

# Mental Health Service Act Full Service Partnership Program Annual Report - Fiscal Year 2009-2010



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## **Executive Summary**

Under the Mental Health Services Act (MHSA) Full Service Partnership (FSP) programs have been providing services in Sacramento County since 2007. FSP programs are designed to provide a full array of services in a “do whatever it takes” model to assist consumers of mental health services in moving towards their recovery goals. These services range from traditional mental health services such as medication management, case management and crisis services to more non-traditional mental health services such as housing subsidies, food and alternative healing practices.

The California State Department of Mental Health (DMH) established a Performance Measurement Advisory Committee to develop outcome measures for FSP programs. All FSP programs funded under the MHSA in the State of California are required to utilize and collect data on a standard set of outcome assessment forms. There are 3 outcome assessment forms: The Partnership Assessment form (PAF) that collects baseline and current data when the client first enters FSP services, the Quarterly assessment form (3M) that updates the data from the PAF and is done every 3 months for each client as long as they are receiving FSP services, and the Key Event Tracking form (KET) that is done each time a key event (i.e. crisis visit, arrest, incarceration, hospitalization...) occurs. The data collected and reported on these forms is largely self report.

Self report data (such as the data obtained on the FSP outcome assessment forms) is limited in that providers can only collect and submit information that is reported to them and/or that they receive knowledge of. This may or may not present a full and accurate picture of the partner. Additionally, only data that is submitted and entered into the FSP assessment database can be used for analysis. Because of the limitations on self report data it must be recognized that some data elements may be under-reported. Data analyzed and presented in this report was obtained from data reported on the FSP outcome assessment forms as well as data obtained from the Sacramento County client data tracking system, AVATAR.

It is important to note that during this reporting period, the Sacramento County Mental Health Treatment Center closed its crisis unit and decreased the number of inpatient beds in FY09-10. While the precise impacts of this closure and reduction in inpatient beds is not known, we can speculate that it may have affected the inpatient hospitalization data as well as other outcome data presented in this report.

There are six FSP programs in Sacramento County. Three of the FSPs were just starting up, training staff and transitioning clients into services in Fiscal Year Y09-10.

This report first examines the activity of the individual FSP programs in Fiscal Year 09-10, looking at demographics of the population served, utilization/service hours, and numbers of reported occurrences in outcome areas such as inpatient hospitalizations, incarcerations, arrests, homelessness, emergency room visits, and primary care physician. The report then addresses changes over time for partners served in FSP programs and examines the progress that partners have made in outcome areas such as homelessness, incarceration, inpatient hospitalization, emergency room visits and employment.

### **Fiscal Year 2009-2010**

During the FY 09-10, the adult system was in the process of developing and transforming services to expand MHSA principles and values to a broader range of delivered programs and services. Thus three new FSP programs were added with a focus on serving adult consumers. The addition of these programs allowed Sacramento County to serve up to 1315 clients (at any one time) in the 6 FSP programs. There were 1523 unduplicated clients served in FY09-10 with 934 of those being new admits to FSP services during the year.

#### **Demographics**

While the majority of clients served in FSP programs were adults (68%), FSP programs also served children ages 0-15 (8%), transitional age youth (TAY) ages 16-25 (9%), and older adults ages 60 and older (17%). The gender of

clients served was equally distributed. FSP programs served clients from diverse cultures with 56% of the clients reporting a race other than White and 16% speaking a language other than English. There were 9% of clients that reported to be of Hispanic origin. Most adults receiving services were diagnosed with Psychosis/Schizophrenia, Depressive and Bipolar/Mood disorders whereas children/youth tended to have diagnoses of Adjustment, Attention Deficit Hyper Activity, Conduct/Disruptive and Depressive disorders

#### Utilization

The median number of annual service hours per client varied across FSP programs from 38 hours per client to 83 hours per client. The overall median number of annual service hours per client was 60; however, when looked at by age group, TAY received the greatest number of annual services (75 hours) and adults received the least (58 hours).

#### Inpatient Admits

Out of 1523 unduplicated clients served, 10% had an inpatient admit (for adults this includes admits only to the Sacramento County Mental Health Treatment Center inpatient unit and for children admits to 3 privately contracted psychiatric hospitals). During the fiscal year there were a total of 262 inpatient admits resulting in a total of 4655 inpatient bed days.

#### Incarceration

Approximately 4% (57 out of 1523) of all clients were reported to be incarcerated resulting in 79 different incarcerations, a total of 2675 incarceration days and an average number of incarceration days per incarceration of 34. Over 2/3'rds of the reported incarcerations were African American or White.

#### Homelessness

Overall homelessness numbers were small. Three percent (39 out of 1523) of all clients became homeless resulting in 53 homeless occurrences, 3991 homeless days and an average number of homeless days per occurrence of 75. Just over half of those that became homeless were White and 25% were African American.

#### Emergency Room Visits

There were 276 reported ER visits due to mental health reasons and 265 reported ER visits due to physical health reasons.

#### Primary Care Physician

Overall 87% of the partners served in FSP programs report having a primary care physician.

### **Comparison of Data over Time**

The question as to whether clients are doing better as a result of receiving FSP services is examined in this section of the report. Data regarding how the client was doing before entering FSP services (baseline) is compared to how the client did after receiving FSP services. While there are still reports of negative outcomes, overall across all outcome areas examined clients are doing significantly better after receiving FSP services than they did when they were not receiving FSP services. Additionally, in many areas clients maintain their improvement and continue to improve the longer they receive FSP services.

#### Homelessness

After receiving FSP services for one year the number of days that clients spent homeless decreased by 94% from 42,165 days prior to FSP services to 2464 days after 1 year of FSP services.

#### Incarceration

Prior to receiving FSP services clients had 8245 days of incarceration and after one year of FSP services incarceration days for these same clients decreased to 4426, a 46% drop. For clients that received services 2 years or more, the number of incarcerations continued to drop each year of service. Although some clients were incarcerated for a longer period of time (slight increase in incarceration days from year 1 to year 2 and 3), the number of days of incarceration in year 3 of the program was still a 64% drop from the days of incarceration at baseline.

#### Inpatient Hospitalization

Both the number of hospitalizations and the number of hospital days decreased from baseline to one year after receiving FSP services. The number of inpatient hospitalization days at baseline was 14,790 compared to 7657

after 1 year of services, representing a 48% decrease. For clients in services 2 or more years the number and days of hospitalizations continued to drop as they continued to receive FSP services. Clients went from 70 admits at baseline to only 9 admits after 3 years of FSP services and from 1078 inpatient bed days at baseline to only 100 bed days after 3 years of FSP services.

#### Emergency Room Visits

ER visits due to mental health reasons dropped 58% from baseline to after receiving 1 year of FSP services (from 949 to 402) and ER visits due to physical health reasons dropped 64% from baseline to after receiving 1 year of FSP services (from 1119 to 403).

#### Employment

A small percentage (7.5%, 112) of FSP clients 18 years and older were employed at the time they entered FSP services. While 111 of those clients have maintained their employment while receiving FSP services, an additional 39 clients have become employed between June 2007 and June 2010.

There were 338 clients 18 years and older that reported employment as a goal on admission to FSP services, at the end of one year 19% of these clients were employed.

One of the key goals of the MHSA and FSP programs is to decrease the long-term impact resulting from untreated serious mental illness. While clients receiving FSP services continue to be incarcerated, arrested, hospitalized, become homeless and have emergency room visits, the data clearly show that the incidence of these negative outcomes has decreased after receiving FSP services. FSP programs in Sacramento County are helping the clients they serve and are contributing to their wellness and recovery.

While much of the data in this report is self-report and there is some caution needed when analyzing self-report data, the data provides valuable information for program evaluation and improvement. Examining the interventions being used at FSP programs that have more success in some areas, such as those listed above, may assist other programs in improving the outcomes in those areas. FSP programs can learn from each other and share that knowledge to improve client outcomes.

## **Background**

In November 2004 the voters of California approved Proposition 63, known as the Mental Health Service Act (MHSA). The MHSA imposes a 1% tax on adjusted gross incomes over \$1 million. The MHSA became law in January 2005 with the intent to restructure California's public mental health system. There are six (6) components to the MHSA, one of which is the Community Services and Supports (CSS) components that provides funding for direct services to persons living with a serious mental illness. Within the CSS component is the requirement to use at least 51% of the funding dollars to develop and implement Full Service Partnership (FSP) Programs. FSP programs are intended to provide a broad spectrum of services to assist clients in moving towards recovery. FSP programs were intended to encompass a "do whatever it takes" service system with services ranging from traditional mental health services such as medication management, crisis services to more non-traditional mental health services such as housing subsidies, food and alternative healing practices. FSP programs are expected to be collaboration between client and provider to ensure the provision of services that assist the client in achieving their goals.

The California State Department of Mental Health (DMH) established a Performance Measurement Advisory Committee to develop outcome measures for FSP programs. All FSP programs funded under the MHSA in the State of California are required to utilize and collect data on a standard set of outcome assessment forms. These forms are the Partnership Assessment Form, the Quarterly Assessment Form and the Key Event Tracking Form and are discussed later in this report. With the adoption of the FSP assessment forms came the use of the word "partner" to describe clients that received services from FSP programs, thus "partner" will be used from here on out in reference to clients served in our FSP programs.

The FSP Assessment forms rely largely on self report data. Self report data is limited in that FSP providers can only collect and submit information that is reported to them and/or that they receive knowledge of. This may or may not present a full and accurate picture of the partner. Additionally, only data that is submitted and entered into the FSP assessment database can be used for analysis. Because of the limitations on self report data it must be recognized that some data elements may be under-reported.

After an extensive community planning process, Sacramento County submitted its CSS plan in February 2006 and received plan approval on June 1, 2006. The initial CSS plan included 3 FSP Work Plans. From these 3 Work Plans, three FSP programs were implemented: 1) Permanent Supportive Housing Program (Pathways to Success after Homelessness), 2) Older Adult Intensive Services (Sierra Elder Wellness Program), and 3) Transcultural Wellness Center (TWC). As previously mentioned, during the FY 09-10, the adult system was in the process of developing and transforming services to expand MHSA principles and values to a broader range of delivered programs and services and in June 2009 Sacramento County submitted a MHSA Plan amendment to the Department of Mental Health (DMH) to expand FSP supportive housing services and add an additional FSP Work Plan. The plan amendment was approved and as a result, 3 new FSP programs were implemented: 1) Expansion of Permanent Supportive Housing Program (New Direction), 2) Adult Full Service Partnership Work Plan (Adult Full Service Partnership-Turning Point ISA) 3) Adult Full Service Partnership Work Plan (Sacramento Outreach Adult Recovery Center -SOAR).

The expansion of supportive housing services and addition of a FSP work plan increased the capacity of FSP's in Sacramento County by 760. In FY09-10 and currently, FSP programs have the capacity to serve up to 1315 partners at any one time and as will be shown later in this report, in FY09-10 FSP programs served an unduplicated 1523 partners.

A brief description of each FSP program in Sacramento County is provided on the following page.

**Work Plan:** Sac2, **Capacity:** Serve up 145 partners at any one time

**Program:** Sierra Elder Wellness Center (Sierra), El Hogar Community Services, Inc

**Start Date:** March 2007

**Ages Served:** Transitional Age Adults & Older Adults,

Sierra provides specialized geriatric psychiatric support, multidisciplinary mental health assessments, treatment, and intensive case management services for older adults (55 and older) who have multiple co-occurring mental health, physical health, and/or substance abuse and social services needs that require intensive case management services

**Work Plan:** Sac4, **Capacity:** Serve up to 670 partners at any one time

**Program 1:** PSH-Pathways to Success After Homelessness (Pathways), Turning Point Community Programs

**Start Date:** March 2007

**Ages Served:** All ages

Pathways provides permanent supportive housing and FSP level of mental health services and supports for partners of any age. The target population is partners that are at risk of homelessness or are homeless. Pathways assists partners in finding safe, affordable housing and addressing mental health as well as non-mental health concerns and issues that the partner identifies as areas of need.

**Program 2:** PSH-New Direction (New D), Transitional Living and Community Support

**Start Date:** July 2009

**Ages Served:** All ages

New Direction provides short-term housing, focuses on rapid access to permanent housing within 3 to 4 weeks and provides FSP level of services for moderate level service needs. Longer-term temporary housing is available for individuals awaiting MHSA-financed housing developments to come on line. Temporary housing is essential to maintaining homeless status so that individuals remain eligible for units developed with supportive housing funds from various sources.

**Work Plan:** Sac5, **Capacity:** Serve up to 200 partners at any one time

**Program:** Transcultural Wellness Center (WRC), Asian Pacific Community Counseling Center (APCC)

**Start Date:** March 2007

**Ages Served:** All ages

TWC provides a full range of services with interventions and treatment that take into account cultural and religious beliefs and values; traditional and natural healing practices; and ceremonies recognized by the API communities. Services, including psychiatric services are provided in the home, local community and school with an emphasis on blending with the existing cultural and traditional resources so as to reduce stigma. Staff assignments are made taking into consideration the gender and specific cultural and linguistic needs of the client.

**Work Plan:** Sac7, **Capacity:** Serve up to 300 partners at any one time

**Program 1:** Integrated Services Agency (ISA), Turning Point Community Programs

**Start Date:** July 2009

**Ages Served:** TAY, Adults, Older Adults

**Program 2:** Sacramento Outreach Adult Recovery Center -SOAR, Telecare

**Start Date:** November 2009

**Ages Served:** TAY, Adults, Older Adults

ISA and SOAR provide a continuum of integrated, culturally competent services that include case management, benefits acquisition, crisis response, intervention and stabilization (including a 24/7 response), medication evaluation and support, and effective ongoing specialty mental health services. It includes FSP support services such as housing, employment, education and transportation. The program assists clients to transition into the community from high-cost restrictive placements such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, or other secured settings. In addition, family members and/or caregivers are engaged at the initiation of services as much as possible and offered support services such as education, consultation and intervention as a crucial element of the client's recovery process.

This report is broken into 2 major sections, 1) Fiscal Year 09-10 Data and 2) Comparison of FSP data over time.

“Fiscal Year 09-10 Data” presents demographic information, utilization, inpatient hospitalization, incarceration, arrest, homeless, emergency room visit and primary care physician data for partners served in FSP programs in Sacramento County between 7/1/09 and 6/30/10 (FY09-10).

The “Comparison of FSP Data over Time” section attempts to answer the question “Are FSP programs assisting partners in their recovery process by decreasing the negative consequences of untreated mental health?” The section analyzes partner activity over time to determine if there has been improvement in identified outcome areas from prior to receiving FSP services (baseline) to after receiving FSP services. Outcome areas examined include reasons for discharge from FSP, inpatient psychiatric hospitalizations, incarcerations, homelessness, emergency room visits, and employment.

As with all data there are limitations as well as factors that may have an effect on the data as well as the analysis of that data. Self report data (such as the data obtained on the FSP outcome assessment forms) is limited in that providers can only collect and submit information that is reported to them and/or that they receive knowledge of. This may or may not present a full and accurate picture of the client. Additionally, only data that is submitted and entered into the FSP assessment database can be used for analysis. Because of the limitations on self report data it must be recognized that some data elements may be under-reported. Other factors that may have an effect on the data presented in this report are the changes that Sacramento County was experiencing in FY09-10 due to budget concerns and program planning. The Sacramento County Mental Health Treatment Center closed its crisis unit and decreased the number of inpatient beds in FY09-10. While the precise impacts of this closure and reduction in inpatient beds is not known, we can speculate that it may have affected the inpatient hospitalization data as well as other outcome data presented in this report. The start up of three new FSPs in FY09-10 must also be considered as the programs were starting up, training staff and transitioning clients into services.

