

FSP ACT Teams with MHSa Housing Funds

Fiscal Year 2014-15 Report



Making a Difference in the Lives of Adults and Older Adults with Serious Mental Illness

San Diego County Full Service Partnership (FSP) programs promote recovery and resilience through comprehensive, integrated, consumer-driven, strength-based care and a “whatever it takes” approach. Targeted to help those clients with the most serious mental health needs, services are intensive, highly individualized, and focused on helping clients achieve long-lasting success and independence.



Full fidelity Assertive Community Treatment (ACT) teams—which include psychiatrists, nurses, mental health professionals, employment specialists, peer specialists, and substance-abuse specialists—provide medication management, vocational services, substance abuse services, and other services to help clients sustain the highest level of functioning while remaining in the community.

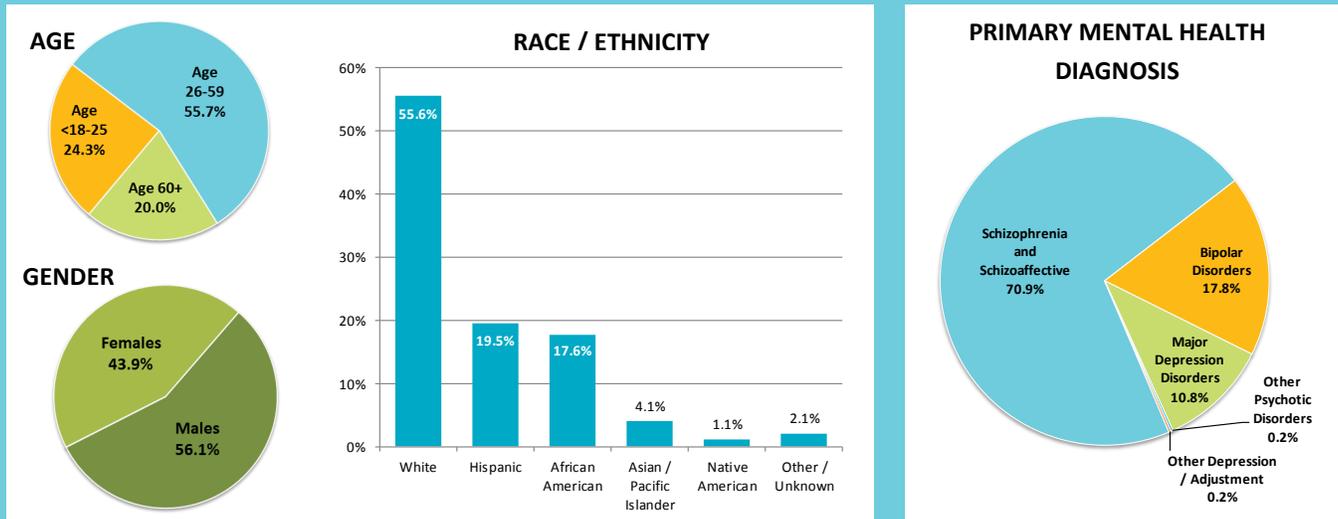
Clients receive services in their homes, at their workplace, or in other settings in the community they identify as the most beneficial to them or where support is most needed. Crisis

intervention services are available 24 hours a day, 7 days a week.

Drawing from a variety of sources, this report presents a system-level overview on service use and recovery-oriented treatment outcomes for individuals who received FSP services during Fiscal Year (FY) 2014-15. Demographic data and information on the use of inpatient and emergency psychiatric services come from the San Diego

County CCBH (formerly Anasazi) data system. Data on basic needs (Housing, Employment, Education, Access to Primary Care Physician) and placements in restrictive and acute medical settings (Jail/Prison, State Hospital, Long-Term Care, and Medical Hospital) are drawn from the Department of Health Care Services (DHCS) Data Collection and Reporting (DCR) System used by all FSPs. Recovery outcomes and progress toward recovery data presented are from San Diego County’s Health Outcomes Management System (HOMS).

