Alameda County Behavioral Health Full Service Partnerships

April 27, 2022

Presented by:
Yvonne Jones, LCSW
Associate Director, Forensic Services

Alameda County Behavioral Health Care Services

2000 Embarcadero Cove, Suite 400, Oakland, CA 94606
http://www.acbhcs.org/

Today's Presentation Will…

- Provide overview of Full Service Partnerships (FSPs)
- Identify target populations served by FSPs
- Share how success is measured and tracked
- Describe strategies of engagement
- Differentiate FSPs differ from other levels of care

Questions from Mental Health Board– Criminal Justice Committee

- How many slots does each FSP have?
- Are all the programs currently being run at capacity?
- What is the outreach and/or referral process for these forensic FSPs?
- How are clients encouraged to engage with the services provided by the FSP?
- What is the staff to client ratio? Is it a standard formula or does it vary from FSP to FSP?
- How often, on a weekly basis, does the typical FSP client meet with their mental health worker?
- How are psych meds prescribed and administered, and what happens when a client fails to take their prescribed medication?
- What role does supportive/permanent housing play in these FSPs?
- Is there discharge planning to a less intensive level of care when appropriate?
- What are the objective metrics used to measure success (fewer arrests? fewer 5150s? placement in stable housing?, etc.)
- How well are the FSPs doing when measured against these metrics?
- Since forensic FSPs are voluntary, what happens when a consumer's mental illness prevents them from understanding that they need treatment?
- What percentage of the county's so-called "familiar faces" are currently engaged in services provided by a forensic FSP?

Overview of Full Service Partnerships

- **Full Service Partnerships (FSPs)** - Are transdisciplinary teams that provide intensive community-based services to support individuals living with serious mental health condition. The foundation of Full Service Partnerships is doing "whatever it takes" to help individuals on their path to recovery and wellness.

- FSPs are comprised of transdisciplinary teams that engage clients who are unhoused, involved with the justice system, and/or have high utilization rates of crisis psychiatric services.

- Adult and Older Adult FSPs maintain fidelity to the **Assertive Community Treatment (ACT)** model with low client to staff ratios and provide services through a team approach. FSPs aim to support individuals in building the skills and supports needed to progress in their recovery and when ready transition to a lower level of care.

Current FSPs for Tay/Adults

Program	Specialty	Capacity	System of Care
LIFT (BACS)	Forensic Population	100	Forensic Services
JAMHR (Telecare)	Forensic Population	100	Forensic Services
CHANGES (Telecare)	Adult & Older Adult	100	AOASOC
STRIDES (Telecare)	Substance Use	100	AOASOC
Greater Hope (Abode)	Homeless	150	AOASOC
HEAT (BACS)	Homeless	150	AOASOC
CIRCA 60 (BACS)	Older Adult	100	Older Adult
STAY (Fred Finch)	Transition Age Youth	100	TAY
PAIGE (BACS)	Transition Age Youth	50	TAY
AOT / CC (Telecare)	Required as part of AOT/CC	55	Forensic Services

Assertive Community Treatment (ACT) Model - Introduction

- Assertive Community Treatment (ACT) is an evidence-based practice designed to assist adults with “severe and persistent” mental illness (SPMI).
- Extensively researched since the 1970’s with demonstrated positive outcomes
- Earned the status as an Evidence-Based Practice (EBP) in the 1990’s

Assertive Community Treatment (ACT) Model - Mechanisms

Person Centered Treatment Planning

- Individual Treatment Teams (ITT) that are strength based and specifically reflect where the individual wants to go with their goals.
- One stop team to access all needs.
- Participants can receive ACT services for as long as is needed with a goal for gradual and individualized graduation with clear criteria and markers.

Methodology that utilizes and integrates other evidence-based practices within the ACT model such as:

- Cognitive Behavioral Therapy (CBT)
- Individual Placement Supports (IPS) for employment services
- Illness Management and Recovery (IMR)

FSPs meet daily, and review those who would benefit from more contacts and who are at risk.

