

**Momentum for Mental Health
Full Service Partnership-90 (FSP-90)
Program Outcomes Status Report**

Full Service Partnership-90 (FSP-90) was first proposed as a pilot program in late 2008 as an alternative service design that would provide an effective community based intervention to people currently housed in Institutions for Mental Disease (IMD) or that were residing in Emergency Psychiatric Services (EPS) or Acute Hospitals and were slated to return to the IMD because of their perceived inability to live successfully in the community. The Santa Clara County Mental Health Department made available MHSA Community Supports and Services funding to pilot this unique program design. Funding was awarded on February 14th, 2009. The first consumer was enrolled on March 7th, 2009 with the program reaching its 25 client capacity in April of 2009.

The primary objective of FSP-90 was to demonstrate that with the right types and intensity of supports, consumers could successfully maintain residency in the community and significantly reduce utilization of locked and inpatient settings.

FSP-90 Overview and Program Design

FSP-90, which works as supplement to and in partnership with the traditional outpatient service team, provides intensive support for adults (18 and up) with serious mental illness who are, directly prior to enrollment, residing in an IMD or inpatient psychiatric setting and who desire to reside in the community outside of a locked setting. The program can serve 30 eligible adults at any given time. The service duration is up to 90 days. In addition to residing in IMDs and other locked settings, consumers have histories of homelessness, substance abuse, and will have demonstrated minimal engagement with traditional outpatient mental health supports. At the end of 90 days, the traditional outpatient service provider continues to support the consumer with recovery services including the continued goal of successfully living in the community outside of a locked setting.

Outcomes

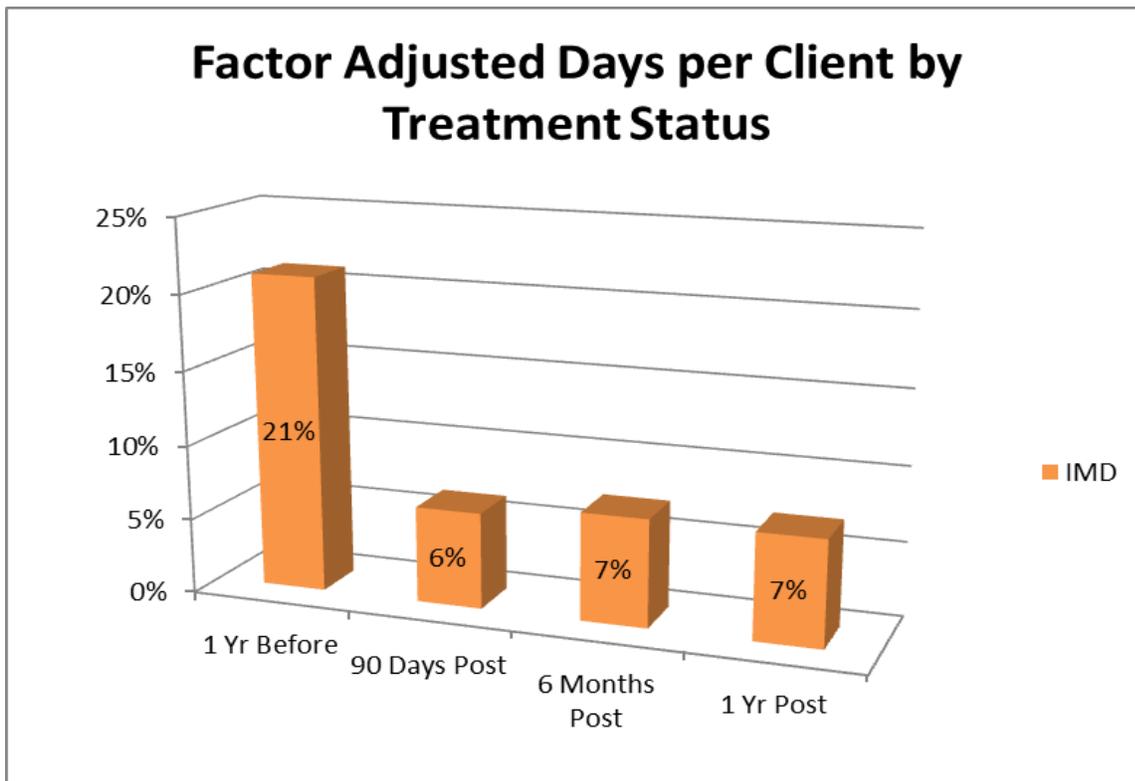
As an indicator of accomplishment of the objective of maintaining residency in the community and significantly reducing utilization of locked inpatient settings and periods of homelessness, living situation data were collected for each of 315 unduplicated clients since enrollment began in 2009 for the 12 month period prior to enrollment in FSP-90, while enrolled in FSP-90, and after enrollment in FSP-90. The data were subjected to an annualization formula that allows an “apples-to-apples” comparison of data across different time periods.

