



# The Impact of Full Service Partnerships on the Social Determinants of Health: The Past, Present and Future

Dave Pilon, PhD, CPRP

President and CEO

MHALA

[dpilon@mhala.org](mailto:dpilon@mhala.org)

4/18/14



# FSPs – The Early Years: The AB 3777 Experience

- Assembly Bill 3777 (Bronson - 1989)
  - Village ISA Funding Received
  - 1990 – 93 Independent Evaluation
- 



# Structural Features of the Integrated Service Agency (ISA) Model

- ▶ Hybrid of Assertive Community Treatment (ACT) and Psychosocial Rehab (Clubhouse Model)
- ▶ Cost Responsibility
- ▶ Licensed and Unlicensed Staff
- ▶ Broad/Comprehensive Services



# Service Characteristics of the Integrated Services Agency Model

- Low staff-to-consumer ratio (1:15)
- 24/7 availability
- Field based (in vivo service provision)
- Recovery Driven
- Money Management Services
- Assistance in Applying for Public Benefits



# ISA Service Characteristics (cont.)

- 
- Linkage to Health Care
  - Employment/Vocational Services
  - Advocacy in Legal System
  - Transportation
  - Housing Assistance
  - Dual Diagnosis Services (Harm Reduction Model)

# Independent Evaluator's Findings

- ▶ Decreased Hospital Costs and Inpatient Stays
- ▶ Increased Paid Employment
- ▶ Decreased Group and Institutional Living
- ▶ Increased Social and Leisure Activity
- ▶ Families of Village members:
  - ▶ Decreased Burden Reported
  - ▶ Increased Hope for Future Reported
- ▶ Increased Satisfaction with Services

As reported in Chandler, D., Meisel, J., Hu, T., McGowen, M., & Madison, K. Client Outcomes in a Three-Year Controlled Study of an Integrated Service Agency Model. *Psychiatric Services*, December, 1996, 47, No. 12, pp. 1337-1343.



# Spread of the Model in Los Angeles County

- Conversion of Hospital Beds to ISA “slots”
  - 1,600 Consumers Served by 15 Partner Programs
  - AB 3777 Sunsets
  - MHA Outcomes Tracking
- 



# FSPs – The Middle Years: The AB 34/2034 Experience

- AB 34 Passed:
    - \$10 million initial funding
    - \$55 million in 2000 – AB 2034
  - Quality of Life Outcome Tracking
- 

# AB34 Outcomes Language (ORIGINAL)

- (1) Reduce the disabling symptoms of mental illness.
- (2) Live in the most normal housing feasible in the local community.
- (3) Have an adequate income and an appropriate level of work or vocational training.
- (4) Are in good health.
- (5) Have a support system, with friendships and participation in community activities.
- (6) Have freedom from dangerous, addictive substances.
- (7) Maintain socially responsible behavior.
- (8) Obtain an appropriate level of education and learning.
- (9) Receive culturally appropriate services.
- (10) Receive gender and age appropriate services.

# AB 34 Outcomes Language (FINAL)

- (1) Live in the most independent, least restrictive housing feasible in the local community.
- (2) Engage in the highest level of work or productive activity appropriate to their abilities and experience.
- (3) Create and maintain a support system consisting of friends, family, and participation in community activities.
- (4) Access an appropriate level of academic education or vocational training.
- (5) Obtain an adequate income.
- (6) Self-manage their illness and exert as much control as possible over both the day-to-day and long-term decisions which affect their lives.
- (7) Access necessary physical health care and maintain the best possible physical health.
- (8) Reduce or eliminate antisocial or criminal behavior and thereby reduce or eliminate their contact with the criminal justice system.
- (9) Reduce or eliminate the distress caused by the symptoms of mental illness.
- (10) Have freedom from dangerous addictive substances.\*

