SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

DATE: May 11, 2020

BHRS POLICY:	20-08
SUBJECT:	Full Service Partnership
AUTHORITY:	Department of Health Care Services; California Code of Regulations, Title 9. Rehabilitative and Development Services, Division 1. Department of Mental Health, Chapter 14. Mental Health Services Act
NEW POLICY:	May 11, 2020
REFERENCES:	Policy 18-01 Cultural Humility, Equity and Inclusion Framework; Implementation of CLAS Standards Policy 19-01 Consumer Problem Resolution and Notice of Adverse Benefits Determination Resolution System

PURPOSE:

The purpose of this policy is to outline requirements for Mental Health Services Act (MHSA) Full Service Partnership services and to provide guidance on the implementation of these requirements. The requirements are organized in the following categories:

1. General Characteristics
2. Eligibility Criteria
3. Full Spectrum of Services Provided to Clients
4. Performance Outcome Data Collection

SCOPE:

This Policy is for implementation of MHSA Full Service Partnerships only.

BACKGROUND:

In San Mateo County, MHSA supports a broad continuum of needs across personnel, prevention, early intervention and direct services, infrastructure, technology, training and other resources necessary to support planning, implementation, monitoring and evaluation of progress toward statewide goals for children, transition-age youth, adults, older adults and families.

MHSA legislation groups MHSA funded services into three primary components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Innovation (INN).

CSS is the largest component of MHSA; legislation requires 76% of funding be allocated to CSS to provide direct treatment and recovery services to individuals of all ages living with serious mental illness (SMI) or serious emotional disturbance (SED). Furthermore, the legislation requires that 51% of the CSS allocation fund Full Service Partnerships (FSP) services.

In San Mateo County, Full Service Partnerships (FSPs) include 24 hours a day, 7 days a week services; peer supports; high staff to client ratios for intensive behavioral health treatment including medications; linkage to housing; supported education and employment; treatment for co-occurring disorders; skills-based interventions, among others. The target population for FSPs include, high risk children and youth who would otherwise be placed in a group home; seriously mentally ill and dually diagnosed adults including those eligible for diversion from criminal justice incarceration; incarcerated individuals; persons placed in locked facilities who can succeed in the community with intensive supports; and individuals with frequent emergency room visits, hospitalizations, and homelessness; and seriously mentally ill older adults at risk of or currently institutionalized who could live in a community setting with intensive supports.

DEFINITIONS:

As per the California Code of Regulations, Title 9. Rehabilitative and Development Services, Division 1. Department of Mental Health, Chapter 14. Mental Health Services Act:

The “Mental Health Services Act (MHSA)” is the law that took effect on January 1, 2005 when Proposition 63 was approved by California voters and codified in the Welfare and Institutions Code.

“Full Service Partnership” means the collaborative relationship between the County and the client, and when appropriate the client’s family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.

“Full Spectrum of Community Services” means the mental health and non-mental health services and supports necessary to address the needs of the client, and when appropriate the client’s family, in order to advance the client’s goals and achieve outcomes that support the client’s recovery, wellness and resilience.

“Client” means an individual of any age who is receiving or has received mental health services. The term “client” includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.

POLICY:

1. **General Characteristics**
    a. FSP services shall be provided to all age groups, i.e. older adults, adults, transition age youth and children/youth.
    b. An Individual Services and Supports Plan (ISSP) shall be developed for each client.
    c. Services shall be available 24 hours a day, 7 days a week services to provide after-hour intervention
    d. A sufficient number of Personal Service Coordinators/Case Managers shall be provided for each FSP program to ensure that availability is appropriate to the service needs of the client/family; individualized attention is provided to the client/family; intensive services and supports are provided, as needed. Personal Service Coordinator/Case Managers' minimum responsibilities include:
        i. Developing the ISSP with the client, with other agencies that have a shared responsibility for services and/or supports to the client, and when appropriate the client's family.
        ii. Ensuring culturally and linguistically competent care, at a minimum, is educated and trained in linguistic and cultural competence and has knowledge of available resources within the client's/family's racial/ethnic community.
        iii. Ensuring availability to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention. This could include availability from other qualified individual(s) known to the client/family. In the event of an emergency when the Personal Service Coordinator/Case Manager or other qualified individual known to the client/family is not available, another qualified individual shall be available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.
    e. FSP programs shall be designed for voluntary participation. No person shall be denied access based solely on his/her voluntary or involuntary legal status.
    f. Long-term hospital and/or long-term institutional care cannot be paid for with MHSA funds.

2. **Eligibility Criteria**
    a. Seriously Emotionally Disturbed (SED) Children/Youth and Transition Age Youth
        i. Determined to have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms.
        ii. Meet one or more of the following three criteria:

1) As a result of the mental disorder, the child has
    a) substantial impairment in at least two of the following areas: self-care or inability to provide basic personal needs for food, clothing, or shelter[1], school functioning, family relationships, or ability to function in the community; *and*
    b) the child is (i) at risk of removal from home or has already been removed from the home or (ii) the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
2) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
3) The child has been assessed pursuant Special Education Program[2] requirements and determined to have an emotional disturbance.

iii. Transition age youth, in addition to criteria i. and ii. above, must meet one of the following:
1) Homeless or at risk of being homeless.
2) Aging out of the child and youth mental health system.
3) Aging out of the child welfare systems.
4) Aging out of the juvenile justice system.
5) Involved in the criminal justice system.
6) At risk of involuntary hospitalization or institutionalization.
7) Have experienced a first episode of serious mental illness.

