



FSP Glossary of Key Terms

FSP Forms Key Terms

General Terms

Partner – The state adopted this term to refer to the client participating in an FSP program. The person is a Partner with the FSP program moving toward recovery.

Baseline – Refers to collecting information when people begin the FSP program. This is accomplished with a PAF form.

Partnership Assessment Form (PAF) – Baseline form completed when an FSP Partner begins the FSP program. This form includes the Partner's history in key life areas for several time frames (currently, past 12 months and prior to 12 months).

Currently – On a PAF refers to current status at time of enrollment.

During the Past Twelve Months – Refers to the twelve months preceding the **Partnership Date**. The intention is obtain a history for the year prior to participation in the program.

Prior to the Last Twelve Months – Refers to period in the past preceding the 12 months before the FSP enrollment. This reflects ever in the Partner's lifetime.

Partnership Date – The date the person is determined to be enrolled as an FSP Partner. **Partnership Date** is used when completing the PAF form.

Follow-Up – Refers to collecting information after enrollment and while the Partner is participating in the program collected on KET and Three-month (3M) quarterly forms.

Follow-Up Forms

Key Event Tracking (KET) – The KET form is completed as changes occur for the client. The form covers specific life domains such as, residential status, employment, emergency room visits, arrests, discontinuance from the program. There is no limit to the number of KET forms that can be completed.

Three month quarterly (3M) – Follow-up form completed every three months. The first 3M is due 90 days after the partnership began (FSP enrollment date). The quarterly schedule begins with the date the partnership was established. A limited number of questions are asked on an adult or youth **3M** form.

Life Domain Areas included on FSP outcome forms are listed below and on the following pages. Main areas are underlined.

Education Completed and Participation in Education

Highest Level of Education Completed – Refers to education completed not in progress.

For the Educational Settings listed – (not in school of any kind, high school/adult school, technical/vocational, community college/4 year college, graduate school, other) if the Partner participate in any of these pursuits the information is provided for the Past 12 Months and Currently.

During the past 12 months – the data recorded is the number of weeks participating in that educational setting, e.g. Partner went to adult school all year the data entered would be 52 weeks for the high school/adult school category.

Currently – indicate if the Partner is participating in an educational setting or is not in school of any kind when they began the FSP program at least one item should be marked.

Emergency Interventions-Recorded as number of visits to emergency room

Physical Health Related – Refers to visits to an emergency room visit for a physical health problem (e.g. broken bone, stomach ulcer).

Mental Health/Substance Abuse Related-Refers to visits to an emergency room visit for a Mental Health or Substance Abuse related problem. This would include those emergency room visits for a psychiatric evaluation and/or hold, i.e. 5150.

Employment on PAF and KET follow-up forms

Employment – Number of weeks, average hours per week and average hourly wage is collected for “During the Past 12 Months” prior to beginning the FSP program in any of six types of employment categories. Employment is also collected for “currently” at time of enrollment in FSP. The six employment categories are defined on the forms.

Financial Support on PAF and 3M

Sources of Financial Support – Multiple sources of financial support are provided, and more than one source can be indicated. If no financial support is indicated than no other selection should be recorded.

Health Status

Partner primary care physician – A primary care physician is the licensed medical professional the Partner would contact with regard to his or her health care. A Partner can be considered to have a Primary Care physician if there is some place a client can go to and access regular medical care from a licensed medical professional that is not an emergency room (example: a public health clinic).

Legal Section of PAF and KET forms-

Arrests – On the PAF data is collected on the number of times the Partner was arrested in the past 12 months which is the period prior to their enrollment in the program. This refers to any arrests.

Probation – Refers to court ordered probation.

Conservatorship – Is determined by the court and is court ordered when someone is unable to care for him or herself or make important decisions due to a mental disorder or impairment; a conservator is appointed to oversee the care of the individual. Refers to whether the Partner has a court ordered appointee (conservator) to oversee his/her care.

Payee status – Refers to when a Partner has a payee. A payee is an authorized representative who oversees the revenue resources on behalf of the Partner.

