



FSP-90 12-Month Status Report

Full Service Partnership-90 (FSP-90) was first proposed as a pilot program in late 2008 as an alternative service design that would provide an effective community based intervention to people currently housed in Institutions for Mental Disease (IMD) or that were residing in Emergency Psychiatric Services (EPS) or Acute Hospitals such as Barbara Arons Pavilion (BAP) and were slated to return to the IMD because of their perceived inability to live successfully in the community. Based on Momentum for Mental Health's long term experience with supporting people that had significant barriers to successful community living, the Santa Clara County Mental Health Department decided to provide \$563,000 of MHSA Community Supports and Services funding to pilot this unique program design. Funding was awarded on February 14th, 2009. The first consumer was enrolled on March 7th, 2009 with the program reaching its 25 client capacity in April of 2009. Based upon preliminary results, the program was moved from pilot status and funded for this current contract year. Most recently the county MHD has agreed to allow Momentum to move already allocated funds internally to expand capacity to 30 starting 7/1/2010. As of February 17th, 2011, 193 clients have been enrolled in FSP-90.

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

FSP-90 Overview and Program Design

FSP-90 provides intensive support for adults (18 and up) with serious mental illness who are, directly prior to enrollment, residing in an IMD or inpatient psychiatric setting and who desire to reside in the community outside of a locked setting. The program can serve 25 eligible adults at any given time. In addition to residing in IMD's and other locked settings, consumers will have histories of homelessness, substance abuse, and minimal engagement with traditional outpatient mental health supports. The length of service for each enrolled member is limited to a maximum of 90 days.

All services are voluntary and driven by individual choice. The methods and interventions are person-centered and strength-based and based heavily on principles of the social rehabilitation model. The long term goal is to assist enrollees to regain hope, develop self determination, and take personal responsibility. The short term goal is to provide supports that will allow people to live successfully in the community and not in locked settings during their enrollment in FSP-90.

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A key feature of the FSP-90 model is close collaboration with vital community resources that support four important life domains: 1) Health and Well-being, 2) Stable home, Family and Social Relations, 3) Meaningful School, Work Activities and 4) Safety from Harm or Harming in the Community. The program works in collaboration with established support relationships that an enrollee may already have including family and caregivers, mental health services, primary care, public guardian, probation, drug court and others.

FSP Team, (Personal Services Coordinators, Clinician, Administrative Assistant, and Manager) is available to enrollees 24 hours a day 7 days a week. A Personal Services Coordinator (PSC) is identified for each enrollee; each PSC working with no more than 10. The team believes in and practices two (2) key principles established as part of the Full Service Partnership model: “Meet People Where They Are At” and “Do Whatever It Takes” in supporting recovery and community integration.

Outcomes

As an indicator of performance measurement of the objective of enrollees maintaining residence in the community and outside of locked settings (EPS, Acute Hospital, IMD) during enrollment in FSP-90, the program used the following methodology which is a modified version of the AB34/FSP State Data Collection System.

Methodology for Outcome Data

As of May 18, 2010, 40 FSP-90 clients have been discharged from our program for 6-months or more. A residential profile was compiled at enrollment for each FSP-90 participant that detailed the number of days in each type of housing for the 365 day period leading up to their first day of enrollment. Residency while enrolled, as well as residency 6-months post-enrollment was tracked and recorded.

For the purpose of this report, we are interested in finding out whether the number of days clients stay at IMD, EPS, Acute Hospital, or Homeless have reduced during and after enrollment in our FSP-90 program. We will be comparing data in the following 4 time frames: Pre-enrollment, While Enrolled, 90-Days Post-Enrollment, and 6-Months Post-Enrollment.

The age and ethnicity of each enrollee was also recorded at enrollment. The data sources included UNICARE (Santa Clara County Mental Health Department’s data system), CMHC (Momentum’s data system), Momentum’s Central Intake Department, Public Guardian Records and client report.

One client episode is the period of service between enrollment and disenrollment. The average length of enrollment for these 40 clients was 85 days. Average length of stay is derived by dividing total number of client days (3386) by 40 client episodes. All of the 40 client episodes are unduplicated clients.

