Full Service Partnerships

# Where we have been and where we are going

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# Full Service Partnerships

- According to CCR, "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."
- Comprehensively address client and family needs and "do whatever it takes" to meet those needs, including intensive services and supports and strong connections to community resources with a focus on resilience and recovery.
- Funded under the Community Services & Supports (CSS) component

- Full Service Partnerships (FSP) –
  - Eligibility – Children and adolescents identified as seriously emotional disturbed (SED) per WIC Section 5600.3(a)
  - Adults and Older adults identified to have a serious mental disorder per WIC Section 5600.3(b).
  - ISSP-Driven – "Individual Services and Supports Plan" (sometimes referred to as "treatment plan") Necessary services and supports to help clients achieve their mental health and treatment plan goals.
  - Specific State Mandated Data Requirements for 4 Age Groupings (Child/Youth 0-15, TAY 16-25, Adult 26-59, Older Adult 60+)

# Children's Criteria

**A. SED Children (0-15 yrs) who fall into at least ONE of the following groups:**

**GROUP 1:**

1. As a result of the mental disorder, the child has substantial impairment in at least two of these areas:

- Self–care.
- School functioning.
- Family relationships.
- Ability to function in the community.



AND

2. Either of the following occur:

- The child is at risk of or has already been removed from the home.
- 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.

**GROUP 2** – The child displays at least ONE of the following features:

- Psychotic features.
- Risk of suicide
- Risk of violence due to a mental disorder.

**GROUP 3** – The child meets special education eligibility requirements under Chapter

26.5 of the Government Code.

# Transitional Age Youth Criteria

**SED Transition-Age Youth (youth 16 years to 25 years old) who meet ALL of the following:**

1. They fall into at least one of the groups in (A) above.
2. They are unserved or underserved.

AND

3. They are in one of the following situations:
   - Homeless or at risk of being homeless.
   - Aging out of the child and youth mental health system
   - Aging out of the child welfare systems
   - Aging out of the juvenile justice system
   - Involved in the criminal just system
   - At risk of involuntary hospitalization or institutionalization, or
   - Have experienced a first episode of serious mental illness

# Adult Criteria

**SMI Adults (26-59 yrs) who meet ALL of the following**.

1. Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms.

2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements.



AND

3. They are in one of the following situations:

    a. They are unserved and one of the following:

        i. Homeless or at risk of becoming homeless.

        ii. Involved in the criminal justice system.

        iii. Frequent users of hospital or emergency room services as the p primary resource for mental health treatment.

    b. They are underserved and at risk of one of the following:

        i. Homelessness.

        ii. Involvement in the criminal justice system.

        iii. Institutionalization.

# Older Adult Criteria

**D. SMI Older Adults (an adult 60 years or older) who meet ALL of the following:**

1. They meet the criteria in (C)(1) above.

2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements.

AND

3. They are in one of the following situations:

a. They are unserved and one of the following:

i. Experiencing a reduction in personal and/or community functioning.

ii. Homeless.

iii. At risk of becoming homeless.

iv. At risk of becoming institutionalized.

v. At risk of out of home care.

vi. At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.

b. They are underserved and at risk of one of the following:

i. Homelessness.

ii. Institutionalization.

iii. Nursing home or out-of-home care.

iv. Frequently using hospital and/or emergency room services as their primary resource for mental health treatment.

v. Involvement in the criminal justice system.

# FSP State Reporting Requirements

- Full Service Partnerships (FSP) Forms
  - **Partnership Assessment Form (PAF)** – Completed once upon establishment of partnership
  - **Key Event Tracking (KET)** – Completed when change in key area occurs
  - **Quarterly Assessment (3M)** – Completed every 3 months
- Full Service Partnerships (FSP) – Forms available for 4 age groups:
  - Child/Youth (0-15)
  - TAY (16-25)
  - Adults (26-59)
  - Older Adults (60+)