- 7 -

AB 34

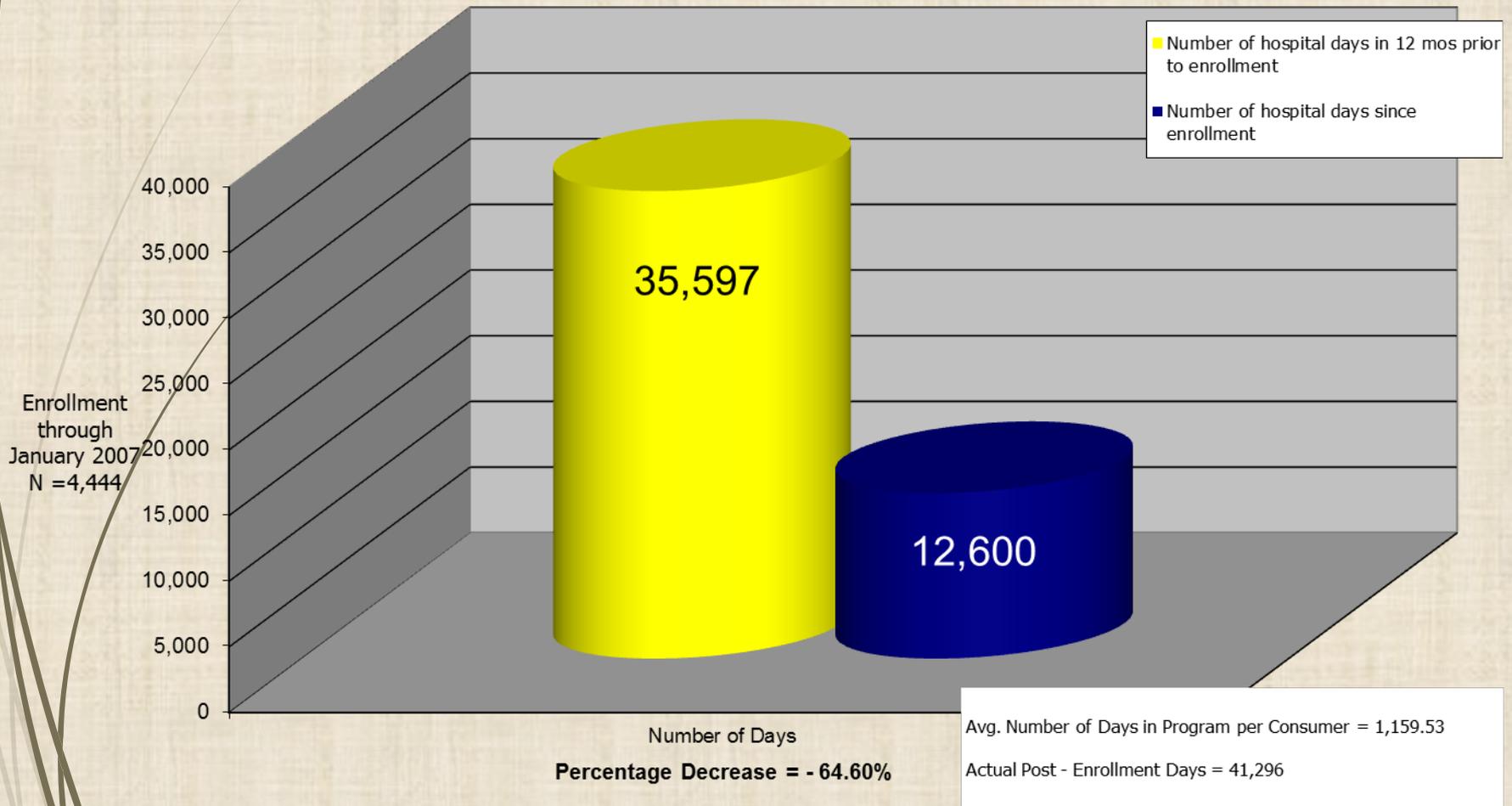
system of care receive age, gender, and culturally appropriate services, to the extent feasible, that are designed to enable recipients to:

- (1) Live in the most independent, least restrictive housing feasible in the local community.
- (2) Engage in the highest level of work or productive activity appropriate to their abilities and experience.
- (3) Create and maintain a support system consisting of friends, family, and participation in community activities.
- (4) Access an appropriate level of academic education or vocational training.
- (5) Obtain an adequate income.
- (6) Self-manage their illness and exert as much control as possible over both the day-to-day and long-term decisions which affect their lives.
- (7) Access necessary physical health care and maintain the best possible physical health.
- (8) Reduce or eliminate antisocial or criminal behavior and thereby reduce or eliminate their contact with the criminal justice system.
- (9) Reduce or eliminate the distress caused by the symptoms of mental illness.
- (10) Have freedom from dangerous addictive substances.

