

# FSP ACT Teams with MHSA Housing Funds

Fiscal Year 2015-16 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,” housing first 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.



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

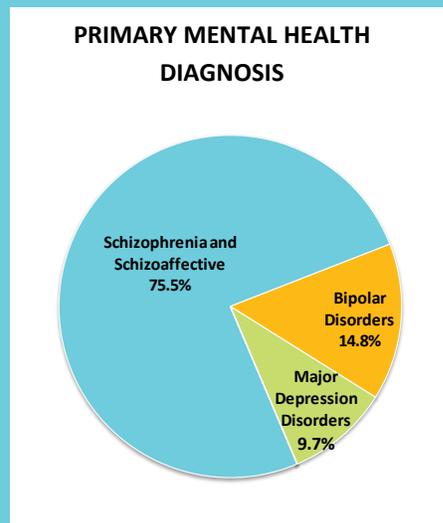
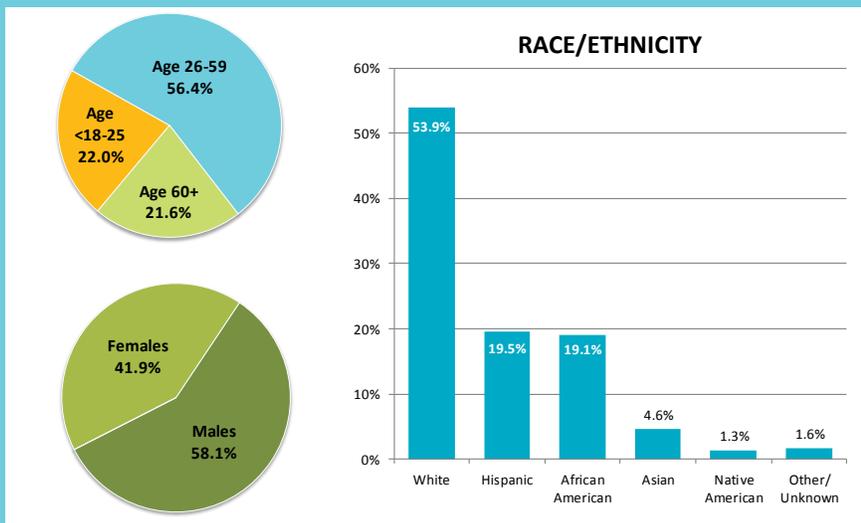
Drawing from a variety of sources, this report presents a system-level overview on service use and recovery-oriented treatment outcomes for individuals who received FSP services during Fiscal Year (FY) 2015-16. Demographic data and information on the use of inpatient and emergency psychiatric services come from the San Diego County CCBH

Full fidelity Assertive Community Treatment (ACT) teams—which include psychiatrists, nurses, mental health professionals, employment and housing 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.

(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 Mental Health Outcomes Management System (mHOMS).

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

### 917 Clients Served in FY 2015-16 — Demographics and Diagnoses

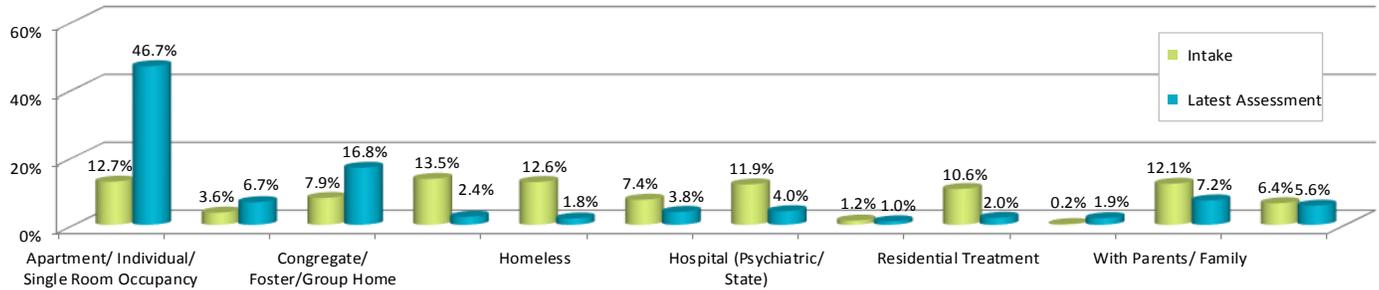


The following programs’ data are included in this report (program name and Subunit #): Community Research Foundation (CRF) Impact (3401), North Star (3361), Center Star (3411), Pathways Catalyst (3391), and CRF Senior Impact (3481).

