Mental Health Services Act Community Services and Supports Full Service Partnership Program Annual Report – Fiscal Year 2013-2014



Prepared by: Karisa Hyppolite, Program Planner Research, Evaluation and Performance Outcomes June 2015 The following Full Service Partnership (FSP) report analyzes demographics and outcomes for the seven FSPs currently serving partners in Sacramento County. All FSP program descriptions are included in the Addendum on page 23. The report focuses on partners served in FSPs from July 1, 2013 through June 30, 2014. With the adoption of the FSP assessment forms came the use of the word "partner" to describe clients who received services from FSP programs. "Partner" will be used from this point forward to reference those served in our FSP programs.

The Department of Health Care Services requires all FSP programs to collect and report data using FSP assessment forms. Three forms are used to collect FSP outcome data (detailed below), and each form is tailored to an age group - Children/Youth, TAY, Adult, and Older Adult. Although each form is specific to one of the aforementioned age groups, the forms are similar in the 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 date which indicates the date a partner enters a FSP program for the very first time. The PAF is completed only when the partner enters his/her first FSP program, or again upon resuming FSP services after a year or longer break in services. The PAF collects the partner's baseline, and current data. Baseline data for purposes of FSP Assessment forms, and FSP program analysis is defined as the 12 months prior to the Partnership Date. Baseline data is not collected at each subsequent admit to other FSP programs, unless there has been a year or longer lapse in FSP services. Data on the PAF is self-report, and collected from the partner during the first few weeks of service from the FSP.
- 2. Quarterly Assessment (3M): The 3M is completed every three months, following the Partnership Date (PAF date). It is used to update the status of certain data elements collected on the PAF. Data on the 3M is self-report, as well as reported based upon staff's knowledge of the partner during the time of form completion.
- 3. Key Event Tracking (KET): The KET is used to report key event changes (such as residence change, incarceration, emergency room visits, etc.) within a week of occurrence, or as soon as possible after they occur. Data on the KET is also self-report, as well as reported based upon staff's knowledge of the key event change. A KET must be completed to "open" and "close" a key event, such as homelessness or incarceration.

Various data sources were used for this report. Avatar data was used for demographics as well as psychiatric hospitalizations. FSP assessment forms were used for arrests/incarcerations, homelessness, emergency room visits, and employment information. The data collected and reported from these forms is primarily self-report, so there are limitations. Providers can only collect and submit information that is reported to them by the partner, or from a reliable source, such as the Public Guardian's office. This may or may not present a full and accurate picture of the partner's situation. Additionally, only data that is submitted and entered into the State's Department of Health Care Services MHSA Data Collection and Reporting database (DCR) can be used for analysis. Because of the limitations of self-report data, it must be recognized that some data elements may be underreported.

Executive Summary

Utilization

There were 1687 unduplicated partners served during the fiscal year, and the average length of stay in an FSP program was 2.1 years. While each program's attrition rate varied, the overall attrition rate across all FSP programs was 23.8%. This means that 23.8% of clients cycled out of the programs, opening spots for new clients to enter.

Demographics

As previously stated, according to Avatar, there were 1687 unduplicated partners served in all FSP programs, during the 13/14 fiscal year. However, the total number served at each program (1692) will not equal the total unduplicated partners, as some partners were served by more than one program. Furthermore, there were only 1674 unduplicated clients who had outcome forms submitted on their behalf. Some of these partners were also served by more than one program, resulting in the sum of partners served at each program (1679) being greater than the unduplicated number of partners.

While the majority of partners served in the FSP programs were adults (60.2%), FSP programs also served children ages 0-15 (9.0%), transitional age youth (TAY) ages 16-25 (14.1%) and older adults ages 60 and over (16.8%). Overall, slightly more men were served than women (50.7%).

FSPs served partners from diverse cultures with 56.1% of all partners reporting a race other than Caucasian, and 17.1% speaking a language other than English. Avatar data revealed that 10.7% of partners reported being of Hispanic origin. Note, in the report, race and ethnicity are distinguished separately. Ethnic categories are broad groups for which people identify with (Hispanic or Non-Hispanic) and race refers to the specific racial group a person identifies with (Caucasian, African-American, Asian/Pacific Islander, etc.).

The majority of partners (76.0%) reported being diagnosed with Depressive, Bipolar and Psychotic disorders.

Discharges

There were 326 discharges from FSP programs during fiscal year 13/14. The average length of stay in the FSP for discharged partners was 2.1 years with some partners staying as little as 3 days, and one staying 7 years.

Across all FSPs the most common reasons given for discharge were "Receiving Services Elsewhere" (22%), "Completed Mental Health Services" (21%), and "Refused/Declined Services" (20%). These reasons remain consistent across race and Hispanic ethnicity.

Emergency Room Visits

During the fiscal year, 12.7% of partners who submitted FSP outcome forms (212 of 1674) reported an ER visit for a Mental Health reason, and 12.8% (214 of 1674) for a physical reason. This rate varied greatly between agencies with one agency reporting a low of 4.5% of partners experiencing a psychiatric ER visit, to another agency reporting a high of 34.9%.

Caucasian partners made up the greatest percent of psychiatric ER visits at 50.8%. The ethnic group with the highest percent Adults, ages 26 to 59, reported the greatest percentage of partners with physical ER visits at 70.6%, and the highest rate of psychiatric ER visits at 74.2%.

Inpatient Admits

Of all partners served in this fiscal year, 10.3% of them had an inpatient psychiatric hospital admit. This percent includes those admitted into the Sacramento County Mental Health Treatment Center (MHTC), and five other contracted facilities. During the fiscal year there were a total of 407 inpatient admits, resulting in a total of 4,673 inpatient days.

Of those partners who reported their race, the highest rate of hospitalization was within the African American population with 12.6% of those partners being admitted. The ethnic group with the highest hospitalization rate was Hispanic, at 11.6%. The age group reporting the highest rate of hospitalization was TAY (16-25) at 14.7%.

Homelessness

During the fiscal year, 4.5% of partners with outcome forms (76 of 1,674) reported experiencing homelessness, for a total of 97 homeless occurrences, 5030 homeless days, and a 51.9 average number of homeless days per occurrence. To interpret homelessness data, a KET must be completed to report the date the partner became homeless, and another KET to report the date the partner became housed. There were some KETs submitted for the fiscal year that reported residence changes to homelessness, while the last KET on file also reported homelessness. Such KETs indicate missing data on the partner's location in between occurrences of homelessness. As a result, the total days of homelessness are inflated.

Of those partners reporting homeless occurrences, 50% were Caucasian, 27.6% were African American and 9.2% were Asian/Pacific Islander. Partners of Non-Hispanic ethnicity reported a higher percent of homelessness than did Hispanics, and of all age groups reporting homelessness, adults age 26-59 made up the greatest amount at 73.7%.

Employment

Across all programs, 3.6% of our partners were employed during the fiscal year. Employment rates ranged between agencies from a low of 0% to a high of 5%.

Arrests and Incarceration

Almost eight percent (7.9%) of all partners reported being arrested during the fiscal year, for a total of 178 arrests. Nine percent (9.0%) of all partners were reported to be incarcerated during the fiscal year, resulting in 209 different incarcerations, a total of 10,242 incarceration days, and an average of 49 incarceration days per incarceration.

The highest arrest rate reported was for African-Americans, at 12.4%, with a 14.4% residence change into jail. Of the Hispanic population, 11.8% reported an arrest, and 15.7% reported a residence change into jail. This was significantly higher than the 7.8% of Non-Hispanic partners who reported an arrest, and 8.6% who reported a residence change into jail. Of all age groups, TAY (16-25) reported the highest percent of partners with an arrest (14.4%), and residence changes into jail (16.9%).

Program Description

A brief program description of each FSP is included in the Addendum.

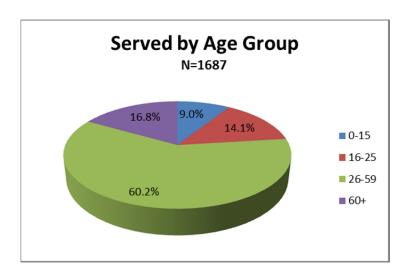
Utilization

During FY 13/14 there were a total of 1,687 unduplicated partners who received services at the FSPs. The table below gives information on the number of partners served, admits, discharges, length of stay, and attrition rate. Client attrition rate is the turnover rate of clients in the program, and is calculated as follows: Number of clients discharged, divided by the average number of clients served (clients at the beginning of the year, plus the number of clients at the end of the year, divided by two).

