San Mateo County
Health System

August 1, 2014

Dear Colleagues and Community Partners,

This past year Behavioral Health and Recovery Services (BHRS) set out to evaluate its Full Service Partnership (FSP) programs to understand how well FSPs are working from the perspective of administrators, providers and consumers/clients. In May 2013, Davis Y. Ja and Associates, Inc., an independent consulting firm, were contracted to conduct the evaluation. The executive summary and final report is now available on our website at www.smhealth.org/bhrs/mhsa and includes analyses of current services including challenges, successes, recommendations and possible financial incentive models to support ongoing service improvement and consumer/client success.

The Mental Health Services Act (MHSA) was enacted in 2005 and provides a dedicated source of funding to improve the quality of life for individuals living with mental illness; a large component of this work is accomplished through FSPs. FSP programs do "whatever it takes" to help seriously mentally ill adults, children, transition-age youth and their families on their path to recovery and wellness. In San Mateo County there are currently four comprehensive FSP providers, Edgewood Center and Fred Finch Youth Center serve children, youth and transition-age youth (C/Y/TAY) and Caminar and Telecare serve adults and older adults.

Overall Findings and Recommendations
There were common themes that emerged from the interviews and focus groups with FSP administrators, service providers, and consumers and caregivers and included:

- ✓ High level of satisfaction with the Wraparound model for child/youth FSPs and with the Assertive Community Treatment (ACT) approach for adult/older adults. However, there were some challenges with the Wraparound model for TAY and a peer-driven and recovery oriented model may be more appropriate for this population.
- ✓ Challenges with maintaining consistent staffing and providing an ideal spectrum of services with current funding levels.
- ✓ Greater demand than available slots.
- ✓ Insufficient linkages between FSP systems for transitioning C/Y/TAY and community supports for consumers leaving FSP services.
- ✓ Family/caregiver involvement and collaboration as a vital component
- ✓ Insufficient availability of safe, accessible, affordable housing.

Overall, the sense from providers, administrators, consumers and caregivers is that while challenges exist in serving the complex populations targeted by the FSPs, the programs are having a positive impact on the lives of those served.

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While many individuals served through an FSP have shown significant improvements in their lives, we know there is always room for improvement. The findings and recommendations made in this report will help guide our future FSP development, funding allocations and evaluation.

Key Recommendations
✓ Review current referral criteria for child/youth/TAY (BHRS/providers)
✓ Addressing the service gaps between TAY and adult FSP systems and community supports
✓ Explore options for a more integrated model of dependency treatment and medical care, especially for TAY, medically fragile, and older adults
✓ Conduct a needs assessment for specific youth populations, especially those with justice involvement, co-occurring, and psychotic disorders
✓ Provide a provider or BHRS-initiated orientation for new families entering FSP
✓ Identify safe, accessible, appropriate, and affordable housing options for TAY and adult consumers
✓ Clarify whether supportive services are available at housing sites; if not, develop plan for monitoring consumer progress

We also anticipate this report will provide additional impetus to our ongoing dialogue with consumers/clients, family members, service providers and other key community stakeholders about the FSP and related services. We welcome your comments and suggestions after you have had a chance to read through this report by emailing Doris Estremera, MHSA Manager at mhsa@smcgov.org.

Thank you for your continued support.

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Full Service Partnerships

Final Evaluation Report: Executive Summary

July 2014 (revised 7.25.14)

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Executive Summary

History: Full Service Partnerships (FSPs)

In 2004, the Mental Health Services Act (MHSA) (Proposition 63) was approved by California voters and enacted in January 2005 as an avenue to comprehensively reform California's mental health treatment system. Under MHSA, Community Services and Supports (CSS) was created as one of five program components offering three different types of funding streams: **1)** Full Service Partnerships (FSP); **2)** General System Development Funds; and **3)** Outreach and Engagement Funds. At least 51% of CSS funding is required to be allocated for FSPs, which are designed to meet the specific needs of un-served or underserved children, transitional age youth (TAY), adults, older adults, and their families through an expanded range of services and supports within a recovery framework (Gilmer, 2010; Brown, 2010; CA-DMH, 2009).

California's FSP model was developed following the pilot of various recovery-oriented programs, including Assembly Bill 2034 (AB2034), with a modified version of the Wraparound Model implemented for child/youth/TAY consumers and Assertive Community Treatment (ACT) services for adults and older adult consumers. Both models seek to provide individualized integrated services, flexible funding, intensive case management, and 24-hour access to care.

San Mateo County FSP Programs

Within San Mateo County, the initial FSP programs (Edgewood, Fred Finch, and Telecare) have been fully operational since 2006. A fourth site (Caminar's Adult FSP) was added in 2009. According to San Mateo County's Behavioral Health and Recovery Services Division (BHRS), approximately 250 adults and 90 children, youth, TAY, and their families utilize FSP services through four service providers. Edgewood and Fred Finch use the Wraparound model to serve children, youth, TAY, and their families, while Caminar and Telecare offer Assertive Community Treatment (ACT) services to adults, older adults, and their families.

