



Full Service Partnership Startup Information

May 21, 2007



Joint Meeting with Santa Clara & San Mateo County “Next Steps for FSP”

Agenda:

- I. **Introduction and Review of Purpose**
Facilitator: Mike Oprendeck, Sr. Associate, CiMH—10min.
- II. **Santa Clara FSP Overview**
Bruce Copley, Deputy Director, Santa Clara County Mental Health—15 min.
- III. **San Mateo FSP Overview**
Louise Rogers, Deputy Director, San Mateo County Mental Health—15min.
- VI. **Facilitated discussion centered around service provision**
Facilitators: Mike Oprendeck, Sr. Associate, CiMH & Dawn Cunningham, Consultant, CiMH—1-2 hrs.
Guest Representatives: Dee Lemonds, Section Chief, Department of Mental Health & John Travers, Director of Wellness Center in Long Beach
 - Outreach and engagement strategies for target populations
 - Housing options –use of emergency housing
 - Tailored person care plan
 - Interagency collaboration – how to and who
 - Supervision
 - 7/24 coverage and safety
 - Interaction with Law Enforcement
- V. **Lunch (30minutes)**
- VI. **Facilitated discussion centered around Administrative / Managing of FSP's**
Facilitators: Mike Oprendeck, Sr. Associate, CiMH & Dawn Cunningham, Consultant, CiMH—1-2 hrs.
 - Issues for Contractors
 - Flex Funding
 - Housing / discharging from locked setting and options
 - Contract Outcomes / performance standards
- VII. **Other age specific questions for dialogue**
Facilitators: Mike Oprendeck, Sr. Associate, CiMH & Dawn Cunningham, Consultant, CiMH—1-2 hrs.
- VIII. **Establish next steps and evaluate**
Facilitators: Mike Oprendeck, Sr. Associate, CiMH & Dawn Cunningham, Consultant, CiMH—10min.



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

FULL SERVICE PARTNERSHIP KICK – OFF MEETING

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- Enrollment Target

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- Negotiation Package Supplement Document
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 2. Transition Age Youth
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- Performance Based Criteria

Outcome Measures Application

- Using the Outcomes Wiki
- Outcome Measures Application

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

**FULL SERVICE PARTNERSHIP GUIDELINES
VERSION 0.9 (12/2006)
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	B.	Operational Definitions and Examples					√
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Santa Clara County

MHSA Full Service Partnership Startup

CiMH FSP Workshop

May 21, 2007

Our Prospective FSP Clients

- CSS Plan identified target populations
 - Youth age 0-15 in foster care and juvenile justice
 - Youth age 16-25, exiting foster care and juvenile justice or SMI and frequently hospitalized
 - Latino, Asian, Native American Target Groups
 - Adults w/SMI at risk, or transitioning out of institutional care
 - Criminal Justice aftercare (18+ years old) with multiple MH conditions and substance abuse
 - Older Adults w/ SMI and medical conditions, isolated or homebound

Our Providers

- Contracted for All FSP Services
- 8 agencies, 16 programs
- Created geographic and cultural diversity
- Used age groupings as starting point, and added Criminal Justice and Multi-generational programs

FSP Contractors

Agency	Youth	TAY	Adult SMI	Adult CJS	Older Adult
Alliance		10	20		
Catholic Charities				60	20
Community Solutions (Multi)	10	10	10	60	5
Gardner			15	60	
Indian Health			10		
Mekong			10		
Opportunity Hlth			10		
Starlight Adolescent Ctr	20	10			
Total	30	30	75	180	25

Our Governance Structure

- **Policy level**
 - Heads of organizations
 - Oversee total program direction and performance
 - Quarterly meetings
- **Operations level**
 - Managers and clinicians
 - Discuss operational issues of common concern
 - Bi-weekly meetings
- **Three policy and three operations bodies:**
 - Child/TAY, Adult/Older Adult, Criminal Justice

Client Selection and Referral

- **Selection --**
 - Adult and OA clients selected from 24 hour care high users
 - Youth and TAY clients selected jointly with JPD, Social Services, and MH Dept. 24 Hr Care
 - Criminal justice selected jointly with Probation, Pre-Trial Services, District Attorney, Public Defender and MH Court
 - FSP CJS providers submit monthly Treatment Service Activity report for defendants that are retained for court supervision

Client Selection and Referral

■ Referral --

- County reviews all cases and makes referral to an FSP provider
- Mental Health Court Case Management Team is coordinating point for referral, assessment and recommendations for outreach and engagement activity