While the data presented in this report represent a true account of the data collected, limitations and other factors affecting the data must be taken into account when interpreting the meaning of the data.

### **FISCAL YEAR 09-10 DATA**

Due to the unique nature of each FSP program and the partners they serve it is not the intent of this section of the report to compare programs to one another as much as to present data on the demographics of partners served in FSP programs, outcome elements collected on the FSP assessment forms, and to share what is happening within each program and FSP programs as a whole.

Figure 1 provides a summary of partners served, admitted and discharged by program in FY09-10 based on data entered into Avatar, Sacramento County’s data tracking system. Some partners transferred between FSPs during the year. These transfers are included in the admits and discharge (DC) columns of the table. (The number of unduplicated partners served in all FSP programs during the year was 1523.) Because partners were served in more than one FSP program, the total “N” of 1627 is a duplicated number. Data presented in this section will show a total of 1627 duplicated partners when data is presented by or within individual FSP programs. Unduplicated numbers (1523) will be used when data is presented on FSP programs as a whole.

Out of the 1033 total admits, 90% (934) were new FSP admits and approximately 10% were admits due to transfers among the FSP programs.

Figure 1

Program	09-10 Served		09-10 Admits		09-10 Discharged	
	N	%	N	%	N	%
TWC	309	19%	100	10%	77	18%
Sierra	184	11%	28	3%	40	9%
SOAR	117	7%	117	11%	3	1%
New Direction	357	22%	357	35%	76	17%
ISA	327	20%	327	32%	197	45%
Pathways	333	20%	104	10%	45	10%
Total	1627	100%	1033	100%	438	100%

**DEMOGRAPHICS**

Demographic characteristics of the partners served in the FSP programs in FY09-10 are presented on the following pages. Data for this section was obtained from Avatar, Sacramento County’s data tracking system.

**AGE**

Figure 2 illustrates the distribution of age categories across the FSP programs indicating where the different age groups are being served in the FSP programs.

- TWC and Pathways are the only 2 FSP programs serving children ages 0 to 15. The majority of children are served at TWC (72%).
- The majority of TAY (ages 16-25) are served at TWC (37%) and Pathways (32%). TAY represented in SOAR, New Direction and ISA percentages are 18-25 as these programs serve only partners that are 18 years and older.
- As would be expected, over 50% of older adults (60+) are served at Sierra which has a target population of older adults.

Figure 2

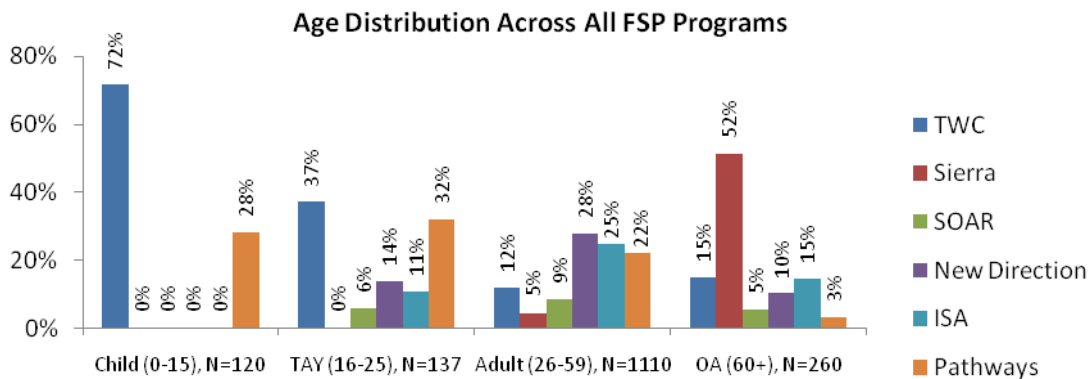
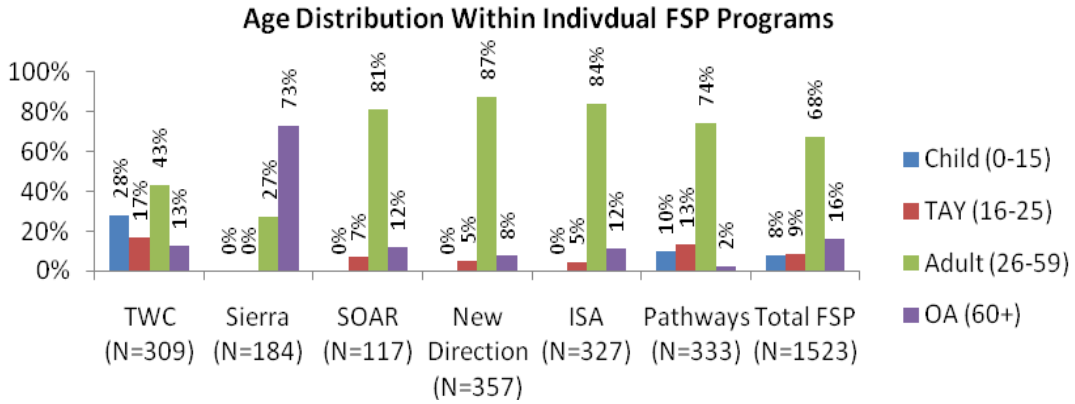


Figure 3 illustrates the distribution of age categories within each FSP program as well as all FSP programs combined (Total FSP).

- TWC represents the largest diversity in age categories of partner’s served
- Sierra serves almost ¾ older adults and ¼ adults in their program
- SOAR, New Direction, and ISA serve mostly adults
- Pathways serves nearly ¾ adults (2% of those older adults), with the remaining ¼ being split between Children and TAY.
- Overall FSP programs serve 68% adults, 17% older adults, 9% TAY and 8% children/youth



Figure3



**GENDER**

As seen in Figure 4, gender in all FSP programs combined (“Total FSP”) is equally distributed with a slightly higher percent of females (51%) served than males (49%).

- TWC and Sierra have a larger gap between male and females than the other FSP programs and served more females in FY 09-10
- New Direction and ISA on the other hand served more males than females in FY09-10

Figure 4

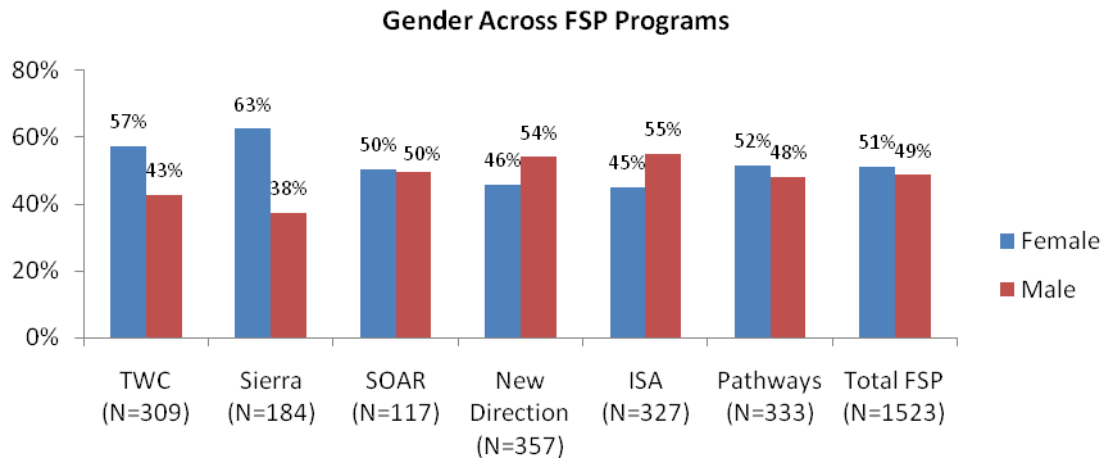


Figure 5 illustrates the percent of partners in the FSP programs by gender and age category. The category that represents the highest percent of all served in each program is highlighted in the table and listed below:

- 28% of all served at TWC and 39% of all served at Pathways were adult females
- 46% of all served at Sierra were older adult females
- 42% of all served at SOAR, 46% of all served at New Directions and 48% of all served at ISA were adult males

Figure 5

Gender By Age By Program									
Program	Gender	Child		TAY		Adult		Older Adult	
		N	%	N	%	N	%	N	%
TWC (N=309)	Female	31	10%	27	9%	88	28%	31	10%
	Male	55	18%	24	8%	45	15%	8	3%
Sierra (N=184)	Female	NA				31	17%	84	46%
	Male	NA				19	10%	50	27%
SOAR (N=117)	Female	NA		1	1%	46	39%	12	10%
	Male	NA		7	6%	49	42%	2	2%
New Direction (N=357)	Female	NA		7	2%	146	41%	11	3%
	Male	NA		12	3%	165	46%	16	4%
ISA (N=327)	Female	NA		4	1%	116	35%	27	8%
	Male	NA		11	3%	158	48%	11	3%
Pathways (N=333)	Female	17	5%	19	6%	131	39%	5	2%
	Male	17	5%	25	8%	115	35%	3	1%
Total All FSPs (N=1523)	Female	48	3%	57	4%	519	34%	158	10%
	Male	72	5%	73	5%	510	33%	86	6%

**RACE/ETHNICITY**

Race and ethnicity are collected separately in Sacramento County per the direction of the State Department of Mental Health (DMH). Partners are asked to answer a question about Hispanic ethnicity and also about race. They are different questions and one is not inclusive of the other. For ease of reporting, Hispanic ethnicity is presented in tables and charts alongside race but does not factor into the percentages totaling 100% in the race category. For example a partner may report being Hispanic ethnicity and report their race as White. This partner would be included in both the Hispanic category and the White category in the charts and tables in this report.

Figure 6 illustrates race and ethnicity across all FSP programs.

- The majority of African Americans (78%) were served at New Direction (27%), ISA (23%) and Pathways (28%)
- TWC served 82% of the Asians and 70% of the Pacific Islanders served in FSP programs
- ISA and Pathways served a higher percent of partners of Hispanic ethnicity than the other programs

Figure 6

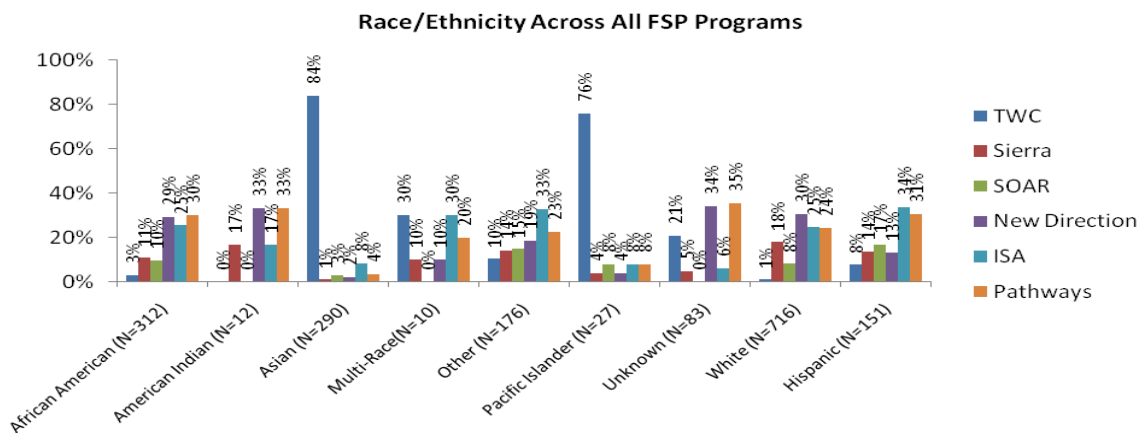


Figure 7 provides details on the “N” and percents for each category represented in the above chart.

Figure 7

Detail of Race/Ethnicity Across All FSP Programs																		
	African American (N=312)		American Indian (N=12)		Asian (N=290)		Multi-Race (N=10)		Other (N=176)		Pacific Islander (N=27)		Unknown (N=83)		White (N=716)		Hispanic Ethnicity* (N=151)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
TWC	9	3%	0	0%	238	82%	3	30%	16	9%	19	70%	17	20%	7	1%	10	7%
Sierra	31	10%	2	17%	3	1%	1	10%	22	13%	1	4%	4	5%	120	17%	18	12%
SOAR	28	9%	0	0%	9	3%	0	0%	23	13%	2	7%	0	0%	55	8%	22	15%
New Direction	84	27%	4	33%	6	2%	1	10%	29	16%	1	4%	28	34%	204	28%	17	11%
ISA	73	23%	2	17%	24	8%	3	30%	51	29%	2	7%	5	6%	167	23%	44	29%
Pathways	87	28%	4	33%	10	3%	2	20%	35	20%	2	7%	29	35%	163	23%	40	26%
Total FSP	312	100%	12	100%	290	100%	10	100%	176	100%	27	100%	83	100%	716	100%	151	100%

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

Figures 8 and 9 that follow represent the race and ethnicity distribution within each FSP program and all FSP programs combined (Total FSP).

- TWC targets the Asian/Pacific Islander (API) communities and the majority of their clients are API (83%)
- While all programs vary in the degree of diversity, 4 out of 6 FSP programs serve fewer than 50% White
- Overall FSP programs serve partners from diverse communities

Figure 8

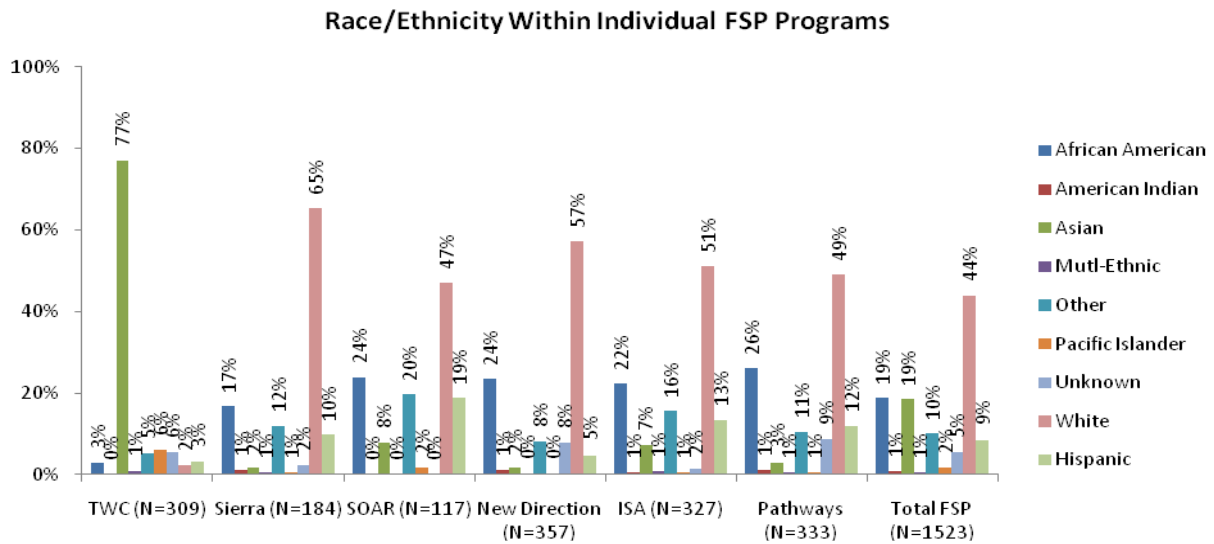


Figure 9 provides details on the “N” and percents for each category represented in the above chart.