## MEETING FSP ACT CLIENTS' BASIC NEEDS

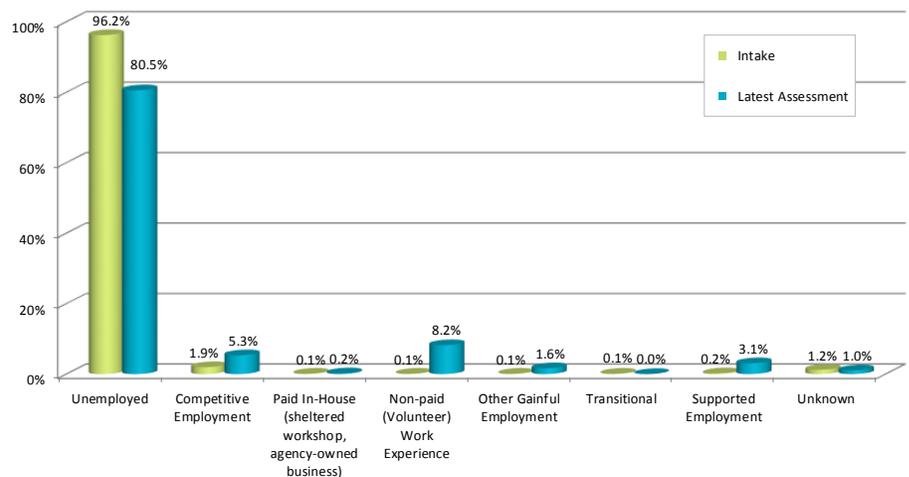
In FY 2015-16, FSP clients showed progress in several areas of basic needs. Significant improvements were seen in reduction of homelessness (12.6% at intake vs. 1.8% latest assessment) and housing in Emergency Shelters (13.5% at intake vs. 2.4% latest assessment). There were notable increases for housing in Apartment/Individual/Single Room Occupancy (46.7%) settings, Congregate/Foster/Group Homes (16.8%), and Assisted Living/Community settings (6.7%). Housing is often a primary goal for many FSP clients.

### HOUSING



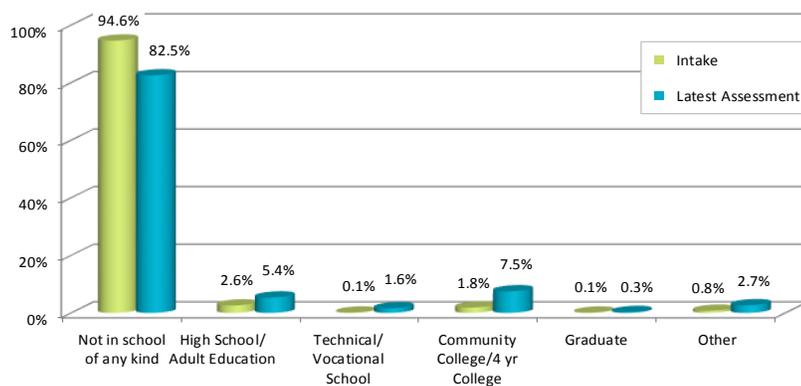
For some clients, involvement in meaningful occupational activities is an important part of recovery. FSPs can help connect clients to a variety of employment opportunities ranging from volunteer work experience to supported employment in sheltered workshops, to competitive, paid work. While most clients remained unemployed (80.5%), 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 8.2%) and competitive employment (from 1.9% to 5.3%).