Unduplicated FSP Clients Served by Episode	Undup # Served	Undup # of Ptnrs Admitted in Year	Undup # of Ptnrs Discharged in Year	Avg LOS	Attrition Rate
Total	1687	360	324	2.1 Years	23.8%

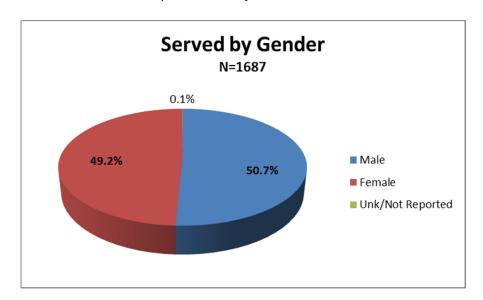
• Admits are partners who had at least one service in FY13/14.

The tables below give information broken down by age group, race, and ethnicity.



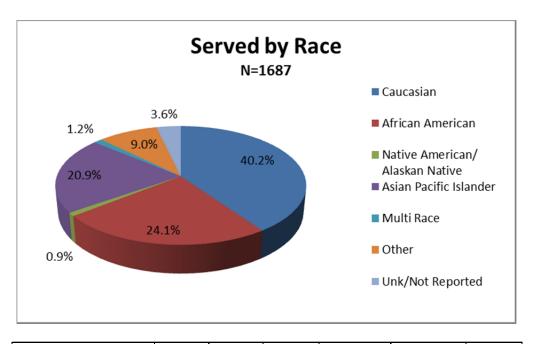
			Undup#	Undup # of		
Served by Age Group	Undup#	Dorsont	of Ptnrs	Ptnrs	Av. (1.00)	
Served by Age Group	Served	Percent	Admitted	Discharged	Avg LOS	Attrition
			in Year	in Year		Rate
0-15	151	9.0%	68	57	1.1 Years	63.0%
16-25	238	14.1%	68	7 9	1.3 Years	47.2%
26-59	1015	60.2%	179	132	2.8 Years	15.1%
60+	283	16.8%	45	56	2.9 Years	23.9%
Total	1687	100.0%	360	324	2.1 Years	23.8%

- Adults made up the largest age group of partners served at 60.2% of total partners served.
- The average length of stay was greatest for the Older Adult population at 2.9 years.
- The highest attrition rate was experienced by Children at 63%.



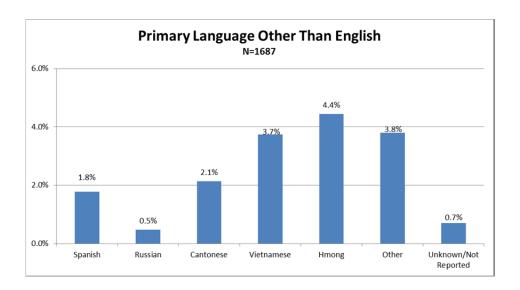
			Undup#	Undup # of		
Served by Gender	# C	Dorsont	of Ptnrs	Ptnrs	Ava I OS	
	# Served	Percent	Admitted	Discharged	Avg LOS	Attrition
			in Year	in Year		Rate
Male	856	50.7%	200	187	1.8 Years	27.7%
Female	830	49.2%	159	137	2.6 Years	19.9%
Unk/Not Reported	1	0.1%	1	0		0.0%
Total	1687	100.0%	360	324	2.1 Years	23.8%

• FSPs served slightly more men than women (50.7%). Women had a longer length of stay, and men experienced a higher attrition rate.

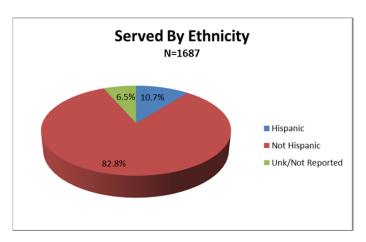


			Undup#	Undup # of		
Comunad bu Dono	# Cam.ad	Dawaana	of Ptnrs	Ptnrs	A = 1.00	
Served by Race	# Served	Percent	Admitted	Discharged	Avg LOS	Attrition
			in Year	in Year		Rate
Caucasian	679	40.2%	120	118	2.3 Years	20.8%
African American	406	24.1%	95	75	1.9 Years	23.0%
Native American/						
Alaskan Native	16	0.9%	3	2	1.4 Years	14.8%
Asian Pacific Islander	352	20.9%	74	69	2.2 Years	24.2%
Multi Race	21	1.2%	5	3	4.8 Years	17.6%
Other	152	9.0%	29	41	2.0 Years	33.9%
Unk/Not Reported	61	3.6%	34	16	1.8 Years	44.4%
Total	1687	100.0%	360	324	2.1 Years	23.8%

- The majority of partners served were of other racial backgrounds other than Caucasian (56.1%).
- Partners of a Multi-Racial background experienced the longest average length of stay at 4.8 years.
- Those of an unknown, or not reported, racial background experienced the highest attrition rate at 44.4%.



• Across all programs, 17.1% of partners served spoke a language other than English.

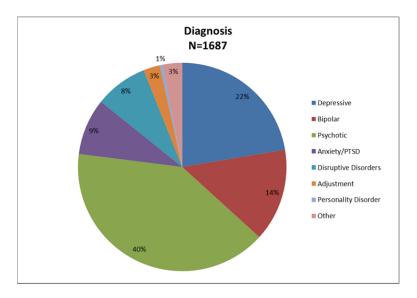


Served by Ethnicity	# Served	Percent	Undup # of Ptnrs Admitted in Year	Undup # of Ptnrs Discharged in Year	Avg LOS	Attrition Rate
Hispanic	181	10.7%	39	41	1.9 Years	28.4%
Not Hispanic	1396	82.8%	267	259	2.2 Years	22.6%
Unk/Not Reported	110	6.5%	54	24	1.3 Years	33.6%
Total	1687	100.0%	360	324	2.1 Years	23.8%

- 10.7% of partners reported Hispanic ethnicity
- Partners of unknown, or not reported, ethnicity experienced the highest attrition rate at 33.6%, and the shortest length of stay at 1.3 years.

Diagnosis

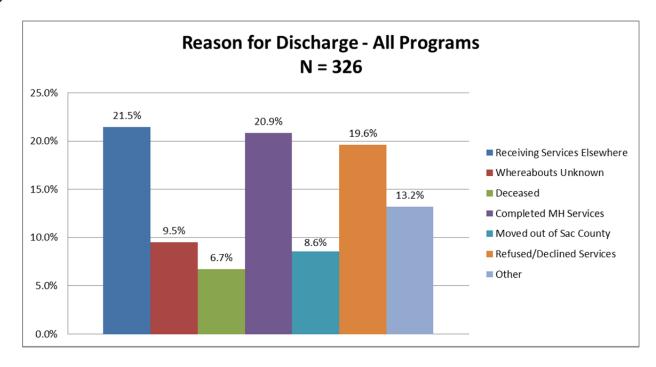
This section represents the principal diagnosis of partners served across all FSP programs. The graph below indicates the most recent diagnosis reported in Avatar.



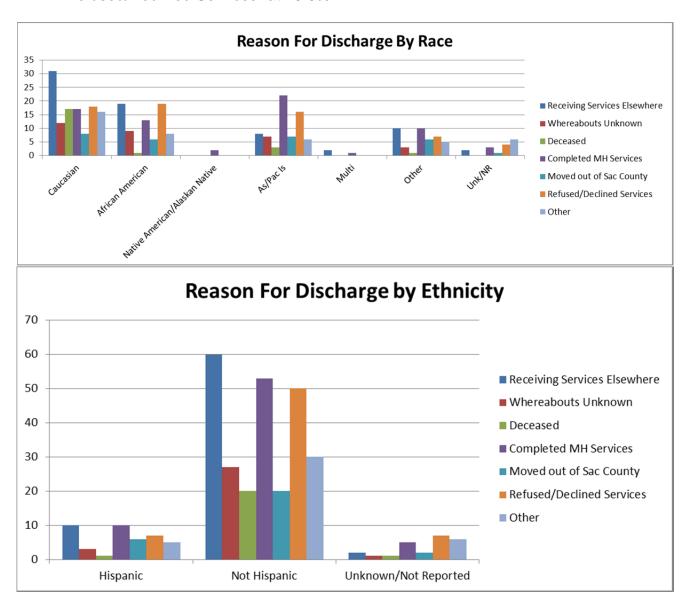
 The majority of partners (76.0%) reported diagnoses of Depressive, Bipolar or Psychotic disorders.