Results

The narrative and graphs below indicate days of the treatment in 3 locked settings: Institute for Mental Disease (IMD), Emergency Psychiatric Services (EPS), and Acute Psychiatric Inpatient Hospitalization. Days of homelessness were also tracked. The data for pre-enrollment, enrollment and post-enrollment statuses were “annualized” so that “days” are equal units and therefore comparable. While data for pre-enrollment, enrollment and post-enrollment were representative of a significant majority of the 315 clients, data for the 1 Year Post-Enrollment time point were available for 70% of the 315 clients. While this represents some success for a population with significant tracking challenges, from an analytical standpoint, the 1 Year Post-Enrollment data represent a limitation to this analysis.

IMD

For IMD, 12 months prior to enrollment data showed that an average of 77 of 365 days were spent in an IMD by the 315 clients, or 21% of one year. While enrolled in FSP-90, there were 0* IMD days for the 315 clients (0%). 90 days after discharge from FSP-90 there were 23 IMD days (6%), 6 months after there were 26 IMD days (7%), and 1 year post-enrollment there were 26 days or (7%).

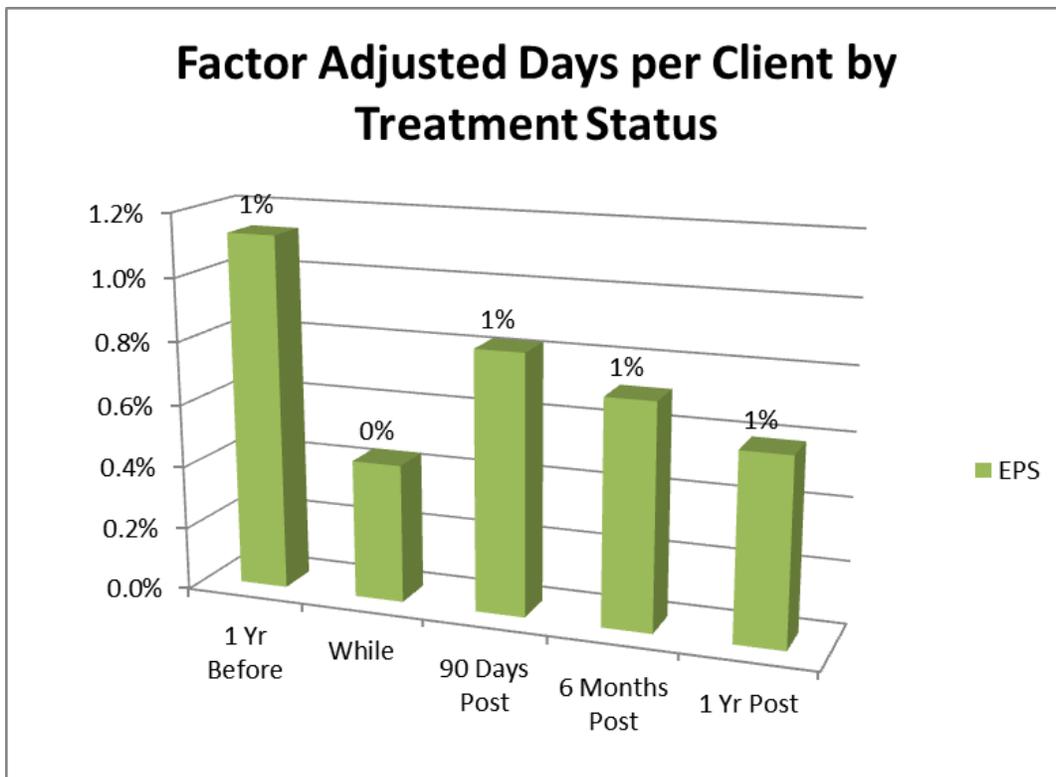


* 3 clients were readmitted to IMD simultaneous to program disenrollment.

While in FSP specific treatment the graph shows a 100% decrease in IMD stay, which is not counted as result based on the asterik above. Reductions at 90 days (69.5%), 6 months (65.8%) and 1 year (66.3%) are significant.

EPS

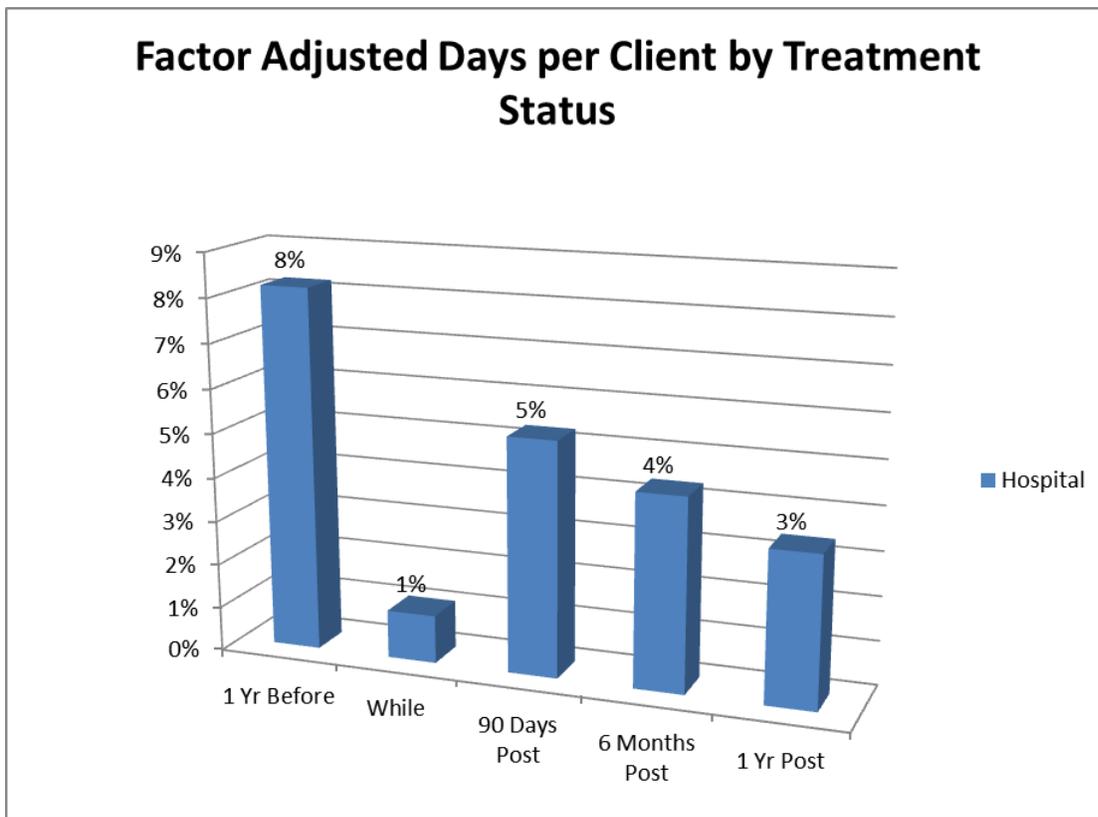
For EPS, 12 months prior to enrollment data showed that an average of 4 of 365 days were spent at EPS by the 315 clients, or 1% of one year. While enrolled in FSP-90 there were 2 EPS days for the 315 clients (.4%). 90 days after discharge from FSP-90 there were 3 EPS days (.8%), 6 months after there were 3 EPS days (.8%) and 1 year post enrollment there were 2 days (.4%).



