Full Service Partnership
The First Decade

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WELLNESS • RECOVERY • RESILIENCE

Current FSP Service Array

- Outreach and engagement

- Ability to respond when and where needed

- Array of mental health services and targeted case management and linkage

- Medication services

- Benefits establishment

- Integrated services for clients with co-occurring substance use and mental health conditions

- Housing assistance

- Peer support services

- 24/7 crisis availability

- Linkage to medical care

FSP Requirements

- Timeliness standards:
  - Outreach contact within 72 hours of referrals
  - Outreach contact made to hospitals, emergency departments, urgent care centers or other institutional settings within 24 hours.
  - 24/7 crisis response capacity using someone known to the client and ability to initiate an involuntary hold.
  - For TAY, Adult and Older Adult programs:
    - Staff to client ratio not to exceed 1:15
    - Child FSP, Assisted Outpatient Treatment programs: 1:10

- At least 10% of staff must either be peers with lived experience and/or parent/family advocates.

What Have We Learned?

- Whatever it Takes
  - Individualized treatment plans and interventions
  - Recovery an expectation

- Team-based care and daily team meetings

- Engagement
  - Outreach and engagement as a "dance"
  - Characteristics of staff that best do this work
  - The role of local communities in outreach and engagement
  - Utilizing culturally relevant strategies: the role of non-traditional activities
  - Patience and respectful persistence

- Access to immediate resources
  - Optimal use of Client Support Services funds

What Have We Learned?

- Peer support

- Self-management/coordination skill development
  - Shared decision-making approaches
  - Wellness Recovery Action Plans (WRAP)

- Proactive approach to crisis management
  - Utilizing WRAP plans
  - Role of peers in crisis management and response
  - Identifying those clients likely to need support

What Have We Learned?

- Using the Determinants of Care makes a difference

  Does the client...
  - ...require staff support to manage his/her own financial resources?
  - ...require staff support to coordinate his/her own transportation needs?
  - ...require staff assistance with 2 or more ADLs?
  - ...require at least once per week contact with staff to coordinate his/her care?
  - ...require staff support to manage his/her medication?
  - ...require staff to manage community relations and minimize disruptive behaviors?
  - ...show less than 6 months stability at his/her current level of recovery?
  - ...require CSS (Flex) funds to meet basic needs (housing and food)?

FSP Outcomes Analysis

Adult Clients Disenrolled From FSP Due to Meeting Goals:

- **Countywide: 36%**
  - **SA 1:** 43%   **SA2:** 36%   **SA3:** 42%   **SA4:** 28%
  - **SA5:** 31%   **SA6:** 43%   **SA7:** 44%   **SA8:** 33%
  - **Countywide FSP:** 27%   **AOT:** 64%   **IMHT:** 25%

Clients currently living independently:

- **Countywide: 24%**
  - **SA1:** 58%   **SA2:** 15%   **SA3:** 19%   **SA4:** 31%
  - **SA5:** 25%   **SA6:** 20%   **SA7:** 15%   **SA8:** 27%
  - **Countywide FSP:** 21%   **AOT:** 2%   **IMHT:** 59%

FSP Outcomes Analysis

Clients Currently Homeless:

- **Countywide: 20%**
  - **SA1:** 13%   **SA2:** 19%   **SA3:** 14%   **SA4:** 11%
  - **SA5:** 26%   **SA6:** 26%   **SA7:** 16%   **SA8:** 20%
  - **Countywide FSP:** 9%   **AOT:** 17%   **IMHT:** 24%

Clients Currently Employed:

- **Countywide: 7%**
  - **SA1:** 11%   **SA2:** 6%   **SA3:** 6%   **SA4:** 4%
  - **SA5:** 6%   **SA6:** 5%   **SA7:** 7%   **SA8:** 10%
  - **Countywide FSP:** 4%   **AOT:** 5%   **IMHT:** 2%

