

Outreach and Engagement

The Beginning of Full Service Partnership

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In The Beginning....

- Community Planning Process
 - San Mateo County Mental Health major goals was to better serve the various ethnic and cultural groups, especially those that we traditionally have under served
 - Focus was the desires and needs of our diverse community and how to channel new MHSA dollars
 - Held numerous focus groups and work groups, joining with them where they already normally gather rather than expecting them to just come to us.

Community Planning Process

- Development of our Full Service Partnership for Adults and Older Adults/Medically Fragile Adults.
 - FSP that would enroll 60 Adults and 50 Older Adults/Medically Fragile Adults who were either underserved or unserved
 - Our goal is to have those enrolled be representative of the ethnic/cultural blend of our community.
- Design of the FSP
 - split out the housing from the clinical piece of the FSP.
 - Separate RFP's for organizations to apply to provide either the clinical or the housing parts of the FSP, or both.
 - Goals was for providers to not feel that they had to be the best at both. The result was selecting a separate experienced provider for each.

Selection of an FSP Contractor

The provider we selected for the **clinical part** of our FSP was already well established in our community. We selected TeleCare Corporation which was already operating our 2034 Program.

- Advantages to selecting a known provider
 - Currently providing similar types of services
 - Knowledge of the local resources
 - Existing housing available
 - Agency has established relationships in the community
- Challenges of selecting a known provider
 - Current housing stock tied to 2034 Program and other existing programs

Selection of an FSP Contractor

The provider we selected for the **housing part** of our FSP was already well established in our community. We selected the Mental Health Association which was already well versed in housing acquiring and administration.

- Pros and Cons of having two providers:
 - Provider has specific expertise
 - Offers access to more staff and resources
 - More complex coordination required to get providers on the same page

Important FPS Elements

Shared Values and Agency Integration

Knowing your own county... in terms of its values and resources is key in how your FSP will operate and what other organizations should be involved at some level.

For example, San Mateo County Health Services is protective of its members and is less likely to create a treatment plan with and for them that has a high degree of risk and uncertainty to it. This comes with pros and cons.

Important FPS Elements

Keys to Successful Communication:

- Who to include
- When (at what stage do different agencies become involved)
- How information is communicated are key to having a more successful and smoother running program.
- Building some flexibility in to expectations and use of funds has been useful and necessary.

Important FPS Elements

Keys to Successful Communication:

- The following are things that we learned:
 - Include the Conservator's Office as a key player in ongoing planning meetings, selection of candidates for enrollment, and any other facet that impacts their Conservatee's lives
 - Mental Health and the Conservator's Office should be active participants in not just the management level FSP meetings but also in the weekly FSP client and prospective client review meetings

Important FPS Elements

– Practical Components

- Don't make a habit of making assumptions
- Ensure your FSP has an organized system of communication, especially if you have two different contractors
- Develop a phone list created that provide enrollees with key contact numbers
- Develop a phone list that provides Mental Health and other key players phone contact information for reaching the FSP staff
- Basic information for the FSP staff
- Develop an easy to use data base to track prospective candidates, enrolled members and their status

Important FPS Elements

– Practical Components

- Develop written procedures for FSP staff to follow
- Create a flow chart to visually show how and when various elements of the outreach and admissions process of the FSP take place
- Market the FSP services repeatedly and in various forms to all levels of your Mental Health Network
- Ensure referring parties prioritize their referrals
- Update referring parties on the status of their referrals
- Flexible funds available
- ...try not to make assumptions.

Important FPS Elements

Establish a strong relationship with the criminal justice system.

- San Mateo County Mental Health has done this through:
 - Forensic Mental Health Unit in our jail
 - Partnering with Sheriff's Office and NAMI in putting on quarterly Crisis Intervention Trainings (CIT) for law enforcement officers
 - Partnering with law enforcement and many other organizations to hold monthly Field Crisis Consultation Committee (FCCC) meetings
 - Collaborating with the Courts, District Attorney's Office, Private Defender's Office, Probation Department and NAMI to have our Pathways Mental Health Court
 - Participating in the San Mateo County Mental Assessment and Referral Team (SMART)

Important FPS Elements

Joint Engagement Process

- Prior to the FSP being up and running, we were already identifying people who would benefit from this program. Our staff who worked through out the system assessed folks who might qualify.
- Candidates needed to have a LOCUS cumulative score of 20 or higher to qualify for consideration in addition to being seriously mentally ill.

Important FPS Elements

Joint Engagement Process

- Staff started the engagement process by discussing the possibility of being in such a program with a perspective candidate.
 - seriously mentally ill homeless or at risk of being homeless
 - outreaching to and to clients in locked facilities.
- Once the FSP was up and running, we have shared more of a joint engagement process. This can be very helpful with folks who are guarded or uncomfortable with change.