Figure 9

Detail of Race/Ethnicity With Individual FSP Programs and All FSP Programs Combined (Total FSP)														
	TWC (N=309)		Sierra (N=184)		SOAR (N=117)		New Direction (N=357)		ISA (N=327)		Pathways (N=333)		Total Undup FSP (N=1523)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
African American	9	3%	31	17%	28	24%	84	24%	73	22%	87	26%	287	19%
American Indian	0	0%	2	1%	0	0%	4	1%	2	1%	4	1%	12	1%
Asian	238	77%	3	2%	9	8%	6	2%	24	7%	10	3%	283	19%
Multi-Race	3	1%	1	1%	0	0%	1	0%	3	1%	2	1%	10	1%
Other	16	5%	22	12%	23	20%	29	8%	51	16%	35	11%	155	10%
Pacific Islander	19	6%	1	1%	2	2%	1	0%	2	1%	2	1%	25	2%
Unknown	17	6%	4	2%	0	0%	28	8%	5	2%	29	9%	82	5%
White	7	2%	120	65%	55	47%	204	57%	167	51%	163	49%	669	44%
Total	309	100%	184	100%	117	100%	357	100%	327	100%	333	100%	1523	100%
Hispanic Ethnicity*	10	3%	18	10%	22	19%	17	5%	44	13%	40	12%	130	9%

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

**LANGUAGE**

Figure 10 illustrates the primary language across FSP programs.

- Not surprising, partners speaking languages spoken by the API community were mostly seen at TWC (Cantonese, Hmong, Other API, Vietnamese)
- While the N is small (6), partner’s with Russian as their primary language were served at 3 of the FSP programs (SOAR, New Directions and ISA)
- Each FSP program had some partners that speak Spanish, but the largest percent of Spanish speaking partners were served at TWC

Figure 10

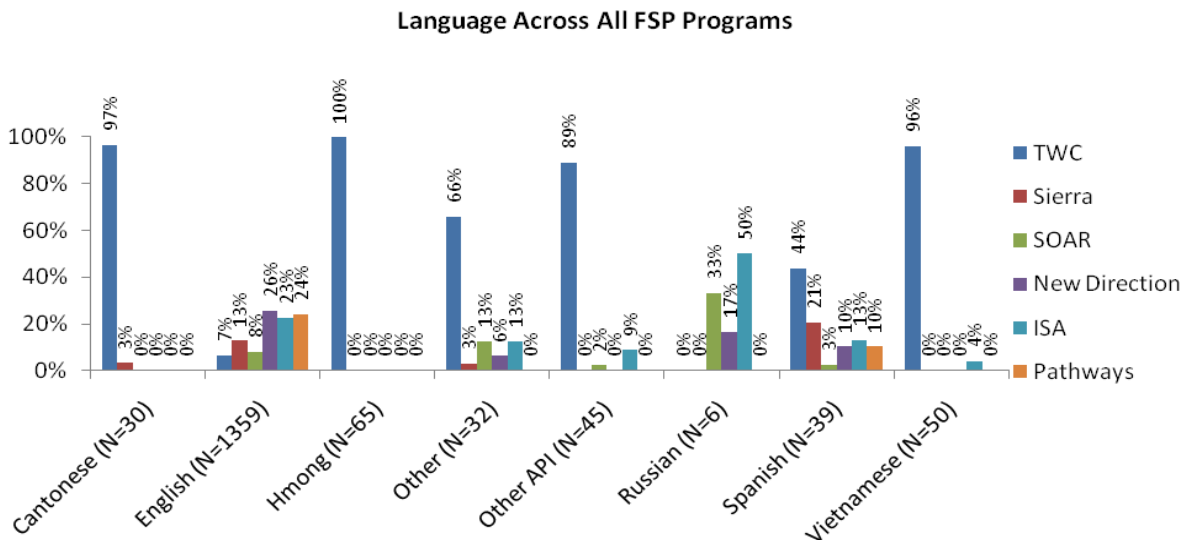
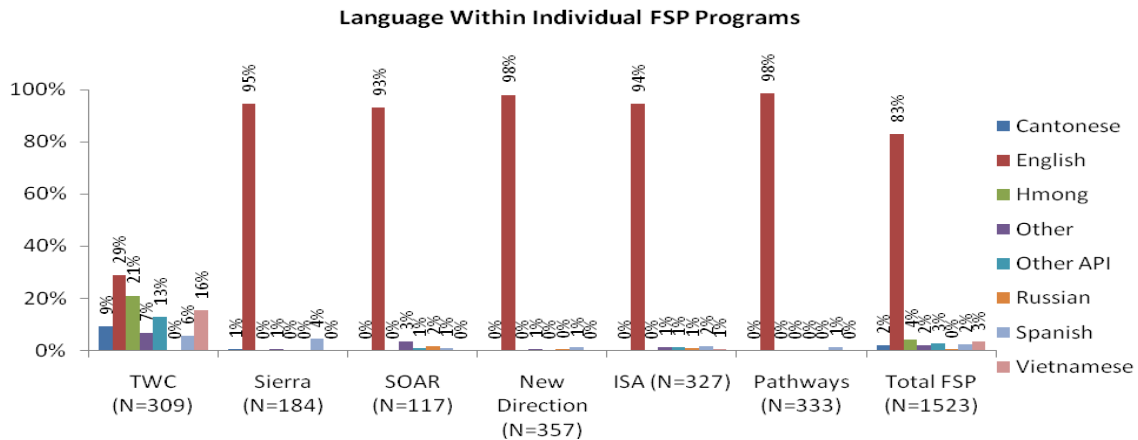


Figure 11 shows the distribution of primary language within each individual FSP program as well as all FSP programs combined (Total FSP).

- 16% of all unduplicated partners report having a primary language other than English
- While TWC shows the most diversity in languages spoken by their partners Sierra, SOAR, New Direction and ISA have 5-7% of their partners whose primary language is not English

Figure 11



**DIAGNOSIS**

Figure 12 represents the principal diagnosis of unduplicated partners being served across all FSP programs. Diagnosis data was obtained from Avatar. Many partners may be given a deferred diagnosis upon admission to the FSP program until a thorough assessment has been completed. For this reason, the most recent diagnosis in Avatar was used.

- The majority of partners have a principal diagnosis of Psychosis/Schizophrenia (42%), Depressive Disorder (21%) or Mood Disorder (24%)

Figure 12

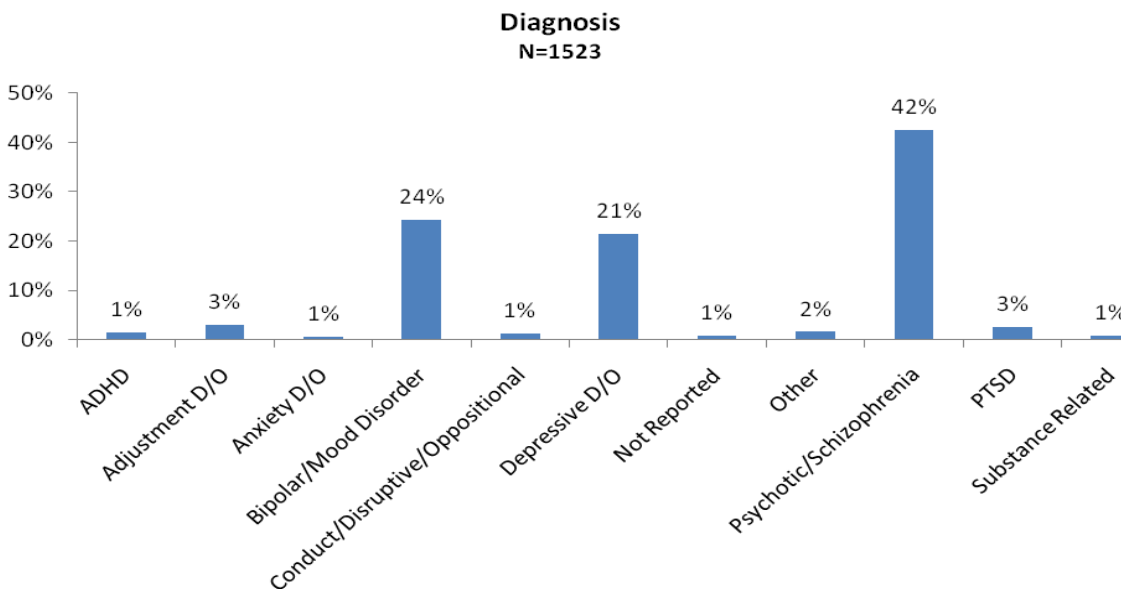


Figure 13 illustrates principal diagnosis within each age category.

- While there are differences in the distribution of diagnoses across the age categories, TAY, Adults, and Older Adults tended to be diagnosed with Psychotic/Schizophrenia, Depressive and Bipolar/Mood disorders.
- Children, on the other hand, tended to be diagnosed with Adjustment, ADHD, Conduct/Disruptive/Oppositional and Depressive disorders.

Figure 13

Principal Diagnosis within Age Category, FY09-10										
Diagnosis	Child		TAY		Adult		Older Adult		Total	
	N	%	N	%	N	%	N	%	N	%
ADHD	22	18%	0	0%	0	0%	0	0%	22	1%
Adjustment Disorder	36	30%	8	6%	1	0%	0	0%	45	3%
Anxiety Disorder	4	3%	2	2%	2	0%	1	0%	9	1%
Bipolar/Mood Disorder	6	5%	38	29%	283	28%	43	18%	370	24%
Conduct/Disruptive/Oppositional	15	13%	3	2%	0	0%	0	0%	18	1%
Depressive Disorder	16	13%	19	15%	213	21%	78	32%	326	21%
Not Reported	7	6%	2	2%	2	0%	0	0%	11	1%
Other	6	5%	5	4%	9	1%	4	2%	24	2%
Psychotic/Schizophrenia	1	1%	46	35%	485	47%	115	47%	647	42%
PTSD	6	5%	5	4%	26	3%	3	1%	40	3%
Substance Related	0	0%	2	2%	9	1%	0	0%	11	1%
Unduplicated Total	120	100%	130	100%	1029	100%	244	100%	1523	100%

Figure 14 shows principal diagnosis within race and Hispanic ethnicity categories.

- Across most races most partners are diagnosed with Psychotic/Schizophrenia, Depressive and Bipolar/Mood disorders however the distribution of these three diagnoses vary among the races and Hispanic ethnicity categories
- African American, Multi-Race, Other Races, Whites and Hispanics report the largest percent of partner's diagnosed with Psychotic/Schizophrenia disorders (44%-51%), whereas Asian and Pacific Islanders (40%-48%) report the largest percent of partner's with Depressive disorders
- American Indian partners are equally distributed across the 3 most common diagnoses (Psychotic/Schizophrenia, Depressive and Bipolar/Mood disorders)

Figure 14

Principal Diagnosis within Race/Hispanic Ethnicity, FY09-10									
Diagnosis	African American N=287	American Indian N=12	Asian N=283	Multi-Race N=10	Other N=154	Pacific Islander N=25	Unknown N=83	White N=669	Hispanic Ethnicity* N=130
ADHD	2%	0%	2%	0%	1%	4%	6%	0%	3%
Adjustment D/O	2%	0%	10%	10%	3%	8%	4%	0%	2%
Anxiety D/O	0%	0%	2%	0%	1%	0%	0%	0%	2%
Bipolar/Mood D/O	24%	33%	4%	20%	30%	0%	28%	32%	28%
Conduct/Disruptive	1%	0%	4%	10%	1%	4%	0%	0%	1%
Depressive D/O	15%	33%	40%	10%	14%	48%	13%	18%	15%
Not Reported	0%	0%	0%	0%	0%	4%	11%	0%	1%
Other	1%	0%	2%	0%	3%	4%	2%	1%	2%
Psychotic/ Schizophrenia	51%	33%	31%	50%	45%	20%	24%	46%	44%
PTSD	3%	0%	5%	0%	2%	8%	11%	1%	2%
Substance Related	2%	0%	0%	0%	1%	0%	0%	1%	1%

Figure 15 illustrates principal diagnosis within each FSP program. The distribution of race within each program varies greatly among the FSP programs.

- SOAR and ISA report the majority of partner’s diagnoses to be Psychotic/Schizophrenia (86%, 88% respectively), whereas this same diagnosis is seen in less than half the partners at Sierra (38%), and even lower percents at Pathways (26%) and TWC (18%)
- Bipolar/Mood and Depressive disorders are reported for 50% or more of the partners at Sierra, New Direction and Pathways
- At TWC, Depressive disorders represent the highest percent of diagnoses (42%), but overall the distribution of diagnosis at TWC is greater than that in the other FSP programs.

Figure 15

Primary Diagnosis within FSP Program, FY09-10												
Diagnosis	TWC		Sierra		SOAR		New Direction		ISA		Pathways	
	N	%	N	%	N	%	N	%	N	%	N	%
ADHD	10	3%	0	0%	0	0%	0	0%	0	0%	12	4%
Adjustment D/O	39	13%	0	0%	0	0%	0	0%	0	0%	6	2%
Anxiety D/O	6	2%	0	0%	0	0%	0	0%	0	0%	3	1%
Bipolar/Mood Disorder	16	5%	44	24%	13	11%	128	36%	30	9%	152	46%
Conduct/Disruptive/ Oppositional	14	5%	0	0%	0	0%	0	0%	0	0%	4	1%
Depressive D/O	131	42%	49	27%	2	2%	98	27%	5	2%	43	13%
Not Reported	9	3%	0	0%	0	0%	0	0%	0	0%	2	1%
Other	10	3%	3	2%	1	1%	4	1%	2	1%	5	2%
Psychotic/Schizophrenia	55	18%	88	48%	101	86%	118	33%	287	88%	85	26%
PTSD	19	6%	0	0%	0	0%	3	1%	0	0%	18	5%
Substance Related	0	0%	0	0%	0	0%	6	2%	3	1%	2	1%
Total	309	100%	184	100%	117	100%	357	100%	327	100%	333	100%

**UTILIZATION**

This section of the report examines the number of annual service hours per partner in the FSP programs. Data for this section was obtained from Avatar, Sacramento County’s data tracking system. Only data entered as of October 2010 covering FY09-10 was used for this analysis.

As discussed in the beginning of this report, every FSP program is different and unique and serves a different population of partners with differing needs for service. The information provided in this section is done so with the intent to provide service information on individual FSP programs but not to compare across programs.

While most people are familiar with examining service hours by looking at the mean (most commonly referred to as the average) this may not always provide the best picture. Service data can have many outliers as partners need for services are individual and fluctuate. Outliers would be present when partners either receive an extremely low number of service hours or an extremely high number of service hours than most other partners do. In either case those extreme high or low numbers can cause the average to become skewed and not present as good a picture of overall service hours as other means of measurement. For this reason it is sometimes helpful to not only examine the mean but also look at the median. The median by definition is the number at which half of the data points fall above the number and half fall below the number. Often the median and the mean can be very similar except in cases where there are outliers in the data being examined. When outliers exist the median may present a better picture than the mean.