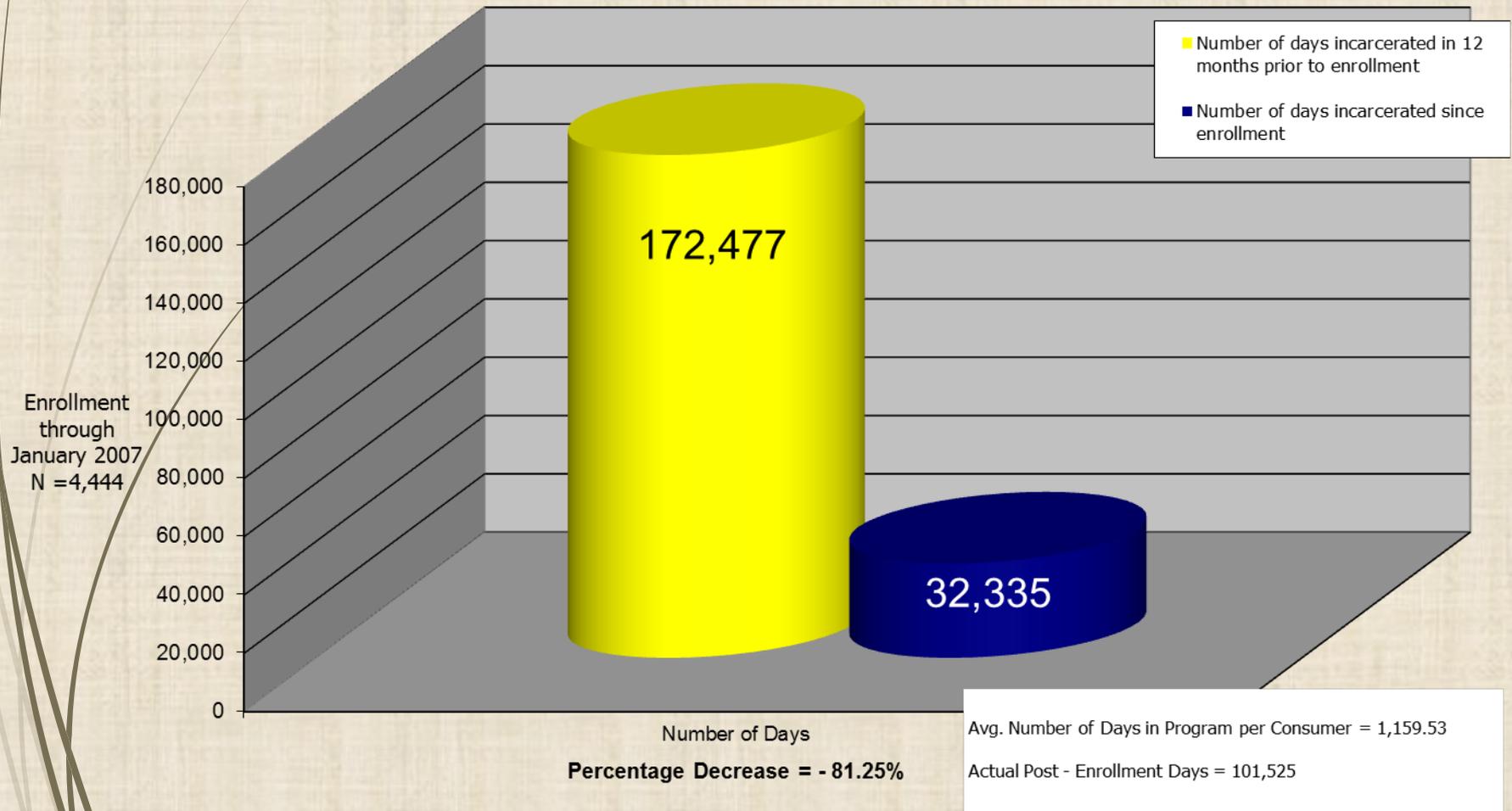
SEC. 4. Section 5814 of the Welfare and Institutions Code is amended to read:

*This is outrageous and reflects the Client Coalition agenda. The main thing pts need is psychiatric care the rest is gravy.*