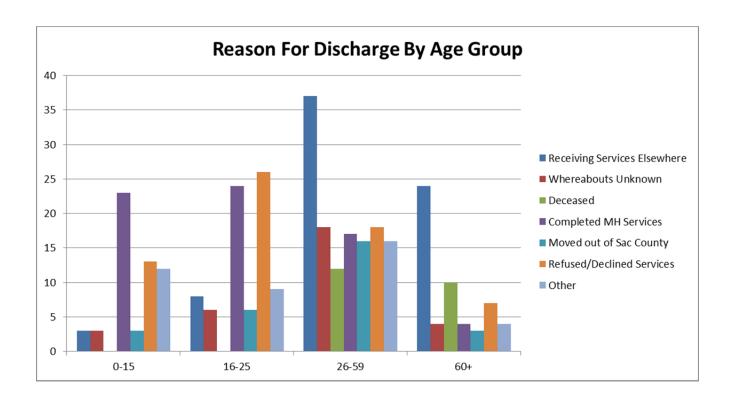
Discharges

There were 326 discharges from the FSP programs during fiscal year 13/14. The average length of stay with a FSP (for discharged partners) was 2.1 years, with a range of 3 days to 7 years.



 The reason given most often for ending services is "Receiving Services Elsewhere," (70 or 22%) followed by "Completed Mental Health Services" (68 or 21%) and "Refused/Declined Services" at 19.6%.





Outcome Measures

This section of the report examines outcome data for the FSP programs. Data from this section is obtained from Avatar for inpatient hospitalization data, and from FSP outcome forms, as required by DHCS, for emergency room visits, homelessness, employment, arrests, and incarcerations.

Below is information as reported on the three FSP outcome forms:

Emergency Room Visits

Emergency room (ER) visits are captured using the KET form. Emergency room visits can be due to either a physical need, or a mental health need. Both reasons are captured on the KET. As with all data, the validity and integrity of the data rests upon the accuracy of the data reported by partners and staff, captured on a KET, and ultimately submitted for data entry. 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.

									% Of
			Unduplicated			Unduplicated		Avg	Clients
			Number of			Number of		Number of	With
ER Visits	Unduplicated		Clients With	Avg Number of	% Of Clients	Clients With	Number of	Mental	Mental
	Clients Served	Number of	Physical ER	Physical ER	With Physical	Mental Health	Mental Health	Health ER	Health ER
	With a PAF	Physical ER Visits	Visits	Visits	ER Visit	ER Visits	ER Visits	Visits	Visits
	1674*	407	214	1.9	12.8%	212	650	3.1	12.7%

^{*}Thirteen partners did not have outcome forms (including PAFs) submitted on their behalf.

 Across all programs 12.8% of partners (214 of 1674) reported an ER visit for a Mental Health reason, and 12.7% (212 of 1674) had an ER visit for a physical reason.

								Average	% Of
			Unduplicated		% Of	Unduplicated		Number	Clients
ER Visits By Race	Unduplicated		Number of	Average	Clients	Number of	Number of	of	With
EN VISITS BY NACE	Clients	Number of	Clients With	Number of	With	Clients With	Mental	Mental	Mental
	Served With a	Physical ER	Physical ER	Physical ER	Physical ER	Mental Health	Health ER	Health	Health
	PAF	Visits	Visits	Visits	Visit	ER Visits	Visits	ER Visits	ER Visits
Caucasian	678	228	131	1.7	19.3%	105	330	3.1	15.5%
African American	403	82	39	2.1	9.7%	58	189	3.3	14.4%
American Indian	15	3	2	1.5	13.3%	1	1	1.0	6.7%
Asian/Pacific Islander	350	64	23	2.8	6.6%	29	75	2.6	8.3%
Multi-Race	21	1	1	1.0	4.8%	0	0	0.0	0.0%
Other	151	23	14	1.6	9.3%	17	53	3.1	11.3%
Unknown/Not		•							
Reported	56	6	4	1.5	7.1%	2	2	1.0	3.6%

- Caucasian partners reported the highest percentage of ER visits for a physical reason at 19.3%.
- Caucasian partners had the highest percentage of psychiatric ER visits at 15.5%, followed by African American partners (14.4%) and those reporting their race as other (11.3%).

								Avg	% Of
			Unduplicated		% Of	Unduplicated		Number	Clients
ED Visita D. Ethaisia.	Unduplicated		Number of		Clients	Number of	Number of	of	With
ER Visits By Ethnicity	Clients	Number of	Clients With	Avg Number of	With	Clients With	Mental	Mental	Mental
	Served With a	Physical ER	Physical ER	Physical ER	Physical ER	Mental Health	Health ER	Health	Health
	PAF	Visits	Visits	Visits	Visit	ER Visits	Visits	ER Visits	ER Visits
Hispanic	178	21	13	1.6	7.3%	23	61	2.7	12.9%
Not Hispanic	1391	370	189	2.0	13.6%	187	587	3.1	13.4%
Unknown/Not Reporte	105	16	12	1.3	11.4%	2	2	1.0	1.9%

• Non-Hispanic partners had the highest percentage of psychiatric ER visits at 13.4%.

								Avg	% Of
			Unduplicated		% Of	Unduplicated		Number	Clients
ER Visits By Age	Unduplicated		Number of		Clients	Number of	Number of	of	With
Group	Clients	Number of	Clients With	Avg Number of	With	Clients With	Mental	Mental	Mental
	Served With a	Physical ER	Physical ER	Physical ER	Physical ER	Mental Health	Health ER	Health	Health
	PAF	Visits	Visits	Visits	Visit	ER Visits	Visits	ER Visits	ER Visits
0-15	144	4	3	1.3	2.1%	14	23	1.6	9.7%
16-25	236	25	10	2.5	4.2%	38	96	2.5	16.1%
26-59	1012	285	151	1.9	14.9%	136	482	3.5	13.4%
60+	282	93	50	1.9	17.7%	24	49	2.0	8.5%

• Older adults had the highest percentage of physical ER visits at 17.7% while TAY experienced more psychiatric ER visits, with 16.1%.

Inpatient Hospitalizations

Sacramento County pulls all inpatient data from Avatar for reporting. Data presented in this section is for partners of all ages that are being served by an FSP. Inpatient data reflects inpatient admits to the MHTC, Crestwood, Sutter, Sierra Vista, and Heritage Oaks psychiatric hospitals.

			Unduplicated	% of Clients		
		# of Psychiatric	Clients With	With		Average
Hospitalizations	Unduplicated	Hospitalizations	Psychiatric	Psychiatric	Psychiatric	Length of
	Clients Served	in FY 13/14	Hospitalization	Hospitalization	Hospital Days	Stay
	1687	407	174	10.3%	4673	11.5

• Overall 10.3% of all partners reported a psychiatric hospitalization during the fiscal year, with an average length of stay of 11.5 days.

			Unduplicated	% of Clients		
Hospitalizations By	Unduplicated	# of Psychiatric	Clients With	With	Psychiatric	
Race	Clients	Hospitalizations	Psychiatric	Psychiatric	Hospital	Avg Length of
	Served	in FY 13/14	Hospitalization	Hospitalization	Days	Stay
Caucasian	679	191	78	11.5%	2333	12.2
African American	406	132	51	12.6%	1456	11.0
American Indian	16	0	0	0.0%	0	0.0
Asian/Pacific Islander	352	51	29	8.2%	535	10.5
Multi-Race	21	0	0	0.0%	0	0.0
Other	152	33	16	10.5%	349	10.6
Unknown/Not Reporte	61	0	0	0.0%	0	0.0

 When looking at those reporting a specific race, African American partners represented the highest percentage of partners with psychiatric hospitalizations at 12.6%, while Caucasian partners had the longest average length of stay in psychiatric hospitals (12.2 days).

			Unduplicated	% of Clients		
Hospitalizations By	Unduplicated	# of Psychiatric	Clients With	With	Psychiatric	
Ethnicity	Clients	Hospitalizations	Psychiatric	Psychiatric	Hospital	Avg Length of
	Served	in FY 13/14	Hospitalization	Hospitalization	Days	Stay
Hispanic	181	43	21	11.6%	461	10.7
Not Hispanic	1396	361	151	10.8%	4197	11.6
Unknown/Not Reporte	110	3	2	1.8%	15	5.0

• Hispanic partners experienced the highest percentage of hospitalizations at 11.6%, while Non-Hispanic partners had a longer length of stay (11.6 days).