When Reality Sets In: Lessons Learned

- Slow Down. Make sure that several things are in place BEFORE enrolling partners.
 - One: Obviously having key staff in place and trained prior to enrollment is critical to ensuring a smoother start up process (please notice that we said “smoother” and not “smooth”).
 - Two: In addition to training the staff on the theory and practice of Full Service Partnerships, it is extremely important that those systems and agencies with whom you are collaborating also understand Full Service Partnerships. Making sure that the Conservator’s Office, Departments of Mental Health, any Forensic Systems and whomever else I forgot to mention all understand the model and how you plan to implement the services.
 - For Example: San Mateo County Health Services is protective of its members and is less likely to create a treatment plan with and for them that has a high degree of risk and uncertainty to it.
 - Three: Make sure to develop a menu of appropriate housing options. This can be tricky as what might be the most appropriate type of housing for a particular individual might questionably safe.

Philosophy – How it's Supposed to Work

- Two teams: one for 60 Adults partners and one for an Older Adults or Adults who are medically fragile (50) partners.
- By providing a full spectrum of services within the team, we are better able to efficiently meet the needs of the partner which, in turn, enables the treatment team to effectively “strike when iron is hot”.

Philosophy – How it's Supposed to Work

- Ideally we are able to work with a partner in situation, whereby we can stay alongside them as they learn to make healthier decisions. This, of course, may mean allowing the partner to make decisions that can lead to arrest, re-hospitalization or homelessness.
- Through the process of allowing our partners to make their own decisions we continue to offer a menu of options based upon what's available.

Nuts and Bolts – Logistics

- **Caseload- Team Approach**
 - As is standard in the ACT model, there are no assigned case loads.
- **Program/Team Meeting/Supervision**
 - 2 Programs
 - Adult Program-60 Partners
 - Older Adult/Medically Fragile-50 Partners
 - Supervision
 - Team meetings occur daily at both programs and attendance is required unless there is a really, really, REALLY good reason
 - During meetings, current partners are discussed as well as outreach efforts to referred candidates.

Nuts and Bolts – Logistics

- **Multidisciplinary Staffing**

- Because of the various needs identified in our communities, we designed our programs and staffing to be able to manage multiple needs. On the 2 teams we have a total of 2 managers, 4 PSC II's, 2 PSC I's, 1 Vocational Coordinator, 1.75 RN and .8 LNP, and .8 Med Records Clerk.
- To get an interview with these new programs, again because of the needs identified in our communities, we decided to target 3 general criteria: Psychiatric Recovery experience, Language Skills, and Medical Social Work.

Nuts and Bolts – Logistics

- **Outcome Monitoring**

- The outcomes process we use is borrowed from the AB 2034 program we also run. During the daily team meeting, a staff takes notes and the very first order of business is to cover what Key Events changes have occurred since the previous team meeting. That staff person then enters those changes into the Caminar software the program uses for billing, notes and data tracking. This note taking and data entry rotates every day.
- A disadvantage to this process is that it obviously takes staff time to do this entry. The major advantage is that it keeps data tracking and outcomes alive for the staff.

Nuts and Bolts – Logistics

- **Training**

- Ideally, initial training occurs prior enrollment. For us, start up was very rapid so the initial training occurred while we were recruiting staff and outreaching to potential partners.



Nuts and Bolts – Logistics

Admission Criteria

- San Mateo County has begun to implement the use of L.O.C.U.S. (Level of Care Utilization System) in order to determine the most appropriate level of service including for those referred to the FSP (Full Service Partnership).
- In keeping with LOCUS literature, partnership candidates have a minimum composite rating of 20.
- Same regardless of a member's legal status.
- Each individual is approached and invited to participate by their own free will.
- Any agency currently working with the referred individual, and their conservator/ guardian (if there is one) is approached to discuss the members' potential participation assuring these relationships and services are coordinated and are not disrupted.
- The potential enrollee will be invited to sign required forms.

Nuts and Bolts – Logistics

- **Admission Procedure:**

- Assigned staff review any historical information gathered on the member and meet with the member to complete assigned paper work.
- All members on enrollment are informed that they are welcome including those with drug and alcohol issues.
- On initial interview the staff reviews the Orientation Handbook with the member.