In order to ensure an “apples to apples” comparison, the pre-enrollment data was calculated by summing the total number of days for each category in the 365 day period prior to program

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enrollment, and then multiplying each total in each category by a conversion ratio figure to arrive at a comparable unit for post enrollment data. For example, there were 5723 IMD days among the 40 client episodes in the 12 month period prior to enrollment. The total pre-enrollment IMD days were multiplied by .23 (85 is 23% of 365). $5723 \times .23 = 1316$ days. Similar operational calculations were employed when we conduct data analysis on both the 90-days and 6-month post-enrollment data.

*Because clients are discharged from the program if they reenter an IMD, the value for IMD “While Enrolled” will always be zero. Of the 40 clients sampled in our report, a total of three did not complete the program and returned to an IMD.

of Client Episodes: 40
 Total Program Days: 3386
 Average # of Days in Program: 85

365 Days Prior to Enrollment	
Total EPS Days:	185
Total Acute Hospital Days:	1111
Total IMD Days:	5723
Total Homeless Days:	1976
Conversion Ratio Figure	23%

90-Days Post-Enrollment	
Total EPS Days:	23
Total Acute Hospital Days:	207
Total IMD Days:	411
Total Homeless Days:	53
Conversion Ratio Figure	94%

While Enrolled	
Total EPS Days:	14
Total Acute Hospital Days:	51
Total IMD Days:	0*
Total Homeless Days:	95
Conversion Ratio Figure	100%

6-Months Post-Enrollment	
Total EPS Days:	43
Total Acute Hospital Days:	363
Total IMD Days:	914
Total Homeless Days:	90
Conversion Ratio Figure	47%

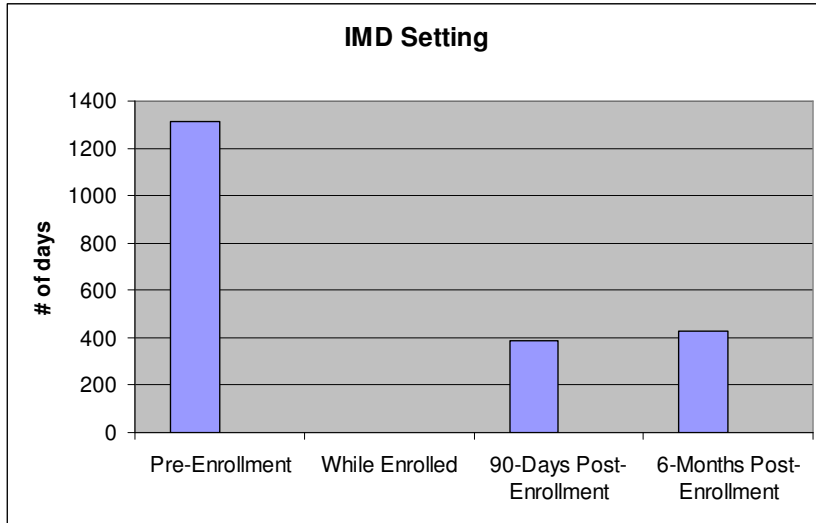
	Pre-Enrollment Equivalent	While Enrolled Equivalent % Reduction	90-Days Post-Enrollment Equivalent % Reduction	6-Months Post-Enrollment Equivalent % Reduction
IMD Days:	1316	0* (-100%)	386 (-71%)	430 (-67%)
EPS Days	43	14 (-67%)	22 (-49%)	20 (-53%)
Acute Hospital Days:	256	51 (-80%)	195 (-24%)	171 (-33%)
Homeless Days:	454	95 (-79%)	50 (-89%)	42 (-91%)

Outcomes:

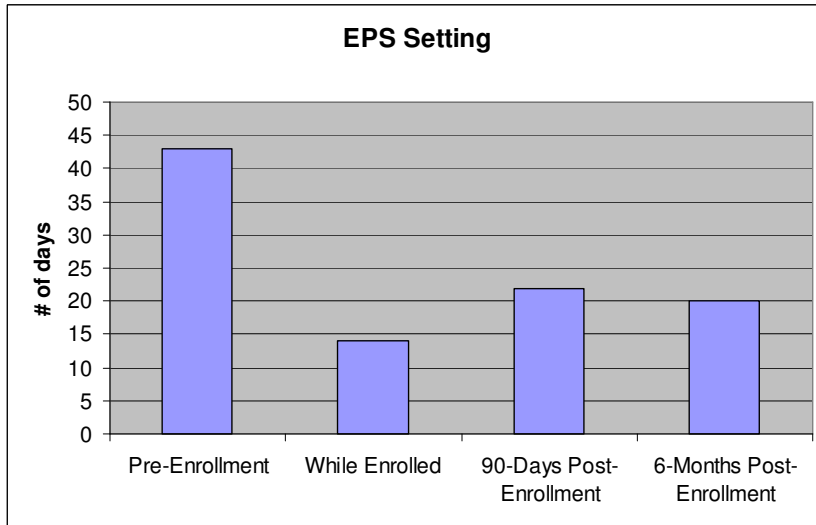
The following graphs summarize information regarding the total number of days clients stayed at IMD, EPS, Acute Hospitals (BAP, Fremont, St. Helena, Good Samaritan, El Camino, Stanford), or were Homeless in the following time intervals: Pre-enrollment, while enrolled, 90-days post-

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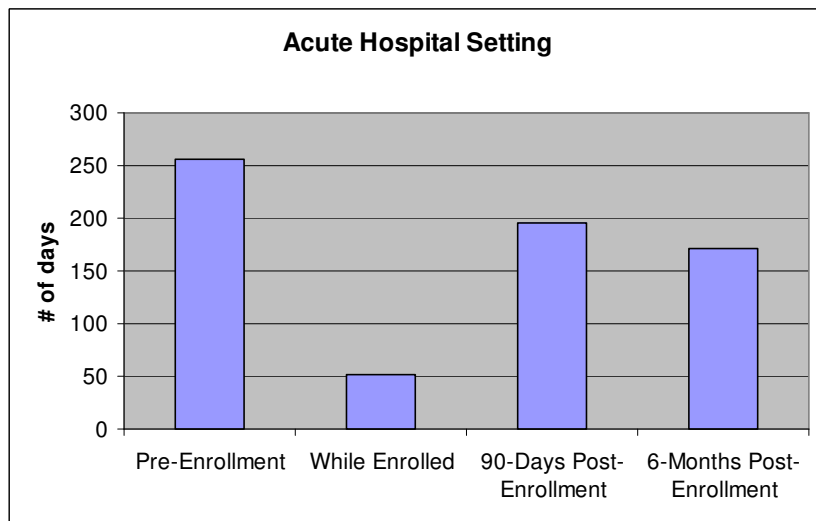
enrollment, and 6-months post-enrollment. The data shows that there is a significant reduction in the number of days before and after our clients enrolled in our FSP-90 program.



Specifically, the equivalent total number of days clients resided in IMD at pre-enrollment was 1316 days, which has reduced to 0* days while enrolled, 386 days at 90-days post-enrollment and 430 days at 6-month post-enrollment interval; a reduction of 100%, 71% and 67% respectively.

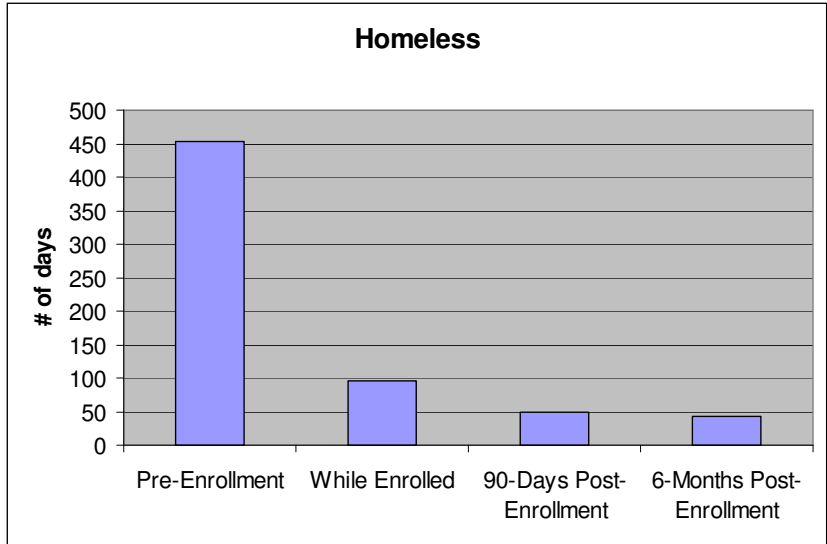


Furthermore, the equivalent total number of days clients resided at EPS at pre-enrollment was 43 days, which has reduced to 14 days while enrolled, 22 days at 90-days post-enrollment and 20 days at 6-month post-enrollment interval; a reduction of 67%, 49% and 53% respectively.