			Unduplicated	% of Clients		
Hospitalizations By	Unduplicated	# of Psychiatric	Clients With	With	Psychiatric	
Age Group	Clients	Hospitalizations	Psychiatric	Psychiatric	Hospital	Avg Length of
	Served	in FY 13/14	Hospitalization	Hospitalization	Days	Stay
0-15	151	15	11	7.3%	90	6.0
16-25	238	101	35	14.7%	905	9.0
26-59	1015	265	111	10.9%	3312	12.5
60+	283	26	17	6.0%	366	14.1

• TAY partners (age 16-25) experienced the greatest percent of psychiatric hospitalizations; however, older adult partners (60+) had the longest average length of stay (14.1 days).

Homelessness

Homelessness for purposes of this report refers to partners who reported being 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 form. To obtain data on homelessness, a KET must be completed to report the date the partner became homeless,

and another KET to report the date the partner became housed. The validity and integrity of the data rests upon the accuracy of the data reported to and by staff, captured on the KET, and submitted for data entry. 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 of the data to keep in mind is, there are a small number of partners who have not been engaged and remain homeless. These anomalies can inflate homeless days as well.

Homelessness	Clients Served With a PAF	Homeless Occurrences	Unduplicated Clients Experiencing Homelessness	% Of Clients With Homeless Occurrences	Homeless Days	Avg Days of Homelessness
	1674	97	76	4.5%	5030	51.9

Homelessness by Race	Clients Served With a PAF	Homeless Occurrences	Unduplicated Clients Experiencing Homelessness	% Of Clients With Homeless Occurrences	Homeless Days	Avg Days of Homelessness
Caucasian	678	47	38	5.6%	2061	36.8
African American	403	30	21	5.2%	1992	71.2
American Indian	15	0	0	0.0%	0	0.0
Asian/Pacific Islander	350	7	7	2.0%	418	59.7
Multi-Race	21	0	0	0.0%	0	0.0
Other	151	8	7	4.6%	384	48.0
Unknown/Not						
Reported	56	5	3	5.4%	175	35.0

• A higher percentage of Caucasian partners experienced homelessness (5.6%), compared to other races, while African American partners experienced homelessness for a longer period of time per occurrence (71.2 days).

			Unduplicated			
Homelessness by	Clients		Clients	% Of Clients		
Ethnicity	Served With a	Homeless	Experiencing	With Homeless	Homeless	Avg Days of
	PAF	Occurrences	Homelessness	Occurrences	Days	Homelessness
Hispanic	178	8	7	3.9%	532	66.5
Not Hispanic	1391	88	68	4.9%	4493	51.1
Unknown/Not Reporte	105	1	1	1.0%	5	5

 Non-Hispanic partners had the highest percent of partners experiencing homelessness during the fiscal year (4.9%), while Hispanic partners were homeless for the greatest amount of time per occurrence (66.5 days).

			Unduplicated			
Homelessness by Age	Clients		Clients	% Of Clients		
Group	Served With a	Homeless	Experiencing	With Homeless	Homeless	Avg Days of
	PAF	Occurrences	Homelessness	Occurrences	Days	Homelessness
0-15	144	1	1	0.7%	115	115
16-25	236	26	14	5.9%	1351	52.0
26-59	1012	65	56	5.5%	3229	49.7
60+	282	5	5	1.8%	335	67

Arrests and Incarcerations

Arrests are captured using the KET form. As with the previous outcomes, the validity and integrity of the data rests upon accurate collection and submission. Failure or inability to capture and report data can lead to under-representation of arrests. 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.

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 209 reported incarcerations, yet only 178 reported arrests. While some individuals do not get arrested, but rather turn themselves in voluntarily, the likelihood of that happening to 15% 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 it is to spend the night in jail/juvenile hall while not being arrested. Based on this inconsistency, interpretation of arrest data is limited.

Incarceration refers to at least one night spent in jail, or a juvenile detention facility. Incarcerations are captured using the KET form. To interpret data on incarcerations, a KET must be completed to report the date the partner was incarcerated, and another KET to report that the partner was released.

						Unduplicated	% Of Clients		
					Number of	Clients With	With		
			Unduplicated		Residential	Residential	Residential		
Arrests	Clients Served	Number of	Clients With	% of Clients	Changes into	Changes into	Changes into	Total Days	Avg Days
	With a PAF	Arrests	Arrests	With Arrests	Jail	Jail	Jail	in Jail	in Jail
	1674	178	132	7.9%	209	151	9.0%	10242	49.0

• Across all programs, 7.9% of partners experienced an arrest during the fiscal year, and 9.0% were actually incarcerated, with an average length of stay in jail of 49 days.

							% Of		
						Unduplicated	Clients		
Arrests and Jail by					Number of	Clients With	With		
Race	Clients		Unduplicated		Residential	Residential	Residential	Total	
	Served With a	Number of	Clients With	% of Clients	Changes	Changes into	Changes	Days in	Avg Days
	PAF	Arrests	Arrests	With Arrests	into Jail	Jail	into Jail	Jail	in Jail
Caucasian	678	75	56	8.3%	83	58	8.6%	3280	39.5
African American	403	75	50	12.4%	89	58	14.4%	4614	51.8
American Indian	15	0	0	0.0%	0	0	0.0%	0	0.0
Asian/Pacific Islander	350	10	9	2.6%	14	13	3.7%	797	56.9
Multi-Race	21	2	2	9.5%	2	2	9.5%	244	122.0
Other	151	14	13	8.6%	18	17	11.3%	1230	68.3
Unknown/Not									
Reported	56	2	2	3.6%	3	3	5.4%	77	25.7

 African American partners had a considerably higher percentage of partners with arrests (12.4%) and incarcerations (14.4%), while Multi-Race and Other races had longer lengths of stay.

							% Of		
						Unduplicated	Clients		
Arrests and Jail by					Number of	Clients With	With		
Ethnicity	Clients		Unduplicated		Residential	Residential	Residential	Total	
	Served With a	Number of	Clients With	% of Clients	Changes	Changes into	Changes	Days in	Avg Days
	PAF	Arrests	Arrests	With Arrests	into Jail	Jail	into Jail	Jail	in Jail
Hispanic	178	31	21	11.8%	37	28	15.7%	1692	45.7
Non-Hispanic	1391	144	108	7.8%	169	120	8.6%	8520	50.4
Unknown/Not									
Reported	105	3	3	2.9%	3	3	2.9%	30	10.0

• Partners reporting Hispanic ethnicity had a higher percentage of arrests (11.4%) and incarcerations (15.0%), while Non-Hispanics had longer lengths of stay.

							% Of		
Arrests and Jail by Age						Unduplicated	Clients		
Group					Number of	Clients With	With		
Group	Clients		Unduplicated		Residential	Residential	Residential	Total	
	Served With a	Number of	Clients With	% of Clients	Changes	Changes into	Changes	Days in	Avg Days
	PAF	Arrests	Arrests	With Arrests	into Jail	Jail	into Jail	Jail	in Jail
0-15	144	11	11	7.6%	29	20	13.9%	2708	93.4
16-25	236	49	34	14.4%	51	40	16.9%	2527	49.5
26-59	1012	111	81	8.0%	123	87	8.6%	4835	39.3
60+	282	7	6	2.1%	6	4	1.4%	172	28.7

• In comparing arrest and incarceration rates between age groups, TAY youth (16-25) had the highest percentage of both arrests (14.4%) and incarcerations (16.9%).

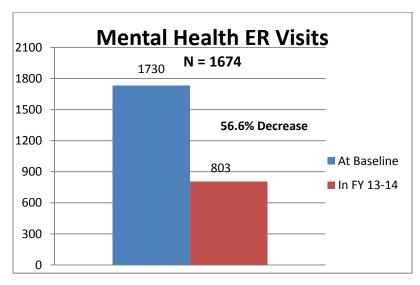
Outcomes - Comparison Over Time

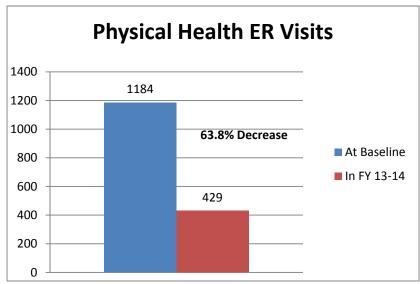
Of 1,687 partners served, 1,674 of them had outcome forms entered into the State's DCR database, enabling us to track outcomes. Data contained herein represents baseline measures (one year prior to enrollment) compared to FY 13/14 to illustrate changes over time.