### EMPLOYMENT



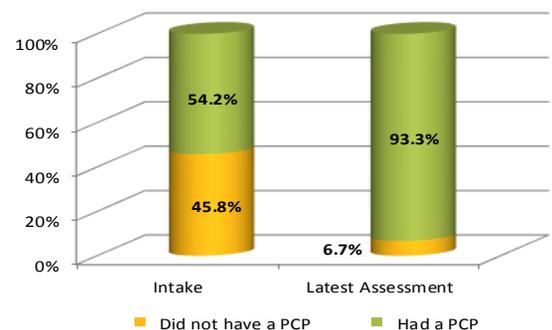
Education is a goal for some, but not all, people who received services. At intake, 5.4% of clients were enrolled in educational settings vs. 17.5% at the latest assessment.

### EDUCATION



At the time of FSP enrollment, 54.2% of people reported having access to a primary care physician (PCP), while 93.3% 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 12/15/2016 download; Active clients in any period of FY 2015-16, N=976; Education data missing for 50 clients at intake and 43 clients at time of latest assessment. Clients may have more than one Employment or Education setting, so percentages in these categories may not necessarily total 100%.

## 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, such as Emergency Psychiatric Unit (EPU), Psychiatric Emergency Response Team (PERT), Crisis Residential and Psychiatric Hospital. Overall, the number of these services used in FY 2015-16 decreased by 73.4%. Similarly, the number of individuals using these types of services decreased by 56.5% in FY 2015-16. The mean number of emergency services used per person decreased across EPU (100.0%), PERT (5.0%), Crisis Residential (23.9%), and Psychiatric Hospital (2.7%) categories. The overall number of services used per person decreased 38.7%.

### 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	710	0	-100.00%	303	0	-100.00%	2.34	0.00	-100.00%
PERT	276	158	-42.75%	172	104	-39.53%	1.60	1.52	-5.00%
Crisis Residential	410	57	-86.10%	218	40	-81.65%	1.88	1.43	-23.94%
Psychiatric Hospital	774	363	-53.10%	299	144	-51.84%	2.59	2.52	-2.70%
<b>Overall</b>	<b>2,170</b>	<b>578</b>	<b>-73.36%</b>	<b>474*</b>	<b>206*</b>	<b>-56.54%</b>	<b>4.58</b>	<b>2.81</b>	<b>-38.65%</b>

\*The overall numbers of clients PRE (n=474) and POST (n=206) 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 10/2015 and InSyst 10/2009 downloads; FY 2015-16 California Department of Mental Health Data Collection and Reporting System (DCR) data from 12/15/2016 download used to identify active clients and for POST period data.

Clients in this analysis (n=760) had an enrollment date <= 7/1/2015 and Discontinued date (if inactive) > 7/1/2015. Data may include people who were discharged from FSP during the Fiscal Year but who continued to receive services.

In FY 2015-16, 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 59.9% and 55.1%, respectively).
- The largest decrease in the number of people in placement was for State hospital, with an 73.7% decrease.
- Both the number of days and number of individuals in acute medical settings increased (by 50.9% and 49.3%, respectively), suggesting that clients’ access to medical treatment increased after FSP enrollment.
- Overall, the mean number of days per individual in restrictive settings decreased by 10.9% while the overall mean number of days per person in medical settings increased 1.1%.

### 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	15,992	6,385	-60.07%	145	66	-54.48%	110.29	96.74	-12.28%
State Hospital	1,897	189	-90.04%	19	5	-73.68%	99.84	37.80	-62.14%
Long-Term Care	5,361	2,739	-48.91%	23	14	-39.13%	233.09	195.64	-16.06%
<b>Overall</b>	<b>23,250</b>	<b>9,313</b>	<b>-59.94%</b>	<b>178*</b>	<b>80*</b>	<b>-55.06%</b>	<b>130.62</b>	<b>116.41</b>	<b>-10.88%</b>
Medical Hospital	1,202	1,814	50.92%	73	109	49.32%	16.47	16.64	1.07%

\*The overall numbers of clients PRE (n=178) and POST (n=80) 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 12/15/2016 download; 12 month pre-enrollment DCR data rely on client self-report.