Nuts and Bolts – Logistics

- **Admission Procedure:**

- Within 24 hours of admission, the following must be completed:

- Face Sheet
- Consent for Services
- Consent to Photograph/Audio Record
- Review of Member Handbook- signed Receipt thereof
- Initial Assessment Intake Note

Nuts and Bolts – Logistics

- **Admission Procedure:**

- When an individual is accepted the staff should attempt to obtain:
 - History & Physical
 - Psychiatric Evaluation
 - Current TB Clearance
 - Current Medications & Lab Reports
 - Current Letters and Orders of Conservatorship (when member is conserved)
 - Most Recent Conservatorship Investigative Report
 - Case Management Face Sheet
 - County Episode Face Sheet
 - Most recent Assessment, Community Functioning Evaluation and Client Plan

Nuts and Bolts – Logistics

- **Admission Procedure:**

- Within 30 days the following must be completed:
 - Initial Assessment & GAF
 - Risk Assessment
 - Telecare and MHA Outcome baselines
 - Client Plan
 - Community Functioning Evaluation or APOS
 - Abnormal Involuntary Movement Scale (if the programs MD is treating).
- Photocopies of the current UMDAP must be placed in the chart. These photocopies must be requested from the San Mateo Department of Mental Health.

Nuts and Bolts – Logistics

- **24-hour service availability**
 - Being available to our partners is, as we all know, a crucial element of a successful program. To that end, each program (including the original AB 2034 team) has a staff who carries on “On Call” phone which is on 24 hours a day, seven days a week. Being on during the day time hours means our partners only need one phone number should a situation arise where they need to get in touch with staff.



Nuts and Bolts – Logistics

- **24-hour service availability**
 - To make sure that staff have necessary information on hand when that call comes in, we have been implementing the use of “Smart Phones” which can allow some protected data to be stored on a memory card. Other, more sensitive data can be accessed via the a secure storage folder on the WEB
 - The model and practice is, in reality, that the clinical team goes out

Nuts and Bolts – Logistics

Housing

- A key decision made by San Mateo County was to split out the clinical services and housing provision under the MHSA. The allowed organizations who were intending to draft a response to apply to provide either clinical services, housing services or both.
- Of the total of 110 clinical service spots (60 Adult and 50 Older Adult/Medically Fragile), MHA will provide housing spots for up to 70 individuals. These spots can be apartments, studios, subsidies to Board and Cares for additional services, etc.
- For those 70 units, MHA coordinates with Telecare to have an Occupational Therapist meet with and evaluate readiness for an apartment using an ILS (Independent Living Skills) Assessment. This assessment is often done with clinical staff from Telecare present and has proven valuable information for developing an effective treatment plan with the partner.

Nuts and Bolts – Logistics

Housing

- For the 70 units provided by MHA, the partner pays $\frac{1}{2}$ of their income towards rent and MHA subsidizes the difference. Furthermore, MHA also pays up to \$60.00 per month towards utilities (the partner is responsible for the rest) so that utilities are guaranteed to stay on.
- For the remaining 40 clinical slots that do not have Housing via MHA, Telecare provides housing options similar to what was done under AB 2034. Such options can be subsidized apartments using flex funds, setting up shared and supported housing options, contracts with Board and Care operators and, of course, motels if/when needed.

Nuts and Bolts – Logistics

Supported Employment/ Supported Education

- As has been demonstrated in many settings and over the course of years, “meaningful activities” such as a job and school have proven to yield such a positive impact on Quality of Life measures. To that end a Vocational Coordinator is an integral part of the program design.
- In addition to partnering with the standard vocational services, we have also partnered with a private business to start a licensed and bonded service; a janitorial service and a moving and apartment cleaning company. Both businesses allow our members to begin employment the instant they are ready without having to go through the standard hiring process. After the client starts working, we then teach them how to fill out an application, practice interviewing skills, etc. A final benefit is that this practice allows our members to get an employment history.

Nuts and Bolts – Logistics

Collaborations

- MHA for Housing
- San Mateo County Mental Health
- Aging and Adult Services (Conservator's Office)
- Landlords
- Private Businesses (for employment opportunities)
- Forensic Mental Health Unit in our jail
- Partnering with Sheriff's Office and NAMI in putting on quarterly Crisis Intervention Training (CIT) for law enforcement

Nuts and Bolts – Logistics

Collaborations

- Partnering with law enforcement and many other organizations to hold monthly Field Crisis Consultation Committee (FCCC)
- Collaborating with Courts, district Attorney's Office, Private Defender's Office, Probation Department, and NAMI to have our Pathways Mental Health Court
- Participating in San Mateo County Mental Assessment and Referral Team (SMART)
- **THE PARTNER**