Although consistent reduction of ER days during and post enrollment was achieved, there is not a large enough change to consider these reductions significant. It is important to note, that EPS stays represent the lowest utilized treatment modality.

Hospital

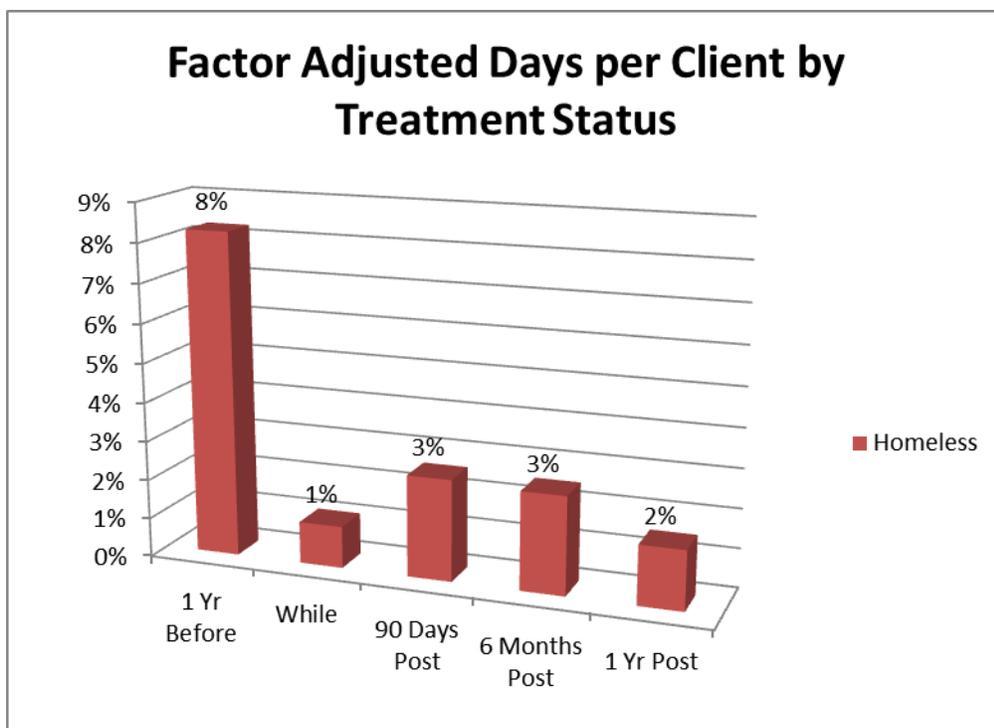
For Acute Hospital days, 12 months prior to enrollment data showed that an average of 30 of 365 days were spent in a Hospital by the 315 clients, or 8% of one year. While enrolled in FSP-90 there were 4 Hospital days for the 315 clients (1%). 90 days after discharge from FSP-90 there were 19 Hospital days (5%), 6 months after there were 16 days (4%), and 1 year post enrollment there were 11 days (3%).



Reductions in Hospitalization were noteworthy during enrollment (86.8%), at 90 days (35.5%), 6 months (46.9%) and 1 year (58.4%).