FSP Living Arrangement Outcomes - Adult

Adult FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail and More Days Living Independently Post-Partnership
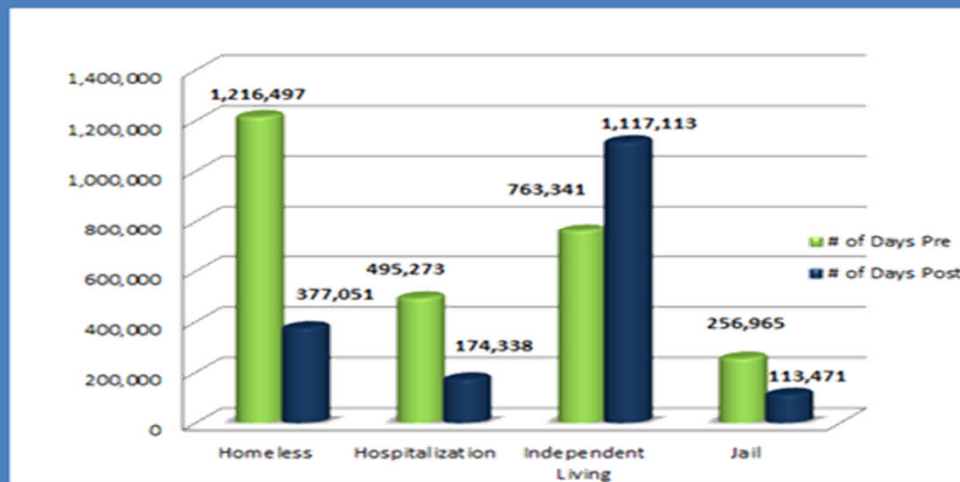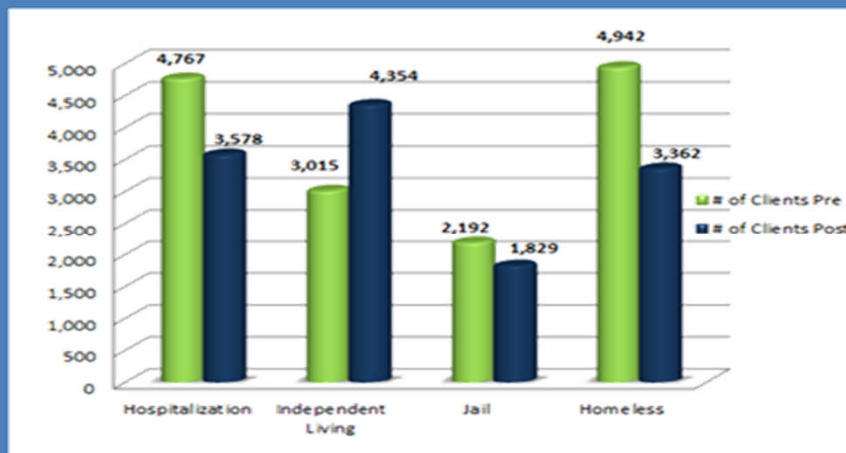
- ⇒ 69% reduction in days homeless post-partnership
- ⇒ 65% reduction in days hospitalized post-partnership
- ⇒ 56% reduction in days in jail post-partnership
- ⇒ 46% increase in the number of days living independently

Number of Baselines Included: 12,527
Number of Clients Included: 11,970

Data for clients served through June 30, 2016.

FSP Living Arrangement Outcomes - Adult

Fewer Adult FSP Clients Were Homeless, Hospitalized and in Jail and More Clients Lived Independently Post-Partnership