960 Clients Served in FY 2014-15 — Demographics and Diagnoses

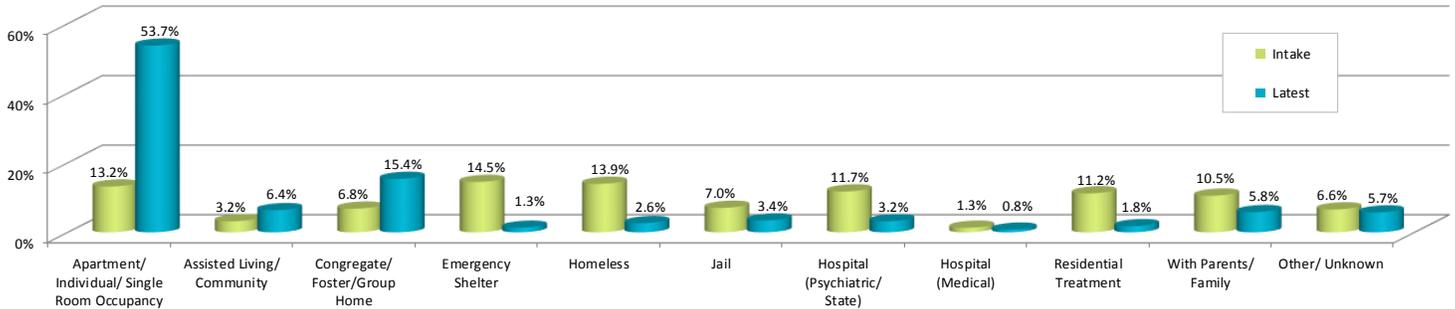


The following programs’ data are included in this report (program name and Subunit #): Community Research Foundation (CRF) Impact (3401), North Star (3361), Center Star (3411), Pathways (was Providence Catalyst) (3391), and CRF Senior Impact (3481).

MEETING FSP ACT CLIENTS' BASIC NEEDS

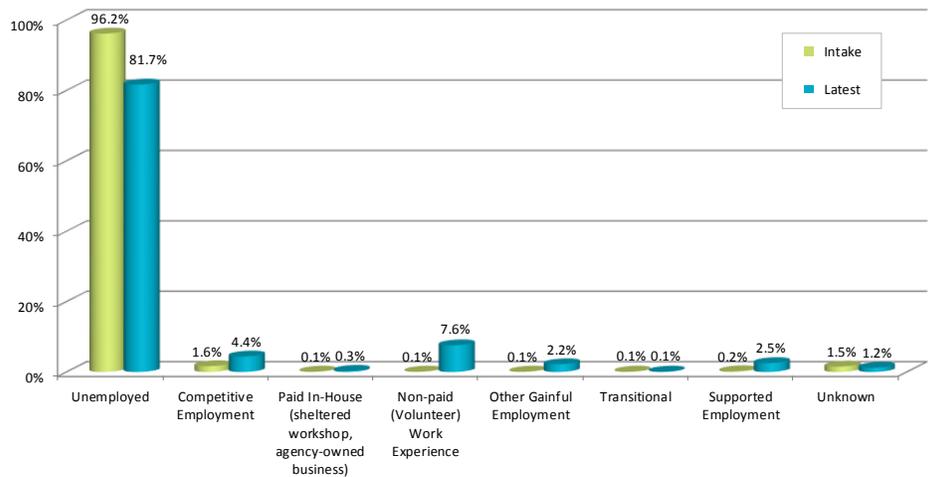
In FY 2014-15, FSP clients showed improvement in several areas of basic needs. Significant improvements were seen in movement of people from homelessness (13.9% at intake vs. 2.6% latest) and emergency shelter (14.5% at intake vs. 1.3% latest) into better living arrangements. Significantly larger percentages of clients were able to secure more adequate housing: 53.7% in an apartment or individual living situation and 15.4% in congregate, foster, or group homes.