Clients in this analysis (n=695): had an Enrollment date <= 7/1/2015 and Discontinued date (if inactive) > 7/1/2015; Clients had to be active throughout the FY to be included.

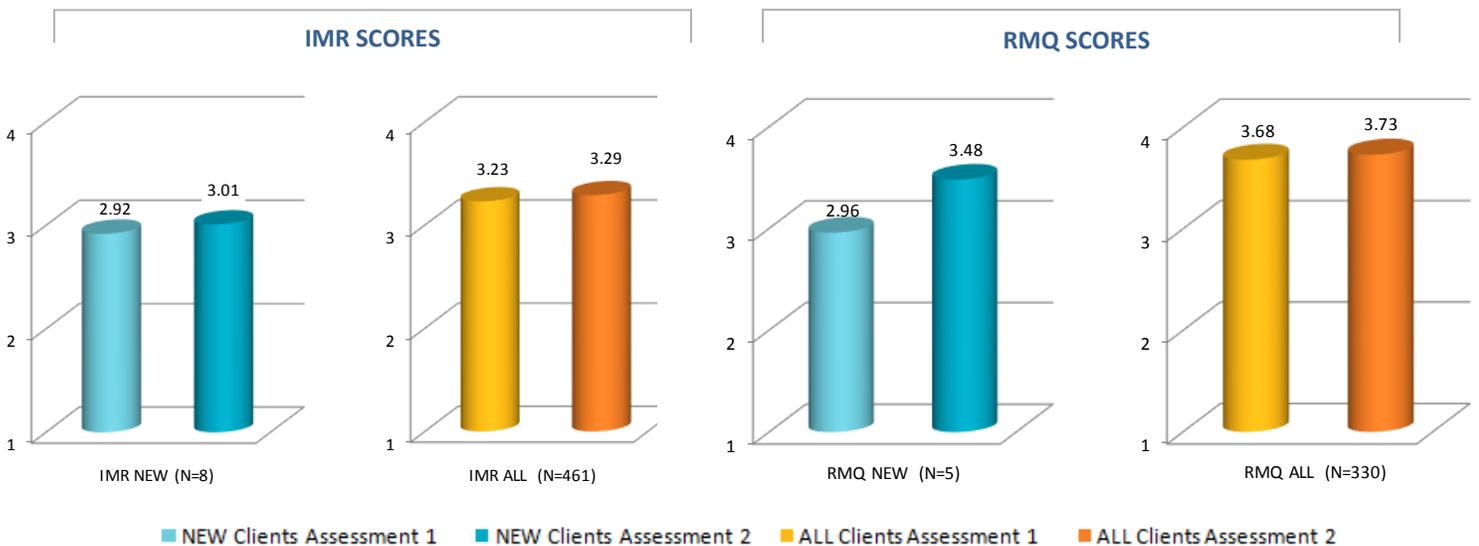
# MEASURING PROGRESS TOWARDS RECOVERY

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

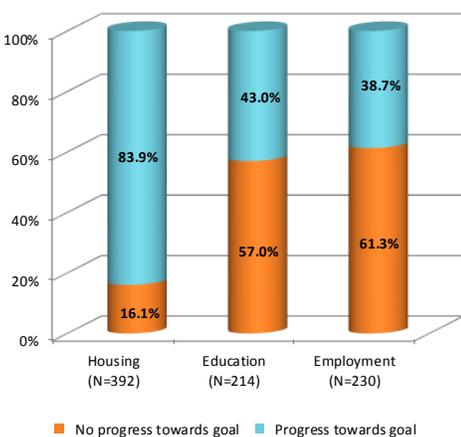
FSP ACT program clients' progress toward recovery is measured using two different instruments—the Illness Management and Recovery Scale (IMR) and the Recovery Markers Questionnaire (RMQ). Clinicians use the IMR scale to rate their clients' progress towards recovery. The IMR has 15 individually scored 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. Mean IMR and RMQ assessment 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 2015 or later, who had two IMR/RMQ assessments during FY 2015-16 (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 2015-16 (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 both NEW clients and ALL clients increased, but a greater increase was observed for NEW clients.