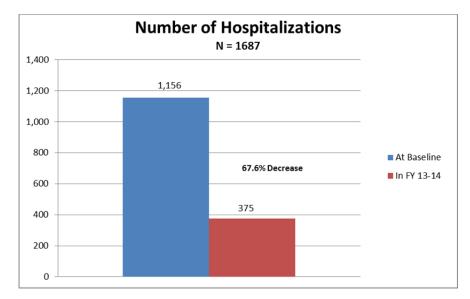
This section of the report compares data over time for all partners who were served in a FSP Program in Sacramento County (Pathways, RO-JJDTP, TWC, Sierra, New Directions, Turning Point-ISA, and SOAR) between July 1, 2013 and June 30, 2014.

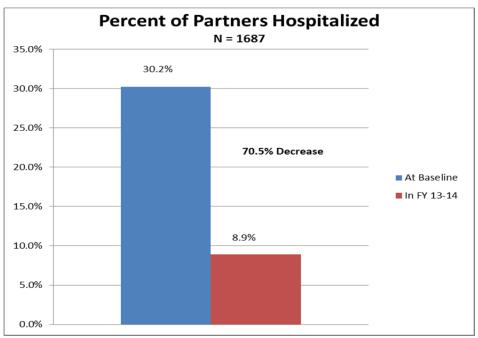
The majority of data was pulled from the FSP forms, as described earlier (PAF, 3M, KET). However, inpatient hospitalizations, demographics, and diagnosis information was obtained from Avatar. For this reason, the total N for some outcomes will vary. For the data taken from Avatar, all partners served will be included in the N. For the data taken from FSP Outcome forms, only those partners who have data in the State's database will be included in the N, which is slightly less.

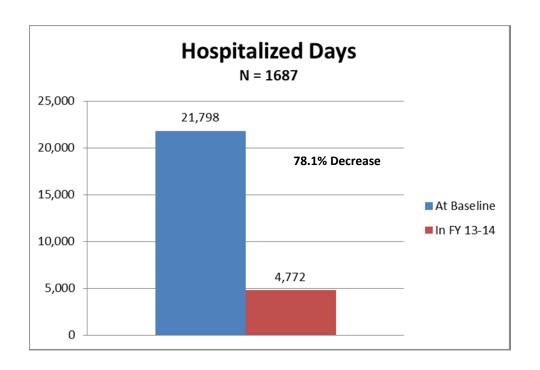
The following charts reflect partners' baseline data, as it compares to their reported or annualized data during the fiscal year. Annualized data was calculated for partners who enrolled into a FSP after the fiscal year began, and is calculated as follows: number of occurrences (or days), divided by the number of days enrolled during the fiscal year, then multiplying that quotient by 365 days.

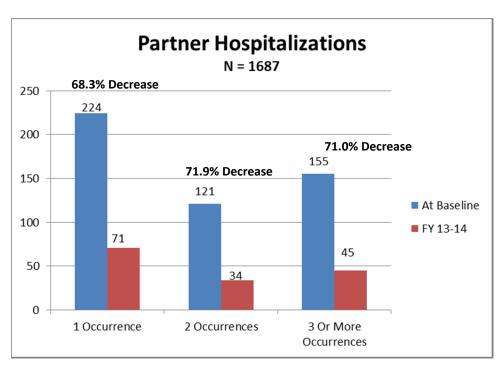


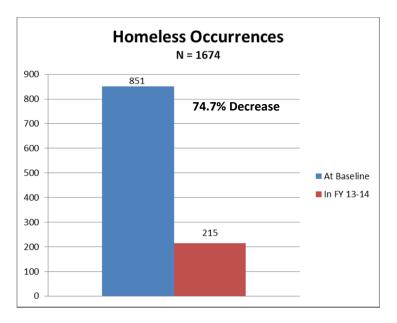


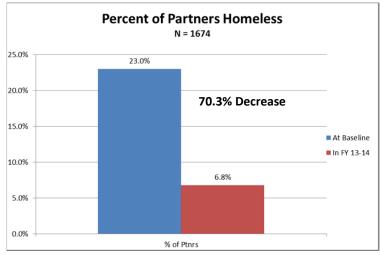


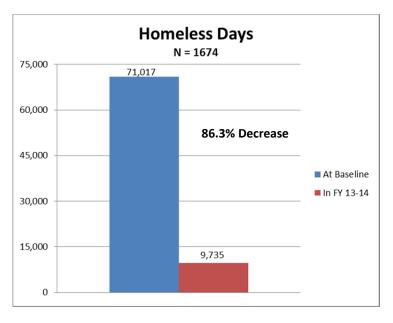


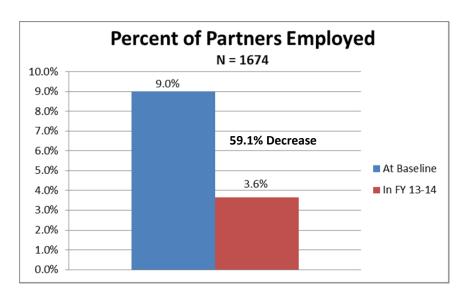


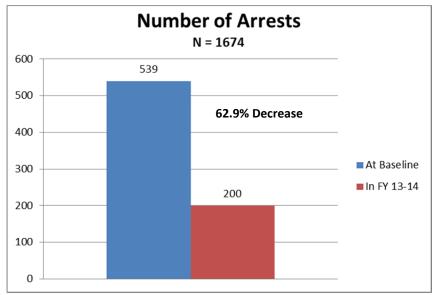


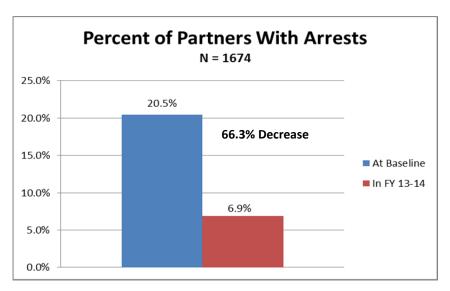


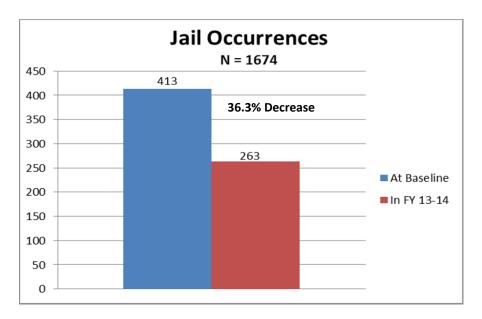


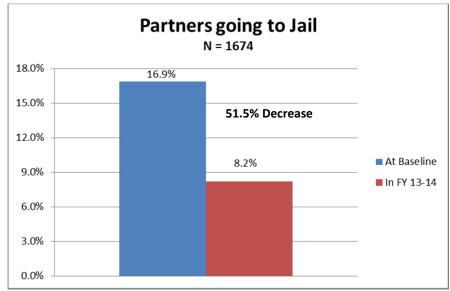


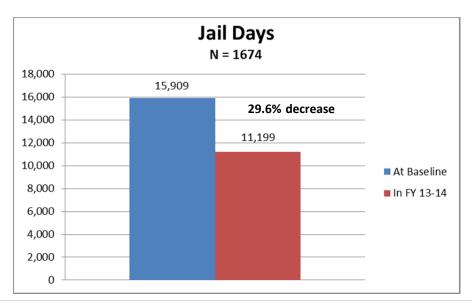


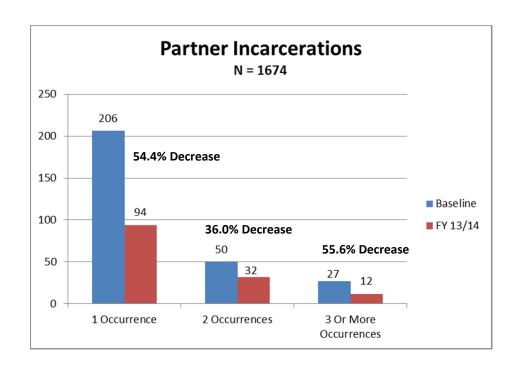


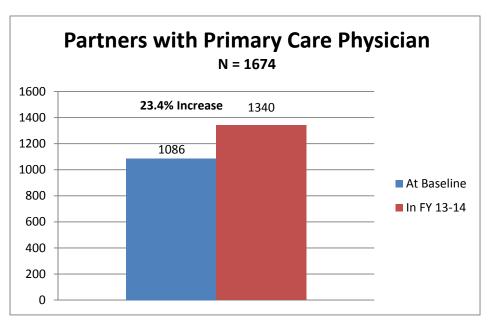












Conclusion

Data collection and data integrity are essential in analyzing FSP services provided in Sacramento County. The Research, Evaluation, and Performance Outcome Unit (REPO) dedicates greater than one FTE 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 99.2% completion rate of Partnership Assessment Forms (PAF) attests to the diligence of both REPO, and the provider, in completing the initial assessment upon entrance into FSP programs. 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 nearly every key outcome, such as days incarcerated, arrests, inpatient hospitalization ER visits, etc.