HOUSING



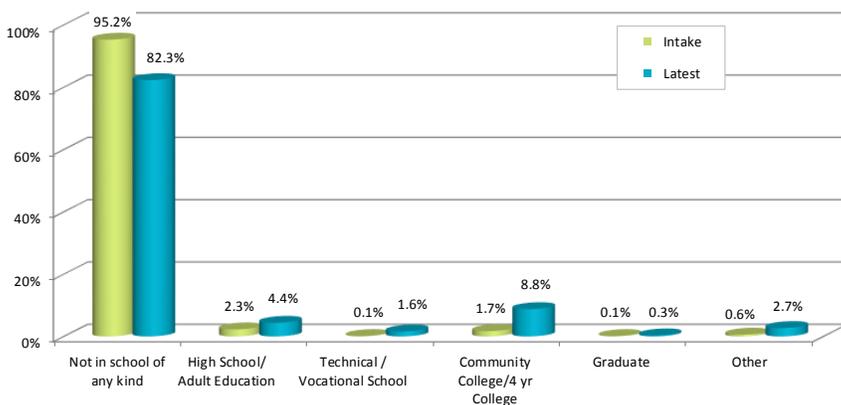
For some clients, involvement in meaningful occupational activities is an important part of recovery. FSPs can help connect clients to a variety of employment opportunities ranging from volunteer work experience to supported employment in sheltered workshops, to competitive, paid work. While most clients remained unemployed (81.7%), there was an improvement from intake to latest assessment with some clients moving from unemployed to other occupational statuses. The biggest gains were seen in movement into non-paid (volunteer) work experience (from 0.1% to 7.6%) and competitive employment (from 1.6% to 4.4%).

EMPLOYMENT



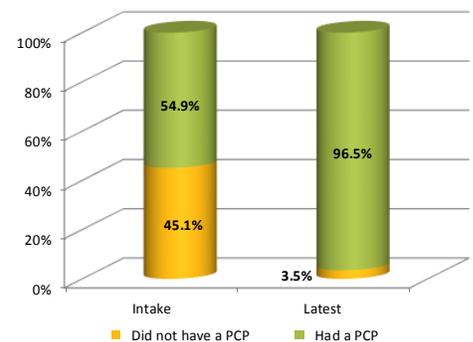
Education is a goal for some, but not all, people who received services. At intake, 4.8% of clients were enrolled in educational settings vs. 17.7% at the latest assessment.

EDUCATION



At the time of FSP enrollment, 54.9% of people reported having access to a primary care physician (PCP), while 96.5% of clients reported having a PCP at the time of their latest assessment.

CLIENTS WITH A PRIMARY CARE PHYSICIAN



Data source for all charts on this page: DHCS DCR 12/15/2015 download; Active clients in any period of FY 2014-15, N=911; Education data missing for 27 clients at intake and 20 clients at time of latest assessment.

CHANGES IN SERVICE USE AND SETTING

The “whatever it takes” model of care provided by full fidelity FSP ACT programs aims to help people avoid the need for emergency care (EPU, PERT, Crisis Residential and Psychiatric Hospital). Overall, use of these services in FY 2014-15 decreased by 63.1% as measured by number of services used, and 53.2% when considering the number of individuals using services. The mean number of emergency services used per person decreased across PERT (10.4%) and Crisis Residential (20.9%) categories. The mean number of Psychiatric Hospital inpatient services used per person increased by 17.4%, while the mean number of EPU services per person increased by 7.1%. The overall number of services used per person decreased 21%.

USE OF INPATIENT & EMERGENCY SERVICES (PRE/POST)

TYPE OF EMERGENCY SERVICE	# OF SERVICES			# OF CLIENTS			MEAN # OF SERVICES PER CLIENT		
	PRE	POST	% CHANGE	PRE	POST	% CHANGE	PRE	POST	% CHANGE**
EPU	694	188	-72.91%	308	78	-74.68%	2.25	2.41	7.11%
PERT	276	151	-45.29%	168	103	-38.69%	1.64	1.47	-10.37%
Crisis Residential	422	80	-81.04%	226	54	-76.11%	1.87	1.48	-20.86%
Psychiatric Hospital	703	355	-49.50%	290	125	-56.90%	2.42	2.84	17.36%
Overall	2,095	774	-63.05%	474*	222*	-53.16%	4.42	3.49	-21.04%

*The overall numbers of clients PRE (n=474) and POST (n=222) indicate unique clients, many of whom used multiple, various services, while some clients used no emergency services.

**% change is calculated using the pre and post means.

PRE period data encompass the 12 months prior to each client’s FSP enrollment and are from CCBH 10/15 and InSyst 10/09 downloads; FY 2014-15 California Department of Mental Health Data Collection and Reporting System (DCR) data from 12/15/2015 download used to identify active clients and for POST period data.