Dependent (W&I Code 300) Information

This section is for recording if the Partner is legally designated as a dependent of the court (pursuant to Welfare and Institutions code, section 300). This information is collected at baseline for multiple time frames (currently, during the past 12 months, ever in lifetime (prior to the 12 months).

Custody information

This section refers to the custody status of the Partner’s children. This section refers only to the Partner’s current situation at time of enrollment in the program or at time follow-up is completed and not past time periods. *Example: If a Partner had one child who was previously placed in foster care but has now been legally reunified with the Partner, “01” would be recorded in the “Legally reunified with Partner” field. The “Placed in Foster Care” category would remain blank because the child is not currently in foster care.*

Residential Status and Settings—(PAF and KET forms)

Living Arrangement Categories

General Living Arrangements – There are six types of general living arrangements which represent the most naturalistic and least restrictive settings. Most of these six settings are clear from the description. Additional explanation is provided below for the two of the six categories.

- *In an apartment or house alone/with spouse/Partner/minor children/other dependents/roommate/-must hold lease or share in rent/mortgage- This category is for living situations in which the Partner is sharing the living space with others, If the Partner is sharing with a roommate then they must "hold lease or share in the rent".*
- *Single room occupancy (must hold lease) this includes those who are renting a room.*

Shelter/Homeless – Two types of living situations are included: homeless and emergency shelter/temporary housing.

- *Emergency Shelter/temporary housing—This category is for living situations in which the Partner is in an emergency or transitional shelter or is staying with someone temporarily and not paying rent.*
- *Homeless —This category includes those lacking a fixed and regular nighttime residence and includes those living in a car.*

Supervised Placement – These are living situations which provide some structure and supervision.

- *Assisted Living Facility*-Residences that provide supervision or assistance with activities of daily living (ADLs); coordination of services by outside health care providers; and monitoring of resident activities to help to ensure their health, safety, and well-being.
- *Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)*
- *Unlicensed but Supervised Congregate Placement (includes group living homes and sober living homes).*
- *Licensed Community Care Facility (Board and Care)*

A Board and Care home is a housing facility for seniors or persons with disabilities who want or need to be in a group living situation and who want or may need assistance with personal care and daily living activities. Board and Care homes are regulated by the government; however many Board and Care homes are of the "Mom and Pop" variety and are non-licensed. The unlicensed would fit into the category "Unlicensed but Supervised Congregate Placement". Licensed Board and Care homes would fit into "Licensed Community Care Facility".

Hospital-includes stays (24 hours and over) in general acute care hospitals. The type of hospital is separated into acute medical hospital, and acute psychiatric hospital/psychiatric health facility (PHF), and State Hospital.

- *Acute medical-refers to when the Partner requires a stay in the medical unit in the hospital.*
- *Acute psychiatric refers to when a Partner requires a stay in ITF, Oasis PHF or the psychiatric unit of other hospitals.*

Residential Status-Continued

Residential Programs – Living situations which provide treatment services within a 24-hour care facility.

- *Licensed Residential Treatment (includes Crisis, short-term, long-term, substance abuse, and dual-diagnosis residential programs).*
- *Skilled Nursing Facility (Physical)-Skilled nursing is a term that refers to a patient's need of care or treatment that can only be done by licensed nurses. Sometimes called nursing homes. Skilled nursing physical refers to nursing homes that take patients for physical health nursing needs; such as wound care, rehabilitation, or rapidly changing physical health status.*
- *Skilled Nursing Facility (Psychiatric)-Psychiatric skilled nursing facilities provide intervention for individuals requiring mental health and medical treatment in a secured setting.*
- *Long Term Institutional Care (IMD, MHRC) -IMDs are Institutions for Mental Disease which is a Federal term for any 24 hour facility where most of people in the facility (51%) have a mental illness.*

Substance Abuse

Substance abuse (SA) problem refers to whether or not the primary mental health provider has determined that the Partner has a co-occurring mental health and substance abuse problem. Three questions are asked: 1).Has the client ever had a substance abuse problem?, 2).Do they currently have an active substance abuse problem?, 3). Are they currently receiving substance abuse services?

Substance Abuse Services-Refers to any substance abuse services including: County clinic COD group services, community provided SA services; and self-help meetings such as, Alcoholics Anonymous or Narcotics Anonymous.