The equivalent total number of days clients resided at Acute Hospitals at pre-enrollment was 256 days, which has reduced to 51 days while enrolled, 195 days at 90-days post-enrollment, and 171 days at 6-month post-enrollment interval; a reduction of 80%, 24% and 33% respectively.

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Finally, the equivalent total number of days clients were homeless at pre-enrollment was 454 days, which has reduced to 95 days while enrolled, 50 days at 90-days post-enrollment and 42 days at 6-month post-enrollment interval; a reduction of 79%, 89% and 91% respectively.

Savings:

	Pre-Enroll Equivalent	While Enrolled Equivalent	90 Days Post-Enroll Equivalent	6 Months Post-Enroll Equivalent	Cost per Day	Savings While Enrolled	Savings 90 Days Post	Savings 6 Months Post	Savings While Enrolled + 6 Months Post
IMD Days	1316	0	386	430	\$180	\$236,880	\$167,400	\$159,480	\$396,360
EPS Days	43	14	22	20	\$2,000 *	\$58,000	\$42,000	\$46,000	\$104,000
Acute Hospital Days	256	51	195	171	\$1,873 *	\$383,965	\$114,253	\$159,205	\$543,170
TOTAL									\$1,043,530

*Bed only, excludes all other costs

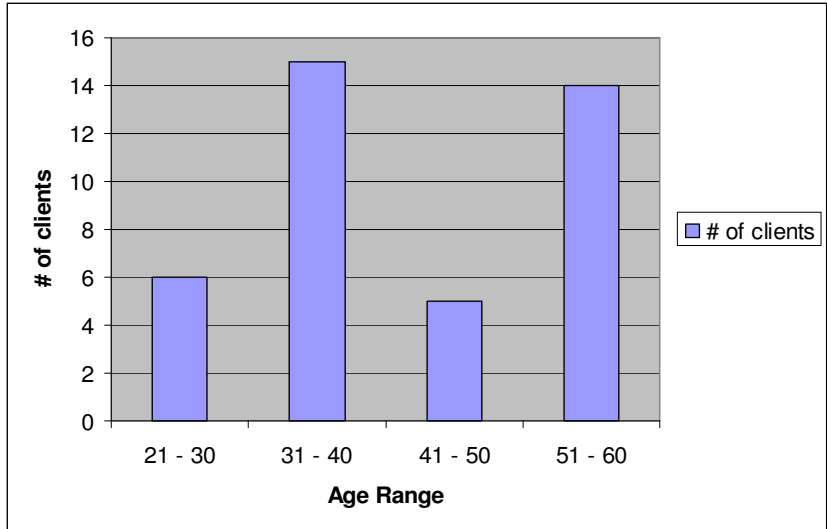
Demographics:

Age	# of clients
21 - 30	6
31 - 40	15
41 - 50	5
51 - 60	14

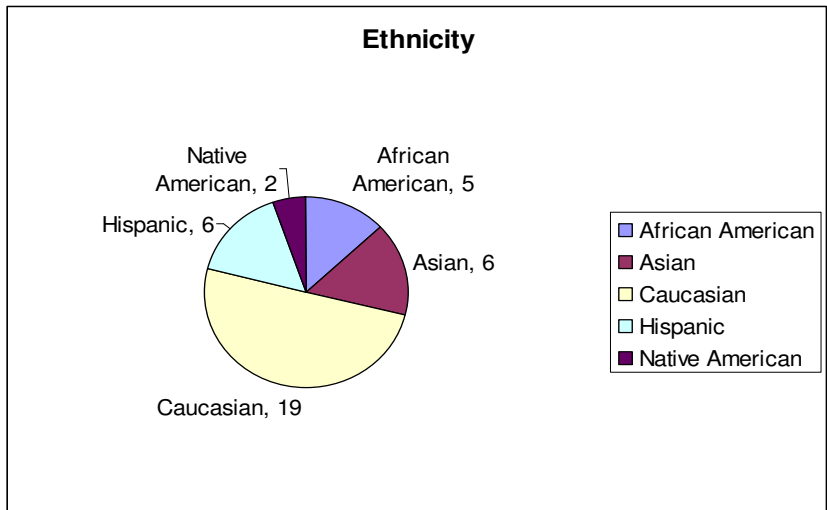
Gender	# of Clients
Male	20
Female	20

*1 enrollee self identified as Lesbian, Gay, Bisexual or Transgender (LGBT)

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Ethnicity	# of Clients
African American	5
Asian	6
Caucasian	19
Hispanic	6
Native American	2



Client Narratives:

Darla is a 54-year-old African American, single female diagnosed with Schizoaffective Disorder. She presents as unkempt, malodorous, confused, and paranoid. She frequently believes people are poisoning her food. She becomes withdrawn, isolates, and refuses to engage with peers when symptomatic. Poor medication adherence while in community. Since beginning mental health treatment in 1993 she has had over 40 EPS contacts, more than 12 BAP hospitalizations (129 days), 3 IMD placements (730 days) and four LPS Conservatorships. At 6-months post-enrollment, she has not had any IMD, EPS, Acute Hospitalizations or homelessness since discharge. She currently resides at a licensed board and care.

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Steven is a 57-year-old, single, Caucasian male diagnosed with Chronic Undifferentiated Schizophrenia. He presents as guarded, suspicious and extremely fearful of the government and of paying taxes. He believes that the German government controls his brain. Due to his fixed delusions, he will not sign anything with his true name and has assumed another name to avoid paying taxes. He can be verbally and physically abusive. His mental health history dates back to 1980. Steven has had over 5 EPS contacts, approximately 4 BAP contacts (68 days), one IMD placement 10/05 through 6/09 (approximately 1335 days) and four LPS Conservatorships. He also had psychiatric hospitalizations in Montana in 1995. At 6-months post-enrollment, he has not had any IMD, EPS, Acute Hospitalizations or homelessness since discharge. He currently resides at a licensed board and care.

Lucia is a 29-year-old, married, Spanish-speaking Mexican, female diagnosed with Schizoaffective Disorder. She was referred from BAP with symptoms and behaviors including paranoia about her food, refusing to eat, medication non-adherence, labile mood, and attempting to hang herself with her bra. Her mental health history dates back to 1991. She has had approximately 18 EPS contacts, approximately 10 BAP hospitalizations (251 days), 4 IMD placements (301 days) and five LPS Conservatorships. At 6-months post-enrollment, she has not had any IMD, EPS, Acute Hospitalizations or homelessness since discharge. She currently resides with her family.

Alfonso is a 40-year-old single, Filipino male diagnosed with Schizoaffective Disorder. His mental health history dates back to 1995 with his first hospitalization in the Philippines. He immigrated to the US in 1995 following his initial psychotic break. He is difficult to understand and primarily verbalized a word salad. He has a history of verbally and physically assaulting his family. He is disorganized and paranoid when off medication. He has refused to ever leave the IMD and has severe anxiety about discharging. He has had approximately 8 EPS contacts, 6 BAP hospitalizations (46 days), three IMD placements (933 days), and four LPS Conservatorships. At 6-months post-enrollment, he has not had any IMD, EPS, Acute Hospitalizations or homelessness since discharge. He currently resides at a licensed board and care.

Kim is a 41-year-old single, Vietnamese female diagnosed with Chronic Undifferentiated Schizophrenia. Her mental health history dates back to 1987. She experiences paranoia, somatic delusions, auditory hallucinations, withdrawn and childlike behaviors. She has approximately 14 EPS contacts, 15 BAP hospitalizations (493 days), 5 IMD placements (3,872), and resided at Napa State Hospital from 10/28/92 until 11/24/98 (2,219 days). At 6-months post-enrollment, she has not had any IMD, EPS, Acute Hospitalizations or homelessness since discharge. She currently resides at a licensed board and care.