Clients in this analysis (n=762) had an enrollment date <= 7/1/2014 and Discontinued date (if inactive) > 7/1/2014. Data may include people who were discharged from FSP during the Fiscal Year but who continued to receive services.

In FY 2014-15, there was an overall decrease in the mean number of days per individual spent in restrictive settings: jail/prison, state hospital, and long-term care. The data on placement in acute medical settings are considered separately in the table below. The residential status of individuals receiving FSP services is changed to “Acute Medical Hospital” when admission to a medical hospital setting occurs for a physical health reason such as surgery, pregnancy/birth, cancer, or other illnesses requiring hospice or hospital-based medical care.

- Overall, both the number of days spent in restrictive settings and the number of people in placement decreased (by 68.9% and 58.3%, respectively).
- The largest decrease in the number of people in placement was for State hospital, with an 80.2% decrease.
- Both the number of days and number of individuals in acute medical settings increased (by 52% and 13.3%, respectively), suggesting that clients’ access to medical treatment increased after FSP enrollment.
- Overall, the average number of days per individual in restrictive settings decreased by 25.5% while the overall average number of days per person in medical settings increased 34.1%.

PLACEMENTS IN RESTRICTIVE & ACUTE MEDICAL SETTINGS (PRE/POST)

TYPE OF SETTING	# OF DAYS			# OF CLIENTS			MEAN # OF DAYS PER CLIENT		
	PRE	POST	% CHANGE	PRE	POST	% CHANGE	PRE	POST	% CHANGE**
Jail/Prison	14,586	4,848	-66.76%	144	60	-58.33%	101.29	80.80	-20.23%
State Hospital	1,213	240	-80.21%	17	6	-64.71%	71.35	40.00	-43.94%
Long-Term Care	4,759	1,302	-72.64%	23	7	-69.57%	206.91	186.00	-10.11%
Overall	20,558	6,390	-68.92%	175*	73*	-58.29%	117.47	87.53	-25.49%
Medical Hospital	1,240	1,885	52.02%	75	85	13.33%	16.53	22.18	34.13%

*The overall numbers of clients PRE (n=175) and POST (n=73) indicate unique clients, many of whom used multiple, various services, while some clients used no services.

**% change is calculated using the pre and post means.

Data source: DHCS DCR 12/15/2015 download; 12 month pre-enrollment DCR data rely on client self-report.

