HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH & RECOVERY SERVICES

POLICY AND PROCEDURE

Service Area:	Mendocino County Behavioral Health and Recovery Services
Subject:	Enrollment in Full Service Partnerships
Subject Matter Expert:	Karen Lovato, BHRS Acting Deputy Director
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Previous or Referenced Policy No.:	

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POLICY:
Mendocino County Health and Human Services Agency (HHSA) Behavioral Health and Recovery Services (BHRS) will ensure enrollment of individuals as Mental Health Services Act (MHSA) Full Service Partners (FSP) is conducted in accordance with Department of Health Care Services (DHCS) guidelines and regulations, the Mendocino County MHSA Community Services and Supports (CSS) Plan eligibility criteria, the Mendocino County MHSA Three Year Program and Expenditure Plan, and Behavioral Health and Recovery Services Policies and Procedures. Full Service Partnerships are an intensive service modality and will be utilized in the continuum of specialty mental health services for those meeting eligibility criteria. Completion of all FSP documents in a timely manner, and submitting them to the MHSA FSP oversight team is required and essential to meet State MHSA reporting requirements. Entry into the DHCS MHSA Full Service Partnership Data Collection and Reporting (DCR) database will be done by Mendocino County staff.

Definitions

Full Service Partnership: An intensive service program for persons diagnosed with a serious mental illness who would like to work in a partnership with a service provider team to develop and achieve individualized recovery-focused goals. FSP programs

focus on doing "whatever it takes" with the available resources to help people meet their individualized recovery goals.

Full Service Partner (FSP): Mental Health service providers work with an identified consumer "partner" to connect him/her with and provide a full range of services. The terms "partner" and "partnership" are used consistently to refer broadly to shared responsibilities of the consumer and her/his family, caregivers, service providers, and community. Partner, client, consumer, and beneficiary are used interchangeably. Service Providers are expected to exercise good judgment in consultation with supervisors and/or teams in determining what services to offer. It is a core value and expectation that a potential partner functions as "the driver" in all decision-making regarding his/her support, treatment, and/or services plan, including the decision to enroll as a FSP. Note: FSPs are entitled to 24/7 support. The FSP care plan will include information about how services are made available to the partner 24 hours a day, 7 days a week.

Full Service Partners are divided into four age ranges: Child & Family: 0-15 years, Transition Aged Youth (TAY): 16-25 years, Adult: 26-59 years, and Older Adult: ages 60 and older. Full Service Partnership services will be offered to all age groups.

Personal Service Coordinator (PSC): Personal service coordinator, partner coordinator, service provider, outreach worker, care manager, and system navigator are all used interchangeably. The service provider, is the primary point of contact that aids the partner in overcoming barriers to reach partner identified goals to become more independently functioning, and supporting the partner in his/her recovery. This person is responsible for ensuring that the "whatever it takes" care management model is followed, is the point person for care coordination, participates in the care planning process, and ensures that the partnership includes family and other natural supports identified by the partner. The service provider will be trained in culturally and linguistically appropriate practices and wherever possible attempts will be made to provide services by someone of the cultural and linguistic background of the client.

Outreach and engagement: MHSA funded services are provided to potential FSP clients prior to enrollment in a FSP program. Outreach and engagement services are used to build a relationship between the FSP program and potential partner, to determine if the potential partner desires services, and then to determine if the potential client meets the criteria for FSP services. Clients served through outreach and engagement will be tracked through the Full Service Partnership Inclusion and Criteria form, but will not require a qualifying diagnosis that a formal Full Service Partner would have, as it is unlikely that you will know that diagnosis during the outreach and engagement processes.

Outreach: The initial step in connecting or reconnecting an individual to needed mental health services. Outreach is primarily directed toward individuals who might not use services due to lack of awareness or active avoidance, and who would otherwise be ignored or underserved. Outreach is a process rather than an outcome, with a focus on establishing rapport and a goal of eventually engaging people in the services they need and will accept.

Engagement: The process by which a trusting relationship between a service provider and an individual is established. This provides a context for assessing needs, defining service goals, and agreeing on a plan for delivering services. The engagement period can be lengthy; the time from initial contact to engagement can range from a few hours to two years or longer.

Individual Services and Supports Plan: The Individual Services and Supports plan is the plan for care, more commonly called Client Plan, Care Plan, or Treatment Plan. The plan is developed by the client with the Personal Services Coordinator (Care Manager) to identify the clients goals and describes the array of services and supports necessary to advance the goals based on the client's needs, preferences, and strengths. When appropriate the client's family is included in the development of the plan, and when appropriate, the needs, preferences and strengths of the family will be considered. Individual Services and Supports Plans for Full Service Partners will include a plan for 24/7 support.

Partnership Assessment Form (PAF): The State form that is required for submission to DHCS in order to enroll a client into a Full Service Partnership. This will establish the baseline for the client by which future Full service Partnership progress can be measured.