The three Figures (15, 16 & 17) that follow illustrate annual hours of service; 1) per partner by program, 2) by race/ethnicity and 3) by age. Each table provides the range of hours, the median and the mean.

**Service Hours by FSP Program**

Figure 16 illustrates the annual hours of service per partner for FY09-10 by FSP program. While some partners received as little as 9 minutes of service (.15hr) others received up to 1758 hours of services in FY09-10.

- ISA had the highest median of 83 hours indicating that over half of their partners received 83 or more hours of service during the year and half of the partners received fewer than 83 hours of service during the year
- SOAR had the lowest median of 38
- While Sierra shows the highest average (mean) of service hours per partner (179), the median is 60 indicating that there were partners that received a higher than normal number of hours of service during the year.
- Overall, half of all partners served in the FSP programs received 56 or more hours of service(based on median) in FY09-10

Figure 16

Annual Hours of Service per Partner, FY09-10					
Program	N	Minimum	Maximum	Median	Mean (Average)
TWC	309	0.22	426	68	83
Sierra	183	0.83	1758	60	179
SOAR*	117	0.95	181	38	44
New Direction	357	0.83	254	48	55
ISA	327	0.15	700	83	117
Pathways	333	0.30	651	48	71
Total	1627	0.15	1758	56	89

\*SOAR started providing services in November 2009 and their data represents 8 months rather than 12 months.

**Service Hours by Age**

Figure 17 shows the annual hours of service per partner by age category. The “N” represents the number of unduplicated partners in all FSP programs for each age category and the Total “N” (1523) is an unduplicated count of all partners served in FSP programs.

- The median range across age categories was 58 to 75 annual hours of services, with adults receiving the least number of hours of service (58) and TAY receiving the greatest (75).
- Consistent with earlier data presented where we saw that Sierra (which serves over 50% of the older adults in the FSP programs) had the highest mean annual hours of service(average) of the all FSP programs we see also that the highest mean (152) is in the older adult category. However, the older adult median is much more consistent with the other age categories. Again, this difference between the median and the mean tells us that there are older adult partners that received a higher than normal number of annual service hours.

Figure 17

Annual Hours of Service Per Partner By Age, FY09-10					
Age	All FSPs "N"	Minimum	Maximum	Median	Mean (Average)
Child (0-15)	120	0.60	651	64	81
TAY (16-25)	130	0.22	321	75	94
Adult (26-59)	1029	0.15	950	58	84
Older Adult (60+)	244	0.27	1758	60	152
Total	1523	0.15	1758	60	95



**Service Hours by Race/Ethnicity**

Figure 18 shows the number of annual hours of service per partner for FY09-10 by Race/Ethnicity. The total “N” (1523) represents the number of unduplicated partners in all FSP programs for each race and Hispanic ethnicity.

- The median ranges from 48 hours up to 95 hours across the racial/ethnic categories
- Although the number receiving FSP services is small (25) Pacific Islanders had the highest median (95) and mean (101) of all the races, followed by Multi-Race (median 76, mean 96) and Asian (median 70, mean 91)
- While Whites had an average (mean) of 100 hours of annual service, their median was only 56 which indicate outliers in the data resulting in a higher average.

Figure 18

Annual Hours of Service Per Partner By Race and Hispanic Ethnicity, FY09-10					
Race/Ethnicity	All FSPs "N"	Minimum	Maximum	Median	Mean (Average)
African American	287	0.95	864	62	96
American Indian	12	2.03	267	56	88
Asian	283	0.97	426	70	91
Multi-Race	10	43.12	247	76	96
Other	154	0.92	693	60	94
Pacific Islander	25	0.37	236	95	101
Unknown/Not Reported	83	0.22	644	48	74
White	669	0.15	1758	56	100
Total	1523	0.15	1758	60	95
Hispanic Ethnicity*	130	0.92	619	60	95

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

**PROGRAM OUTCOME MEASURES**

This section of the report examines outcome data for the FSP programs. Data from this section is obtained from Avatar (Adult inpatient data), the Children’s Inpatient Database (Child/youth inpatient data) and from FSP assessment forms required by DMH (Incarcerations, Homelessness, Emergency Room visits, Arrests, Primary Care Physician).

The State Department of Mental Health (DMH) requires all FSP programs to collect and report data using DMH FSP assessment forms. There are three DMH forms that collect FSP outcome data and each form is tailored based on age category. There are Children/Youth forms, TAY forms, Adult forms, and Older Adult forms. (Copies of the forms can be obtained at the DMH website: [http://www.dmh.ca.gov/POQI/Full\\_Service.asp](http://www.dmh.ca.gov/POQI/Full_Service.asp)). Although each form is specific to one of the age categories just mentioned, the forms are similar not only in the timeline completion expectations, but in types of data collected. The following provides a brief explanation of each of the FSP assessment forms.

1. Partnership Assessment Form (PAF): The PAF establishes the Partnership start date which indicates the date that a partner enters a FSP program for the very first time. The PAF is completed only once when the partner enters his/her first FSP program. The PAF collects baseline and current status data on the partner. Baseline data for purposes of FSP Assessment forms and FSP program analysis is defined as the 12 months prior to the establishment of the FSP Partnership and is not collected at each admission into each subsequent FSP program. Baseline data is meant to capture data on partners prior to the establishment of the partnership and is used to look at how FSP programs as a whole help partners work towards recovery. Again the PAF is only completed once when the partner enters their first FSP program and it is considered to be baseline data as of the partnership date. If the partner transfers to another FSP program there is no baseline data collected on a PAF for the subsequent program admit. Current status data reflects the partner’s status on the date of admission. Data on the PAF is self report and collected from the partner during the first weeks of service at the program.

2. Quarterly Assessment (3M): The 3M is completed every three months following the Partnership start date (PAF date). It is used to update the status on certain data elements (see table below) that were collected on the PAF. Data on the 3M is self report as well as staff knowledge of the partner’s status at the time the form is completed.
3. Key Event Tracking (KET): The KET is used to report changes on key events (such as residence change, incarceration, emergency room visits, etc) as soon after they occur as possible. Data on the KET is self report as well as staff knowledge of the key event when it occurs. A KET must be completed to “open” and then “close” a key event such as homelessness or incarceration.

Figure 19 lists the types of data collected on each FSP assessment form.

Figure 19

Full Service Partnership Assessment Form Overview		
PAF Partnership Assessment Form	KET Key Event Tracking	3M Quarterly Assessment
Administrative Information	Administrative Information	Administrative Information
Residential (includes hospitalization & incarceration)	Residential (includes hospitalization & incarceration)	
Education	Education	Education
Employment	Employment	
Sources of Financial Support		Sources of Financial Support
Legal Issues / Designations	Legal Issues / Designations	Legal Issues / Designations
Emergency Intervention	Emergency Intervention	
Health Status		Health Status
Substance Abuse		Substance Abuse
ADL / IADL - Older Adults Only		ADL / IADL - Older Adults Only

There are many factors that may influence the data reported in this section. Self report data is limited in that FSP providers can only collect and submit information that is reported to them and/or that they receive knowledge of. This may or may not present a full and accurate picture of the partner. Additionally, only data that is submitted and entered into the FSP assessment database can be used for analysis. While the completion rate for PAF assessments average 90% or higher, the 3M completion rate ranges from 60 to 95%. It is difficult to gauge the completion rate of KETS because there is no way of knowing how many key events have taken place for partners, however some FSP providers submit many KETs and others very few.

**Inpatient Admits**

While Sacramento County now enters all inpatient data into Avatar, in FY09-10 only inpatient data for adults at the Sacramento County Mental Health Treatment Center (MHTC) was entered into Avatar. The Quality Management Unit within Sacramento County Mental Health Division maintained a standalone database for all Children inpatient admits to the private hospitals. Data presented in this section on inpatient admits utilizes only data that was entered into Avatar and the Children’s Inpatient Database. For partners 18 years and older, inpatient data only reflects inpatient admits to the Sacramento County Mental Health Treatment Center and does NOT include admits to private psychiatric hospitals. For partners under 18, inpatient data reflects inpatient admits to Sutter Center for Psychiatry, Heritage Oaks Psychiatric Hospital and Sierra Vista Psychiatric Hospital.

Figure 20 shows the number of unduplicated partners by program that were admitted to inpatient during FY09-10. Out of 1523 unduplicated partners served in FSP programs, 10 % had an inpatient admit, with 59 of those admitted once going back for one or more additional admits during the year.

Figure 20

Unduplicated Partners with an Inpatient Admit, FY09-10				
	Program N	# of Unduplicated Partners with an Inpatient Admit	% of total partners with an Inpatient Admit	# of Partners with 2 or more admits in the year
TWC	309	10	3%	1
Sierra	184	10	5%	3
SOAR	117	14	12%	3
New Direction	357	15	4%	2
ISA	327	86	26%	40
Pathways	333	20	6%	9
Total All FSP	1523	147	10%	59

Figure 21 illustrates the percent of all inpatient admits by FSP program. Every FSP program had some partners that were admitted to an inpatient facility, but 59% of the admits were partners in the ISA. This FSP program serves a high intensity population of which many come from acute psychiatric settings.

Figure 21

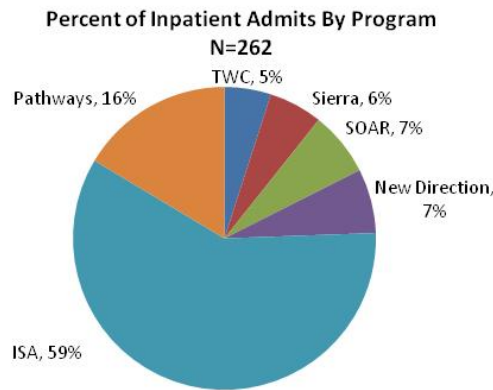


Figure 22 illustrates the percent of inpatient days by FSP program by year. The distribution of days across FSP programs is consistent with the number of inpatient admits seen in the previous chart.

Figure 22

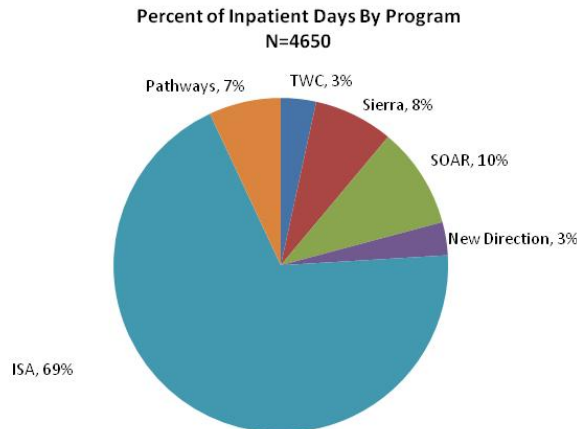


Figure 23 illustrates the percent of inpatient admits by age category. Adults represent the largest percent of inpatient admits (72%).

Figure 23

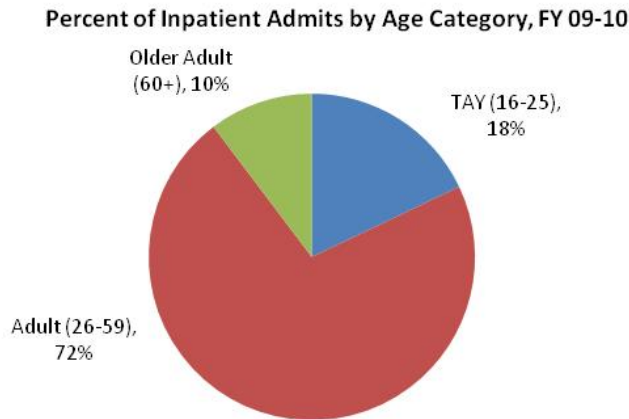


Figure 24 details inpatient admits by program and shows the percent of inpatient admits by age within each FSP program.

- Adults make up the highest percent of inpatient admits at TWC, SOAR, New Direction and ISA
- TAY represent the largest percent of inpatient admits at Pathways (74%)
- Older Adults represent the largest percent of inpatient admits at Sierra (60%)

Figure 24

	TWC		Sierra		SOAR		New Direction		ISA		Pathways		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
TAY (16-25)	4	31%	NA		1	6%	2	11%	8	5%	32	74%	47	18%
Adult (26-59)	8	62%	6	40%	17	94%	15	83%	131	85%	11	26%	188	72%
Older Adult (60+)	1	8%	9	60%	0	0%	1	6%	16	10%	0	0%	27	10%
Total Admits	13	100%	15	100%	18	100%	18	100%	155	100%	43	100%	262	100%

Figure 25 provides the number of inpatient days by age category within each of the FSP programs. The data is consistent with the distribution seen in the above inpatient admit table.

- Adults at TWC, SOAR, New Direction and ISA made up the largest percent of inpatient days within their programs.
- There was a slight shift in the percent of days compared to percent of admits in Sierra. While older adults had slightly more inpatient admits than the adults in the program, adults had slightly higher percent of the inpatient days.

Figure 25

	TWC		Sierra		SOAR		New Direction		ISA		Pathways		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
TAY (16-25)	48	30%	NA		6	1%	47	32%	168	5%	214	66%	484	10%
Adult (26-59)	95	60%	196	55%	448	99%	92	62%	2740	85%	110	34%	3685	79%
Older Adult (60+)	15	9%	161	45%	0	0%	10	7%	300	9%	0	0%	487	10%
Total Days	158	100%	357	100%	454	100%	149	100%	3208	100%	324	100%	4655	100%

Figure 26 details inpatient admits by Race and Hispanic Ethnicity. The FSP Unduplicated “N”s represented for some races is small and should be taken into consideration when reviewing the data.

The “Percent within Race” column provides information on the percent of partners within their own race/ethnicity that had an inpatient admit.

- American Indian partners had no inpatient admits in FY2010
- Only 5% of Asian partners had an inpatient admit, compared to 13% of African American partners, 12% of Pacific Islander partners, and 10% of White partners, 17% of those of Hispanic ethnicity had an inpatient admit
- 30% of the partners that report they are multi-race had at least one inpatient admit during FY09-10
- Overall 9% of partners of all races had at least one inpatient admit during FY09-10

The “Percent of Total” column provides information on the distribution of race related to the total number of inpatient admits. It tells us the percent that each race contributes to the whole. The percent represented in the Hispanic Ethnicity row indicates the percent of all inpatient admits where the partner identified as being of Hispanic ethnicity.

- Partners whose race was reported as “White” make up the largest percent of inpatient admits (47%), followed by “African American” (25%)
- 16% of the total inpatient admits were partners that reported being of Hispanic ethnicity

Figure 26

Inpatient Admits by Race and Hispanic Ethnicity, FY09-10					
Race	FSP Unduplicated N	# of Unduplicated Partners	Percent Within Race	# of Inpatient Admits	Percent of Total
African American	287	36	13%	66	25%
American Indian	12	0	0%	0	0%
Asian	283	14	5%	22	8%
Multi-Race	10	3	30%	4	2%
Other	155	22	14%	42	16%
Pacific Islander	25	3	12%	4	2%
Unknown	82	0	0%	0	0%
White	669	69	10%	124	47%
Totals	1523	147	9%	262	100%
Hispanic Ethnicity*	130	22	17%	41	16%

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

### **Incarceration**

Incarceration refers to at least one night spent in jail or in a juvenile detention facility. Incarcerations are captured using the KET FSP assessment form. To obtain data on incarceration a KET must be completed to report the date that the partner was incarcerated and another KET must be completed to report that the partner was released. The validity and integrity of the data rests upon the accuracy of the data being reported to staff, captured on the KET and submitted for data entry into the database. Failure or inability to capture and report data can lead to under-representation of incarcerations. Additionally, if KETs are not completed to indicate a release date, days of incarceration may be inflated. These data collection challenges should be kept in mind as you review the data in this section.