b. Seriously Mentally Ill (SMI) Adults and Older Adults
i. Determined to have a serious mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. This includes clients with co-occurring serious mental disorders and substance use, developmental disability, or other physical or mental disorders.
ii. As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.
iii. As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance,

[1] "grave disability", Welfare and Institution Code, Division 5, Part 1, Chapter 1, Section 5008(3)
[2] Education Code, Title 2, Division 4, Part 30, Chapter 4, Article 2

services, or entitlements. Functional impairment means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

iv. Adults, in addition to criteria i., ii, and iii. above, must meet one or more of the following criteria:
    1) Homeless or at risk of becoming homeless.
    2) Involved in the criminal justice system or at risk of involvement
    3) Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.
    4) At risk of institutionalization.

v. Older adults, in addition to criteria i., ii, and iii. above, must meet one or more of the following criteria:
    1) Experiencing a reduction in personal and/or community functioning.
    2) Homeless or at risk of becoming homeless.
    3) At risk of becoming institutionalized.
    4) At risk of nursing home or out-of-home care.
    5) At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.
    6) At risk of involvement in the criminal justice system.

3. Full Spectrum of Services Provided to Clients

a. The services to be provided for each client shall include the Full Spectrum of Community Services necessary to attain the goals identified in a clients' Individual Services and Supports Plan (ISSP) and other services necessary to address unforeseen circumstances in the client's life that could be but, have not yet been included in the ISSP. Services shall be identified in collaboration with the client, and when appropriate the client's family.

b. The Full Spectrum of Community Services consist of:
    i. Mental health services and supports including, but not limited to:
        1) Mental health treatment, including alternative and culturally specific treatments.
            a. Therapeutic behavioral health services and behavioral health coaching for transition age youth
        2) Peer support.
        3) Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education.
        4) Wellness centers.
        5) Alternative treatment and culturally specific treatment approaches.

6) Personal service coordination/case management to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services.
7) Needs assessment.
8) ISSP development.
9) Crisis intervention/stabilization services.
10) Family education services.
11) After-hour support and interventions as needed.
12) Short-term acute inpatient treatment when the client is uninsured for this service or there are no other funds available for this purpose.

ii. Non-mental health services and supports including, but not limited to:
1) Food.
2) Clothing.
3) Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing.
4) Cost of health care treatment.
5) Cost of treatment of co-occurring conditions, such as substance abuse.
6) Respite care.

b. Wrap-around services to children in accordance with County Wraparound Services Program[3] requirements.

4. Performance Outcome Data Collection
a. The following information, at minimum, shall be collected for each client via the Partnership Assessment Form (PAF) at the time the full service partnership agreement is created with the client, and when appropriate the client's family:
i. General administrative data.
ii. Residential status, including hospitalization or incarceration.
iii. Educational status.
iv. Employment status.
v. Legal issues/designation.
vi. Sources of financial support.
vii. Health status.

[3] Welfare and Institution Code, Division 9, Part 6, Chapter 4, Section 18250

viii. Substance abuse issues.
ix. Assessment of daily living functions, when appropriate.
x. Emergency interventions.

b. The following key event information shall be collected for each client via the Key Event Tracking (KET) form:
   i. Emergency interventions.
   ii. Changes in:
      1) Administrative data.
      2) Residential status.
      3) Educational status.
      4) Employment status.
      5) Legal issues/designation

c. The following information shall be collected for each client on a quarterly basis via the 3-month (3M) form:
   i. Educational status.
   ii. Sources of financial support.
   iii. Legal issues/designation
   iv. Health status
   v. Substance abuse issues

RESPONSIBILITY:

The following infrastructure ensures appropriate implementation of all four areas of this FSP policy:

1. Clinical manager(s) in both the Adult and Older Adult and the Children and Youth Services Divisions of BHRS are charged with oversight and monitoring of FSP programs in their respective age group(s). FSP oversight responsibilities include the following:
   a. Work collaboratively with providers to determine eligibility and authorize clients referred to FSP services.
   b. Hold monthly monitoring meetings with contracted FSP providers to review implementation and troubleshoot any clinical or administrative challenges.
   c. Hold quarterly check-in meetings for Adult and Older Adult FSP leadership staff, Deputy Director and the respective clinical manager.
   d. Develop request for proposals and negotiate contracts in collaboration with BHRS Contracts staff and the MHSA Coordinator. Contracts for delivering FSP services will include all requirements in this policy at minimum.
2. The MHSA Coordinator has oversight of performance outcome reporting. The MHSA Coordinator will coordinate with the clinical managers to ensure data is being collected and entered regularly. The MHSA Coordinator will ensure that FSP outcomes are

reported annually as part of the MHSA Annual Update and include data that demonstrates FSP services uphold the MHSA values.

3. The Office of Consumer and Family Affairs (OCFA) empowers clients and family members to advocate for themselves and their communities and bring the powerful voices of those with lived experience to behavioral health decision-making spaces. OCFA oversees and facilitates the BHRS Problem Resolution Process for clients, including filing a grievance about services received from BHRS or contracted providers ensuring that their issues are heard and investigated (Policy 19-01).
4. The Office of Diversity and Equity (ODE) monitors Cultural Competence Plan requirements for contracted providers, which requires Cultural Humility 101 and Working Effectively with Interpreters training for staff (Policy 18-01). ODE staff will collaborate with MHSA Workforce Education and Training to ensure trainings are offered at minimum two times annually for BHRS staff and contracted providers.

Approved: *Signature on File*
Scott Gilman, MSA
BHRS Director