



# Monterey County Behavioral Health Policies and Procedures

<b>Policy Number</b>	131
<b>Policy Title</b>	<b>Full-Service Partnership</b>
<b>References</b>	Mental Health Service Act Cal. Code Regs., tit. 9, § 3620(e)). BHIN 22-019
<b>Effective</b>	September 24th, 2020 Revised: 2/23/2024 Revised: 6/14/2024

## Purpose

The purpose of this policy is to establish Full-Service Partnership (FSP) eligibility criteria and inform staff of available services under the Mental Health Service Act (MHSA). FSP programs are funded by Proposition 63, the Mental Health Services Act (MHSA). FSP programs exist for children & youth (0-15 years), transition-age youth (16-25 years), adults (26-59 years), and older adults (60 years and older) who would benefit from an intensive service program for persons living with severe and persistent mental illness or severe emotional disturbance, and who would like to work in partnership with a service provider team to develop and achieve individualized recovery-focused goals.

FSP programs provide services to support the most severely mentally ill clients and their families, twenty-four hours a day, seven days a week. These wraparound services include treatment, case management, peer support, transportation, housing, crisis intervention, family education, vocational training and employment services, as well as socialization and recreational activities, based upon the individual's needs and goals to obtain successful treatment outcomes.

FSP programs will focus on doing "whatever it takes" with the resources available to help people meet their individual recovery goals. The program provides the services necessary to help a person with serious mental illness live successfully in the community rather than in jails, hospitals, institutions, or on the streets. Research has shown that recovery from mental illness is possible with appropriate services and supports. The recovery process is not just improvement in mental health, but improvement in quality-of-life activities, including employment, education, meaningful relationships, and independence.

## Policy

### Eligibility Criteria:

FSP enrollment is contingent upon potential beneficiaries meeting FSP eligibility criteria, including focal population and level-of-service requirements. All beneficiaries enrolled in an FSP program must have a current FSP Eligibility Screening Tool on file.

## Focal Population:

### 1. Child Focal Population (ages 0-15):

- a. Zero to five-year-old (0-5) with serious emotional disturbance (SED) who is at risk of expulsion from pre- school, and/or removal or has been removed from the home by the Department of Children and Family Services (DCFS), and/or has a parent/caregiver with SED or severe and persistent mental illness, or who has a substance abuse disorder or co-occurring disorders.
- b. Child/youth with SED who has been removed or is at risk of removal from their home by DCFS
- c. Child/youth with SED who has a history of drug possession or use
- d. Child/youth with SED who is at risk of commercial sexual exploitation
- e. Child/youth with SED is currently a victim of commercial sexual exploitation
- f. Child/youth with SED who has had three or more DCFS placements within the past 24 months
- g. Child/youth with SED unable to function in the home and/or community setting and is transitioning back to a less structured home or community setting or is at risk of becoming or is currently homeless
- h. Child/youth experiencing one or more of the following at school: truancy or sporadic attendance, suspension and/or expulsion and/or failing classes.

### 2. Transition-age Youth (TAY) Focal Population (ages 16-25)

A transition-age youth must have a serious emotional disturbance (SED) or a severe and persistent mental illness (SPMI), be unserved or underserved, and meet one or more of the following criteria to request authorization for enrollment:

- a. Homeless
- b. Youth aging out of:
  - i. Child mental health system
  - ii. Child welfare system
  - iii. Juvenile justice system
- c. Youth leaving long-term institutional care:
  - i. Short-Term Residential Treatment Placement (STRTP)
  - ii. Community Treatment Facilities (CTF)
  - iii. Institution for Mental Disease (IMD)
  - iv. State Hospitals
  - v. Probation Camps
  - vi. Jail
- d. Youth experiencing first psychotic break.
- e. Co-occurring substance abuse issues are assumed to cross-cut along the entire TAY focal population described above.
- f. At risk of homelessness: unstable, sporadic housing/multiple placements
- g. Currently a victim of commercial sexual exploitation
- h. Youth with a history of commercial sexual exploitation

### 3. Adult Focal Population (ages 26-59)

To be considered for enrollment, prospective FSP beneficiaries must have a current

DSM-5/ICD-10 diagnosis of a major psychiatric disorder and demonstrate a need for an intensive FSP program by virtue of their history and current level of functioning. In addition, they must be either unserved or underserved.