Figure 27 illustrates the percent of incarcerations across FSP programs. This chart reflects the actual number of reported incarcerations and is not a representation of unduplicated partners that were incarcerated. Out of the 1523 unduplicated partners served in FSP programs there were only a total of 79 incarcerations reported in FY09-10. While every FSP program had partners that were reported to have been incarcerated at some time during the year, most of the reported incarcerations were from New Direction, ISA and Pathways.

Figure 27

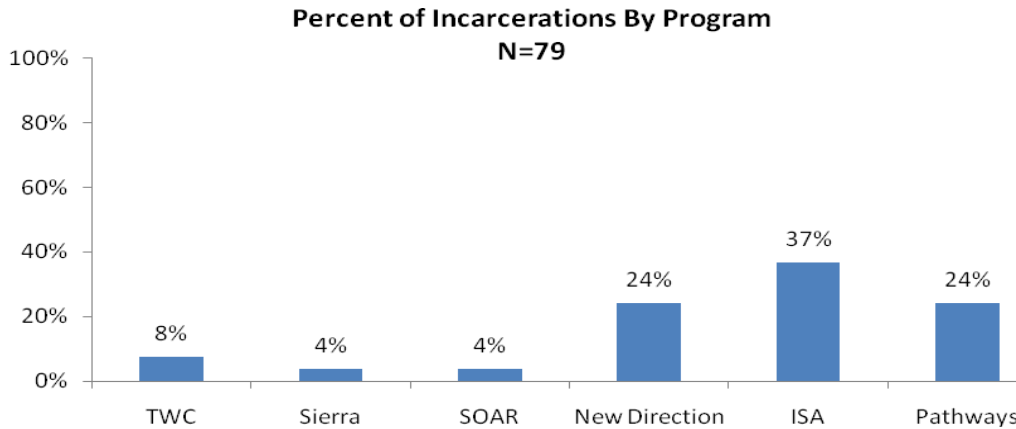
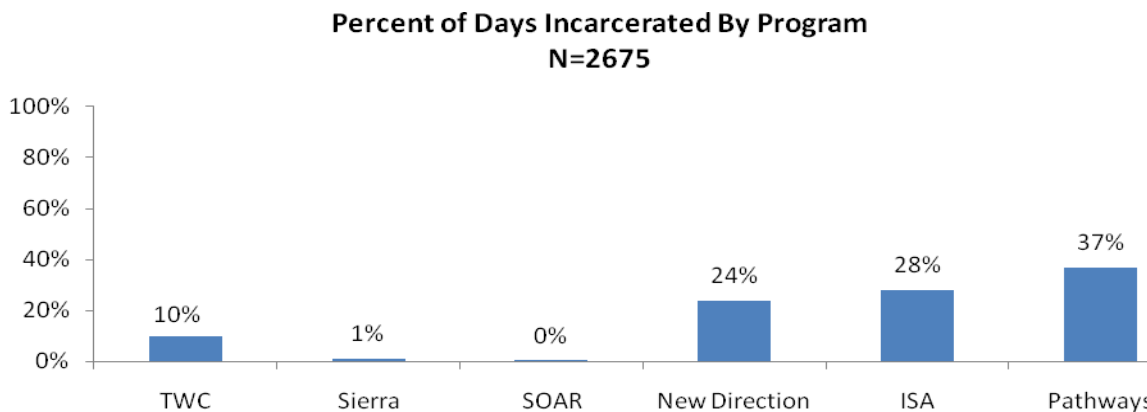


Figure 28 shows the percent of reported days of incarceration by program. There were a total of 2675 reported incarceration days in FY09-10. The distribution of reported incarceration days differs slightly from the distribution of reported incarcerations seen in the above chart. (Note: Because percents have been rounded and SOAR had less than .05% of the total incarceration days the chart reflects 0% for SOAR)

- While some agencies had a higher percent of the reported incarcerations they had a lower percent of the reported incarceration days indicating that partners spent, on average, fewer days incarcerated. (Sierra, SOAR, ISA)
- Conversely, those agencies that had a lower percent of reported incarcerations and higher percent of reported incarceration days had partners that had a higher average number of reported days incarcerated (TWC, Pathways)

Figure 28



Figures 29 and 30 detail the number and days of reported incarcerations by age category for each FSP program and for all FSP programs combined (total). Across most programs, Adults represent the largest percentage of reported incarcerations. While TWC only had 6 reported incarcerations, 50% were children under the age 16. Comparing the totals from each table allow us to look at an average number of incarceration days per partner within FSP program.

- 6 partners incarcerated at TWC averaged 44 incarceration days
- 3 partners incarcerated at Sierra averaged 11 incarceration days
- 3 partners incarcerated at SOAR averaged 2 incarceration days
- 19 partners at New Direction averaged 34 incarceration days
- 29 partners at ISA averaged 26 incarceration days

- 19 partners at Pathways averaged 52 incarceration days
- Overall, 79 partners in the FSP programs averaged 34 incarceration days

Figure 29

Number of Incarcerations By Age Category, FY09-10														
	TWC		Sierra		SOAR		New Direction		ISA		Pathways		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child (0-15)	3	50%	NA		NA		NA		NA		0	0%	3	4%
TAY (16-25)	1	17%	NA		1	33%	3	16%	1	3%	6	32%	12	15%
Adult (26-59)	2	33%	2	67%	2	67%	16	84%	28	97%	13	68%	63	80%
Older Adult (60+)	0	0%	1	33%	0	0%	0	0%	0	0%	0	0%	1	1%
Total	6	100%	3	100%	3	100%	19	100%	29	100%	19	100%	79	100%

Figure 30

Incarceration Days By Age Category, FY09-10														
	TWC		Sierra		SOAR		New Direction		ISA		Pathways		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child (0-15)	169	65%	NA		NA		NA		NA		0	0%	169	6%
TAY (16-25)	2	1%	NA		3	60%	145	23%	52	7%	332	34%	534	20%
Adult (26-59)	91	35%	21	64%	2	40%	495	77%	700	93%	651	66%	1960	73%
Older Adult (60+)	0	0%	12	36%	0	0%	0	0%	0	0%	0	0%	12	0%
Total Days	262	100%	33	100%	5	100%	640	100%	752	100%	983	100%	2675	100%

Figure 31 details reported incarcerations by Race and Hispanic Ethnicity. The FSP Unduplicated “N”s represented for some races is small and should be taken into consideration when reviewing the data.

The “Percent within Race” column provides information on the percent of partners within their own race/ethnicity that were incarcerated.

- 10% of the partners served that were reported to be Multi-Race were incarcerated at least once during FY09-10
- 8% of American Indian partners and 7% of African American partners served were incarcerated at least once during FY09-10
- Overall 4% of partners of all races were incarcerated at least once during FY09-10

The “Percent of Total” column provides information on the distribution of race related to the total number of reported incarcerations. It tells us the percent that each race contributes to the whole. The percent represented in the Hispanic Ethnicity row indicates the percent of all reported incarcerations where the partner identified as being of Hispanic ethnicity.

- Partners whose race was reported as African American make up the largest percent of incarcerations (37%), followed by White (32%), then Asian (13%)
- 15% of the total incarcerations were partners that reported being of Hispanic ethnicity

Figure 31

Incarceration by Race, FY09-10					
Race/Ethnicity	FSP Unduplicated N	# of unduplicated partners	Percent Within Race	# of Incarcerations	Percent of Total
African American	287	19	7%	29	37%
American Indian	12	1	8%	1	1%
Asian	283	9	3%	10	13%
Multi-Race	10	1	10%	3	4%
Other	155	6	4%	9	11%
Pacific Islander	25	1	4%	1	1%
Unknown	82	1	1%	1	1%
White	669	19	3%	25	32%
Total	1523	57	4%	79	100%
Hispanic Ethnicity*	130	9	7%	12	15%

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

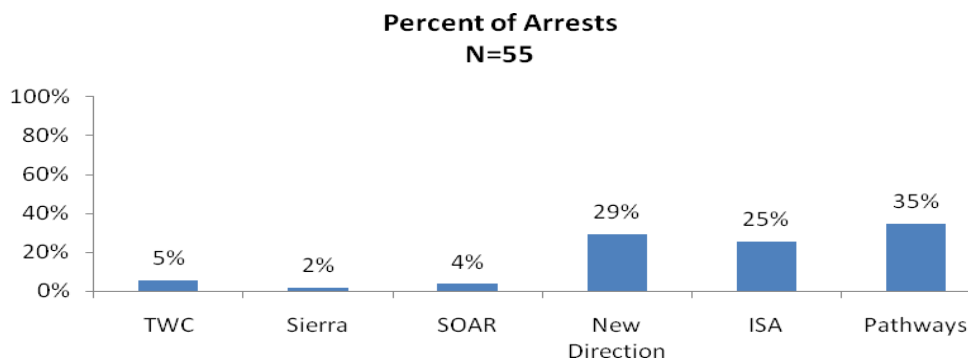
**Arrests**

Arrests are captured using the KET FSP assessment form. As with all data the validity and integrity of the data rests upon the accuracy of the data being reported to staff, captured on the KET and submitted for data entry into the database. Failure or inability to capture and report data can lead to under-representation of arrests. These data collection challenges should be kept in mind as you review the data in this section.

While arrest data appears fairly consistent to incarceration data in regards to distribution across age categories, arrest data also highlights the discrepancies and challenges associated with data collection. For example, there were 79 reported incarcerations, yet only 55 reported arrests. While some individuals do not get arrested, but may turn themselves in voluntarily, the likelihood of that happening to nearly 30% of those incarcerated is unlikely. As a matter of fact, we might expect to see more arrests than incarcerations because it is more likely to be arrested and not spend the night in jail/juvenile hall, than to spend the night in jail/juvenile hall and not have it a result of an arrest. Based on this inconsistency interpretation of arrest data is limited.

Figure 32 shows the distribution of reported arrests across FSP programs. There were a total of 55 arrests reported during FY09-10. The majority of partners with reported arrests were receiving services at New Direction, ISA and Pathways (combined 89%).

Figure 32



Again, when comparing arrest data to incarceration data it appears that all arrests may not have been reported and the numbers and percents represented in the tables below may not accurately reflect the actual arrest data for FSP partners. Interpretation of this data is cautioned.



Figure 33 details the reported arrests by age category within FSP program as well as total FSP arrests.

Figure 33

Number of Arrests By Age Category, FY 09-10														
	TWC		Sierra		SOAR		New Direction		ISA		Pathways		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child (0-15)	2	67%	NA		NA		NA		NA		0	0%	3	5%
TAY (16-25)	1	33%	NA		0	0%	4	25%	1	7%	6	32%	12	22%
Adult (26-59)	0	0%	0	0%	2	100%	12	75%	13	93%	13	68%	40	73%
Older Adult (60+)	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	1	2%
Total	3	100%	1	100%	2	100%	16	100%	14	100%	19	100%	55	100%

Figure 34 details reported arrests by Race and Hispanic Ethnicity. The “Percent within Race” column provides information on the percent of partners within their own race/ethnicity that were arrested.

The “Percent of Total” column provides information on the distribution of race related to the total number of incarcerations. It tells us the percent that each race contributes to the whole.

Figure 34

Arrests by Race, FY09-10					
Race/Ethnicity	FSP Unduplicated N	# of unduplicated partners	%Within Race	# of Arrests	Percent of Total
African American	287	12	4%	19	35%
American Indian	12	0	0%	0	0%
Asian	283	7	2%	7	13%
Multi-Race	10	1	10%	2	4%
Other	155	3	2%	3	5%
Pacific Islander	25	0	0%	0	0%
Unknown	82	2	2%	2	4%
White	669	17	3%	22	40%
Total	1523	42	3%	55	100%
Hispanic Ethnicity*	130	6	5%	6	11%

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

**Homelessness**

Homelessness for purposes of this report refers to partners that reported to be on the streets or living in their car. It does not include data on partners in emergency shelters or temporary housing. Homeless occurrences are captured using the KET FSP assessment form. To obtain data on homelessness a KET must be completed to report the date that the partner became homeless and another KET must be completed to report the date that the partner was housed. The validity and integrity of the data rests upon the accuracy of the data being reported to staff, captured on the KET and submitted for data entry into the database. Failure or inability to capture and report data can lead to under-representation of homelessness. Additionally, if KETs are not completed to indicate a housed date, days of homelessness may be inflated. These data collection challenges should be kept in mind as you review the data in this section. Another consideration to the data to keep in mind is that there are a small number of partners that do not wish to be housed and choose to remain homeless that may be included in the data.

Figure 35 illustrates the percent of homeless occurrences across FSP programs. This chart reflects the actual number of homeless occurrences and is not a representation of unduplicated partners that were homeless. Being homeless on July 1, 2009 (the beginning of the fiscal year) was counted as one homeless occurrence. Out of the 1523 unduplicated partners served in FSP programs there were only a total of 53 homeless occurrences

resulting in a total of 3991 days of homelessness in FY09-10. Three out of the six FSP programs reported homeless occurrences. Two of those FSP programs, New Direction and Pathways, are programs that target the homeless population.

Figure 35

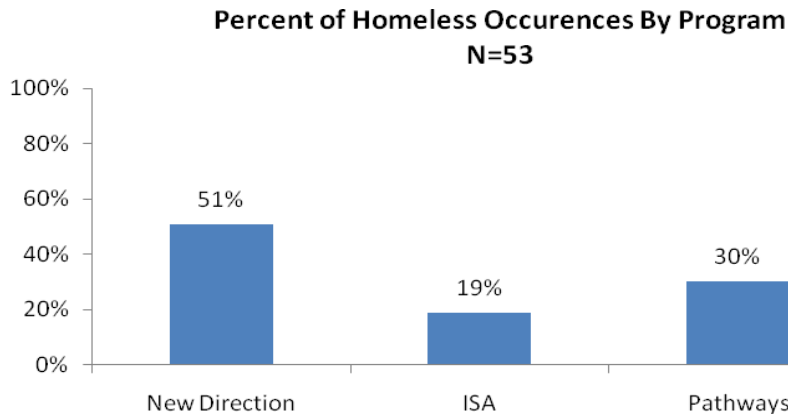


Figure 36 shows the distribution of homeless days across FSP programs. It is consistent with the distribution seen in the above percent of homeless occurrences chart.