One of the key goals of the MHSA and FSP programs is to decrease the long-term impact of untreated serious mental illness. While partners receiving FSP services continue to experience incarcerations, arrests, hospitalizations, become homeless, and have emergency room visits, the data clearly shows that the incidences of these negative outcomes have decreased significantly after receiving FSP services. FSP programs in Sacramento County are helping the partners they serve, and are contributing to their wellness and recovery.

ADDENDUM

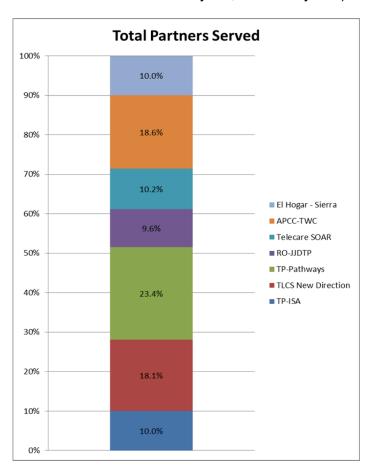
Program Descriptions

There are currently seven FSP programs serving Children (0-15), TAY (16-25), Adults (26-59) and Older Adults (60+) throughout Sacramento County. FSPs are intended to use a "whatever it takes" approach to services, offering a broad range of services from the traditional medication management and crisis services, to more non-traditional services, such as housing and alternative healing practices. Every program provides a varying array of 24-hour, wrap around services to the people they serve. The following describes each program's population served:

- Turning Point-Integrated Services Agency (TP-ISA) Serves Adults (18+) and Older Adults
 with persistent and significant mental health illness. 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.
- Telecare Sacramento Outreach Adult Recovery (SOAR) Serves Adults (18+) and Older Adults with persistent and significant mental health illness. 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.
- TLCS New Direction provides permanent supportive housing and an FSP level of mental health services and supports for Adults (18+), including Older Adults, and their families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers in meeting their desired recovery goals. New Direction provides short-term housing and focuses on rapid access to permanent housing within 30 days once income is secured. Longer term temporary housing is also available through New Directions
- Turning Point Pathways Provides permanent supportive housing and an FSP level of mental health services and supports for children, youth, adults, older adults and families who are homeless or at risk of becoming homeless. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers and their families in meeting their desired recovery goals.
- River Oak Juvenile Justice Diversion and Treatment Program (JJDTP) Serves preadjudicated and adjudicated youth, between the ages of 13 and 17 at time of admission,
 with serious emotional disturbance. JJDTP provides screenings, assessments and
 intensive mental health services and FSP supports to eligible youth (and their families)
 involved in the Juvenile Justice System.
- Asian Pacific Community Counseling (APCC) Transcultural Wellness Center (TWC) –
 Serves Children, TAY, Adults, and Older Adults in the Asian/Pacific Islander community,
 while addressing their unique cultural needs. TWC provides a full range of services, with
 interventions and treatments that incorporate cultural and religious beliefs and values; such
 as, traditional and natural healing practices, and ceremonies recognized by the API
 communities.
- El Hogar Sierra Elder Wellness Serves Transition Age Older Adults ages 55 to 59, and Older Adults ages 60 and over. Sierra provides specialized geriatric psychiatric support, multidisciplinary mental health assessments, treatment, and intensive case management services for partners who have multiple co-occurring mental health, physical health, and/or substance abuse issues.

Utilization

During FY 13/14 there were a total of 1,687 unduplicated partners who received services at the FSPs. The table below provides information, by program, on the number of partners served, admits, discharges, length of stay, and attrition rate. Client attrition rate is the turnover rate of clients in the program, and is calculated as follows: Number of clients discharged, divided by the average number of clients served (clients at the beginning of the year, plus the number of clients at the end of the year, divided by two).



Unduplicated FSP Clients Served by Episode	Undup # Served (N)	Percent	Undup # of Ptnrs Admitted in Year	Undup # of Ptnrs Discharged in Year	Avg LOS	Attrition Rate
ISA	169	10.0%	25	23	2.2 Years	15.6%
New Direction	307	18.1%	62	46	2.5 years	17.8%
Pathways	396	23.4%	42	41	3.0 Years	11.5%
JJDTP	163	9.6%	80	83	11.8 Months	98.8%
SOAR	173	10.2%	26	21	2.8 Years	14.0%
TWC	315	18.6%	86	71	2.1 Years	29.6%
Sierra	169	10.0%	48	39	2.9 Years	30.5%
Total	1692	100.0%	369	324	2.1 Years	23.8%

Note: Total N is greater than the number of unduplicated partners, as some partners were served in multiple programs throughout the year

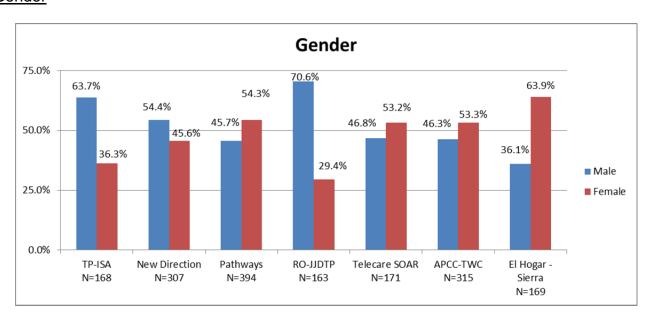
Discharges

Reason For Discharge N = 326	ISA	New	Pathways	JJDTP	SOAR	TWC	Sierra
Receiving Services Elsewhere	9	13	4	7	11	6	22
Whereabouts Unknown	3	8	9	1	1	5	4
Deceased	3	3	3	0	2	3	8
Completed MH Services	0	3	8	35	2	20	0
Moved out of Sac County	3	6	8	2	2	6	1
Refused/Declined Services	3	5	7	25	2	20	2
Other	3	9	2	13	1	11	2
Reason Not Available	0	0	0	0	0	0	0
Total	24	47	41	83	21	71	39
Percent of Total Discharges	7.4%	14.4%	12.6%	25.5%	6.4%	21.8%	12.0%

 Reasons were provided for all discharges during the fiscal year, with the most prominent reasons being Completed Mental Health Services, Receiving Services Elsewhere, and partner Refused/ Decline Services

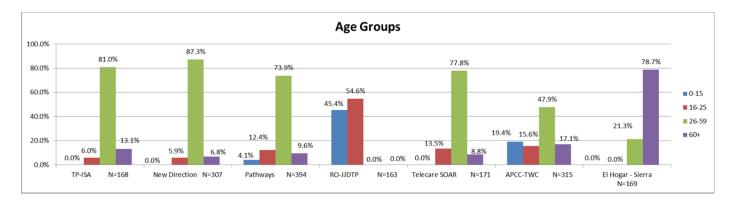
Demographics

Gender

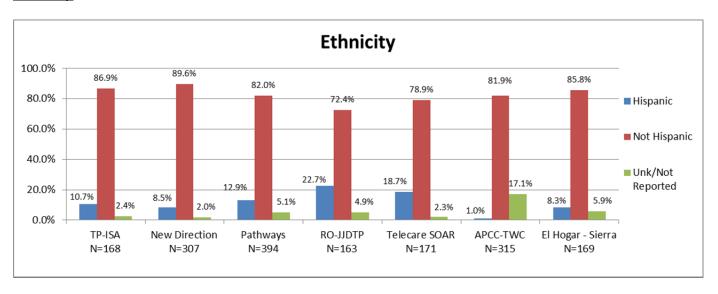


- TP-ISA, New Direction and RO-JJDTP serve more males than females
- Pathways, SOAR, TWC and serve more females than males
- JJDTP serves the highest percent of men and Sierra serves the highest percent of women