Tracking Adult/Older Adult

	ADULT			OLDER ADULT			AGENCY TOTAL	
			Pending			Pending	Enrolled	Pending
Alliance	20	16	8	N/A	N/A	N/A	16	8
Catholic Charities	N/A	N/A	N/A	20	5	0	5	0
Comm. Solutions	10	8	2	5	4	1	12	3
Gardner	15	11	1	N/A	N/A	N/A	11	1
Indian HC	10	7	4	N/A	N/A	N/A	7	4
Mekong	10	9	3	N/A	N/A	N/A	9	3
Opport. Health	10	1	10	N/A	N/A	N/A	1	10
Total			28			1	61	29

Tracking Youth/TAY

	YOUTH			TAY			AGENCY TOTAL	
			Pending			Pending	Enrolled	Pending
Alliance	N/A	N/A	N/A	10	9	3	9	3
Comm. Solutions	10	3	2	10	7	1	10	3
Starlight	20	11	1	10	10	2	21	3
Total			3			6	40	9

Key Statistics – Adults/Older Adults

- 90 referrals to 7 agencies
- 61 enrollees
- Ethnic diversity
 - 36% White
 - 35% Hispanic
 - 16% Asian
 - 3% African American

Key Statistics – Youth/TAY

- 40 referrals to 3 agencies
- 31 enrollees
- Ethnic diversity
 - 18% White
 - 66% Hispanic
 - 5% Asian/ Pacific Islander
 - 11% African America

Key Statistics – Criminal Justice

- 60 referrals to 3 agencies
- 26 enrollees

Highlights

- “Hard to engage” are becoming enrollees
- 35 Transitional Housing Units available to CJS; 100 more to be added
- Strong cooperation with the CJS Partners

Housing

- \$4 million collaboration
 - \$2M MHSA, \$2M Office of Affordable Housing
 - 49 permanent supported housing units committed so far
 - Additional units to be funded in FY08
- Actively recruiting landlords to increase housing availability
- Actively seeking additional funds (HUD, MHSA, etc.)

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Issues

- Large number of medically compromised adults and older adults
 - Adds to complexity of treatment plan
 - Difficult finding board & care placements

Issues

- Large numbers of new staff
- Training & management needs
 - Introduction of new care models
 - Understanding wraparound expectations
 - More rapid transition to supportive housing
- Need for frequent face to face discussion of issues & philosophy

Issues (cont.)

- *Transforming* the system through changing the mindset of clinicians, managers and system partners including public guardian, inpatient, IMD, EPS
 - Incorporating wellness and recovery philosophy into practice
 - Unbundling the rehab model
 - Deciding on a vision for 'graduates'

Issues (cont.)

- *Achieving* attitude shift
 - Breaking down barriers; accepting the most difficult clients
 - Performance expectations
 - Defining clinician availability
 - Understanding "whatever it takes"

SANTA CLARA COUNTY
MHSA FSP ADULT and OLDER ADULT PROGRAM SERVICES OVERVIEW

Full Service Partnerships (FSP) serves adults 26 to 59 years of age and older adults 60 years and above. This program provides AB34 type services that employ 'whatever it takes' recovery models that use methods and interventions that are person-centered and strength based. The goal is to assist enrollees to regain hope, develop self determination, and take personal responsibility. All services are voluntary and driven by individual choice. The delivery of all services will be guided by the principles of cultural competence, recovery and resiliency with an emphasis on building enrollee strengths and resources in the community, with family, and with their peer/social network.

The Mental Health Department (MHD) has identified 200 candidates for the FSP Program and the 24-Hour Care Unit distributes names of candidates to the following contracted providers for FSP Program Adult Services: Alliance, Community Solutions, Gardner, IHC and Mekong and Opportunity Health Clinic.

Older Adults will be identified and referred through the MHD Older Adult FSP Coordinator working in close coordination with the 24-Hour Care Unit. Older Adult FSP providers are Community Solutions and Catholic Charities.

FSP candidates are individuals utilizing IMD, inpatient hospitals, state hospital, and high users of EPS/crisis residential services who may have severe co-occurring disorders. They may be involved in the criminal justice system and/or are homeless or at risk of homelessness, or difficult to engage to mental health services.