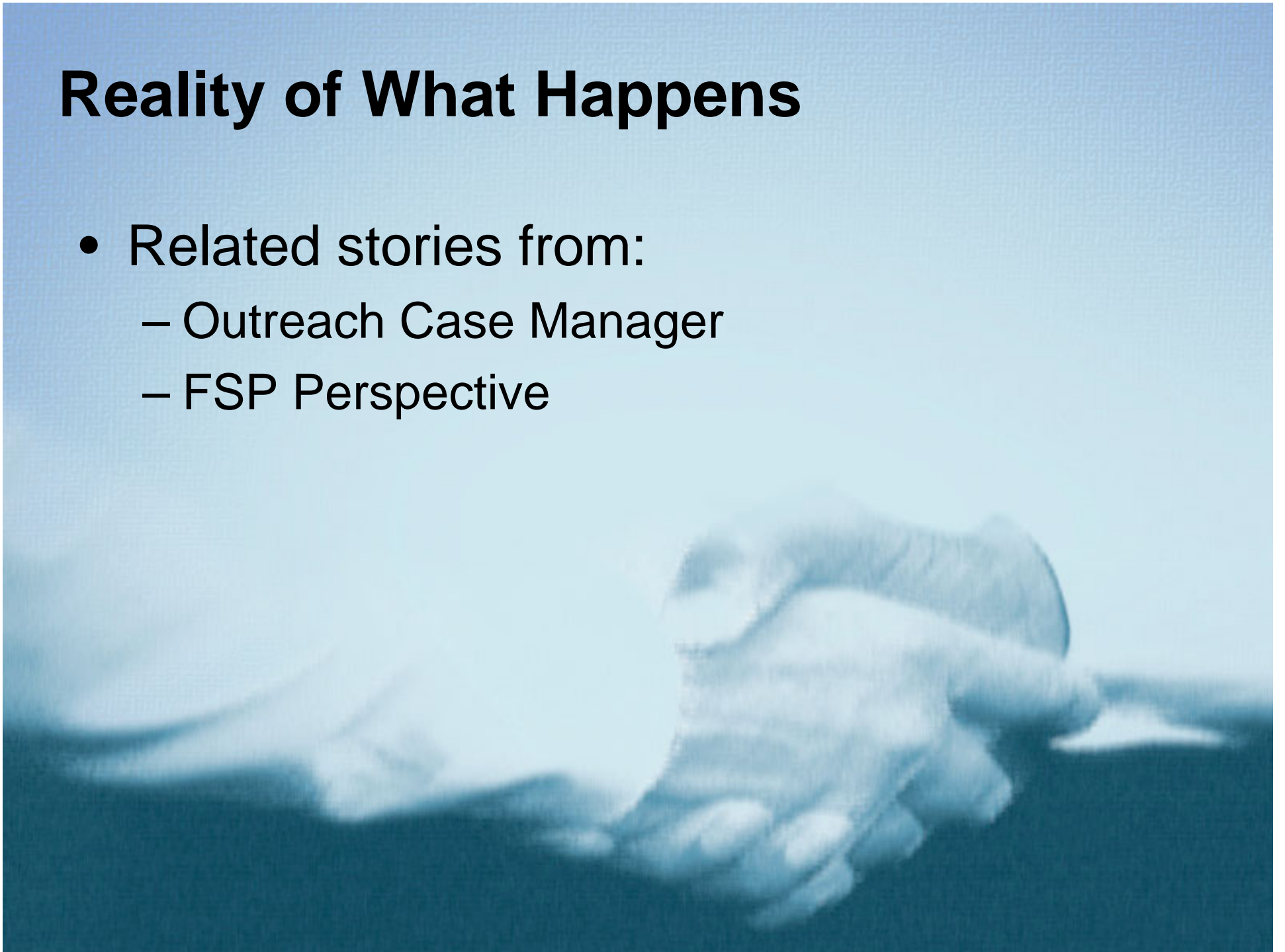
Nuts and Bolts – Logistics

Client-directed Care Plans

- “Dual Diagnosis” is the rule, not the exception.
 - At assessment and regularly (during team meetings for instance) we identify what stage of change the partner is in
 - Develop a menu of options relative to stage of change (i.e. some housing options where the partner can still use methamphetamine might not be as nice as some of the other options on the list)
 - Do a Cost/Benefit Analysis with the member to identify the likely outcomes of behaviors (based on historical precedent) and help them to identify what options they can/are willing to afford.

Reality of What Happens

- Related stories from:
 - Outreach Case Manager
 - FSP Perspective



Questions and Audience Participation

- What target populations has your county selected and are there any special cultural considerations for your outreach efforts?
- What if I don't want to identify with my "culture"?
- What if I still need to use but want help with being homeless and my MH symptoms?
- What other staff and organizations might you want to include in your FSP planning and daily operations and how?
- How long should a person stay in FSP?
- How does a person transition from an O&E program to an FSP?