Chart data (# of Clients Pre / # of Clients Post):
- Hospitalization: 4,767 / 3,578
- Independent Living: 3,015 / 4,354
- Jail: 2,192 / 1,829
- Homeless: 4,942 / 3,362
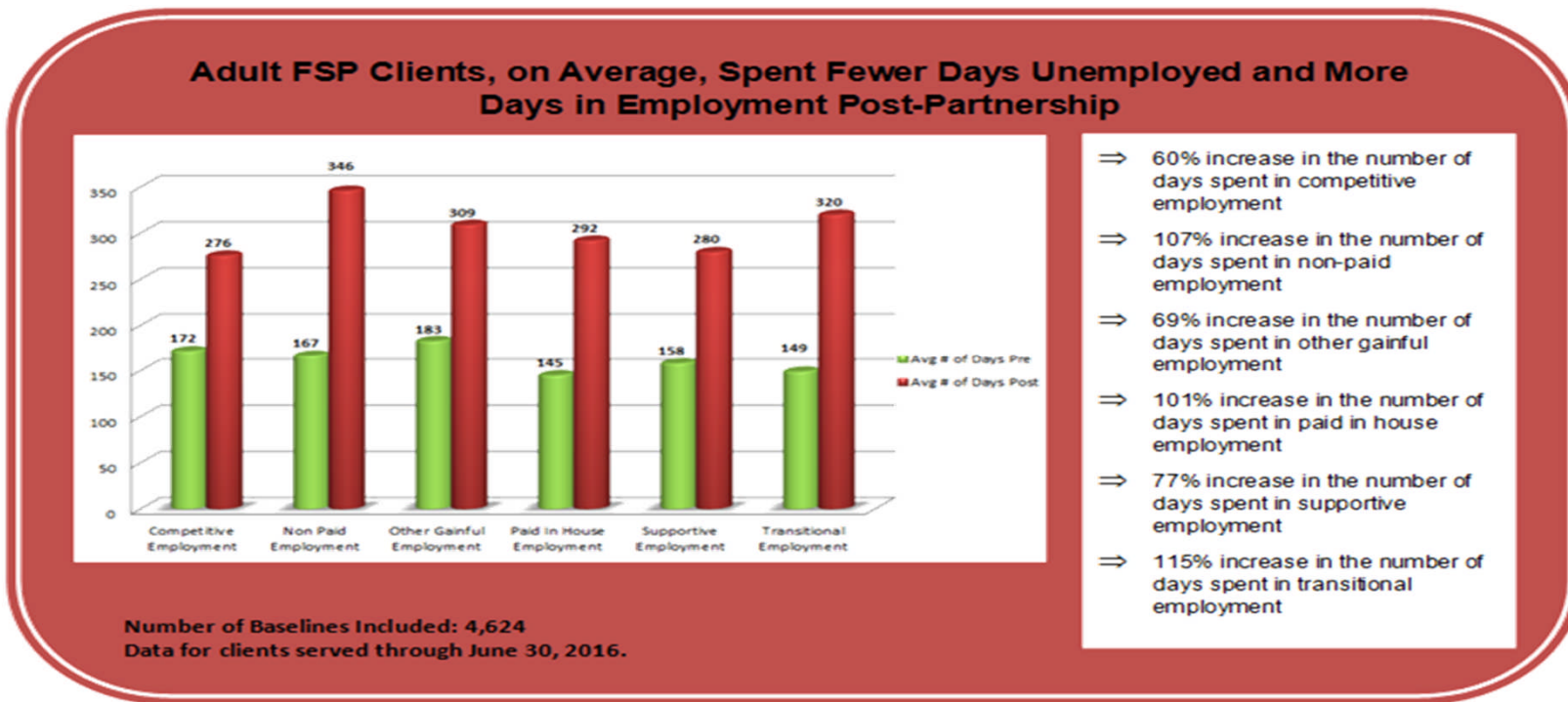
⇒ 32% reduction in the number of clients homeless post-partnership

⇒ 25% reduction in the number of clients hospitalized post-partnership

⇒ 17% reduction in the number of clients in jail post-partnership

⇒ 44% increase in the number of clients living independently

Number of Baselines Included: 12,527
**Number of Clients Included: 11,970**

Data for clients served through June 30, 2016.

FSP Employment Outcomes - Adult

Adult FSP Clients, on Average, Spent Fewer Days Unemployed and More Days in Employment Post-Partnership

⇒ 60% increase in the number of days spent in competitive employment

⇒ 107% increase in the number of days spent in non-paid employment

⇒ 69% increase in the number of days spent in other gainful employment

⇒ 101% increase in the number of days spent in paid in house employment

⇒ 77% increase in the number of days spent in supportive employment

⇒ 115% increase in the number of days spent in transitional employment

Number of Baselines Included: 4,624
Data for clients served through June 30, 2016.

Clients can participate in more than one employment category at a time.