Edgewood is the contracted provider for child/youth FSP services within San Mateo County, running the *ISIS* program. The program targets seriously emotionally disturbed children/youth

who are at-risk of being moved to a higher level of care (including residential placement, incarceration or hospitalization) and their families. The Wraparound model is used to emphasize the strengths of consumers and their families and to actively engage them in the treatment planning process. An afterschool intensive services component was added in 2010.

Edgewood's Turning Point program targets transitional-aged youth between 16 and 25 years of age who have serious emotional disorders and/or serious mental illnesses and are at-risk of being moved to a higher level of care. Besides using a Wraparound model to work with TAY consumers and their families, Turning Point also utilizes a Drop-in Center located in the community to engage with and provide services to TAY.

Fred Finch is the contracted provider for serving San Mateo children, youth, and TAY placed in temporary out-of-county placements within a 90-mile radius of the Center's Oakland location. Wraparound services are provided to youth between 6 and 17 years of age, as well as supportive services for older adolescents transitioning out of care.

Telecare is the contracted provider for providing FSP services to severely mentally ill adults, older adults, and medically fragile consumers and their families. This program uses an Assertive Community Treatment (ACT) approach to provide services to consumers and their families within the community. Additionally, Telecare also operates housing for adult FSP consumers.

In 2009, **Caminar** was added as a fourth FSP site for providing comprehensive FSP and housing support services to adults, older adults and medically fragile consumers and their families. Caminar's R.E.A.C.H (Recovery, Empowerment, and Community Housing) FSP program provides intensive case management services.

Table 1. SMC FSP Providers and Contracted Consumer Slots

FSP program	Contracted Consumer slots
Edgewood ISIS (In-County children/youth)	40
Edgewood Turning Point (In-County TAY)	40
Fred Finch (Out-of-county TAY)	20
Telecare (In-County Adult/Older Adult)	198
Caminar (In-County Adult/Older Adult)	30

Summary of Evaluation Findings

In May 2013, Davis Y. Ja and Associates, Inc. (DYJA) was subcontracted by BHRS to implement a one-year qualitative evaluation of the child/youth/TAY and adult FSP programs. The evaluation was comprised of the following 5 phases:

1) Planning (BHRS convened planning committee, consumer evaluation panel, document and literature review)
2) Interviews/Focus Groups with FSP Systems-Level Administrators (including BHRS)
3) Interviews/Focus Groups with FSP Service Providers (Administrators/Staff) (including two housing site visits)
4) Interviews/Focus Group with Consumers and Caregivers
5) Data Analysis/Reporting

The following brief summary highlights some of the common themes that emerged during this qualitative evaluation. It is important to note, though, that these findings only reflect the four FSP programs as a snapshot in time. Due to time, resource, and budget limitations, it was not feasible for us to interview all stakeholders nor capture every nuance and context associated with four very different FSP programs serving complex, diverse, and challenging populations in two BHRS systems.

Perceptions of FSP services

Overall, Edgewood and Fred Finch reported a high level of satisfaction with the Wraparound model for serving FSP child/youth. A strength-based approach, individualized treatment planning, flexibility, team-based approach were cited as advantages of the Wraparound model, particularly in contrast to other treatment modalities.

However, a peer-driven and recovery-oriented model may be more appropriate for TAY populations. TAY consumers also found individual DBT to be the most helpful service provided by the FSPs, while caregivers cited Edgewood's auxiliary family support (including family partners) and focus on the family as a whole unit as invaluable to the family and consumer's success. Challenges specific to implementing the Wraparound model with TAY include family participation and wide gradations in the developmental level of TAY served.

Similarly, Telecare and Caminar also positively perceived the current model of providing FSP services to adults/older adults using an ACT framework. The emphasis on teamwork, creativity, and unity while offering consumers flexibility were cited as advantages of the model. Adult FSP consumers identified support groups, classes, transportation access, and health care access to be the most helpful aspects of FSP services.

Funding/Fiscal Issues

Throughout the FSP system, all four providers reported struggling with funding levels, which have led to challenges with staffing consistency and providing an ideal spectrum of services. However, BHRS was unable to extend a Cost-of-Living Adjustment (COLA) to any provider between FY 2007 and 2013 due to the local recession and reduced availability of funds. A 3% increase is being offered during FY 2014.

Capacity Challenges/Referrals

Universally, all four providers agreed that capacity was an issue due to greater community demand than available slots. Child/youth providers and caregivers also felt that certain populations could benefit from earlier identification and referral to FSP services, especially those with Autism Spectrum Disorder and developmental delays. Competing stakeholder priorities was another highlighted challenge (including length of treatment). Child/youth providers experienced difficulty in meeting the expectations of referral sources while adhering to fidelity of the Wraparound model and family priorities.