Key Event Tracking Form (KET): The State form that is required for submission to DHCS when a change in status in certain categories transpires that reflects a shift from the baseline established in the PAF. Categories tracked are: Partnership status, Residential Status, Educational Status, Employment Status, Legal Issues, and Emergency Interventions. Key event tracking forms should be completed as soon as the FSP coordinator is aware of the event. A separate KET is needed for each type of Event.

Three Month Assessment (3M): The State form that is required for submission to DHCS on a quarterly basis to track progress. The start date of the quarterly report is based on the date of the PAF. Quarterly reports are to be submitted within 15 days before and no later than 30 days subsequent to the due date. A 3M is submitted on a quarterly basis regardless of whether a Key event has occurred.

PROCEDURE:

1. **Identifying Eligible Clients:** FSP clients must be have a current diagnosis that qualifies them for Specialty Mental Health Services (SMHS), <u>and</u> be either new to Behavioral Health Services/never have been served previously AND/OR, demonstrate a need for an intensive FSP program by virtue of their recent or current level of functioning that indicates higher level of care (long term incarceration or institutionalization) will be needed without FSP level of services (Refer to FSP Inclusion & Priority Criteria Form). Highest priority must be given to those who have the most underserved population criteria (refer to Inclusion & Priority Criteria, criterion 4-15).
    a. FSP clients must also meet the Situational Characteristics specified in the Full Services Partnership Inclusion and Priority Criteria, (Attachment A) which will be kept up-to-date in accordance with the most current Mendocino County MHSA Community Planning Process prioritization. These are determined by the cultural and ethnic groups in the community that are identified as the most unserved and underserved.
    b. Undocumented clients are not excluded from FSP services and may not be denied services due to their legal residency status.
    c. Clients on parole are excluded from FSP enrollment and services by state law.
    d. Full Service Partners will be identified in all four age groups (Children/their families, Transitional Age Youth, Adults, Older Adults). Target numbers of Full Service Partners will be identified through the Community Program Planning Process for each age group during the Three-Year or Annual Plan Update planning period.

2. **Identifying Outreach and Engagement FSP Clients:** Perspective or Outreach and Engagement Full Service Partner Clients do not have a known qualifying SMHS diagnosis, due to lack of history or engagement, but are suspected to qualify, can be referred for an Outreach & Engagement FSP status. The Inclusion & Priority Criteria Form will be completed, indicating that the client is an Outreach and engagement client.
    a. As engagement is developed with Outreach and Engagement clients, every effort will be made to gather enough information to complete full Partnership Assessment forms, and fully enroll clients as Full Service Partners, fi the partner qualifies.
    b. Demographic data will be tracked on the outreach and engagement clients as well as any successes towards engaging the client in full service partnership if the partner qualifies.

3. **Enrolling Full Service Partners:** When a mental health provider has identified eligible clients to recommend enrollment as a FSP, the mental health provider

will complete the MHSA FSP Inclusion and Priority Criteria Checklist, including the qualifying diagnosis from the most recent biopsychosocial assessment (for fully enrolled partners).

a. The FSP Inclusion and Priority Checklist will be submitted to the Mendocino County MHSA oversight team for review and verification that qualifications have been met.
b. After approval of FSP enrollment, the Personal Services Coordinator (PSC)/Care manager will work with the client to understand the partnership model of the program and will complete the Partnership Assessment Form (PAF) with the client. The PAF must be submitted to the MHP FSP data staff no later than 60 days from the date of enrollment.
c. FSP partners will be enrolled fully in specialty mental health services for which they qualify. Upon enrollment, FSP Partners should undergo a standard financial screening to determine their eligibility for benefits and ability to pay for services (UMDAP), the UMDAP must clearly indicate the following: "MHSA Program Client will not be billed for services" in the event that the client is determined to qualify for self pay due to lack of insurance benefits. Mental Health providers will provide the support necessary to establish benefits clients may receive to cover the cost of services. All payor sources, (e.g., Medi-Cal) will be billed for eligible services.

4. **Establishing Partnership:** Once enrolled Full Service Partners will be assigned a Personal Services Coordinator/Care manager.
    a. An Individual Services and Supports plan/Care Plan will be completed with the client and family members or other natural supports when appropriate. (The potential Partner is entitled to have a family member, friend, or advocate present at any and all meetings with staff if he/she chooses.) An Authorization to Release or Receive Confidential Information form must be completed and then signed by the Partner for any partners included in the care plan other than treatment provider and client.
    b. Care plans will reflect intensity of services needed in order to reduce risk factors for higher levels of care and support the client in developing skills and resources for meaningful independent living skills.
    c. Care Plans will be signed by the client and the PSC, and when appropriate family member or natural support participation will be documented. It will be clear to the client and family/natural supports who their care manager is and how to reach them.
    d. Care Plans for Full Service Partners will include plans for 24/7 interventions with the PCS or another qualified individual known to the client, when needed, to support the client to reduce risk for higher levels of care and to support development of independent and meaningful life skills.

e. Care Plans for Full Service Partners will be culturally and linguistically responsive. Care plans will be completed in the client's preferred language. Culturally responsive treatments will be considered in treatment programming when appropriate. PSCs will be educated and trained in culturally and linguistically responsive practices, as evidenced by training records of PSC staff.
f. Completion of the Client Plan and submission of the PAF finalizes the individual's enrollment. The PAF is to be submitted to Mendocino County MHSA oversight team for recording and tracking.
g. The date of enrollment on the PAF begins the quarterly assessment (3M) timeframes.