Figure 36

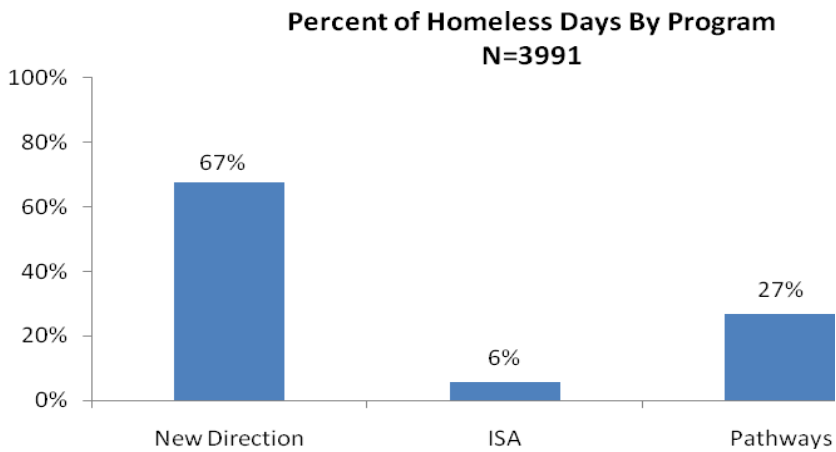


Figure 37 details the number and days of homelessness by age category for each FSP program and for all FSP programs combined (total). No children (0-15) or older adults (60+) had reported homeless occurrences during the year. Most homeless occurrences were in the adult category. Comparing the totals from each table allow us to look at an average number of homeless days per occurrence per year within FSP programs.

- 27 homeless occurrences at New Direction experienced an average of 100 homeless days
- 10 homeless occurrences at ISA experienced an average of 23 homeless days
- 16 homeless occurrences at Pathways experienced an average of 67 homeless days
- Overall, 53 homeless occurrences had an average of 75 homeless days

Figure 37

Number of Homeless Occurrences, FY09-10								
	New Direction		ISA		Pathways		Total	
	N	%	N	%	N	%	N	%
TAY (16-25)	3	11%	0	0%	1	6%	4	8%
Adult (26-59)	24	89%	10	100%	15	94%	49	92%
Total Days	27	100%	10	100%	16	100%	53	100%
Days of Homelessness, FY09-10								
	New Direction		ISA		Pathways		Total	
	N	%	N	%	N	%	N	%
TAY (16-25)	39	1%	0	0%	2	0%	41	1%
Adult (26-59)	2652	99%	230	100%	1068	100%	3950	99%
Total Days	2691	100%	230	100%	1070	100%	3991	100%

Figure 38 details homeless occurrences by Race and Hispanic Ethnicity. The FSP Unduplicated “N”s represented for some races is small and should be taken into consideration when reviewing the data.

The “Percent within Race” column provides information on the percent of partners within their own race/ethnicity that became homeless.

- With the exception of partners that the race is “unknown”, 3% or less of all races had a homeless occurrence in FY2010

The “Percent of Total” column provides information on the distribution of race related to the total number of homeless occurrences. It tells us the percent that each race contributes to the whole. The percent represented in the Hispanic Ethnicity row indicates the percent of all homeless occurrences where the partner identified as being of Hispanic ethnicity.

- Partners whose race was reported as “White” make up the largest percent of homeless occurrences (51%), followed by “African American” (26%)
- 11% of the total homeless occurrences were partners that reported being of Hispanic ethnicity

Figure 38

Homelessness by Race, FY09-10					
Race/Ethnicity	FSP Unduplicated N	# of unduplicated partners	Percent Within Race	# of Homeless Occurrences	Percent of Total
African American	287	10	3%	14	26%
American Indian	12	0	0%	0	0%
Asian	283	0	0%	0	0%
Multi-Race	10	0	0%	0	0%
Other	155	5	3%	7	13%
Pacific Islander	25	0	0%	0	0%
Unknown	82	4	5%	5	9%
White	669	20	3%	27	51%
Total	1523	39	3%	53	100%
Hispanic Ethnicity*	130	4	3%	6	11%

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

**Emergency Room Visits**

Emergency room (ER) visits are captured using the KET FSP assessment form. Emergency room visits can be due to either a physical need or a mental health need and both of these options are captured on the KET. FSP providers receive training that indicates if a partner goes to an emergency room at a medical hospital for mental health reasons; it should be documented as a mental health emergency room visit. As with all data the validity and integrity of the data rests upon the accuracy of the data being reported to staff, captured on the KET and submitted for data entry into the database. Failure or inability to capture and report data can lead to under-representation of emergency room visits. These data collection challenges should be kept in mind as you review the data in this section.

***ER: Mental Health Reasons***

Data from KETs submitted indicate that there were 276 emergency room visits in FY09-10 due to a mental health reason. Figure 39 illustrates the distribution of ER visits due to mental health reasons across the FSP programs. Every FSP program reported ER visits due to mental health reasons but the largest percent (47%) of the ER visits (mental health) were reported for partners at ISA. Again, ISA serves a volatile, high intensity population and the distribution of ER visits due to mental health reasons is not surprising.

Figure 39

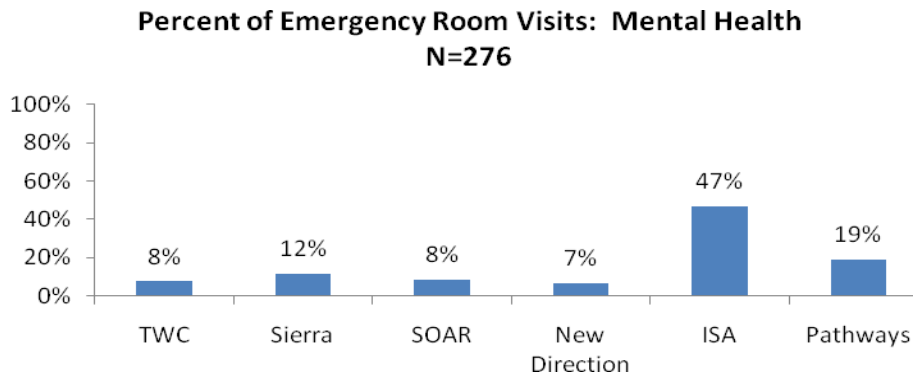


Figure 40 details the ER visits due to mental health reasons by age category for each FSP program and all FSP program combined (Total). There were no ER visits due to mental health reasons reported for children under 16.

- SOAR, New Direction, and ISA show the highest percent of ER visits due to mental health reasons are for adults
- TAY and adults make up the highest percentage of ER visits due to mental health reasons for partners at TWC and Pathways
- At Sierra, older adults have the highest percentage of ER visits due to mental health reasons

Figure 40

ER Visits-Mental Health By Age Category, FY 09-10														
	TWC		Sierra		SOAR		New Direction		ISA		Pathways		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child (0-15)	0	0%	NA		NA		NA		NA		0	0%	0	0%
TAY (16-25)	7	33%	NA		3	13%	2	11%	4	3%	28	54%	44	16%
Adult (26-59)	10	48%	12	38%	18	78%	15	83%	117	90%	24	46%	196	71%
Older Adult (60+)	4	19%	20	63%	2	9%	1	6%	9	7%	0	0%	36	13%
Total	21	100%	32	100%	23	100%	18	100%	130	100%	52	100%	276	100%

Figure 41 details ER visits due to Mental Health reasons by Race and Hispanic Ethnicity. The FSP Unduplicated “N”s represented for some races is small and should be taken into consideration when reviewing the data.

The “Percent within Race” column provides information on the percent of partners within their own race/ethnicity that had an ER visit due to Mental Health reasons.

- 20% of the partners served that were reported to be Multi-Race had an ER visit due to Mental Health reasons at least once during FY09-10
- 12% of African American partners and 10% of White partners served had an ER visit due to Mental Health reasons at least once during FY09-10
- Overall 10% of partners of all races had an ER visit due to Mental Health reasons at least once during FY09-10

The “Percent of Total” column provides information on the distribution of race related to the total number of ER visit due to Mental Health reasons. It tells us the percent that each race contributes to the whole. The percent represented in the Hispanic Ethnicity row indicates the percent of all ER visits due to Mental Health where the partner identified as being of Hispanic ethnicity.

- Partners whose race was reported as “White” make up the largest percent of ER visit due to Mental Health reasons (54%), followed by “African American” (22%)
- 11% of the total ER visit due to Mental Health reasons were partners that reported being of Hispanic ethnicity

Figure 41

ER Visits-Mental Health by Race, FY09-10					
Race/Ethnicity	FSP Unduplicated N	# of unduplicated partners	Percent Within Race	# of Visits	Percent of Total
African American	287	35	12%	60	22%
American Indian	12	0	0%	0	0%
Asian	283	20	7%	30	11%
Multi-Race	10	2	20%	3	1%
Other	155	19	12%	29	11%
Pacific Islander	25	2	8%	2	1%
Unknown	82	3	4%	3	1%
White	669	64	10%	149	54%
Total	1523	145	10%	276	100%
Hispanic Ethnicity*	130	20	15%	31	11%

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

**ER: Physical Health Reasons**

Data from KETs submitted indicate that there were 265 emergency room visits in FY09-10 due to a physical health reason. Figure 42 illustrates the distribution of ER visits due to physical health reasons across the FSP programs. Every FSP program reported ER visits due to physical health reasons. While there is difference among the FSP programs, the percent reporting ER visits for physical health reasons is more equally distributed across FSP programs than ER visits due to mental health reasons that were just examined.

Figure 42

**Percent of Emergency Room Visits: Physical Health  
N=265**

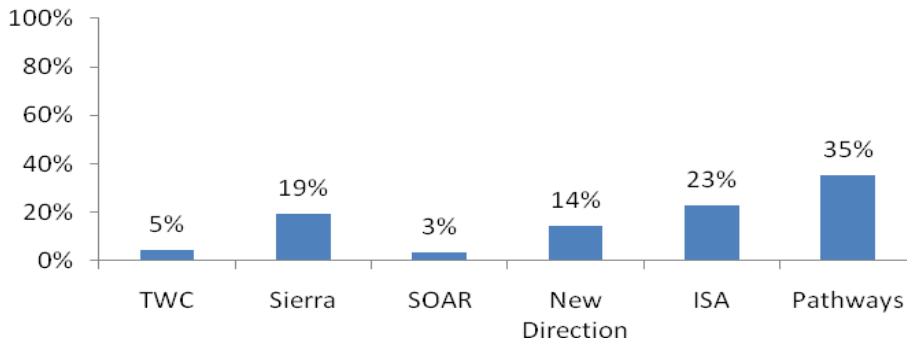


Figure 43 details the ER visits due to physical health reasons by age category for each FSP program and all FSP program combined (Total).

- Approximately two thirds (66%) of all ER Visits for physical health reasons were reported by adults
- Nearly one fourth (23%) of all ER visits for physical health reasons were reported by older adults
- TAY and children reporting ER visits for physical health make up approximately 11% of the total

Figure 43

ER Visits-Physical Health By Age Category, FY 09-10														
	TWC		Sierra		SOAR		New Direction		ISA		Pathways		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child (0-15)	1	8%	NA		NA		NA		NA		3	3%	4	2%
TAY (16-25)	1	8%	NA		0	0%	0	0%	2	3%	21	22%	24	9%
Adult (26-59)	6	50%	15	29%	7	78%	29	76%	51	84%	68	72%	176	66%
Older Adult (60+)	4	33%	36	71%	2	22%	9	24%	8	13%	2	2%	61	23%
Total Admits	12	100%	51	100%	9	100%	38	100%	61	100%	94	100%	265	100%

Figure 44 details ER visits due to Physical Health reasons by Race and Hispanic Ethnicity. The “N”s represented for some races is small and should be taken into consideration when reviewing the data.

The “Percent within Race” column provides information on the percent of partners within their own race/ethnicity that had an ER visit due to Physical Health reasons.

- 13% of partners of Hispanic ethnicity had an ER visit due to Physical Health reasons at least once during FY09-10
- 13% of African American partners and 13% of White partners served had an ER visit due to Physical Health reasons at least once during FY09-10
- Overall 11% of partners of all races had an ER visit due to Physical Health reasons at least once during FY09-10

The “Percent of Total” column provides information on the distribution of race related to the total number of ER visit due to Physical Health. It tells us the percent that each race contributes to the whole. The percent represented in the Hispanic Ethnicity row indicates the percent of all ER visits due to Physical Health where the partner identified as being of Hispanic ethnicity.

- Partners whose race was reported as “White” make up the largest percent of ER visit due to Physical Health (64%), followed by “African American” (15%)
- 12% of the total ER visit due to Physical Health were partners that reported being of Hispanic ethnicity

Figure 44

ER Visits-Physical Health by Race, FY09-10					
Race/Ethnicity	FSP Unduplicated N	# of unduplicated partners	Percent Within Race	# of Visits	Percent of Total
African American	287	36	13%	41	15%
American Indian	12	0	0%	0	0%
Asian	283	14	5%	17	6%
Multi-Race	10	0	0%	0	0%
Other	155	16	10%	22	8%
Pacific Islander	25	1	4%	2	1%
Unknown	82	8	10%	13	5%
White	669	90	13%	170	64%
Total	1523	165	11%	265	100%
Hispanic Ethnicity*	130	17	13%	31	12%

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

Figure 45 illustrates the percent of partner’s at each FSP program that reported to “currently” have a primary care physician on their last assessment. For some the last assessment was the PAF and for others it was the 3M depending on length of time in the program and form submission. While percents vary among the FSP programs, the majority of partners reported having a primary care physician.

Figure 45

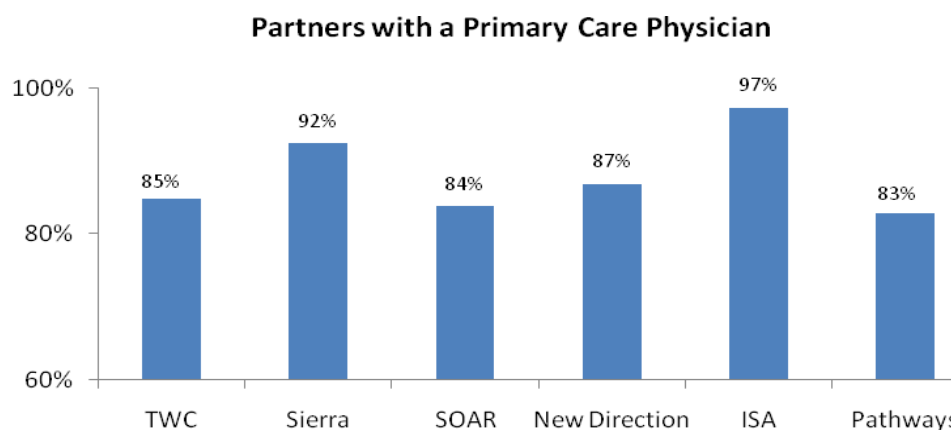


Figure 46 illustrates the number of partners with a primary care physician by FSP program within each age category. The total unduplicated row represents the number of unduplicated partners in each age category.