## Full Service Partnerships (FSP) – PAF Domain

- Residential (includes hospitalization & incarceration)
- Education
- Employment
- Sources of Financial Support
- Legal Issues/Designations
- Emergency Intervention
- Health Status
- Substance Abuse
- ADL/IADL (Older Adults only)

- **Full Service  Partnerships (FSP) – KET**

  Completed when change in the following:

  - Administrative Information
  - Residential (includes hospitalization and incarceration)
  - Education
  - Employment
  - Legal Issues/Designations
  - Emergency Intervention

- **Full Service Partnerships (FSP) – 3M**
  Completed every 3 months to assess changes in the following:
  - Education
  - Sources of Financial Support
  - Legal Issues/Designations
  - Health Status
  - Substance Abuse
  - ADL/IADL – Older Adults Only

# Fiscal Considerations for FSP

California Code of Regulations Title 9 Section 3620 (b) and (c)-

" (b) The County may pay for the full spectrum of community services when it is cost effective and consistent with the ISSP.

(c) **The County shall direct the majority of its Community Services and Supports funds to the Full-Service Partnership Service Category.**

(1) Small Counties shall fulfill this requirement no later than Fiscal Year 2008-09.

(2) Services designed under General System Development and/or Outreach and Engagement that benefit clients and/or their families in Full Service Partnerships can be used on a pro-rated basis to meet the requirement in (c) above.

(3) Funds for the Mental Health Services Act Housing Program shall be excluded from determinations of whether the County has directed the majority of its Community Services and Supports funds to the Full Service Partnership Service Category."

# Use of FSP Funds for Non-Mental Health Services and Supports

MHSA CCR Title 9 Section 3620 (a)(1)(B) – Authorizes use of a portion of FSP funds for non-mental health services and supports.

***Funding set aside for "whatever it takes" approach whereby counties can set aside monies to help client achieve their recovery goals. These funds assist in paying for resources when typical services are unavailable.***

Source: California Institute of Mental Health Full Service Partnership Toolkit (2011 pg. 73)

# Strategies for "Whatever it Takes" Funds

Counties typically identify in planning process how FSP funds will be budgeted, authorized, and used for "whatever it takes."

Tips for implementation include developing a client expense policy with your Finance or Auditor Controller, ensuring it is tied to client plan, training and monitoring of use of these funds as related to policy.



**Examples of Key uses:**

- Moving expenses to provide safe and affordable housing.
- Transportation costs to supports and services
- Child-care costs for promotion of participation
- Skill-building lessons, gyms, educational expenses
- Emergency household items (food, shelter, clothes)

# 2012 Data Quality Report



## Full Service Partnership (FSP) Data Collection & Reporting (DCR) Statewide Data Quality and Correction Plan

*Issues and Proposed Solutions for FSP Data Quality using DCR Version 3.5.6*

The following document was funded by the Mental Health Services Oversight and Accountability Commission.
12/17/2012

**Table ES-1: Issues Currently Being Addressed**

| No. | Issue | Solution (Date solution completed or will be completed ) |
|---|---|---|
| 1 | FSP staff do not have information on how to use DCR | • DCR User Manual (Jan, 2012) |
| 2 | FSP staff lack training on how to use the DCR properly | • User Training Curriculum (Mar, 2012)<br>• Regional Training Days (May, 2012)<br>• Online Training Videos (Jun, 2012) |
| 3 | FSP staff cannot see what data has already been submitted to the DCR and if it is correct | • Partner-Level Data (PLD) Template Reports (Jan, 2012)<br>• PLD Training Curriculum (May, 2012)<br>• Regional Training Days (May, 2012) |
| 4 | County staff do not have information on how to use or analyze their data in the DCR | • DCR Data Dictionary (Sep, 2011)<br>• Data Analysis Training Curriculum (May, 2012)<br>• Application Notes [with instruction for using other applications (i.e., Microsoft Access/Excel) to analyze DCR data] (April, 2012)<br>• Regional Training Days (May, 2012) |
| 5 | County staff do not know the quality of their data and have never seen an example of how the DCR data could be used to address quality | • 59 County-Level Data Quality Reports (Jan, 2012) |
| 6 | County staff lack technical support when questions arise | • Statewide Data Quality Webinars (April 2012 – Ongoing) |
| 7 | County staff face many barriers to improving data quality, which have not been formally identified or addressed | • Statewide Data Quality Correction Plan (Dec, 2012) |
| 8 | County staff do not all use the DCR data to calculate the same standardized measures to evaluate FSPs | • Statewide FSP Data Measures Training (Sep, 2013) |
| 9 | Many county staff do not know how to begin cleaning DCR data to improve data quality | • Statewide Data Correction and Cleaning Assistance for Counties (Nov, 2012 – Jun, 2013) |
| 10 | FSP evaluators need to know the quality and availability of the DCR data by county for recent years in order to perform effective statewide FSP evaluations | • County-level DCR Data Quality Reports (Nov, 2013)<br>• Statewide DCR Data Quality Report (Mar, 2014) |