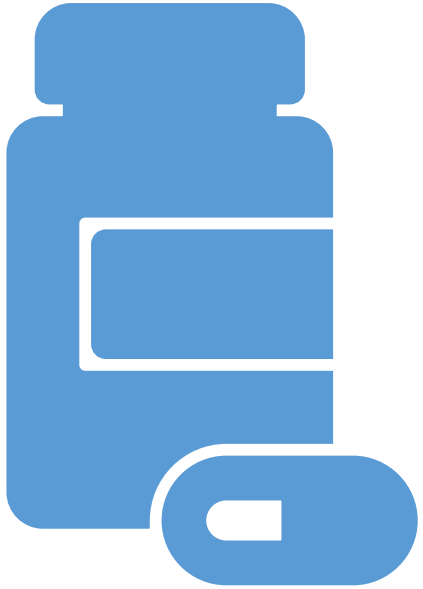
Assertive Community Treatment (ACT) Model - Team

- Entire team shares responsibility for all clients served and each ACT team member will have multiple contacts and interactions with clients in their communities and to develop a capacity for intensive services 24/7.

- Each Transdisciplinary Team consists of:
  - Team Leader
  - Psychiatric Care Provider/Prescriber
  - Registered Nurse/LVN
  - Peer Specialist
  - MA level Clinicians
  - BA level Case Managers
  - Co-occurring Disorders Specialist
  - Employment Specialist
  - Program Assistant

FSP's maintain a 10:1 client-to-staff ratio

Psychiatric Medications



- All Teams have prescribers
- FSP's offer mobile psychiatry (will meet with clients in the community)
- Meet monthly
- Medications are voluntary
- FSP's take a team approach in supporting clients with medication needs, concerns, benefits and adjust treatment plan as needed.

FSP Eligibility

Clients referred to FSPs…

- ✓ Require a high level of outreach to locate, build trust and engage in services.
- ✓ Have multiple and lengthy inpatient psychiatric hospitalizations and/or incarcerations related to difficulties associated with their mental illness within the last 12 months.
- ✓ May have a co-occurring mental health diagnosis, substance use disorder, and/or major medical condition(s).
- ✓ Need frequent support from their providers, in order to increase their safety and avoid future hospitalizations and/or incarcerations
- ✓ Need mobile mental health and psychiatric medication services in the community where they are physically located
- ✓ Need urgent access at all hours to their mental health providers to maintain their ability to successfully live in the community
- ✓ Need a high level of care coordination to maintain engagement in services

Referral Process

Who can refer?

- Clients themselves
- Psychiatric hospitals
- Sub-acute hospitals
- Current mental health treatment provider (incl. AFBH staff)
- Behavioral Health Court
- Forensic Services System of Care

ACCESS determines best matched care

ACBH hosts internal weekly case conferencing with all systems of care to support ACCESS in making determination

Strategies For Engagement

- FSPs are flexible and attempt engagement, keeping client interests in mind
- Collaborate with client's support systems and referral source
- Meet clients where they are at
- Reduce barriers by engaging in the community, in parks, meeting for a walk, or other desired activity.
- FSPs are able to utilize discretionary funds to offer support in basic needs such as food, clothing, and temporary shelter

Outreach

- FSP’s begin outreach upon receipt of the referral from ACCESS
- FSP’s coordinate with the referring party
- Meet with the referred person wherever they are (jail, hospitals)
- First step is to build rapport, explain benefits of the program and try and get consent for treatment
- Outreach is on-going not just a one-time event

Measures of Success

Metrics used to measure success include:

- number of incidents of incarceration
- number of psychiatric hospitalizations
- number of days spent in subacute settings
- number of days spent unhoused

These measures are captured in **Partnership Assessment Forms** (PAFs) and **Key Event Tracking** (KETs). PAFs are collected as part of the initial assessment when a client is admitted into the FSP and KETs are tracked throughout their time in the FSP as their life circumstances change (i.e., acquiring or losing housing, incarceration, getting a job, enrolling in school, etc.)