FSP Disenrollment

**Percentage of FSP Disenrollments with Met Goals
by Age Group**
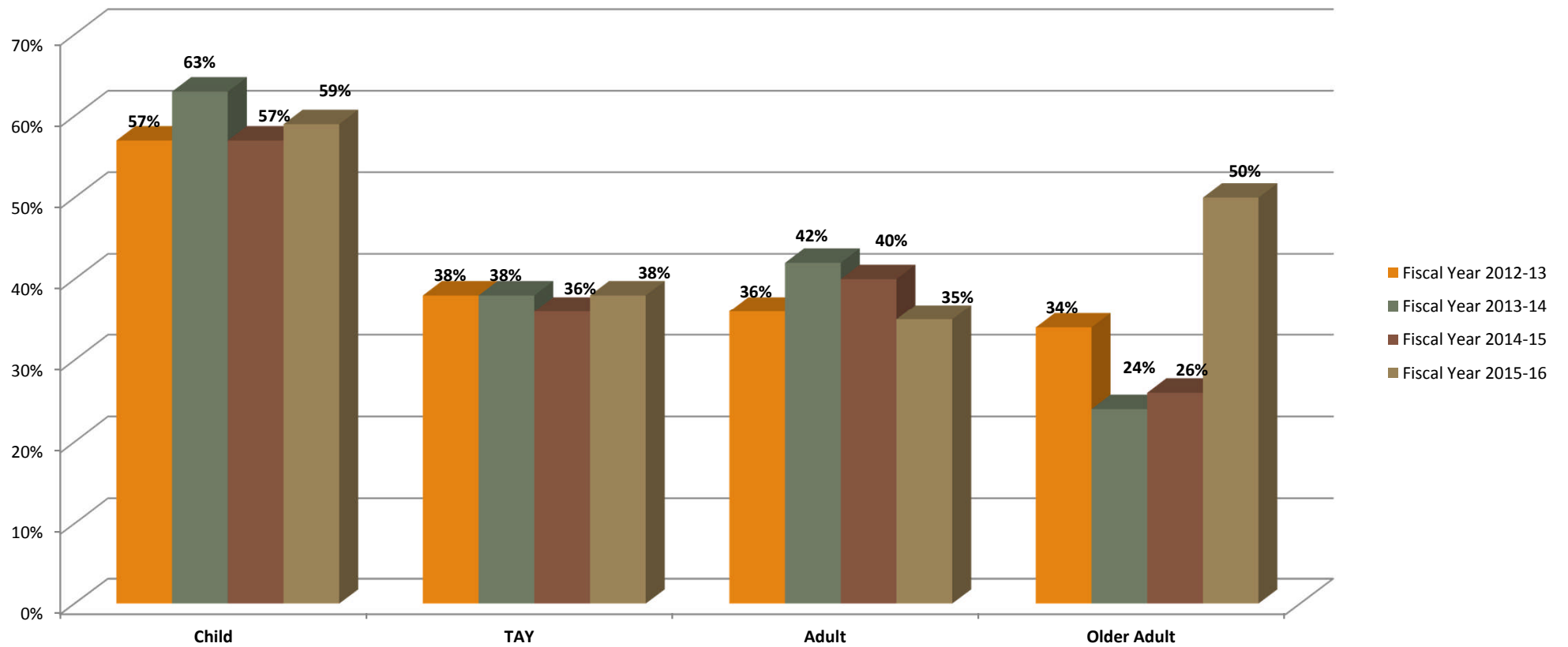
Metrics to Measure the Impact of Adult FSP Services

- Capacity by Service Area vs. Vacancies

- Tenure
  - Mediating variables: the level of impairment upon enrollment, access to housing and other resources, capacity to transition client to lower level of service.

- Percent of clients disenrolled because they met their goals

- Current housing and employment status
  - Mediating variable: time in program

- Percentage of time services are provided in the field

- Year prior to enrollment vs. post enrollment changes in the number of clients and the number of days psychiatrically hospitalized, incarcerated, homeless, living independently, employed at various levels

Improving FSP Quality and Outcomes

- Reviewing data to determine best practices and promoting those practices/approaches

- Re-evaluating FSP service approach and service array
  - By focal population

- Establishing Fidelity: FSP Practices Scale

- Establishing and managing to outcome benchmarks