Age Group



Ethnicity



Race

		New					
	ISA	Direction	Pathways	JJDTP	SOAR	TWC	Sierra
Race	N=168	N=307	N=394	N=163	N=171	N=315	N=169
Caucasian	53.0%	55.0%	44.7%	28.8%	49.7%	1.6%	61.5%
African American	18.5%	31.9%	35.3%	42.3%	25.1%	0.3%	18.3%
American Indian	0.0%	1.6%	1.8%	1.8%	0.6%	0.0%	0.6%
Asian/Pacific Islander	13.1%	2.3%	3.8%	5.5%	7.6%	88.3%	4.1%
Multi Race	0.6%	2.3%	1.0%	1.8%	0.0%	1.0%	1.2%
Other Race	11.9%	5.9%	9.4%	18.4%	14.6%	1.6%	8.9%
Unknown/Not Reported	3.0%	1.0%	4.1%	1.2%	2.3%	7.3%	5.3%

Primary Language

		New					
	ISA	Direction	Pathways	JJDTP	SOAR	TWC	Sierra
Primary Language	N=168	N=307	N=394	N=163	N=171	N=315	N=169
English	90.5%	98.4%	97.0%	96.9%	95.9%	26.3%	93.5%
Spanish	2.4%	1.0%	1.8%	2.5%	0.6%	1.3%	4.1%
Russian	1.8%	0.3%	0.3%	0.0%	1.2%	0.0%	0.6%
Cantonese	0.6%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%
Vietnamese	0.6%	0.0%	0.0%	0.0%	0.0%	19.7%	0.0%
Hmong	0.0%	0.0%	0.0%	0.0%	1.2%	23.2%	0.0%
Other	3.6%	0.3%	1.0%	0.6%	1.2%	15.6%	0.6%
Unknown/Not Reported	0.6%	0.0%	0.0%	0.0%	0.0%	2.9%	1.2%

<u>Diagnosis</u>

	TP-ISA	Direction	Pathways	JJDTP	SOAR	TWC	Sierra
Primary Diagnosis	N=169	N=307	N=396	N=163	N=173	N=315	N=169
Depressive	1.2%	24.8%	23.6%	22.7%	3.5%	42.5%	17.2%
Bipolar	4.2%	27.7%	21.6%	0.6%	9.9%	5.1%	18.9%
Psychotic	93.5%	30.9%	24.6%	4.3%	84.8%	24.1%	60.4%
Anxiety/PTSD	1.2%	11.4%	18.5%	6.1%	0.6%	8.3%	0.6%
Disruptive Disorders	0.0%	0.0%	3.3%	61.3%	0.0%	7.9%	0.0%
Adjustment	0.0%	0.0%	3.6%	2.5%	0.0%	7.9%	0.0%
Substance Related	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Personality Disorder	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other*	0.0%	5.2%	4.8%	1.8%	0.6%	2.2%	2.4%
Unknown/Not Reported	0.0%	0.0%	0.0%	0.6%	0.6%	1.9%	0.6%

Emergency Room Visits

									% Of
						Unduplicated		Avg	Clients
ER Visits	Unduplicated	Unduplicated			% Of Clients	Number of		Number	With
Lit Visits	Clients	Number of	Number of	Avg Number of	With	Clients With	Number of	of Mental	Mental
	Served With a	Clients With	Physical ER	Physical ER	Physical ER	Mental Health	Mental Health	Health ER	Health
	PAF	Physical ER Visits	Visits	Visits	Visit	ER Visits	ER Visits	Visits	ER Visits
ISA	169	51	144	2.8	30.2%	59	225	3.8	34.9%
New Direction	305	37	50	1.4	12.1%	37	73	2.0	12.1%
Pathways	396	52	83	1.6	13.1%	29	88	3.0	7.3%
JJDTP	159	2	2	1.0	1.3%	13	16	1.2	8.2%
SOAR	173	20	33	1.7	11.6%	46	192	4.2	26.6%
TWC	308	14	27	1.9	4.5%	14	25	1.8	4.5%
Sierra	169	38	68	1.8	22.5%	17	31	1.8	10.1%

• ISA partners reported the greatest percentage of ER visits, with 34.9% reporting a Mental Health ER visit, and 30.2% reporting an ER visit of a physical nature.

Inpatient Hospitalizations

Hospitalizations	Unduplicated Clients Served	# of Psychiatric Hospitalizations in FY 13/14	Unduplicated Clients With Psychiatric Hospitalization	% of Clients With Psychiatric Hospitalization	Psychiatric Hospital Days	Average Length of Stay
ISA	169	90	38	22.5%	1301	14.5
New Direction	307	59	26	8.5%	832	14.1
Pathways	396	88	38	9.6%	665	7.6
JJDTP	163	10	7	4.3%	63	6.3
SOAR	173	112	36	20.8%	1332	11.9
TWC	315	27	15	4.8%	252	9.3
Sierra	169	21	14	8.3%	228	10.9

• ISA partners had the highest percentage of partners with psychiatric hospitalizations at 22.5%, followed by Telecare SOAR partners at 20.8%

Homelessness

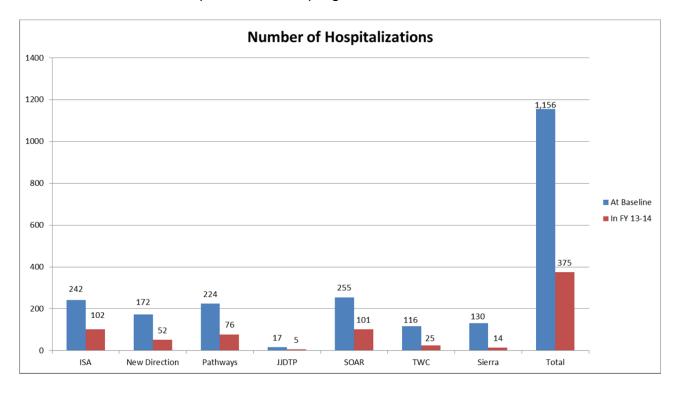
Homelessness	Clients Served With a PAF	Homeless Occurrences	Unduplicated Clients Experiencing Homelessness	% Of Clients With Homeless Occurrences	Homeless Days	Avg Days of Homelessness
ISA	169	5	4	2.4%	90	18
New Direction	305	27	23	7.5%	885	32.78
Pathways	396	56	42	10.6%	3823	68.27
JJDTP	159	0	0	0.0%	0	0
SOAR	173	5	3	1.7%	35	7
TWC	308	2	2	0.6%	173	86.5
Sierra	169	2	2	1.2%	24	12

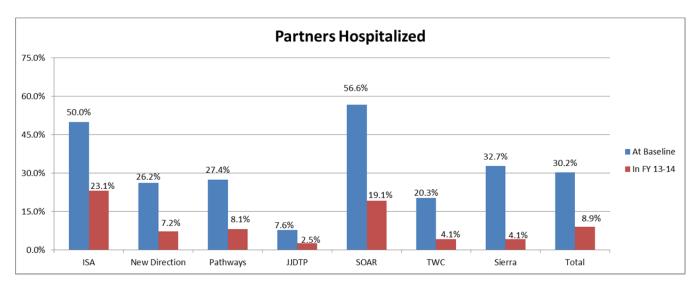
Arrests and Incarcerations

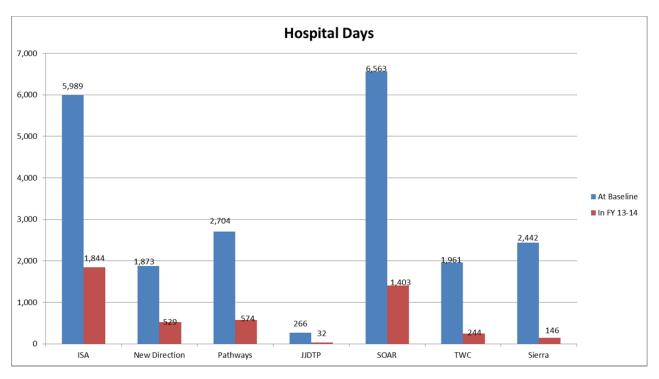
						Unduplicated	% Of Clients		
					Number of	Clients With	With		
Arrests and Jail	Clients		Unduplicated		Residential	Residential	Residential		
	Served With a	Number of	Clients With	% of Clients	Changes	Changes into	Changes into	Total Days	Avg Days
	PAF	Arrests	Arrests	With Arrests	into Jail	Jail	Jail	in Jail	in Jail
ISA	169	25	19	11.2%	22	20	11.8%	1017	46.2
New Direction	305	33	30	9.8%	39	33	10.8%	1566	40.2
Pathways	396	48	29	7.3%	47	34	8.6%	1506	32.0
JJDTP	159	33	25	15.7%	50	35	22.0%	4620	92.4
SOAR	173	34	24	13.9%	44	22	12.7%	1092	24.8
TWC	308	3	3	1.0%	5	5	1.6%	387	77.4
Sierra	169	2	2	1.2%	2	2	1.2%	54	27.0

Outcomes - Comparison Over Time

Each program serves a unique population, so outcomes are going to differ between programs. The graphs below are meant for individual program comparison from baseline to FY 13/14 and not for comparison across programs.