Candidates may have had several unsuccessful community placements due to lack of engagement and/or availability of intensive and comprehensive services or utilization of various services without improved outcomes. They may have difficulties in participating in structured activities and living independently. They may have poor compliance with medication treatment, or patterns of substances abuse. Candidates may be medically fragile, have medical co-morbidities or have cognitive difficulties. Also, enrollees may be Medi-Cal eligible and/or uninsured.

The FSP Contractor engages the candidate into FSP services, regardless of where the candidate is residing (e.g., inpatient, IMD, jail). Once the candidate agrees to be an enrollee, a Personal Services Plan (PSP) is developed consistent with the principles of wellness and recovery. The enrollee develops his or her goals that are specific to the individual's needs in relation to housing, employment, education, medication, health, peer relations, social activities, relapse prevention and other identified issues.

A service goal is to assist the enrollee in obtaining permanent housing. At intake, a housing stability assessment will be conducted with the enrollee to assess the extent to which housing subsidies are needed. In addition, wraparound services include assistance in getting training and employment, or both, and in maintaining employment, and assisting candidates with benefits.

System partnerships are between SCCMHD, FSP Contractors, Peers, Community Partners, Social Services Agency, Probation, Drug Court, Criminal Justice, Family/Caregivers. The foundation of this model is 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.

3/26/07 4/6/07

**SANTA CLARA COUNTY
FSP ADULT AND OLDER ADULT PROGRAM
ENGAGEMENT AND ENROLLMENT PROCESS**

The 24-Hour Care Unit has identified 200 candidates for the FSP Program and distributes names of candidates to the following contracted providers for FSP Program adult services:

Alliance, Community Solutions, Gardner, IHC, Mekong and Opportunity Health.

Older Adult FSP Programs are Catholic Charities and Community Solutions.

For those candidates currently residing in IMDs who have been referred to a FSP Contracted Provider:

Prior to meeting the candidate, the FSP Contracted Coordinator contacts 24-Hour Care, and the PG Deputy to discuss the candidacy for FSP engagement/enrollment. A release is signed by the PG Deputy and given to the FSP Contracted Coordinator to proceed with engagement with the candidate.

1. At the time of referral, the FSP Contracted Coordinator will inform the candidate's Service Team case manager (CM) of the referral. The FSP Coordinator will describe the FSP wrap around services to the Service Team CM as needed. The candidate's Service Team CM will inform the candidate that they will be contacted by the FSP staff who will describe the services and offer the FSP program to the candidate. The current service team CM and FSP CM are encouraged to meet together with the consumer, when feasible.
2. The FSP Contracted Coordinator contacts the 24-Hour adult or older adult Case Manager to arrange a joint meeting with the candidate for the purpose of introducing the candidate to the program and of establishing rapport with the FSP candidate. (Engagement Phase).
3. The FSP Contracted Coordinator contacts the candidates' Service Team to:
 - a) inform the Service Team of the FSP engagement process status, and to
 - b) advise the Service Team to keep the candidates' case open until notified by the FSP Contracted Coordinator of the candidate's decision to enroll.
4. For the candidate who chooses to enroll, the FSP Contracted Coordinator will have:
 - a) worked with the 24-Hour Care staff and PG Deputy to determine housing arrangements, and will have
 - b) discussed with the candidate his/her PSP goals.
5. At the time of enrollment the FSP Contracted Coordinator will:
 - a) place the candidate on enrollee status and inform the MHD FSP Coordinator;
 - b) inform the Service Team to close the individual to their services;
 - c) initiate the PSP goal processes with other providers of service as identified;
 - d) be responsible for moving the enrollee to the appropriate placement as soon as possible.
6. For the candidate who chooses to not enroll, the FSP Contracted Coordinator will:
 - a) inform the Service Team that the Service Team will continue to have responsibility for outpatient mental health services for the consumer;
 - b) inform the PG Deputy and 24 Hour Care Manager for Adults or Older Adult FSP Coordinator of the individual's decision. 3/26/07



TRANSITIONAL AGE YOUTH (TAY) (AGES 16-25) Full-service Program Overview

▪ **Wraparound Services-30 slots**

The model reflects the core values of the Transitions to Independence Process (TIP). Embedded in these core values is a strength based approach which incorporates the ideals of youth and family engagement and collaboration, cultural and developmental considerations for treatment assessment, planning and intervention, a team approach to providing necessary supports and a focus on assisting TAY to make the transition to adulthood in each area of the basic life domains. The Transitions to Independence Process, evidence-based therapy methods and flex funding are provided to enrollees.

