DRAFT

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - MHSA IMPLEMENTATION AND OUTCOMES DIVISION
MHSA 3 Year Program & Expenditure Plan Fiscal Years 2017-18 through 2019-20

Community Services and Supports (CSS) Plan Consolidation
Full Service Partnership (FSP) (Intensive) vs. Non-FSP (Non-Intensive)

Adult Work Group Recommendations

Full Service Partnership Services

1. **How do we operationalize what "at risk" means? What are the characteristics of "at risk"?**

   "At risk" will be operationalized by Navigation teams, FSP/Community Integration Recovery Service (CIRS) programs and Outreach and Engagement teams, based on client involvement with below entities and/or clients portraying multiple "at risk" characteristics which could impede their recovery process and increased LOC/Mental Health service need.

   Homelessness: An adult who is unable to live to the requirements of their lease, as evidenced by the following and not limited to: Loss of Funding which will impact sustained housing, Hoarding, that will lead towards eviction, 10 day notice to vacate, Symptoms of illness which impact their ability to keep stable housing, History of destruction of property, Unable to care of upkeep of apartment, Ongoing conflict with neighbors and/or landlord, Couch surfing /living in car less than 120 days, Inability to pay bills, budget, shop and cook without support.

   Criminal Justice System: Factors that may contribute to an adult at risk of involvement with the criminal justice system include but are not limited to the following: Engagement in unlawful and risky behavior, Unable to pay fees (i.e. parking tickets, jay walking tickets, court fees, etc.), Unknown warrants, Two or more contacts with law enforcement in the past 90 days, and the Inability to follow requirements of probation.

   Psychiatric Hospitalization: Factors that may contribute to an adult at risk of psychiatric hospitalization include but are not limited to the following: At least one encounter with an emergency outreach team, in the past 90 days and does not meet criteria for 5150 or FSP I, Two or more visits to a Psychiatric Emergency Room in the past 90 days, Two or more visits to an Psychiatric Urgent Care Center in the past 90 days, and Two or more visits to a Medical Emergency Room for a psychiatric disorder in the last 90 days.

2. **What methodology, if any, will be used to determine the levels of care within FSP?**
   - Milestones of Recovery Scale (MORS)
   - Determinants (further consideration in future workgroup)
   - State Required Outcome Measure Application (Adult 3 –Month) & (Adult Key Event Changes)

- Improved/Increased involvement in the community
- Decreased incarcerations or client involvement with law enforcement
- Adult FSP Discharge Readiness Toolkit
    - Need for less case management services
    - Lowered need for crisis intervention
    - Utilization at psychiatric services
    - Utilization of support systems – family, community engagement, resources
    - Stable housing
    - Less interaction with the justice system
    - Less psychiatric hospitalizations
    - Decrease in symptoms/increase in functionality

3. **What will be used to determine the level of need for each Service Area? How do we ensure the need is met?**
    - Official homeless count
    - Demographic analysis
    - Current slot allocation for each service area and identify service areas which are currently underserved or do not have the capacity to provide FSP services to its community.
    - Re-Entry Population Referrals, prediction of where clients will be referred
    - Whole Person Care Referrals, consideration of where clients will be referred

4. **What are the markers for success for this age group? What outcomes should we track**?
    - Increased participation in volunteering and peer related activities
    - Graduation from FSP services to lower level of care within at least 5 years
    - Maintain stable housing
    - Assure Linkage/Connection to medical care/receiving medical treatment
    - Marked increase in obtaining and /or maintaining sobriety
    - Reducing the length of stay in FSP I for clients who have been at that level of care for 3 or more years
    - Increased number of clients attending school and/or vocational programs
    - Reduce the number of “lost” FSP clients
    - Independent medication compliance and/or engagement with Psychiatrist
    - Increase in positive Key Event Changes (KEC), and KEC reporting
    - Increase number of clients engaged in meaningful roles in the community
    - Increase number of clients engaged in employment related activities
    - Reduction in homelessness
    - Reduced client need for field based services
    - Increasing the number of client who have established benefits; Relying less on CSS funds
    - Reunification with family/peers
    - Maintaining positive support system
    - Reduced number of After-hour phone calls
    - Decrease in Symptoms/increase in functionality

- A reduction in psychiatric hospitalizations, both admissions and days
- Increase the number of clients meeting/exceeding care plan goals

