

A Full Service Partnership (FSP) Program

Population Served:
Adults citywide, aged 60+



Program Contact:
Laura Dinsbach, ASW, MSW
Program Manager
Felton Institute, Family Service Agency of San Francisco – Older Adult FSP
280 Turk Street
San Francisco, CA 94102
(415) 474-7310
ldinsbach@felton.org
www.felton.org

MHSA (Proposition 63) was passed by California voters in November 2004 to expand and transform mental health services for children and adults. The Act is funded by a 1% tax surcharge on personal income over \$1 million per year.

Family Service Agency of San Francisco – Older Adult FSP (FSA-OA)

What Does FSA-OA Do?

FSA-OA is the FSP program of Felton Institute. It is a collaborative partnership with other community-based programs to support older adults, age 60 and older, in need of intensive case management, including mental health and substance abuse treatment, medical health care, housing assistance, vocational and educational support, and counseling.

Mission Statement: To assist and encourage vulnerable seniors, over 60, with serious and persistent mental illness and other physical and substance abuse challenges, to reduce significantly their dependence on inpatient and emergency services, to stabilize in their lives, housing, and overall functioning, and to become more independent, productive, and satisfied members of their communities.



Note: Family Service Agency of San Francisco has recently changed its name to Felton Institute to reflect its expanded mission to deliver services locally and nationally.

Family Service Agency of San Francisco (FSA) is the social services arm of Felton Institute and serves clients throughout the City and County of San Francisco.

Who is Served by this program?

Clients citywide, aged 60 and older, who need specialized, intensive geriatric mental health services beyond what is available through other systems. Referrals come through Behavioral Health Services and must have a Serious Mental Illness diagnosis and meet other criteria, which may include being currently homeless, dually diagnosed, involvement by multiple public agencies, or never known and new to the BHS, among other criteria. With severe functional impairments and very complex needs, these clients require extensive outreach and intensive services in order to stabilize, live safely in housing, and pursue essential recovery goals.

34 individuals were served in FY 15-16

7 # of FSA-OA providers

In FY 15-16 participants were:

87% English Speakers

60% Male

27% Black or African descent

18% Homeless





“People are so brave. The human race is more valiant than we have any right to expect.”

- Kitty Felton
(Founder of Felton Institute)

Outcomes (for 34 total clients)

Emergency Events

Clients receiving care from FSA-OA reported experiencing emergency events at considerably lower rates than they did in their 12 months prior to entering the program.

41% fewer days spent homeless

38% fewer days spent hospitalized

95% decrease in arrests

77% decrease in mental health/ substance use emergencies

75% decrease in physical health emergencies

Residential Settings

FSA-OA has a proven ability to link clients to more stable housing conditions in their first year in the program than they experience in the year prior to entering program care.



37% more days spent in supervised placement

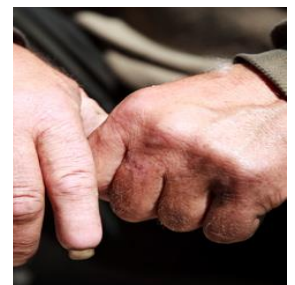
24% more days spent in SRO with lease

17% more days spent in general living arrangements

The Heart of Our Work

FSA-OA follows the Mental Health Recovery Model, whereby clients have primary control over decisions about their care. Recovery begins with **hope**, a positive vision of the future. Clients are **empowered** to make their own choices when they are given access to information of service options. As clients move more toward recovery, they have increased **self-responsibility** for their own lives. This comes with trying new things, learning from mistakes, and trying again. Clients need a purpose separate from their illness, and having **meaningful roles in life**, such as volunteer, employee, parent, partner, or neighbor, will help clients achieve full recovery.

All clients reported feeling positive about receiving services at FSA-OA, and 33.3% specifically reported feeling joy and having trust with their clinical case managers and peer community specialists.



This report created by:

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For more information, contact:

Ryan Reichel • (415) 255-3494 • ryan.reichel@sfdph.org

