of recidivism within thirty days is inversely related to the percent of referral linkages. (See Table 3).

Recommendations

1. Take steps to increase the explicit referrals of patients discharged from inpatient facilities.

2. Develop methods to increase the percentage of patients receiving after care services.

3. Work toward a method of flagging the high utilizers and develop appropriate and cost effective programs for this group.

RR:mw
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References

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