Key priorities for this population are the following:

- o Include the young adult and family members in all aspects of care
- o Address emotional illness and substance abuse
- o Establish safe and permanent housing and social supports
- o Develop initial employment or education resources
- o Reduce criminal and endangering behaviors

▪ **Target Populations**

African, Native American and Latino transitional age youth (age 16-25) with severe mental illness, who meet one or more of the priority considerations below.

▪ **Priority Considerations for Enrollees**

- o Youth who are exiting juvenile probation and dependency systems and are at risk of, or returning from intensive residential placement
- o Transitional age youth with multiple psychiatric emergency services episodes and/or frequent and/or extended hospitalizations
- o Transitional age youth experiencing a first psychotic episode

▪ **Potential FSP Candidate Referrals**

- o Courts (Mental Health Treatment Court)
- o Juvenile Probation Department (JPD), Probation Officer Referral
- o Juvenile Hall and Ranch Mental Health MDT recommendation
- o Department of Family and Children's Services (DFCS)
- o Department of Alcohol and Drug Services (DADS)
- o Inpatient providers and MHD 24 Hour Care program

▪ **System Partners**

- | | |
|------------------------------|--|
| o Courts | o DFCS |
| o District Attorney's Office | o DADS |
| o Public Defender's Office | o MHD Transitional Age Youth providers |
| o JPD | |



TRANSITIONAL AGE YOUTH (TAY) (AGES 16-25) Full-service Program Overview

▪ **Wraparound Services-30 slots**

The model reflects the core values of the Transitions to Independence Process (TIP). Embedded in these core values is a strength based approach which incorporates the ideals of youth and family engagement and collaboration, cultural and developmental considerations for treatment assessment, planning and intervention, a team approach to providing necessary supports and a focus on assisting TAY to make the transition to adulthood in each area of the basic life domains. The Transitions to Independence Process, evidence-based therapy methods and flex funding are provided to enrollees.

Key priorities for this population are the following:

- o Include the young adult and family members in all aspects of care
- o Address emotional illness and substance abuse
- o Establish safe and permanent housing and social supports
- o Develop initial employment or education resources
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▪ **Potential FSP Candidate Referrals**

- o Courts (Mental Health Treatment Court)
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- o Department of Family and Children's Services (DFCS)
- o Department of Alcohol and Drug Services (DADS)
- o Inpatient providers and MHD 24 Hour Care program

▪ **System Partners**

- | | |
|------------------------------|--|
| o Courts | o DFCS |
| o District Attorney's Office | o DADS |
| o Public Defender's Office | o MHD Transitional Age Youth providers |
| o JPD | |



CHILDREN/YOUTH (AGES 0-15) Full-service Program Overview

- **Wraparound Services-30 slots**

The model reflects the core values of Wraparound. Embedded in these core values is recognition of the family’s unique cultural values as a strength, a source of resilience, and an integral component of community-based and family-centered service delivery. Wraparound services, evidence-based therapy methods and flex funding are provided to enrollees and families.
- **Key priorities for this population are the following:**
 - Include the child and family members in all aspects of care
 - Address emotional illness and substance abuse
 - Establish safe and permanent housing
 - Establish social supports
 - Develop initial employment or education resources
 - Reduce criminal and endangering behaviors
- **Target Populations**

Juvenile Justice-Involved African/African-American, Native American and Latino Consumers; and underserved SED Youth.
- **Priority Considerations for Enrollees**

Youth who are at risk of, or returning from out-of-home placement and on formal Juvenile Probation. Youth with multiple Emergency Psychiatric Services (EPS) episodes and/or frequent and extended hospitalizations.
- **Potential FSP Candidate Referrals**
 - Courts (Mental Health Treatment Court)
 - Juvenile Probation Department (JPD), Probation Officer Referral
 - Juvenile Hall and Ranch Mental Health MDT recommendation
 - Department of Family and Children’s Services (DFCS)
 - Department of Alcohol and Drug Services (DADS)
- **System Partners**
 - Courts
 - District Attorney’s Office
 - Public Defender’s Office
 - JPD
 - DFCS
 - DADS
 - County Office of Education
- **Housing Considerations**

Wraparound teams will utilize flexible funding to assist families in securing stable and safe housing, job training and employment. This includes, but is not limited to rental assistance, home specialized improvements, tuition support in job training, crisis residential services, in-home, in-school, and vocational support.
- **Provider Agencies**

Community Solutions (Caseload 10)
Starlight Adolescent Center (Caseload 20)