Homeless

For Homeless days, 12 months prior to enrollment data showed that an average of 30 of 365 days were reported as Homeless days for 315 clients, or 8% of one year. While enrolled in FSP-90 there were 4 Homeless days for the 315 clients (1%). 90 days after discharge from FSP-90 there were 9 Homeless days (3%), 6 months after there were 9 days (3%), and 1 year post-enrollment there were 6 days (2%).



Reductions in Homelessness were significant during enrollment (87.0%), at 90 days (68.7%), 6 months (69.6%) and 1 year (81.6%).

Cost Savings

The Savings Calculations table below is based on total days in 3 locked settings for each of pre-enrollment, enrollment and post-enrollment periods. This does not attempt to describe overall system savings, including costs of non-locked setting services during these different periods.

Savings Calculations:

	Pre-Enroll Equivalent	While Enrolled Equivalent	90 Days Post-Enroll Equivalent	6 Months Post-Enroll Equivalent	**Cost per Day		Savings While Enrolled	Savings 90 Days Post	Savings 6 Months Post	Savings While Enrolled + 6 Months Post
IMD Days	48294	24	3631	8248	\$192	*	\$1,145,215.81	\$797,661.36	\$1,531,926.44	\$2,677,142.25
EPS Days	2586	249	466	817	\$1593.84	*	\$37,472.03	\$16,496.62	\$45,845.10	\$83,317.13
Acute Hospital Days	18832	614	2997	4993	\$2,104	*	\$388,311.46	\$158,702.79	\$426,140.67	\$814,452.13
TOTAL	69712	886.81529	7093.5577	14057.816			\$1,570,999.30	\$972,860.77	\$2,003,912.21	\$3,574,911.51

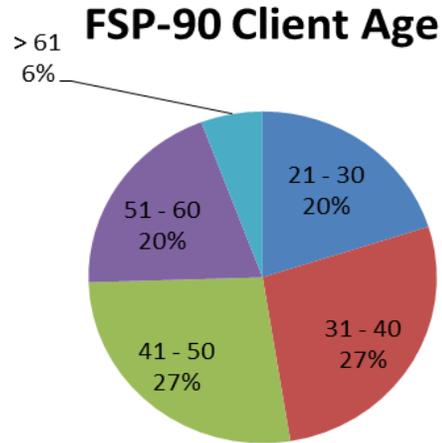
*Bed only, excludes all other costs

** Santa Clara County Department of Mental Health 2013 Estimated Rates

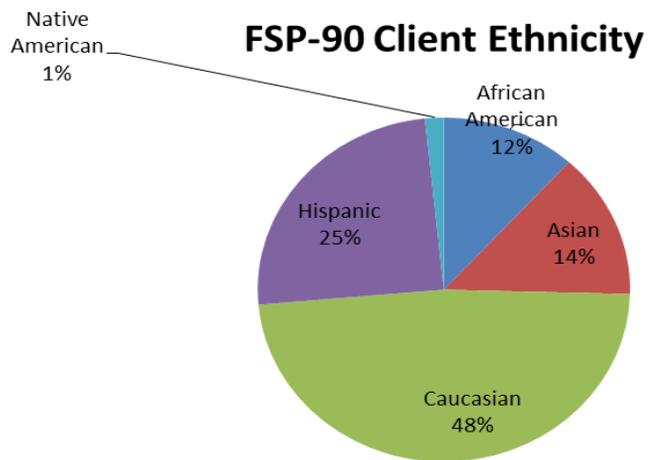
These are estimates based on projections of data if N=315 at completion.

FSP-90 Client Demographics:

Age	# of clients
21 - 30	63
31 - 40	86
41 - 50	85
51 - 60	62
> 61	18



Ethnicity	# of Clients
African American	36
Asian	42
Caucasian	148
Hispanic	76
Native American	5
Other	6



Gender	# of clients
Male	202
Female	113

FSP-90 Client Gender