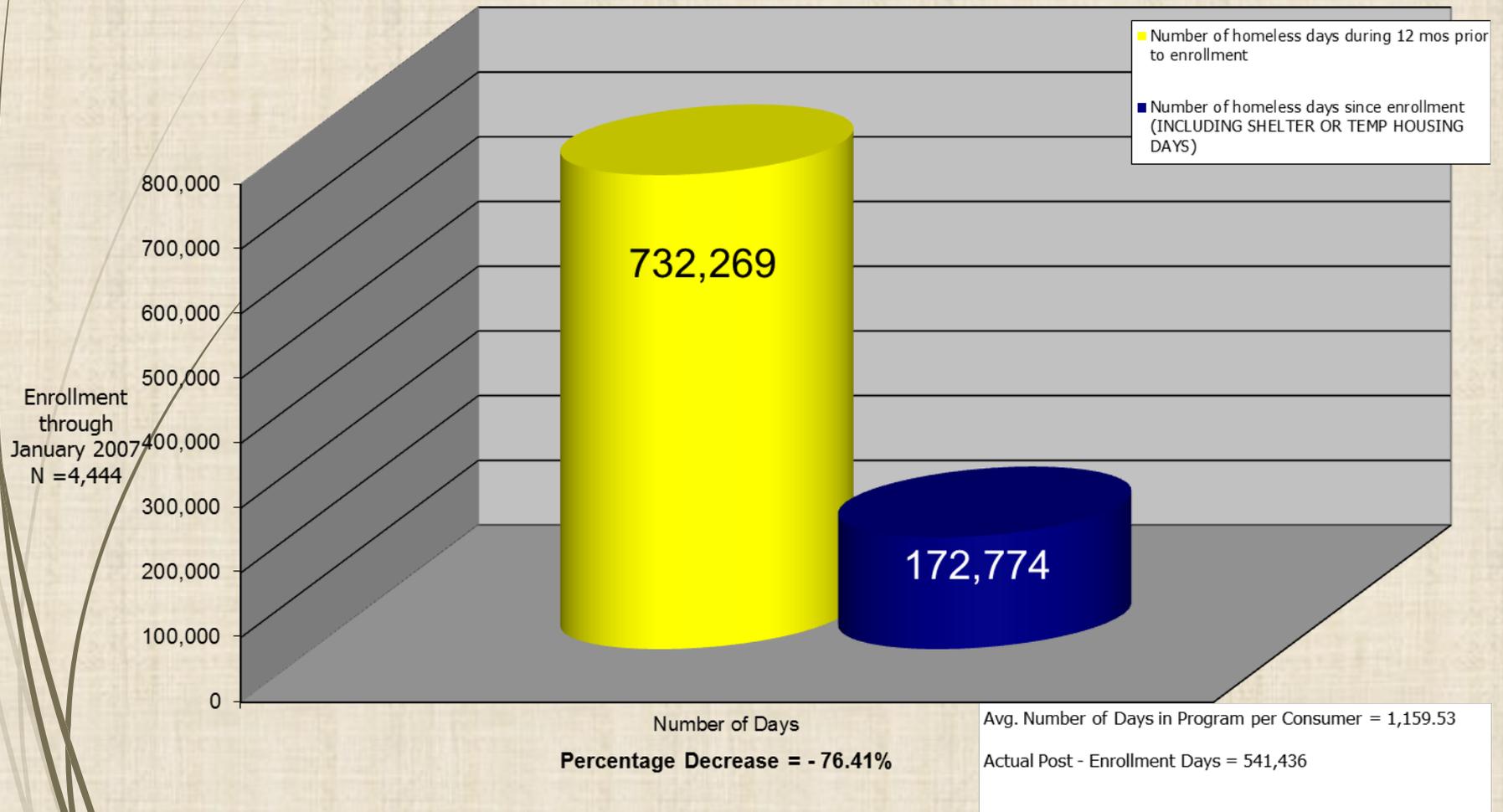
Graph 4A  
Psychiatric Hospitalizations - Number of Days  
All Enrollees Annualized Data  
November 1, 1999 through January 31, 2007