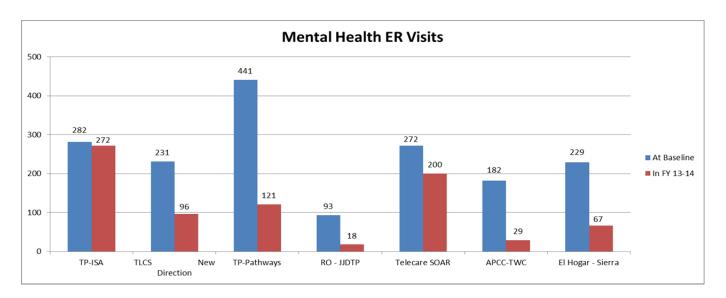


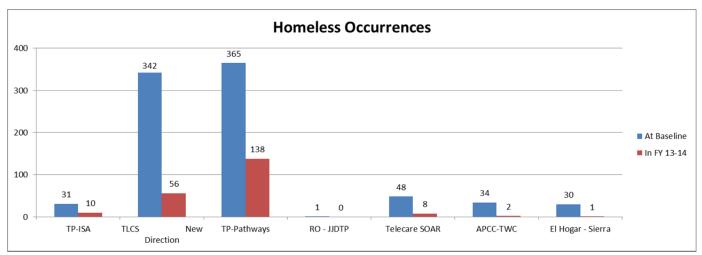


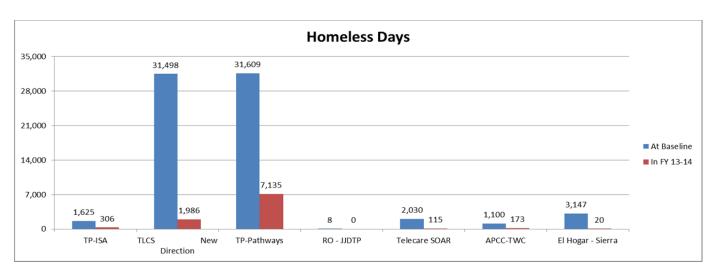
Partners With Residence Change To Hospital								
Baseline	ISA	New Direction	Pathways	JJDTP	SOAR	TWC	Sierra	Total
1 Occurrence	30	45	46	10	33	38	22	224
2 Occurrences	18	8	36	2	32	12	13	121
3 Or More Occurrences	39	24	26	1	33	13	19	155
Total Undup	87	77	108	13	98	63	54	500

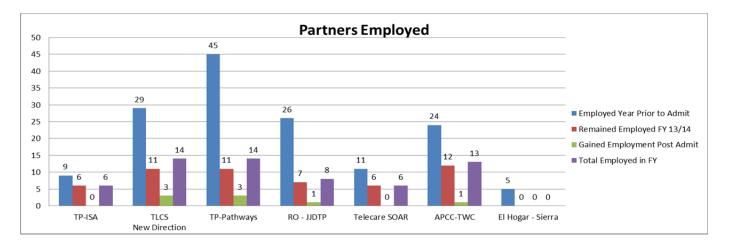
Partners With Residence Change To Hospital								
FY13/14	ISA	New Direction	Pathways	JJDTP	SOAR	TWC	Sierra	Total
1 Occurrence	17	14	15	3	12	7	3	71
2 Occurrences	8	2	10	1	8	3	2	34
3 Or More Occurrences	14	6	7	0	13	3	2	45
Total Undup	39	22	32	4	33	13	7	150

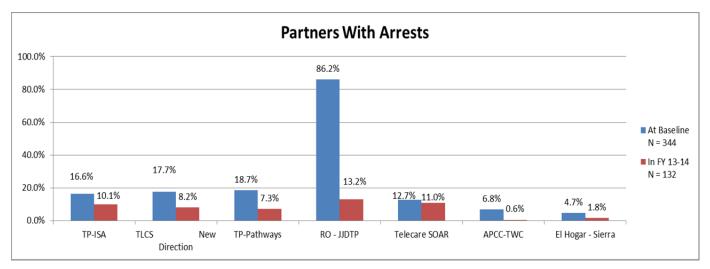
 Totals for each number of occurrences will not always equal sum of all agencies, as some partners were served by more than one agency

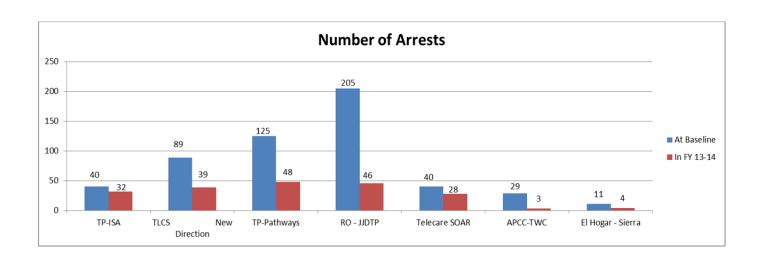


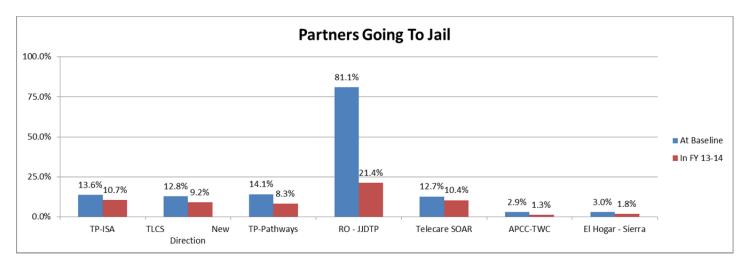


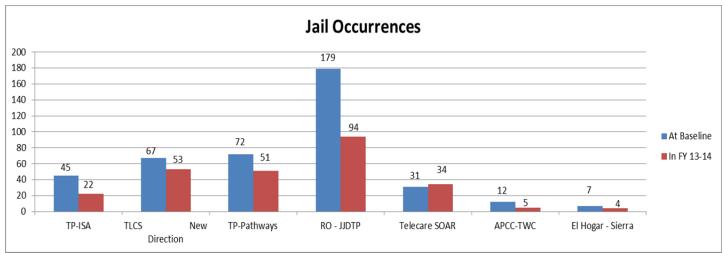


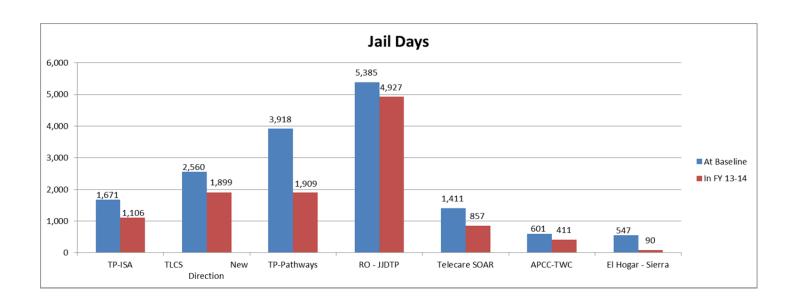












Partners With								
Residence Change To		TLCS			Telecare			
Jail Baseline	TP-ISA	New Direction	TP-Pathways	RO - JJDTP	SOAR	APCC-TWC	El Hogar - Sierra	Total
1 Occurrence	17	28	46	90	15	7	3	206
2 Occurrences	2	6	4	30	5	1	2	50
3 Or More Occurrences	4	5	6	9	2	1	0	27
Total Undup	23	39	56	129	22	9	5	283

Partners With Residence Change To								
Jail		TLCS			Telecare			
FY 13/14	TP-ISA	New Direction	TP-Pathways	RO - JJDTP	SOAR	APCC-TWC	El Hogar - Sierra	Total
1 Occurrence	16	24	21	19	9	3	2	94
2 Occurrences	2	3	7	12	6	1	1	32
3 Or More Occurrences	0	1	5	3	3	0	0	12
Total Undup	18	28	33	34	18	4	3	138

 Totals for each number of occurrences will not always equal sum of all agencies, as some partners were served by more than one agency