- The TAY age category had the lowest percent of partner’s with a PCP (75%). Of the 130 unduplicated partners between the ages of 16 and 25 served in FSP programs, 25%, or 32 partners, did not report having a PCP.
- On the other hand, all but 15 (94%) of the older adults 60 years and older served in FSP programs reported having a PCP.
- Overall, 87% of all partners served in FSP programs reported having a PCP

Figure 46

Number of With a Primary Care Physician Within Age Category, FY09-10															
	# Child	# Child w/PC	%	# Tay	# TAY w/PC	%	# Adult	# Adult w/PC	%	# OA	# OA w/PC	%	Total Program N	# Total w/PC	%
TWC	86	76	88%	51	44	86%	133	109	82%	39	33	85%	309	262	85%
Sierra	NA			NA			50	42	84%	134	128	96%	184	170	92%
SOAR	NA			8	6	75%	95	79	83%	14	13	93%	117	98	84%
New Direction	NA			19	13	68%	311	270	87%	27	27	100%	357	310	87%
ISA	NA			15	14	93%	274	266	97%	38	38	100%	327	318	97%
Pathways	34	32	94%	44	28	64%	247	210	85%	8	6	75%	333	276	83%
Total Unduplicated	120	108	90%	130	98	75%	1029	896	87%	244	229	94%	1523	1331	87%

Figure 47 shows partners with a PCP by Race and Hispanic Ethnicity. The “N”s represented for some races is small and should be taken into consideration when reviewing the data.

The “Percent within Race” column provides information on the percent of partners within their own race/ethnicity that had a PCP.

- Overall 87% of partners of all races reported having a PCP on their last assessment
- Between 80% and 92% of all partners within all races and Hispanic ethnicity reported having a PCP

Figure 47

Current PCP by Race, FY09-10			
Race/Ethnicity	FSP Unduplicated N	# of unduplicated partners with PCP	Percent Within Race
African American	287	258	90%
American Indian	12	11	92%
Asian	283	242	86%
Multi-Race	10	8	80%
Other	155	131	85%
Pacific Islander	25	21	84%
Unknown	82	68	83%
White	669	592	88%
Total	1523	1331	87%
Hispanic Ethnicity*	130	110	85%

\* As noted previously in this report Hispanic ethnicity stands apart from race and partners of Hispanic ethnicity are reported in both race and Hispanic Ethnicity categories.

### **COMPARISON OF DATA OVER TIME**

This section of the report compares data over time for all partners that were admitted to a FSP Program in Sacramento County (Pathways, TWC, Sierra, New Directions, ISA, and SOAR) between May 2007 and June 2010. The first FSP program (Pathways) began admitting partners in May 2007 and within two months 2 more FSP programs were admitting partners and providing FSP services (Sierra and TWC). In 2009 3 additional FSP programs were implemented (SOAR, New Direction, ISA) and began admitting partners. The data in this section looks at all partners admitted to FSP programs as a whole. Between May 2007 and June 2010 there were 1689



unduplicated FSP partners admitted to FSP programs. It is those 1689 partners that make up the “N” for this section of the report.

The majority of data were derived from the MHSA FSP Assessment forms described earlier (PAF, 3M, KET). However, inpatient visits, demographic, and diagnosis information was obtained either from Avatar or the Children’s Inpatient Database.

Data were compared in the following manner:

- All Partner Admits (N=1689): Baseline data gathered on the PAF were compared to data during the first year that the partner received FSP services (data were annualized for partners that were discharged prior to receiving FSP services for an entire year).
- All Partners that received FSP services for more than two years (N=316): Baseline data gathered on the PAF were compared to the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> year that the partner received FSP services (3<sup>rd</sup> yr data were annualized for partners that discharged prior to receiving FSP services for the full 3<sup>rd</sup> year).

Baseline data was collected on the PAF at the time of first admission into a FSP program and covers the 12 months prior to the date of admission.

**Length of Stay in Program: All Partners**

The overall average length of stay for all partners (N=1689) receiving FSP services is 423.47days (1.2 years). This includes both those partners discharged as well as those partners still receiving services as of 6/30/10. The range of days in a FSP is 6 days to 1155 days (3.2 years). Figures 48- 51 reflect the average length of stay by domains. Statistical tests (Analysis of Variance-ANOVA) indicate significant differences in Age, Hispanic Origin, and Gender as each relates to average length of stay in the program.

- Children and Older Adult stay in FSP programs is longer than the Adult stay (p<.03)
- Partners of Hispanic origin have a shorter length of stay than non-Hispanic partners (p<.03)
- Female partners stay longer in FSP programs than male partners (p<.03)
- There are no significant differences indicated between Race and length of stay

Figure 48

Age	N	Mean Days	Mean Years
Child	154	473.58	1.3
TAY	153	404.39	1.1
Adult	1109	405.75	1.1
OA	273	477.86	1.3

Figure 49

Race	N	Mean Days	Mean Years
African American	316	445.26	1.2
American Indian	19	333.11	.9
Asian	333	443.98	1.2
Multi	20	425.70	1.2
Other	167	377.83	1.0
Pacific Islander	28	446.61	1.2
Unknown	84	459.65	1.3
White	722	412.23	1.1

Figure 50

Hispanic Origin	N	Mean Days	Mean Years
Not Hispanic	1553	427.98	1.2
Hispanic	136	371.99	1.0

Figure51

Gender	N	Mean Days	Mean Years
Male	818	408.09	1.1
Female	871	437.91	1.2

**Discharge**

There have been 439 discharges from the FSP programs to date (inception to 6/30/10). The average length of stay in the FSP for discharged partners is 303.71 days (approximately 10 months), with a range of 1- 1050 days (2.9 yrs). Statistical testing (ANOVA) indicate that there were no significant differences in Hispanic Origin, Race or Gender as they relate to discharged partners length of stay. However, there was significance found in age group. Children stayed in the program longer than Adults (p<03).

Figure 52

Discharged Partners			
	N	%	Mean LOS (days)
<b>Child 0-15</b>	69	15.7	375.36
<b>TAY 16-25</b>	53	12.1	265.57
<b>Adult 26-59</b>	233	53.1	279.96
<b>Older Adult 60+</b>	84	19.1	334.81
<b>Total</b>	439	100.0	303.71

Figures 53-56 break down discharge reasons by most frequently reported discharge reason, Age, Ethnicity and Race. Statistical testing indicate that Age, and Race have an effect on the reason that partners discharge from a FSP program (Pearson Chi-Square <.05).

- The most frequently report discharge reason is that partners are meeting their goals (28%).
- Age: the highest percent of partners meeting goals is seen in the Adult category (35.6%) , while the highest percent of partners that choose to discontinue services or that are unable to be located is in the TAY category (60.3%).
- Race: the highest percent of partners meeting goals is seen in the African American category (36.0%) while the highest percent of partners that choose to discontinue services or that are unable to be located is in the Asian, Pacific Islander, and Other categories (59%- 62%).

Figure 53

Discharge Reasons in Order of Frequency	Frequency	Percent
<b>Partner met goals</b>	123	28.0
Partner chose to <b>discontinue</b> services	100	22.8
After repeated attempts, <b>unable to locate</b> partner	75	17.1
Partner <b>moved</b>	41	9.3
Partner is <b>deceased</b>	33	7.5
Partner no longer met <b>target criteria</b>	27	6.2
Partner was placed in <b>institution</b>	23	5.2
Partner entered the <b>justice system</b>	17	3.9
Total	439	100.0

Figure 54

Discharge Reason By Age Category	Child 0-15 N=69	TAY 16-25 N=53	Adult 26-59 N=233	Older Adult 60+ N=84
Partner is <b>deceased</b>	0.0%	0.0%	6.0%	22.6%
Partner chose to <b>discontinue</b> services	30.4%	35.8%	16.7%	25.0%
Partner entered the <b>justice system</b>	2.9%	7.5%	3.9%	2.4%
Partner was placed in <b>institution</b>	0.0%	5.7%	5.6%	8.3%
<b>Partner met goals</b>	26.1%	11.3%	35.6%	19.0%
Partner <b>moved</b>	15.9%	9.4%	9.0%	4.8%
Partner no longer met <b>target criteria</b>	2.9%	5.7%	6.0%	9.5%
After repeated attempts, <b>unable to locate</b> partner	21.7%	24.5%	17.2%	8.3%
Total	100.0%	100.0%	100.0%	100.0%

Figure 55

Discharge Reason By Race Category	African American N= 75	American Indian N=10	Asian N= 109	Multi-Race N= 9	Other N= 37	Pacific Islander N= 8	Unknown N= 15	White N= 176
Partner is <b>deceased</b>	9.3%	0.0%	2.8%	0.0%	5.4%	0.0%	0.0%	11.9%
Partner chose to <b>discontinue</b> services	13.3%	0.0%	41.3%	22.2%	27.0%	37.5%	20.0%	15.3%
Partner entered the <b>justice system</b>	5.3%	0.0%	1.8%	0.0%	5.4%	12.5%	0.0%	4.5%
Partner was placed in <b>institution</b>	9.3%	0.0%	0.9%	0.0%	2.7%	0.0%	0.0%	8.0%
<b>Partner met goals</b>	<b>36.0%</b>	<b>30.0%</b>	<b>22.9%</b>	<b>33.3%</b>	<b>13.5%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>31.3%</b>
Partner <b>moved</b>	5.3%	30.0%	10.1%	11.1%	8.1%	12.5%	13.3%	9.1%
Partner no longer met <b>target criteria</b>	6.7%	20.0%	2.8%	0.0%	2.7%	12.5%	20.0%	6.8%
After repeated attempts, <b>unable to locate</b> partner	14.7%	20.0%	17.4%	33.3%	35.1%	25.0%	13.3%	13.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Figure 56

Discharge Reason by Hispanic Origin	Not Hispanic N= 402	Hispanic N= 37
Partner is <b>deceased</b>	7.7%	5.4%
Partner chose to <b>discontinue</b> services	22.6%	24.3%
Partner entered the <b>justice system</b>	3.7%	5.4%
Partner was placed in <b>institution</b>	5.5%	2.7%
<b>Partner met goals</b>	<b>29.1%</b>	<b>16.2%</b>
Partner <b>moved</b>	9.7%	5.4%
Partner no longer met <b>target criteria</b>	6.2%	5.4%
After repeated attempts, <b>unable to locate</b> partner	15.4%	35.1%
Total	100.0%	100.0%

**Outcomes: Comparison Over Time**

The following tables examine changes in homelessness, incarceration, inpatient hospitalizations, and emergency room visits (both for mental health and physical health reasons) for partners receiving FSP services over time. The data comparisons are at the individual level and partner’s activity is followed throughout the time in service. In other words, partners that we collected baseline data on are the same partners that we collected annual data on (all partners, N=1689 and partners in program 2+ years, N=316). This allows us to examine the changes for the same partner population before and after receiving FSP services.

Annualized data is used in the first year for all partners that did not receive FSP services an entire year and in the 3<sup>rd</sup> year for partners who received services for at least two years but not an entire 3<sup>rd</sup> year. Annualization is a calculation completed to provide an estimate of a full 12 months of data when a partner is in a program for less than a full 12 month period. For example if a partner receives services for 3 months and has 2 incidents of inpatient hospitalization during those 3 months, when annualized we would see the number of inpatient hospitalizations jump to 12. Annualizing data allows us to estimate what would happen if a partner continued to demonstrate the activity at the same rate and allows for a comparison to prior years. If a partner has been in the program for a short period of time and has had multiple incidents annualization data can cause the actual number to increase substantially. Since annualized data is just an estimate based on a prior pattern of activity there is no way to know what may truly happen. For this reason, annualized data must be interpreted with caution and understood to be merely an estimate of what may have happened if the partner had been receiving services the entire 12 month period. An “\*” in a table indicates that due to the nature of the data annualized the numbers should be interpreted with caution and may be inflated significantly. Explanation of each “\*” is provided in the summary of the table data.

There are 2 types of tables presented within each outcome measure.

1. The first table will examine data for ALL partnerships established between May 2007 and June 2010 (N = 1689)
  - a. These tables compare the partner’s baseline data that was collected on the PAF to data gathered during the partner’s first year of FSP services for **all** partnerships established between May 2007 and June 2010. For partners discharged prior to the end of receiving a full year of service, data was annualized to estimate a full year of service.
2. The second table will examine data for partners that received FSP services for at least 2 years (N=316)
  - a. These tables compare the partner’s baseline data that was collected on the PAF to data gathered during the partner’s 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year of FSP services. For partners that discharged prior to the end of receiving a full 3<sup>rd</sup> year of FSP services data was annualized to estimate the 3<sup>rd</sup> full year of service.
  - b. The percent change from baseline to year 3 shows us the percent of increase or decrease that partners had in the specified outcome from prior to receiving FSP services (baseline) to after receiving FSP services for 3 years.
  - c. The percent change from year 1 to year 3 column shows us the percent of increase or decrease that partners had in the specified outcome after receiving FSP services for 1 year compared to after receiving FSP services for 3 years. This attempts to look at if once a partner has received services for a year did they continue to improve or at least remain stable after continuing to receive FSP services.

Fields highlighted in green indicate a positive outcome.

**Homelessness**

Homelessness for purposes of this report refers to partners that reported to be on the streets or living in their car. It does not include data on partners in emergency shelters or temporary housing. Homeless occurrences are captured using the KET FSP assessment form. To obtain data on homelessness a KET must be completed to report the date that the partner became homeless and another KET must be completed to report the date that the partner was housed. The validity and integrity of the data rests upon the accuracy of the data being reported to staff, captured on the KET and submitted for data entry into the database. Failure or inability to capture and report data can lead to under-representation of homelessness. Additionally, if KETs are not completed to indicate a housed date, days of homelessness may be inflated. These data collection challenges should be kept in mind as you review the data in this section.

Figure 57 shows partner baseline data (12 months prior to the start of FSP services) compared to partner data one year after receiving FSP services

- For all partnerships established across all age groups, both the number of homeless occurrences and number of days of homelessness decreased from the year prior to receiving services to the end of the first year in service.
- For all age groups there was a minimum of a 93% decrease in the number of homeless days

Figure 57

All Partners (N=1689): Homeless Occurrences					
	Baseline		Yr1 (Annualized)		% Change from Baseline (# of days)
	# Occ	# of Days	# Occ	# of Days	
Child (0-15)	26	1902	1	1	-99.9
TAY (16-25)	85	5054	8	190	-96.2
Adult (26-59)	359	32571	37	2243	-93.1
Older Adult (60+)	23	2638	1	30	-98.9
Total	493	42165	47	2464	-94.2

Figure 58 shows partner baseline data compared to partner data in year one, two and three of receiving FSP services. There were 8 actual homeless occurrences in year three, but when annualized the 8 became 24 mainly due to two partners that had multiple homeless occurrences in a short amount of time. The percents followed by the “\*” in the Yr1 to Yr3 % change column may be due to an inflation of the homeless occurrences due to two partners activity. Despite the annualization of 3<sup>rd</sup> year data, positive outcomes were seen in partner’s that received FSP services for more than two years.

- Actual data in Yr1 and Yr2 indicate that homeless occurrences decreased from 105 to only 3 and 7 respectively. Even with a possible inflation of the annualized 3<sup>rd</sup> year data, homeless occurrences decreased by 77% from baseline to 3<sup>rd</sup> year.
- Children, TAY and Older Adults decreased homeless occurrences substantially in the first year of FSP services and continued to decrease to zero occurrences in years two and three.

Figure 58

Partners in FSP > 2 yrs (N=316): Homeless Occurrences						
	Baseline	Yr1	Yr2	Yr3 (Annualized)	Yr3 % Change from Baseline	Yr1 to Yr3 % Change
Child (0-15)	15	0	0	0	-100.0	0.0
TAY (16-25)	11	1	0	0	-100.0	-100.0
Adult (26-59)	72	1	7	24	-66.7	2300.0*
Older Adult (60+)	7	1	0	0	-100.0	-100.0
Total	105	3	7	24	-77.1	700.0*

Figure 59 looks at the homeless days associated with the number of homeless occurrences shown in the above table. There was a total of 248 actual homeless days in year 3; however as discussed previously annualization increased this number substantially for year 3 because of two partners. Again, despite the questionable 3<sup>rd</sup> year annualized data, positive changes were seen in the number of homeless days that partner’s experienced.