Service Delivery/Linkages

Service gaps between the Child/Youth/TAY and Adult systems, as well as between all FSP programs and community resources, were especially highlighted by consumers, families, and the child/youth/TAY providers. There are not enough linkages between the two BHRS FSP systems as consumers needing adult FSP services transition out of the TAY system. Insufficient community resources/linkages/support exist for consumers leaving FSP services, whether due to step-down or program discharge. Multiple caregivers of former TAY FSP consumers also expressed feeling that their family member was either prematurely discharged or there was a lack of clarity and communication around the termination reason.

The lack of a systemic approach and resources for monitoring potential consumer decompensation in the community was a substantial concern of caregivers with a consumer either residing in the community (TAY/adult) or discharged/graduated from FSP services.

Integrated substance abuse treatment services was also cited as a critical missing component of child/youth/TAY FSP services, along with additional resources to meet the unique needs of juvenile-justice involved youth and those with psychotic disorders.

Edgewood also discussed the challenges of engaging TAY at its Drop-in Center following changes in the legal mandate to provide services separately for TAY minors and those over 18 years of age, along with new reporting requirements to caregivers. Currently, MHSA's definition for TAY is 16-24 years of age. Staff and administrators emphasized the importance of using the Drop-in Center for outreach and treatment services, with many feeling that a negotiated solution was essential to the program's success.

Among the adult FSPs, providers have noticed an increasing level of acuity among medically fragile consumers and those with severe substance abuse and co-occurring disorders. Expanding resources for integrated medical care capacity was one solution offered by Caminar administrators. However, a dearth of integrated treatment options still exists for consumers with dependency issues.

Caregivers were also concerned about the high level of staff turnover within the adult FSPs and its impact on consumers' therapeutic relationship.

Caregiver/Family Involvement

A basic orientation to the FSP program and services (by either the provider or BHRS) was a common request mentioned by both child/youth/TAY and adult caregivers and family members. Many families new to FSP services reported being overwhelmed at program entry, not fully understanding the FSP program, or feeling that they needed to navigate "the system" on their own.

Additionally, within the adult FSP system, engagement of family members and caregivers remains challenging for both providers. By the time adult consumers arrive at a FSP, most are already "divorced from their families." Among adult caregivers who are involved, a lack of clarity and consistency seems to exist within the adult FSP system. For example, "whatever it takes" often means different things to different stakeholders and lacks any specific standard definition across the system. Consistent and regular communication from providers was also another challenge mentioned by caregivers, including staff not returning/answering calls or showing up to scheduled meetings. Despite these concerns though, caregivers overall described positive

outcomes from past collaborations with providers and expressed a desire for continued collaborations with treatment teams.

Housing

Availability of safe, accessible, appropriate, and affordable housing for TAY and adult FSP consumers was a consistent concern universally raised by providers, consumers, and their families. Caregivers also identified on-site housing and life skills support services to be critical for monitoring consumer decompensation in the community. Many expressed concern regarding the lack of clarity around whether supportive services are supposed to be available on-site and if they are, what they actually entail.

Summary

In conclusion, this report is intended to provide a snapshot-in-time of the four FSP programs currently contracted by BHRS to serve severely mentally ill children, youth, TAY, adults, and older adults in San Mateo County. As such, the findings presented here need to be interpreted within that context, for it was not feasible to capture every nuance nor talk with every stakeholder affiliated with the FSPs within the allocated timeframe and scope of work of the evaluation.

Overall, the sense from providers, administrators, consumers and caregivers is that while challenges exist in serving the complex populations targeted by the FSPs, the programs are generally perceived to have a positive impact on the lives of those served. BHRS' award of a COLA for FY 2014 will help address some of the funding concerns. The main challenges, as identified by those interviewed, surround:

- reviewing current referral criteria for child/youth/TAY (BHRS/providers)
- addressing the service gaps (between TAY and adult FSP systems, community supports)
- exploring options for a more integrated model of dependency treatment and medical care, especially for TAY, medically fragile, and older adults
- needs assessment for specific youth populations, especially those with justice involvement, co-occurring, and psychotic disorders
- provider or BHRS-initiated orientation for new families entering FSP services

- identification of safe, accessible, appropriate, and affordable housing options for TAY and adult consumers
- clarification of whether supportive services are available at housing sites; if not, develop plan for monitoring consumer progress/decompensation

Study limitations include being unable to convene focus groups/interviews with specific sub-populations (older adults, child/youth consumers, out-of-county families/youth, and medically fragile adults), as well systems-wide stakeholders peripherally involved with the FSP program. Recruiting family members and caregivers of adult consumers to participate in this study was especially challenging. Despite working closely with the adult FSP providers and BHRS, we were unable to successfully recruit a culturally diverse and representative sample.

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