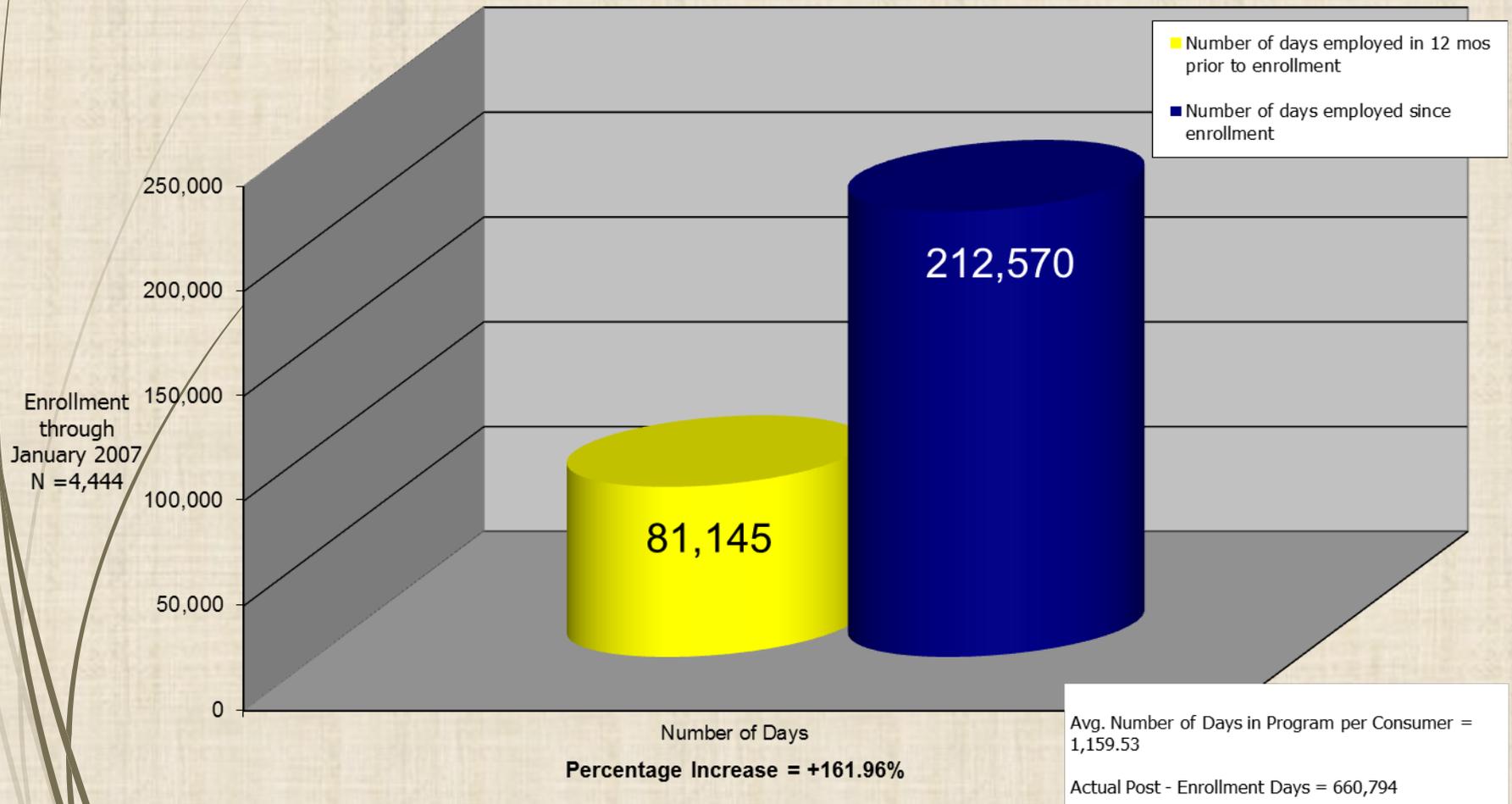
Graph 5A  
Incarcerations - Number of Days  
All Enrollees Annualized Data  
November 1, 1999 through January 31, 2007



Graph 7A  
Homelessness - Number of Days  
All Enrollees Annualized Data  
November 1, 1999 through January 31, 2007



Graph 8A  
Employment - Number of Days  
All Enrollees Annualized Data  
November 1, 1999 through January 31, 2007



