
 <p>Behavioral Health Department Alameda County Health</p>	<p>DocuSigned by:  By: _____ Dr. Karyn L. Tribble, PsyD, LCSW, Director</p> <p>BA167CA0C0D444A</p>
<p>POLICY TITLE</p> <p>Full Service Partnerships Implementation</p>	<p>Policy No: 401-2</p> <p>Date of Original Approval: 4/28/2021</p> <p>Date(s) of Revision(s): 5/16/2024</p>

PURPOSE

This policy outlines the Alameda County Behavioral Health Department (ACBHD) requirements for Full Service Partnership (FSP) services to comply with the Mental Health Services Act (MHSA) and local requirements for children’s FSPs.

AUTHORITY

California Code of Regulations, Title 9, Sections 3620; 3620.05; 3620.10

SCOPE

ACBHD and contracted providers who operate FSPs.

POLICY

ACBHD shall develop and operate programs, including those operated through contracted providers, to provide FSP services.

ACBHD shall make FSP services available to all age groups (children/youth, transition age youth, adults, and older adults) in accordance with the eligibility requirements defined in MHSA. The services for each FSP consumer may include the Full Spectrum of Community Services necessary to attain the goals identified in the Individual Services and Support Plan (ISSP).

Children’s FSPs shall be adjunct services.

FSP providers shall meet the MHSA data collection requirements.

ACBHD shall direct at least 51% of its Community Services and Supports funds to the FSP Service Category.

PROCEDURE

- I. The Full Spectrum of Community Services consists of the following:
 - A. Mental health services and supports including, but not limited to:
 1. Mental health treatment, including alternative and culturally specific treatments.
 2. Peer support.
 3. Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education.
 4. Wellness centers.

5. Alternative treatment and culturally specific treatment approaches.
 6. Personal service coordination/case management to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services.
 7. Needs assessment.
 8. ISSP development.
 9. Crisis intervention/stabilization services.
 10. Family education services.
- B. Non-mental health services and supports including, but not limited to:
1. Food.
 2. Clothing.
 3. Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing.
 4. Cost of health care treatment.
 5. Cost of treatment of co-occurring conditions, such as substance abuse.
 6. Respite care.
- C. Wrap-around services to children in accordance with Welfare & Institutions Code Section 18250 et. seq.

II. Eligibility Requirements:

- A. Individuals selected for participation in the FSP Service Category must meet the criteria for Specialty Mental Health Services as described in Welfare & Institutions Code (WIC) Section 5600.3(a) for children and youth, Section 5600.3(b) for adults and older adults, or Section 5600.3(c) for adults and older adults at risk.
1. ACBHD has an additional local requirement for Children's FSPs. Children, in addition to (A) above, must already be receiving services through ACBHD in order to be eligible for FSP services. ACBHD requires that Children's FSPs be adjunct services intended to support an already existing treatment process.
 2. Transition age youth, in addition to (A) above, must be unserved or underserved and meet one of the following criteria:
 - a. Homeless or at risk of being homeless.
 - b. Aging out of the child and youth mental health system.
 - c. Aging out of the child welfare system.
 - d. Aging out of the juvenile justice system.
 - e. Involved in the criminal justice system.
 - f. At risk of involuntary hospitalization or institutionalization.
 - g. Have experienced a first episode of serious mental illness.
 3. Adults, in addition to (A) above, must meet the criteria in either (a) or (b) below.
 - 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 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. Involvement in the criminal justice system.

- iii. Institutionalization.
- 4. Older adults, in addition to (A) above, must meet the criteria in either (a) or (b) below:
 - 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. Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.
 - v. Involvement in the criminal justice system.

III. Data Collection Requirements

- A. FSP providers shall conduct a Partnership Assessment of the client during the initial assessment phase of treatment. The FSP Provider shall collect information as appropriate including, but not limited to:
 - 1. General administrative data.
 - 2. Residential status, including hospitalization or incarceration.
 - 3. Educational status.
 - 4. Employment status.
 - 5. Legal issues/designation.
 - 6. Sources of financial support.
 - 7. Health status.
 - 8. Substance abuse issues.
 - 9. Assessment of daily living functions, when appropriate.
 - 10. Emergency interventions.
- B. The FSP Provider shall collect the following key event data,
 - 1. Emergency interventions.
 - 2. Changes in:
 - a. Administrative data.
 - b. Residential status.
 - c. Educational status.
 - d. Employment status.
 - e. Legal issues/designation.
- C. The FSP Provider shall review and update, through the Quarterly Assessment, the following information:
 - 1. Educational status.
 - 2. Sources of financial support.