Prospective FSP beneficiaries must also meet one or more of the following criteria:

- a. Homeless – Beneficiary must have been homeless a total of 120 days during the last 12 months
- b. Jail – Beneficiary must have been incarcerated on two (2) or more separate occasions that total at least 30 days during the last 12 months and must have a documented history of mental illness prior to incarceration.
- c. Acute/Long Term Psychiatric Facilities:
  - Institutions of Mental Disease (IMD) – Beneficiary must have been admitted to an IMD for a minimum of 6 months during the last 12 months.
  - State Hospital – Beneficiary must have been admitted to a State Hospital for a minimum of 6 months during the last 12 months.
  - Psychiatric Emergency Services (PES) – Beneficiary must have at least 10 episodes of emergent care in the past 12 months.
  - Urgent Care Center (UCC) – Beneficiary must have at least 10 episodes of urgent care in the past 12 months.
  - Hospital – Beneficiary must have been hospitalized two (2) or more times totaling at least 28 days of acute psychiatric hospitalizations in the past 12 months.
- d. Family Dependent – Beneficiary must have at least one (1) year living with family with minimal contact with the mental health system and would be at imminent risk of homelessness, jail or institutionalization without the family's care.
- e. At risk of becoming homeless (History of destruction of property, unable to maintain living arrangement, ongoing conflict with neighbors and/or landlord, etc.)
- f. At risk of becoming involved with the criminal justice system (Unable to pay fees, presence of warrants, two or more contacts with law enforcement in the past 90 days, etc.)
- g. At risk of being psychiatrically hospitalized (Two or more visits to a psychiatric urgent care center, medical emergency room for a psychiatric disorder, or psychiatric emergency room in the past 90 days or at least one encounter with an emergency outreach team in the past 90 days, etc.)

#### 4. Older Adult Focal Population (ages 60+)

To be considered for enrollment, prospective FSP beneficiaries must have a current DSM-5/ICD-10 diagnosis of a major psychiatric disorder and demonstrate a need for an intensive FSP program by virtue of their history and current level of functioning. In addition, they must be either unserved or underserved.

A beneficiary must also meet one or more of the following criteria for enrollment:

- a. Homelessness – Beneficiary was homeless a total of 120 days during the last 12 months.

- b. Incarceration – Beneficiary was incarcerated on two (2) or more separate occasions that total at least 30 days during the last 12 months and must have documented history of mental illness prior to incarceration.
- c. Hospitalizations – Beneficiary was hospitalized two (2) or more times totaling at least 28 days of acute psychiatric hospitalizations in the past 12 months.
- d. Imminent risk of homelessness, (e.g., at risk of eviction due to code violations),
- e. Risk of going to jail, (e.g., multiple interactions with law enforcement over 6 months or more), or;
- f. Imminent risk for placement in a Skilled Nursing Facility (SNF) or nursing home, or being released from SNF or nursing home, and without intensive services would not be able to be maintained/released into the community, or;
- g. Presence of a co-occurring disorder, (e.g., substance abuse, developmental, medical and/or cognitive disorder), or;
- h. Recurrent history or serious risk of abuse or self-neglect, including individuals who are typically isolated, (e.g., APS- referred clients), or;
- i. Serious risk of suicide (not imminent)
- j. At risk of out of home placement (Fall risk due to chronic health conditions and numerous medications, limited or no social and/or family support, etc.
- k. At risk of becoming involved with criminal justice system (Prior legal/incarceration history, little or no family or social support, inadequate or no housing, etc.)
- l. At risk of being psychiatrically hospitalized (Suicidal ideation or attempts, Failure to coordinate and take both health and psychotropic medications as prescribed, limited or no connection to non-emergency community services, etc.)