# ADMISSION VS. CURRENT RESIDENTIAL STATUS OF AB 2034 CONSUMERS (January 31, 2006)

Residential Status	Number of Consumers: Status at Admission	Number of Consumers: Status as of 1/31/06	Percent Change
Homeless / Shelter/Temp Housing	2,572	545	-78.81%
Jail / Prison	310	77	-75.16%
State Hospital	73	5	-93.15%
SNF / IMD	66	56	-15.15%
Residential Program	221	162	-26.70%
Foster Care	1	0	-100.00%
Board and Care	98	235	139.80%
Alcohol/ Substance Abuse Facility	35	84	140.00%
Group Living	18	95	427.78%
Family of Origin	316	312	-1.27%
Sober Living Home	192	168	-12.50%
Independent Living	643	2,827	339.66%
Other	77	56	-27.27%
No Data	0	0	
<b>Totals</b>	<b>4,622</b>	<b>4,622</b>	

# 2004-05 Governor's Budget Community Mental Health Services (Page 112)

"Integrated Services for the Homeless – The Governor's Budget continues funding of \$54.9 million General Fund for the Integrated Services for Homeless Adults program, which has a proven track record of success in treating and providing services to the mentally ill. Additionally, evaluations have shown that this program leads to significant savings at the local level, and continuing this program provides essential fiscal relief to counties in these difficult times."

# FSPs – The Later Years: The Prop. 63 Experience





# Proposition 63: Basic Facts

- ▶ Voter initiative requiring 360,000 signatures to qualify for the ballot
- ▶ Passed with 54% of the vote in November, 2004
- ▶ Imposed a one percent surcharge on taxable income in excess of one million dollars
- ▶ Created a dedicated funding stream for mental health services of between \$1 billion and \$1.5 billion per year



# Full Service Partnerships (FSPs)

- ▶ Modeled after the Integrated Services for the Homeless program (AB 34)
- ▶ Intended to serve the highest impact clients in the system – those with extensive histories of homelessness, incarceration and/or hospitalization
- ▶ Intensive case management, supported employment and education, “whatever it takes”



# UC Berkeley Petris Center FSP Study

- ▶ Increased Consumer Independence
- ▶ Decreased Emergency Service Use
- ▶ Decreased Arrest Probability
- ▶ Improved Employment Outcomes
- ▶ Improved General Wellness:
  - ▶ Psychiatric Symptoms
  - ▶ Meeting Own Needs
  - ▶ Problem Solving



# Los Angeles County FSP Outcomes

- 69% fewer days spent homeless
- 21% fewer days in acute psychiatric hospitalization
- 90% fewer days in other types of hospitals
- 46% fewer days incarcerated

# State Auditor's Report - 2013

- We found no evidence that Mental Health performed on-site reviews to ensure that county assertions about their compliance with MHPA requirements and use of funds were accurate and proper.
- None of the entities charged with evaluating the effectiveness of MHPA programs—Mental Health, the Accountability Commission, or a third entity—have undertaken serious efforts to do so.
- Mental Health either did not always obtain certain data or did not ensure counties reported the required data.
- The Accountability Commission did not adopt a framework for evaluation until recently—more than eight years after the passage of the MHPA.
- It is too soon to tell whether the California Department of Health Care Services' efforts will address all of our concerns about the oversight of MHPA programs.
- Each of the four county departments we reviewed used different and inconsistent approaches in assessing and reporting on their MHPA programs, and the county departments rarely developed specific objectives to assess the effectiveness of the programs.



# The Future of FSPs

- ▶ FSPs are already the *de facto* health home for people with severe and persistent mental illnesses
  - ▶ This will only increase as the integration of physical and behavioral health increases
- ▶ Movement to lower levels of care
  - ▶ The “bottleneck” problem
    - ▶ What are the factors that need to be addressed to enable members to thrive without the high levels of care offered in FSPs?