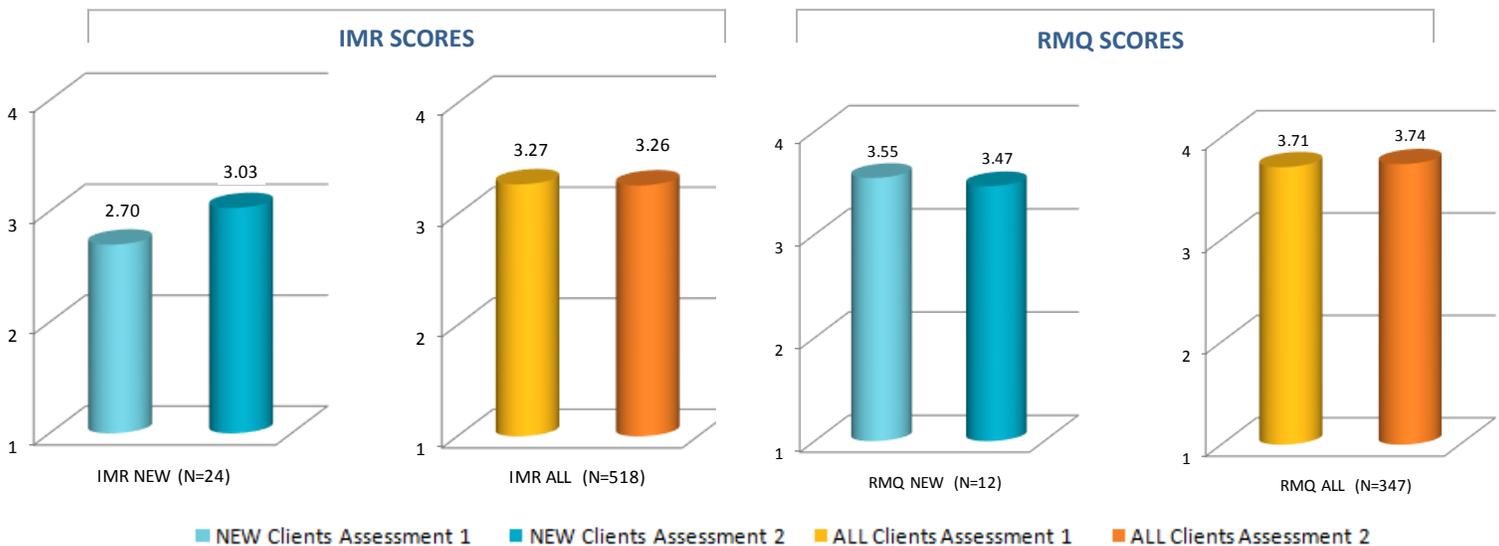
MEASURING PROGRESS TOWARDS RECOVERY

Comparing NEW and ALL FSP ACT Program Clients Means for Assessments 1 and 2

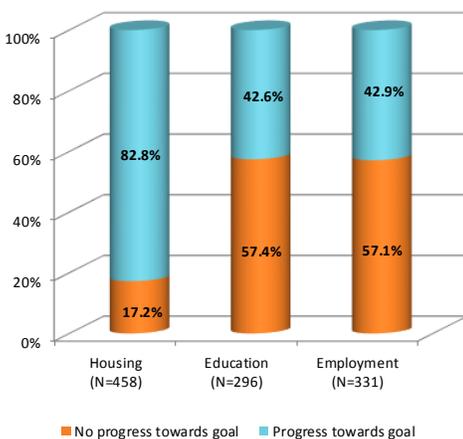
FSP ACT Program clients’ progress toward recovery is measured using two different instruments—the Illness Management and Recovery Scale (IMR) and the Recovery Markers Questionnaire (RMQ). Clinicians use the IMR scale to rate their clients’ progress towards recovery. The IMR has 15 individually scored items; scores can also be represented using subscales or overall scores. Individuals receiving services use the 24-item RMQ scale to rate their own progress towards recovery. Higher ratings on both the IMR and the RMQ indicate greater recovery. Scores range from 1-5.

The IMR and RMQ scores displayed in the charts below compare scores of “NEW” clients to those of “ALL” clients. NEW clients are those who started receiving services in 2014 or later, who had two IMR/RMQ assessments during FY 2014-15 (Assessments 1 and 2), and whose first service date was within 30 days of their first IMR assessment; ALL clients includes every individual who had two IMR/RMQ assessments during FY 2014-15 (Assessments 1 and 2), regardless of how long they have received FSP services. Scores for NEW clients more directly demonstrate the effect of FSP services on client outcomes because ALL clients includes those people who may have been receiving services for long periods of time, starting before the implementation of FSP programs.

NEW clients’ IMR scores at intake were lower than ALL clients’ scores but NEW clients achieved greater gains between intake and latest assessment while ALL clients’ scores remained stable. Both NEW and ALL clients’ RMQ scores were higher than their IMR scores, indicating that both NEW and ALL clients tend to rate their progress higher than clinicians do. RMQ scores for NEW clients decreased while RMQ scores for ALL clients increased slightly.



MAKING PROGRESS TOWARDS KEY TREATMENT GOALS



Clients Whose Treatment Plan Includes Key Progress Goals — Progress at Latest IMR Assessment

In their IMR assessments, clinicians also note client progress toward goals related to housing, education, and employment. The chart on the left illustrates progress made by those individuals whose treatment plan included one or more of these key goals. It should be noted that both education and employment are longer-term goals than housing.

Of those people with a housing goal on their treatment plan, 82.8% demonstrated progress toward the goal, while 17.2% did not. Of those with an education goal on their treatment plan, 42.6% demonstrated progress, while 57.4% did not demonstrate progress. And of those people with an employment goal on their treatment plan, 42.9% demonstrated progress toward the goal, while 57.1% did not.