# Conclusion on FSP Accuracy

- Process to collect and submit is dependent on proper training of staff
- County's individual business practices
- Ensure all tools and assistance works for every county
- State should address areas of ambiguity and provide better definitions to support consistency across counties

Questions at end of report are still relevant

- Why do we collect the data we collect, What is the effect on the partner, What is the work flow, what is the goal of collecting the data indicator…

# FSP MHSOAC 2014 Statewide Report



## MHSOAC
## Statewide Full Service Partnership (FSP)
## Outcomes Report

Deliverable 18.1 of MHSOAC Contract 10-702000-000

Report Developed by University Enterprises, Inc. and Mental Health Data Alliance, LLC

6/30/14

# Purpose

"The Mental Health Services Oversight and Accountability Commission (MHSOAC) is responsible for providing oversight of the Mental Health Services Act (MHSA) and its components. This report presents descriptive outcomes for partners served through the MHSA Full Service Partnership (FSP) program in fiscal years 2010/2011 (FY11) and 2011/2012 (FY12). The data evaluated in this report was extracted in May of 2013 from the Data Collection and Reporting (DCR) repository maintained by California Department of Health Care Services (DHCS). This report provides outcomes of FSP programs across age groups, counties, regions and the state." (page 2 of the report)

# Data Parameters

- Fiscal Year 2010/11 (FY 11)
- Fiscal Year 2011/12 (FY 12)
- 52 Counties with reported data in the DCR
- Counties could be excluded due to "low data quality (LQ) for the partners evaluated.
- Overview of data quality via the 3M, KET and completion rates for continuous partners. Continuous equals partners who have not been disrupted by a restart of services or a discharge submission.

# Common Themes

- Statewide common issue: Co-occurring substance abuse, with 52.7% of partners in (FY11)
- 10 counties had over half their partners reach their goals
- Decrease in partners entering as homeless 10-15% and being discharged as homeless 5-7%
- 21 counties retained more than 85% of Adult and Older Adult partners admitted in FY10 for one year or longer

# Future of FSP? -Third Sector 2019



"Reflecting on a need to innovate, the Los Angeles County Department of Mental Health recently embarked on a 24-month journey with Third Sector to create an outcomes-oriented and data-informed FSP that reflects the original spirit of the program: "doing whatever it takes."

"The desire and need to innovate FSP transcends LA County's transformative outcomes-oriented initiative. To avoid the "single county miracle," efforts must be taken to leverage the collective resources, wisdoms, and energies of multiple California counties in service of a cooperative and replicable shift towards a data-informed and outcomes-oriented FSP for all of California."

# Innovations Vision

- Evaluating the current state-mandated FSP reporting requirement
- Provide a Platform for State-Level Collective Advocacy
- Focusing on How to Make Data-Informed Decisions
- Catalyzing Cross-County Continuous Improvement
- Sharing Learnings across California
- Preparing for the Next Phase of an Outcomes-Orientated FSP and MHSA system.

# Next Steps

- Multi-County Involvement
- MHSOAC
- Innovations Planning
- Roll out of Innovations Project
- Data Collection/Evaluation
- Goal: Statewide Transformation


Questions