5. **Monitoring Full Service Partner Progress Quarterly:** A quarterly Three Month (3M) evaluation form shall be completed every 90 days from the date of FSP enrollment and turned in to MHSA oversight team.
    a. The Quarterly Three Month document can be completed no earlier than 15 days before the official due date, and no later than 30 days subsequent to the due date

6. **Monitoring Key Event Changes**: Significant changes in the Full Service Partners life domains will be monitored through the use of the Key event Tracking Form. A separate Key Event Tracking form (KET) shall be completed for each and every Key event that occurs during the partnership and turned into the MHSA oversight team. Key events include changes in administrative information, residence, education status, employment status, legal issues (arrests, etc.), emergency interventions, and for Older Adults tracking Activities of Daily Living.
    a. Key Event Tracking form should be completed as soon as the care manager/Personal Services Coordinator is aware of the event.
    b. Clients that have been dis-enrolled due to lack of participation/unable to locate, can be re-enrolled via a KET provided their break in services was less than one year.

7. **Strengths Based Services:** Partnerships are meant to be based on a "strengths based" model of care. Where ever possible service providers should be drawing from the partner's past successes, natural supports, and personal strengths to develop strategies for overcoming barriers.
    a. Wherever possible, the CIBHS (California Institute for Behavioral Health Solutions) Strengths Model of assessment, client planning, and supervision should be used, as well as the University of Kansas Client Centered Supervision Model.

b. If these evidence based practices are not able to be used, another evidence based practice of service provision should be used, with justification why the above were not possible or preferable.

8. **Behavioral Health Court (BHC):** Behavioral Health Court is a special population. These are full service partnerships for clients identified by the court system as having behavioral health symptoms which contributed in part to the crime for which they are being adjudicated. These FSPs will be treated as outreach and engagement FSPs and an Inclusion & Priority Criteria Form will be completed for each enrolled client and data will be tracked.
   a. The PAF will not be completed until an assessment and level of service is determined. Those clients that are determined to meet the additional specialty mental health criteria for ongoing and intensive "whatever it takes" care management services, will be fully enrolled FSPs and the complete FSP paperwork including PAF, KET, and 3M will be completed.

9. **Transitioning to Lower Levels of Care:** Full Service Partnerships are meant to aid the Partner in developing the skills to reduce risk factors and engage in healthy and meaningful life skills and activities. Personal Service Coordinators will support clients in transitioning into traditional service deliveries when the intensive level of Full Service Partnership services is no longer warranted.
   a. FSPs are expected to last approximately 18 months, but have no formal time restrictions.
   b. It is expected that those qualifying for FSP may have difficulty engaging, and disenrollment is not considered until repeated decline or lack of contact is established.

10. **Disenrollment from Full Service Partnership:** Dis-enrolling a partner is done through the completion of a KET. A Partner can be disenrolled from the FSP program for the following reasons:
   a. The Partner reaches his or her recovery goals.
   b. The Partner consistently declines further services over an extended period of time.
   c. The Partner disappears and is unreachable after repeated attempts to locate.
   d. The Partner is deceased.
   e. The Partner is sentenced to state or federal prison.
   f. The Partner moves out of Mendocino County. (Every effort must be made to refer and coordinate services for the Partner in the Partner's new location.)
   g. The Partner is admitted into institutionalized care for an expected stay of more than 90 days. These clients must be monitored for admission back

to the FSP program when they are ready for discharge. For continuity of care purposes, the County will be expected to accept the client back into the FSP program if the client so desires.

i. Institution includes, but is not limited to, county or fee-for-service (FFS) hospitals; Institutions for Mental Disease (IMD); Skilled Nursing Facility (SNF); State Hospitals (SH); Psychiatric Health Facilities (PHF); Community Treatment Facilities (CTF); and jail.
ii. FSP service providers can enroll/continue to provide services to clients in a SNF as long as there is no duplication of services rendered.
iii. In making the decision of whether or not to continue FSP services while the Partner is in a residential drug and/or alcohol treatment program, the range and intensity of mental health services able to be provided and the length of stay should be considered.

h. Reenrollment of a partner can be done through the use of a KET if the interruption in service is less than one (1) year.

REFERENCES:

CCR, Title 9, Chapter 14, Sections 3620-3620.10, 3640, 3650
Welfare and Institution Code Sections 5600, 5847(e)

ATTACHMENTS:

MHSA FSP Inclusion and Priority Criteria Form