Data source for all charts on this page: HOMS FY 2014-15; Data include all HOMS entries as of 12/15/2015 for clients who received services in FSP ACT Model Programs, finished IMR/RMQ assessment 2 during FY 2014-15, and who had paired IMR/RMQ assessments within 4-8 months.

The FSP ACT teams with MHSA housing funds have continued to make progress with the clients served in their programs. The population the FSP ACT model primarily aims to serve is homeless persons with serious mental illness (SMI). As of 2016, 14% of the homeless population in San Diego identified as having mental health issues¹. Males make up 71.9% (n=1,173) of the overall homeless population. By comparison, the homeless population receiving FSP services is 56.1% male (n=732), suggesting that there may be a service gap for males.

There were some notable changes in the population in the report as compared to FY 13-14. The rate of females served increased (43.9% compared to 40.5%). There was a system-wide shift in the reporting of age, so the new categories are not directly comparable to last year; however, despite being more inclusive by 1 year, the proportion of clients in the youngest age group <18-25 decreased to 24.3% (from 31.9%). The adult age category was reclassified from 25-59 to 26-59. Despite the reduction in age breadth, the proportion of clients served increased to 55.7% (from 51.0%). The proportion of clients served aged 60 and older also increased, from 17.2% to 20%. This indicates a shift toward FSP programs serving adult and older adult clients more frequently than young adults and TAY populations. Further analysis of client age would allow for greater understanding of this population shift. Clients served with a primary diagnosis of Schizophrenia/Schizoaffective disorders increased from last year (70.9% compared to 59.7%) and a decrease was observed in the proportion of clients served with major depression disorders (10.8% compared to 17.7%).

The basic needs assessed are housing, employment, and education. Housing trends remained the same from last fiscal year, and a homelessness rate of 2.6% for clients was achieved at latest assessment. Nearly all clients were unemployed at intake, and this rate decreased with the involvement of the ACT teams; however, it was not as pronounced as the reduction seen from intake to latest in FY 13-14. Improvement was seen in the rate of those in an education setting from intake to latest assessment, but again this was not as pronounced as FY 13-14. Rates of clients with a PCP were similar to last year, with nearly all clients reporting having access to a PCP. Outpatient care is associated with reductions in cost of inpatient and emergency services.

Inpatient and emergency service use decreased from intake to the latest assessment, and the percent reduction in mean number of services per client was similar to last year (21.0% vs 22.2%). Overall, placements in restrictive and acute medical settings decreased from intake to latest. The number of clients requiring these services at latest assessment remained about the same, with a greater number of days observed this fiscal year. Therefore, the rate of reduction was not as pronounced as FY 13-14. The number of days of medical hospital use remained close to the same number of days as FY 13-14; however, the number of clients using a medical hospital has decreased since last year which results in a large increase in mean number of days per client using these services (+34.1% compared to -8.2%).

As previously discussed in this report, the changes for NEW clients recovery progress more clearly demonstrates the effect of FSP services since ALL clients may have begun receiving services before FSP programs were established. Given this, observed differences between IMR and RMQ mean scores from first assessment to latest were negligible for ALL clients. However, improvements were visible for NEW clients for IMR means. The latest IMR mean score shows slight improvement since last year (3.03 compared to 2.96), while the RMQ score for NEW clients remained very close (3.49 compared to 3.49). NEW clients' self-rated progress towards outcomes on the RMQ decreased slightly from assessment 1 to assessment 2 (3.55 to 3.47), though this change was not statistically significant.

Clients with progress on housing goals stayed consistent from last year to this year (82.8% vs 82.1%), but both education and employment progress toward goals decreased this year compared to last (42.6% vs 52.2% and 42.9% vs 50.4%, respectively). Housing is a top priority of FSP ACT programs, so maintaining this progress is important.

Overall, this report describes the FSP ACT team client population and highlights progress in meeting basic needs and promoting development for clients with SMI. Most of the outcomes evaluated have shown slightly less improvement when compared to last fiscal year, though changes made from intake to latest are still indicating improvement. Additional analyses would allow for better understanding of the longitudinal trends that occur for clients of FSP ACT teams.



¹ <http://www.rtfhsd.org/wp/wp-content/uploads/2016/05/Final-General-Fact-Sheet-2016.pdf>