3. Legal issues/designation.
 4. Health status.
 5. Substance abuse issues.
- D. The data required by (A), (B), and (C) above shall be submitted to the Department within 90 days of collection, as required by Section 3530.30.
- IV. All FSP providers will provide 24/7 coverage in order to be available to provide after hour interventions. For specific procedures related to 24/7 coverage see ACBHD Policy 400-1-1: [24/7 Coverage Requirement for Children, TAY, Adult and Older Adult Full Service Partnerships](#).
- V. All FSP providers will utilize the County provided FSP agreement template or the following, Department of Health Care Services (DHCS) approved FSP agreement language in the FSP consent to services forms for each client served under the FSP Service Category, and when appropriate, with the client's family.
- A. Approved DHCS language: As a member of this Mental Health Plan (MHP) your signature below gives your consent to voluntarily receive Full Service Partnership (FSP) treatment services as provided by (agency):

By signing below, I agree to work with my Personal Service Coordinator (PSC) to develop my individual service plan. This will be a collaborative relationship to enable me to work with staff to accomplish my goals for recovery. I understand the services available to me may include the Full Spectrum of Community Services necessary to attain the goals identified in my individual service plan. I understand that an FSP level of care is my treatment team's recommendation, and that I have the right to refuse to participate in treatment and I may withdraw my consent and stop participating in FSP level treatment at any time, at which time I may be referred to less intensive outpatient mental health treatment instead.

NON-COMPLIANCE

- I. Non-compliance is defined as the Mental Health Plan (MHP) including county and contracted CBO operated programs, entities, individuals not acting in accordance with the above policies and procedures.
- II. Providers may report non-compliance through the ACBHD Provider Problem and Resolution and Appeal process.
- III. Beneficiaries may report non-compliance through the ACBHD Consumer Grievance and Appeal process.
- IV. Staff shall not face retribution for filing a notice of non-compliance.
- V. Staff can notify their immediate supervisor about non-compliance, and the immediate supervisor can complete a Non-Compliance Notification Form to send to ACBHD. Alternatively, staff can notify the appropriate ACBHD staff directly.
- VI. Staff should report the non-compliance to ACBHD as soon as possible.
- VII. Communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.

Policy & Procedure: Full Service Partnership Services	#401-2
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CONTACT

ACBHD Office	Current Date	Email/Phone
Mental Health Services Act Division	5/16/2024	Tracy.Hazelton@acgov.org

DISTRIBUTION

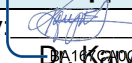
This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Tracy Hazelton, Division Director, Mental Health Services

Original Date of Approval: 4/28/21

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Tracy Hazelton	Finding from March 2023 MHSa Performance Review	By  5/16/2024 David Kapp, PsyD, LCSW, Director

DEFINITIONS

Term	Definition
ACBHD	Alameda County Behavioral Health Department
Community Services and Supports Funds	MHSA funding category that provides direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet criteria for Specialty Mental Health Services. This is the largest of MHSA's five funding categories.
Full Service Partnership (FSP)	Full Service Partnership means 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.
Full Spectrum of Community Services	Mental health services and supports, non-mental health services and supports, and wrap-around services to children.
Individual Services and Support Plan (ISSP)	The plan developed by the client and, when appropriate the client's family, with the Personal Service Coordinator/Case Manager to identify the client's goals and describe the array of services and supports necessary to advance these goals based on the client's needs and preferences and, when appropriate, the needs and preferences of the client's family. This is also known as the client's Treatment Plan.
MHSA	Mental Health Services Act
Partnership Agreement	An agreement to consent to services in an FSP program.

Partnership Assessment	An assessment of the client at the time the Full Service Partnership agreement is created between the County and the client, and when appropriate the client's family.
Quarterly Assessment	The assessment used quarterly to review and update specific information that was completed on the Partnership Assessment. The information includes educational status, sources of financial support, legal issues/designation, health status, and substance abuse issues.

ATTACHMENTS

None