- Yearly fidelity review of each FSP to assess adherence to ACT model.
- Other measures of success are tracked through data sources including INSYST and Yellowfin.

Outcomes – Jail Episodes

The total number of **jail days** an individual had **one year prior to FSP admission** and compare it to **one year after**. In order for an episode to be counted, they needed to have at least one jail episode one year prior to FSP admission and been enrolled in and FSP team for one year.

Here are the findings:

ALL FSPs	Service Fiscal Year 2018/19	Service Fiscal Year 2020/21
Eligible Episodes for MEAN Jail days	169	300
Change in MEAN Jail Days One Year	-34	-52
% Change in MEAN Jail Days One Year	44% Reduction	61% Reduction

Data gathered from Alameda County Behavioral Health ACT Fidelity Review FY 2020-2021.

Outcomes – Psychiatric Hospitalizations

ALL FSPs	Service Fiscal Year 2018/19	Service Fiscal Year 2020/21
Eligible Episodes for MEAN Hospitalization days	322	421
Change in MEAN hospitalization days One year	-18	-17
% Change in MEAN Hospitalization days One Year	60% Reduction	57% Reduction

Data gathered from Alameda County Behavioral Health ACT Fidelity Review FY 2020-2021.

Outcomes – Subacute Days

ALL FSPs	Service Fiscal Year 2018/19	Service Fiscal Year 2020/21
Eligible Episodes for MEAN Sub Acute Days	190	225
Change in MEAN Sub Acute days One Year	-148	-136
% Change in MEAN Sub Acute Days One Year	-82%	-72%

Data gathered from Alameda County Behavioral Health ACT Fidelity Review FY 2020-2021.

Housing

The average number of community living days partners had one year prior to FSP admission compared to one year after FSP admission.

ALL FSPs	Service Fiscal Year 2018/19	Service Fiscal Year 2020/21
Eligible Episodes for MEAN community living Days	420	464
Change in MEAN Community Living Days	23	22
% Change in MEAN Community Living Days	18% Increase	18% Increase

** The first row represents how many individuals met the criteria of having at least one homeless day one year prior to being enrolled in the FSP, and to have been on an FSP team for at least one year.*

Data gathered from Alameda County Behavioral Health ACT Fidelity Review FY 2020-2021.

Forensic FSPs

Telecare Justice & Mental Health Recovery (JAMHR) – 100 slots

BACS Lasting Independence Forensic Team (LIFT) – 100 slots

- Forensic FSPs specialize in helping justice-involved individuals who have been diagnosed with a severe mental illness, who are not getting the level of support they need, and who are homeless or at risk of homelessness.

- Forensic FSPs partner with community stakeholders, but most notably with stakeholders in the justice system, including the Public Defender's office, probation, parole, Santa Rita Jail, and others.

- Forensic, Diversion, Re-entry System of Care provides oversight

Transition Age Youth FSPs

Fred Finch Youth & Family Services STAY (North County) – 100 slots

BACS PAIGE (South/East County) – 50 slots

- TAY FSPs serve youth 18-24. If they continue to need this level of service after they turn 25, they will be referred to Adult FSP.

- TAY referred to these programs have substantial impairments, symptoms, or psychiatric history that shows that there is imminent risk of further decompensation without treatment; Multiple visits to highly restrictive settings, psychiatric emergency, crisis stabilization, inpatient hospital, jail and sub-acute; May be difficult to engage individuals, underserved or unable to be engaged with lower levels of care; Have minimal to no natural community supports; and often need services more than 1x per week.

- Transition Age Youth Division (TAY) provides oversight

Other Items to Note

- County has collaborative relationship with each provider/FSP.
- ACBH Program Specialists, Contracts, System of Care lead work closely with each FSP.
- Offering trainings, a minimum of monthly check-ins more as needed, bi-annual all FSP collaborative meeting.
- Staffing Challenges
- All FSP's work with Forensic/Re-entry Clients (not just limited to Lift and JAMHR).


Thank you