Non-Full Service Partnership Programs

1. **What services are currently available for this age group?**
   - Peer Support
   - Wellness Services
   - Self-Help Support Groups
   - Mental Health Groups
   - Individual Mental Health Services including Evidence-Based Practices
   - Medication Support
   - Supportive Employment
   - Case Management
   - Supportive Housing Needs
   - Linkage to resources
   - Co-Occurring/Substance Use Disorders Support and Services
   - Benefits Establishment
   - Outreach and Engagement
   - Some field based services
   - Education Support Services
   - Culturally Sensitive Satisfaction Survey
   - Integrated services
   - Smoking Cessation Services
   - Healthy Living Skills
   - Spirituality Supportive Services (Spirituality Tool Kit)
   - Life Skills Training
   - Referral, linkage and collaboration with Healthcare Providers, Integrated Care
   - Community Integration
   - Wellness Recovery Action Planning (WRAP)
   - Jail-in reach
   - Peer Run Respite
   - Enriched Residential Services
   - Senate Bill 82 outreach
   - Tele Psychiatry
   - Alternative Healing Methods

2. **Are there currently any gaps in services for this age group?**
   - Addiction Residential & outpatient services for individuals with drug use issues, gambling issues, including detoxification services
   - Culture Specific Peer mentoring services (specific cultures in need of support)
   - Sufficient Employment supportive services
     - Business establishment entrepreneurial training
   - Transportation
   - Trauma-informed care
     - Generational trauma
   - Family treatment Services
   - Impact meetings with Navigation teams with FCCS
   - Educating hospitals, jails of criteria of FCCS LOC
   - Community Outreach Services
   - Housing for undocumented clients
   - Medication Supportive Services
   - Sufficient LPS certified staff
   - Labor Trafficking
   - Wellness/SA 1
   - Culturally Based Wellness Services/Mobile Wellness Services for Underserved Communities

  - Trauma delivery service
- Auxiliary services
- Housing
  - Supported housing
  - Transitional housing
  - Housing services – county based transitional support
  - Affordable Permanent housing
  - Shelter Beds
  - Collaborative Housing
- Supportive employment (IPS)
- Health care navigation team/linkage to healthcare
  - Physical
  - Dental
  - Eye
- Client Supportive Services Funding
  - Housing/outcome evaluation
- PRRCH in all Service Areas
- Prison
- Sufficient Warmline support
- Money Management/Payee Services
- Self-Help Support Groups
- Develop relationships – culturally appropriate outreach/engagement
- Increase navigators in every Service Area

3. What types of services should this age group expect to receive?

- Employments Career Development
- Medication Supportive Services
- Mental Health individual and group treatment
- Supportive Housing
- Case Management & Linkage
- Linkage to Immigration supportive services as needed
- Community Integration, facilitate joining providers and clients/their families to community resources (i.e. police, hospital, community leaders, etc.)
- Increased Wellness Holistic Approaches
- Impact meetings for FCCS (it's happening at some agencies but not others)
- Transportation Assistance
- Tokens and TAP cards/linkage to access/bus pass
- Legal support and expungement
- Timely access to services
- Cultural appropriate services at all levels

4. **What outcome measures will adequately assess the success of a client? Symptom-based outcome measure? Functional outcomes relevant to the program?**

- Health needs assessment
- Network of belonging/social connectedness
- Assessment of Social Supports
- Meaningful role assessment
- MORS Scale
- Self-coordinate own life – more self-independence
- Required State Outcomes
- Patient Health Questionnaire (PHQ-9)
- Connection to primary care
- Quality of life
- Quality improvement
- Client Satisfaction
- Historical tracking of LOC, to ensure clients are being transitioned when clinically appropriate
- Culturally sensitive surveys
- Annual check-in / iHomes
- Social connection with customer satisfaction

Additional Information

To identify the intensity and frequency differentiation between the levels of care within FSP:

- Forensic/Intensive FSP: 24/7 availability, client has recent incarceration and/or involvement with the justice system, multi-disciplinary team, client contact at least twice a week, 65% field-based services, jail in-reach as required, housing support and assistance, Substance Use Disorder services, benefits establishment as needed, at least monthly Psychiatry support, unlimited peer support, 1:10 staff to client ratio and integrated care across the Departments within the Health Agency.
- FSP I: 24/7 availability, multi-disciplinary team, at least weekly contact, 65% field-based services, jail in-reach as required, housing support and assistance, Substance Use Disorder services, benefits establishment as needed, monthly Psychiatry support, unlimited peer support, 1:15 staff to client ratio and integrated care across the Departments within the Health Agency.
- FSP II: 24/7 availability, multi-disciplinary team, at least bi-monthly contact, at minimum 35% field-based services, housing support and services, Substance Use Disorder services, benefits establishment as needed, bi-monthly Psychiatry support, unlimited peer support, 1:45 staff to client ratio and integrated care across the Departments within the Health Agency.