KET Key terms

Discontinuance – refers to when a Partner discharges from the FSP program and the case is closed. For County clinic programs the discontinuance date should be the close date on the Program exit/Primary admission. For contract programs the discharge date that is provided to RCDMH to close the episode is the date that would be used on the KET discontinuance.

Discontinuance Reason – The KET form includes a list of discontinuance reasons. Chose the one that best applies to the status of the Partner at the time of closing.

Target population criteria are not met. – Given that RCMH FSP programs have specific criteria for enrollment this discontinuance reason would very rarely apply.

Partner has successfully met his or her goals such that discontinuance of Full Service Partnership is appropriate-This applies if at the time of closing the Partner has sufficiently met goals that closing the case in the FSP program is clinically appropriate.

Partner decided to discontinue participation in Full Service Partnership after Partnership established. – this means the Partner has chosen to discontinue after enrollment and a PAF has been completed. This applies when the Partner drops out of the FSP program before it would be clinically appropriate.

After repeated attempts to contact Partner, Partner cannot be located.-This applies when the Partner has ceased to participate in the program and can not be contacted.

Discontinuance Reason Continued

Community services/program interrupted Partners circumstances reflect a need for residential/institutional mental health services at this time (such as IMD, MHRC, State Hospital). This applies to case closing due to the client needing residential care.

Community services/program interrupted the Partner will be serving a prison or jail sentence. –This applies when the Partner will be incarcerated for a period of time.

If the Partner is leaving one FSP program to move into another program (essentially transferring programs) than a KET discontinuance is not needed. Rather a KET would be completed and the program change section would be completed. Contractors would still close their admission (episode). The new program would open an admission which for County clinics could be in the Primary admission screen or in Program Entry/Exit screen.

KET Re-establishments after discontinuing from FSP

Re-establishment – A re-establishment is used to indicate when a Partner has re-enrolled in the FSP program. A KET form is used to indicate re-establishment as long as the break in service is not more than one year from discontinuance. If discontinuance has been longer than one year than a new PAF baseline form is submitted rather than re-establishment with a KET form. Re-establishment is only used when the Partner has discharged from a program and there is a break in service, that is the client is not transferring to a different program, than the client comes back into any FSP program to begin services again.

Partnership Coordinator ID

Partnership coordinator ID is the staff ID number which For County clinic providers this is the County staff ID (formerly the 4-digit SPUDs staff ID); however for Contractors it is the staff ID assigned by RCDMH.

Provider Site ID

Provider site ID is the County Reporting Unit (RU).

KEY Terms Three Month (3M) Quarterly

The 3M includes very few questions. The items on the 3M have been described in the previous sections of this document.

Date 3M completed

The 3M should be completed every 90 days beginning with the date of FSP enrollment. If a Partner participates for a year than four 3M forms should have been completed by the end of a year. The forms should be completed no later than 30 days after the due date and no earlier than 14 days before the due date. The calendar on the last page shows the enrollment month and the month that it would be expected a 3M would be completed.

Activities of Daily Living Older Adult PAF and KET

Older Adult forms include additional information for Partners 60 years of age and older.

The Index of Independent Activities of Daily Living (ADL) – This includes items on the day-to day functioning of older adults with respect to several key areas. The questions are designed to determine if the Partner needs complete assistance, some assistance, or no assistance to complete everyday activities.

Instrumental Activities of Daily Living – This includes items on specific activities that are likely to occur on a regular basis. The questions are designed to determine the Partner's level of functioning with regard to these activities. The selections range from the ability of the Partner to perform each task without assistance, with some assistance, or with total assistance, i.e. unable to perform the task at all.

Schedule Three Month Quarterly Assessments

Client enrolled in.....	Quarterly Assessments Due Every....
January	April, July, October, January
February	May, August, November, February
March	June, September, December, March
April	July, October, January, April
May	August, November, February, May
June	September, December, March, June
July	October, January, April, July
August	November, February, May, August
September	December, March, June, September
October	January, April, July, October
November	February, May, August, November
December	March, June, September, December