#### Level of Service:

1. Unserved – Those who are not receiving mental health services, particularly those who are from racial/ethnic populations that have not had access to mental health services.
2. Underserved – Those who are receiving some mental health services, though they are insufficient to achieve desired outcomes
3. Inappropriately Served – Those who are receiving some mental health services though they are inappropriate to achieve desired outcomes because of cultural, ethnic, linguistic, physical or other needs specific to the client. These are often individuals who are from racial/ethnic populations that have not had access to mental health services due to barriers such as poor identification of their needs, poor engagement and outreach, limited language access, and lack of culturally-competent service within existing mental health programs.

Eligibility criteria for FSP referral must be clearly documented in the beneficiary's health record prior to admission to FSP episode and reestablished at least annually in accordance with the client's plan date.

#### Case Coordinator:

A case coordinator will service as the personal service coordinator for each beneficiary enrolled in a FSP and, when appropriate, their family.

1. The FSP program will verbally notify the beneficiary (and, when appropriate, their family) of who their assigned FSP case coordinator will be.
2. MCBH and contracted providers will have enough case coordinators to ensure that:
  - a. Availability is appropriate to the service needs of the beneficiary/family;
  - b. Individualized attention is provided to the beneficiary/family;
  - c. Intensive services and supports are provided as needed; and
  - d. A treatment plan is developed for each beneficiary.
3. The case coordinator will:
  - a. Develop the treatment plan with the beneficiary and, when appropriate, the beneficiary's family;
  - b. Make sure the treatment plan is developed in collaboration with other agencies that have shared responsibility for services and/or supports to the beneficiary;
  - c. Be culturally and linguistically competent or, at a minimum, be educated and trained in linguistic and cultural competence, and have knowledge of available resources within the beneficiary's/family's racial/ethnic community; and
  - d. Ensure the beneficiary/family has access to 24/7 interventions.
    - i. Case Coordinator provides information on how beneficiary/family can access Crisis Team after hours or other after-hours staff as appropriate.

#### Treatment Plan and Consent Requirements:

The Monterey County Treatment Plan will serve as the beneficiary's Individual Service and Support Plan. This plan will:

1. Identify the beneficiary's goals and the necessary services and supports needed to meet those goals, based on their needs and preferences, and, when appropriate, the needs and preferences of their family.
2. Be updated at least annually in accordance with the beneficiary's plan date.
3. Be accompanied by a signed Treatment Plan Participation Consent that supports the beneficiary's full-service partnership agreement (per Cal. Code Regs., tit. 9, § 3620(e)), CalAIM BHIN 22-019)

## FSP Reporting Requirements:

FSP Reporting is used to measure performance and accountability as they pertain to MHSA funded programs. All FSP Programs must conduct the following FSP Outcome Assessments and enter data into AVATAR:

1. The Partnership Assessment Form (PAF);
  - a. The PAF is completed:
    - i. Upon initial admission to an FSP; or
    - ii. To re-establish FSP services, if there has been more than one (1) year of discontinued FSP services.
2. Key Event Tracking Form (KET);
  - a. The KET is completed when a key event occurs in the beneficiary's life. Key events include:
    - i. A change in residence;
    - ii. Hospital admission/discharge;
    - iii. Jail admission/discharge;
    - iv. Change in education (starting or stopping school);
    - v. Change in employment (starting or stopping employment, or working more or less hours); and/or
    - vi. Emergency interventions (visits to the emergency room for either psychiatric or medical reasons).
  - b. A PAF must be completed prior to completing a KET.
3. Quarterly Assessment Form (3M)
  - a. a. The 3M is completed every three months from the date of admission into the FSP program.
  - b. The 3M will collect information about changes regarding:
    - i. Education;
    - ii. Sources of financial support;
    - iii. Legal issues/designations;
    - iv. Health status;
    - v. Substance use/abuse; and/or
    - vi. Activities of daily living for older adults.
  - c. A PAF must be completed prior to completing a 3M.
  - d. 3Ms can be entered into the AVATAR two weeks before the due date and up to 30 days after the due date.