# Determinants of Care

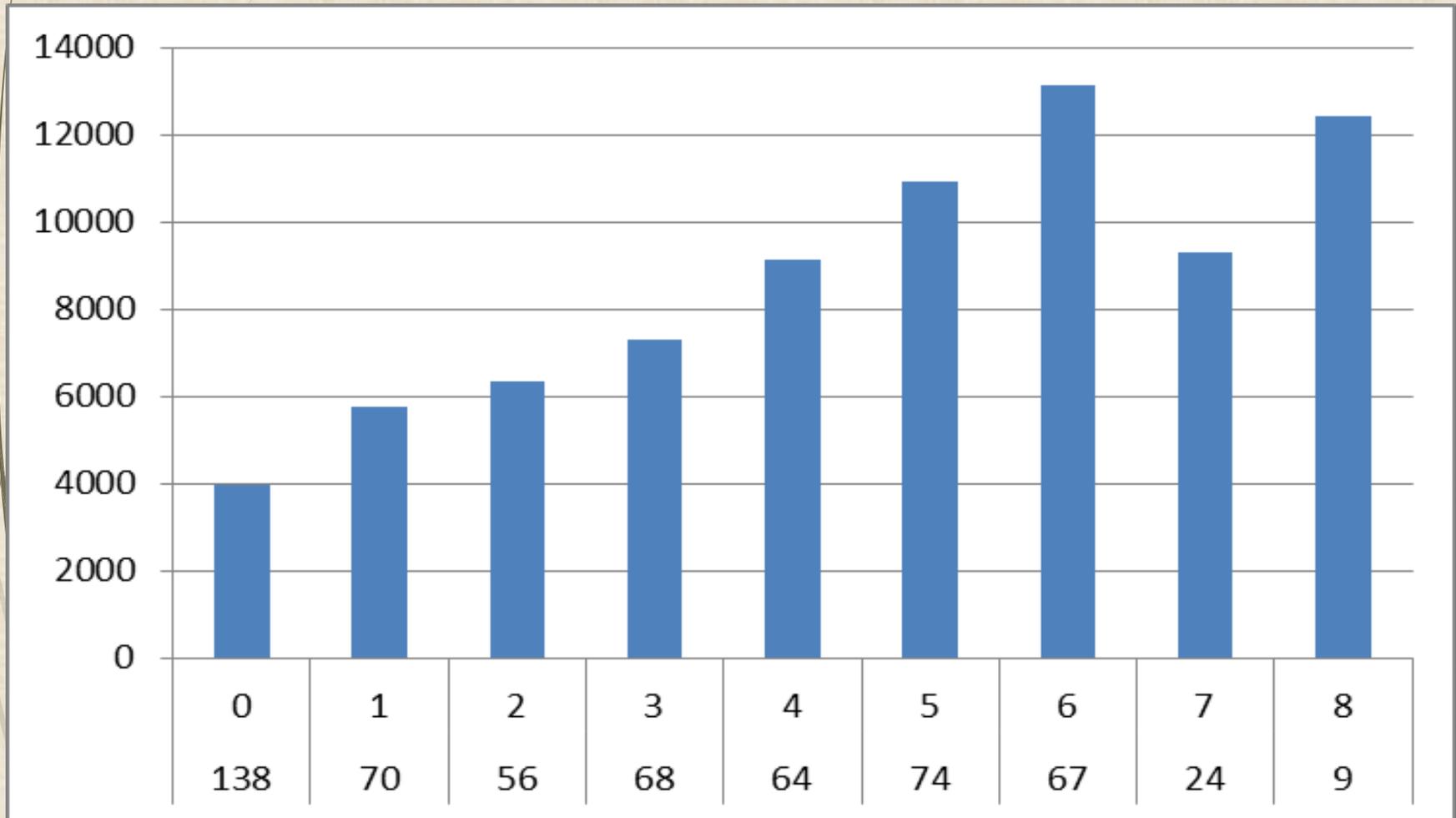
- ▶ Does the client...
  - ▶ ...require support to manage his/her own financial resources?
  - ▶ ...require support to coordinate his/her own transportation needs?
  - ▶ ...require formal or informal assistance with 2 or more of the following ADLs?
  - ▶ ...require at least once per week contact with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



# Determinants Initial Validity Study

- ▶ 570 MHA clients in Long Beach and Antelope Valley
- ▶ Cost data are all services billed for MHA FSP clients from April 1, 2013 to September 30, 2013
  - ▶ Therefore all cost must be DOUBLED to arrive at an annual cost per client

## Average Total Cost per Client (April – Sept.) by Number of Positive Determinants





Thank you!

Questions and  
Answers