## 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, 83.9% demonstrated progress toward the goal, while 16.1% did not. Of those with an education goal on their treatment plan, 43.0% demonstrated progress, while 57.0% did not demonstrate progress. And of those people with an employment goal on their treatment plan, 38.7% demonstrated progress toward the goal, while 61.3% did not.

Data source for all charts on this page: HOMS FY 2015-16; Data include all HOMS entries as of 12/15/2016 for clients who received services in FSP ACT Model Programs, finished IMR/RMQ assessment 2 during FY 2015-16, and who had paired IMR/RMQ assessments within 4-8 months.

## KEY FINDINGS AND DISCUSSION

The FSP ACT teams with MHSAs housing funds have continued to make progress with the clients served in their programs. The population that the FSP ACT model primarily aims to serve are homeless persons with serious mental illness (SMI). As of 2017, 39% of the homeless population in San Diego County identified as having mental health issues (an increase from 14% in 2016).<sup>1</sup> Males make up 69% (n=1,087) of the overall homeless population. By comparison, the homeless population receiving FSP services is 58.1% male (n=917), 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 2014-15. The rate of females served decreased (41.9% compared to 43.9%). The percent of clients in FSP programs in the <18-25 and 25-59 age categories changed slightly (24.3% to 22.0% and 55.7% to 56.4%, respectively), while the proportion of clients age 60 and older served increased, from 20.0% to 21.6%. This indicates a shift toward FSP programs serving older adult clients more frequently than young adult, transition aged youth (TAY), and adult 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 (75.5% compared to 70.9%) and a decrease was observed in the proportion of clients served with Bipolar Disorders (14.8% compared to 17.8%). This trend is consistent with the shift in primary mental health diagnosis proportions between FY 2013-14 to FY 2014-15, as well. Diagnoses other than Schizophrenia/Schizoaffective, Bipolar Disorder, and Major Depression Disorders were not observed in FY 2015-16.

The basic needs assessed are housing, employment, and education. Housing trends remained the same from last fiscal year, and a homelessness rate of 1.8% 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. This was even more pronounced than the reduction seen from intake to latest assessment in FY 2014-15. Improvement was seen in the rate of those in an education setting from intake to latest assessment in a consistent trend to FY 2014-15. Nearly all clients reported having access to a PCP at the latest assessment, though this percentage was lower than FY 2014-15 (93.3% compared to 96.5%).

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 much greater than last year (38.7% vs 21.0%). Overall, placements in restrictive and acute medical settings decreased from intake to latest assessment, though not as much as the previous year. The number of clients requiring these services at latest assessment remained similar; however, the number of days utilized in FY 2015-16 increased substantially. Therefore, the rate of reduction in mean days per client was not as large as FY 2014-15. The number of days of acute medical hospital use at latest assessment remained close to the same number of days as FY 2014-15; however, the number of clients using an acute medical hospital has increased since last year, which results in a much less pronounced mean number of days per client using these services (+1.1% compared to +34.1%).

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 assessment were negligible for ALL clients. However, improvements were visible for NEW clients for IMR means from intake to latest assessment. The latest IMR mean score was quite similar to last year (3.01 compared to 3.03), while the RMQ score for NEW clients remained very close (3.48 compared to 3.47). NEW clients' self-rated progress towards outcomes on the RMQ increased from assessment 1 to assessment 2 (2.96 to 3.48), though this change was not statistically significant.

Clients with progress on housing goals and education slightly increased from last year to this year (83.9% vs 82.8% and 43.0% vs 42.6%, respectively), while employment progress toward goals decreased this year compared to last (38.7% vs 42.9%). Housing is a top priority of FSP ACT programs, so maintaining this progress is important.

Overall, most of the outcomes evaluated have shown slightly less improvement when compared to last fiscal year, though changes made from intake to latest assessment are still indicating improvement. Shifts in demographic characteristics of the population should be monitored to ensure that services and outreach are tailored to meet the needs of an aging population.



<sup>1</sup> <http://www.rtfhsd.org/wp/wp-content/uploads/2011/08/A-general-fact-sheet-final.pdf>