- Children, TAY and Older Adults decreased days substantially in the first year of FSP services and continued to decrease to zero days in years two and three.
- Adults decreased the number of days of homelessness by nearly 84% from baseline to year 3

Figure 59

Partners in FSP > 2 yrs (N=316): Homeless Days						
	Baseline	Yr1	Yr2	Yr3 (Annualized)	Yr3 % Change from Baseline	Yr1 to Yr3 % Change
Child (0-15)	759	0	0	0	-100.0	-100.0
TAY (16-25)	1198	64	0	0	-100.0	-100.0
Adult (26-59)	6957	104	549	1127	-83.8	983.7*
Older Adult (60+)	758	30	0	0	-100.0	-100.0
Total	9672	198	549	1127	-88.3	469.2*

**Incarceration**

Incarceration refers to at least one night spent in jail or in a juvenile detention facility. Incarcerations are captured using the KET FSP assessment form. To obtain data on incarceration a KET must be completed to report the date that the partner was incarcerated and another KET must be completed to report that the partner was released. The validity and integrity of the data rests upon the accuracy of the data being reported to staff, captured on the KET and submitted for data entry into the database. Failure or inability to capture and report data can lead to under-representation of incarcerations. Additionally, if KETs are not completed to

indicate a release date, days of incarceration may be inflated. These data collection challenges should be kept in mind as you review the data in this section.

Figure 60 illustrates the number and days of incarceration for all partners that received FSP services.

- Overall, the number of days incarcerated decreased 8245 days at baseline to 4426 days after receiving one year of FSP services. This represents a 46% change from baseline to one year of services.
- Although the number of occurrences is significantly lower, both child and older adult age groups showed a slight increase in the number and days of incarcerations.

Figure 60

All Partners (N=1689): Incarcerated Occurrences					
	Baseline		Yr1 (annualized)		% Change from Baseline (# of days)
	# Occ	# of Days	# Occ	# of Days	
Child (0-15)	2	179	5	237	32.4
TAY (16-25)	43	1824	30	909	-50.2
Adult (26-59)	150	6079	81	3066	-49.6
Older Adult (60+)	7	163	5	214	31.3
Total	202	8245	121	4426	-46.3

Figure 61 illustrates the number of incarcerations for partners receiving FSP services for two years or more.

- There has been an over decrease in the number of incarcerations from baseline to the 3<sup>rd</sup> of service of 73%
- Over the years, partner’s continued to decrease the number of incarcerations. From year one to year three there was a 33% decrease in the number of incarcerations.

Figure 61

Partners in FSP > 2 yrs (N=316): Incarcerated Occurrences						
	Baseline	Yr1	Yr2	Yr3 (Annualized)	Yr3 % Change from Baseline	Yr1 to Yr3 % Change
Child (0-15)	0	0	0	0	0.0	0.0
TAY (16-25)	5	3	2	1	-80.0	-66.7
Adult (26-59)	35	13	9	11	-68.6	-15.4
Older Adult (60+)	4	2	0	0	-100.0	-100.0
Total	44	18	11	12	-72.7	-33.3

Figure 62 illustrates the number of incarcerated days for partners receiving FSP services for two years or more. There was a total of 453 actual incarceration days in year 3 but annualization increased the number of days to 660. In this case annualization does not appear to be extreme based on the data in previous years.

- While the number of incarceration days has decreased overall from baseline to year 3 by 64%, the number of incarceration days for Adults has remained fairly consistent across the three years of service and there has been slight increases in incarceration days for adults.

Figure 62

Partners in FSP > 2 yrs (N=316): Incarcerated Days						
	Baseline	Yr1	Yr2	Yr3 (Annualized)	Yr3 % Change from Baseline	Yr1 to Yr3 % Change
Child (0-15)	0	0	0	0	0.0	0.0
TAY (16-25)	256	49	239	186	-27.3	279.6*
Adult (26-59)	1513	416	458	474	-68.7	13.9*
Older Adult (60+)	82	5	0	0	-100.0	-100.0
Total	1851	470	697	660	-64.3	40.4*

**Inpatient Hospitalizations**

While Sacramento County now enters all inpatient data into Avatar, in FY09-10 only inpatient data for adults at the Sacramento County Mental Health Treatment Center (MHTC) and Crestwood was entered into Avatar. The Quality Management Unit within Sacramento County Mental Health Division maintained a standalone database for all Children inpatient admits to the private hospitals. Data presented in this section on inpatient admits utilizes only data that was entered into Avatar and the Children’s Inpatient Database. For partners 18 years and older, inpatient data only reflects inpatient admits to the Sacramento County Mental Health Treatment Center and Crestwood and does NOT include admits to private psychiatric hospitals. For partners under 18, inpatient data reflects inpatient admits to Sutter Center for Psychiatry, Heritage Oaks Psychiatric Hospital and Sierra Vista Psychiatric Hospital.

Figure 63 illustrates the number of inpatient admits and total number of inpatient days for all partners that received FSP services.

- Children show the largest percent change in the number of inpatient days from baseline to year one of 70%
- Overall there has been almost a 50% change in the number of inpatient days from baseline to year one of services.

Figure 63

All Partners (N=1689): Inpatient Admits					
	Baseline		Yr1 (annualized)		% Change from Baseline (# of days)
	# Occ	# of Days	# Occ	# of Days	
Child (0-15)	28	78	9	23	-70.1
TAY (16-25)	119	1956	92	1119	-42.8
Adult (26-59)	446	10390	274	5643	-45.7
Older Adult (60+)	84	2422	39	1158	-52.2
Total	677	14846	414	7943	-46.5

Figure 64 illustrates the number of inpatient admits for partners receiving FSP services for two years or more. The data indicates that partners receiving FSP services after one year continue to decrease the number of inpatient hospitalizations.

- Inpatient hospitalizations for Children and Older Adults decreased substantially after receiving FSP services
- Overall inpatient hospitalizations decreased 87% from baseline to year three and 83% from year one to year three

Figure 64

Partners in FSP > 2 yrs (N=316): Inpatient Admits						
	Baseline	Yr1	Yr2	Yr3 (Annualized)	Yr3 % Change from Baseline	Yr1 to Yr3 % Change
Child (0-15)	5	4	1	0	-100.0	-100.0
TAY (16-25)	17	11	10	6	-63.9	-44.3
Adult (26-59)	30	25	12	6	-80.0	-76.0
Older Adult (60+)	18	13	1	0	-100.0	-100.0
Total	70	53	25	12	-82.7	-77.1

Figure 65 illustrates the number of inpatient days for partners receiving FSP services for two years or more. As with hospitalizations, there has been a decrease in the number of inpatient days for partners receiving FSP services for over two years.

- While there was an increase for Older Adults in the number of inpatient days from baseline to year one, in year 2 the number of days decreased to 4 for these same partners and then to 0 in year three.
- Overall inpatient days decreased nearly 91% for partners receiving FSP services over 2 years

Figure 65

Partners in FSP > 2 yrs (N=316): Inpatient Days						
	Baseline	Yr1	Yr2	Yr3 (Annualized)	Yr3 % Change from Baseline	Yr1 to Yr3 % Change
Child (0-15)	17	4	4	0	-100.0	-100.0
TAY (16-25)	228	127	242	60	-73.7	-52.8
Adult (26-59)	533	257	109	54	-89.9	-79.0
Older Adult (60+)	300	528	4	0	-100.0	-100.0
Total	1078	916	359	114	-89.4	-87.6

**Emergency Room Visits**

Emergency room (ER) visits are captured using the KET FSP assessment form. Emergency room visits can be due to either a physical need or a mental health need and both of these options are captured on the KET. FSP providers receive training that indicates if a partner goes to an emergency room at a medical hospital for mental health reasons; it should be documented as a mental health emergency room visit. As with all data the validity and integrity of the data rests upon the accuracy of the data being reported to staff captured on the KET and submitted for data entry into the database. Failure or inability to capture and report data can lead to under-representation of emergency room visits. These data collection challenges should be kept in mind as you review the data in this section.

Figure 66 illustrates the number of ER visits due to mental health reasons for all partners that received FSP services.

- The percent decrease in the number of ER visits due to mental health reasons decreased across all age groups from 45% to 79% with an overall decrease of over 50% (57.6%)

Figure 66

All Partners (N=1689): ER-Mental Health Related Visits			
	Baseline	Yr1 (Annualized)	Yr1 %Change from Baseline
Child (0-15)	21	8	-60.8
TAY (16-25)	156	85	-45.5
Adult (26-59)	623	278	-55.4
Older Adult (60+)	149	31	-79.0
Total	949	402	-57.6

Figure 67 illustrates the number of ER visits due to mental health reasons for partners receiving FSP services for two years or more.

- While there was a large percent decrease in the number of ER visits due to mental health reasons from baseline to year 3 overall, the number of ER visits due to mental health reasons remained fairly consistent across all age groups across the 3 years of FSP services



Figure 67

Partners in FSP > 2 yrs (N=316): ER-Mental Health Related Visits						
	Baseline	Yr1	Yr2	Yr3 (Annualized)	Yr3 % Change from Baseline	Yr1 to Yr3 % Change
Child (0-15)	3	4	1	0	-100.0	-100.0
TAY (16-25)	19	6	10	9	-52.6	50.0
Adult (26-59)	68	28	26	28	-58.8	0.0
Older Adult (60+)	32	5	2	4	-87.5	-20.0
Total	122	43	39	42	-65.6	-2.3

Figure 68 illustrates the number of ER visits due to physical health reasons for all partners that received FSP services.

- The percent decrease in the number of ER visits due to physical health reasons decreased across all age groups from 30% to 76% with an overall decrease of 64%

Figure 68

All Partners (N=1689): ER-Physical Health Related Visits			
	Baseline	Yr1 (Annualized)	Yr1 %Change from Baseline
Child (0-15)	49	12	-75.5
TAY (16-25)	110	36	-67.3
Adult (26-59)	783	231	-70.5
Older Adult (60+)	177	124	-29.9
Total	1119	403	-64.0

Figure 69 illustrates the number of ER visits due to physical health reasons for partners receiving FSP services for two years or more.

- Overall the number of ER visits due to physical health reasons decreased for this group from baseline to year 3 by 53%
- While not large changes , there was a 7% overall decrease in the number of ER visits due to physical health reasons from year 1 to year 3
- Adults showed an increase of 6.5% in ER visits due to a physical health reason from year one to year 3

Figure 69

Partners in FSP > 2 yrs (N=316): ER-Physical Health Related Visits						
	Baseline	Yr1	Yr2	Yr3 (Annualized)	Yr3 % Change from Baseline	Yr1 to Yr3 % Change
Child (0-15)	20	2	1	0	-100.0	-100.0
TAY (16-25)	5	9	3	5	0.0	-44.4
Adult (26-59)	144	77	66	82	-43.1	6.5
Older Adult (60+)	59	27	17	20	-66.1	-25.9
Total	228	115	87	107	-53.1	-7.0

**Employment**

Employment was looked at for all partners 18 years and older (N=1491). Employment included both paid and non-paid employment from competitive employment (paid employment in the community) to non-paid work experience/volunteerism.

- Out of 1491 partners 18 years and older that enrolled in FSP services , 7.5% (112) were employed at the time they first started receiving services from a FSP program
- Out of the 112 partners employed at admission to FSP services, 111 stayed employed either consistently or on and off during the entire time they were receiving FSP services
- Partners fell on and off employment during the time frame; however data indicates that overall a total of 150 partners had been employed at some time between May 2007 and June 2010. 39 of these partners were employed after they began FSP services.

Not all partners have the desire or ability to work, therefore examining the data of those partners that express a desire to work is another way to look at individual level employment outcomes. Figures 70 and 71 present data in two ways, 1) by all partners 18 years and older that received FSP services and 2) by partners 18 years and older receiving FSP services 2 or more years. Data is examined based on those partners that indicated employment as a goal on the initial PAF (assessment).

For all partners 18 years and older, data for the first year in FSP services shows:

- Out of 1491 partners 18 years and older, 338, or 20%, had a goal of employment
- Out of those that had a goal of employment, 17% were already employed when they started FSP services and at the end of year 1, an additional 7 partners had reported employment, increasing the percent of those employed with an employment goal to 19%

Figure 70

	Employment Goal at PAF		Employed at Baseline		Employed in Year 1		Percent Change from Baseline
	N	%	N	%	N	%	%
All Partners 18 and older (N=1491)	338	20.0	58	17.2	65	19.2	12.1

For partners that received 2 or more years of FSP services, data shows:

- Out of 279 partners in services 2 or more years, 94, or 29.7%, had an employment goal when they entered FSP services
- Out of these 94 with an employment goal, 8, or 8.5% were already employed
- In years 1, 2, and 3 a total of 11 partners were employed. 10 out of the 11 partners were the same partners employed across all three years. No new partners with an employment goal were reported to be employed during that time.

Figure 71

	Employment Goal at PAF		Employed at Baseline		Employed in Year 1		Employed in Year 2		Employed in Year 3		Percent Change from Baseline
	N	%	N	%	N	%	N	%	N	%	%
Partners 18 + in FSP > 2 yrs (N=279)	94	29.7	8	8.5	11	11.7	11	11.7	11	11.7	37.5

### Conclusion

Data collection and data integrity is key to analyzing FSP services provided in Sacramento County FSP programs. The Research, Evaluation, and Performance Outcome Unit (REPO) has a full time staff member assigned to oversee the training, collection and reporting of FSP Assessment Forms. REPO provides technical support and training on FSP data collection to all FSP providers on a regular basis. The 90% completion rate of Partnership Assessment Forms (PAF) attests to the diligence of both REPO and the provider in completing the initial

assessment into FSP services. While 3M rates vary among providers and can be partially attributed to key staff turnover in some programs, REPO continues to work with FSP providers to improve timely submission of 3M assessment forms. As mentioned earlier, it can be difficult to gauge the number of Key Event Tracking (KET) forms that should be submitted, but discrepancies in the data tell us that there are most likely large number of KETs that are not submitted. As an example it was noted earlier in the report that there were 79 reported incarcerations in the year, yet there were only 53 reported arrests for the year. REPO continues to provide training in the collection of KETS and is working with providers to increase the submission of these key outcome forms.

Even though there is some caution needed when analyzing self-report data, the data contained in this report provides valuable information for program evaluation and improvement. Marked decreases are shown in key outcomes such as days incarcerated and hospitalized. Examining the interventions being used at FSP programs that have more success in these areas may assist other programs in improving the outcomes in these areas. FSP programs can learn from each other and share that knowledge to improve partner outcomes.

One of the key goals of the MHSA and FSP programs is to decrease the long-term impact resulting from untreated serious mental illness. While partners receiving FSP services continue to be incarcerated, arrested, hospitalized, become homeless and have emergency room visits, the data clearly show that the incidence of these negative outcomes has decreased after receiving FSP services. FSP programs in Sacramento County are helping the partners they serve and are contributing to their wellness and recovery.