

Sacramento County Mental Health Board
Adult System of Care Committee
ANNOUNCEMENT – IN PERSON MEETING
HYBRID PARTICIPATION OPTION
Thursday, March 14, 2024
6:00 PM – 7:30 PM

Members Present: Patricia Wentzel, Mallika Walsh (staff: Michael AmeneYRO)
 Absent: Brad Leith, Melinda Avey

Agenda Item
<p>I. Welcome and Introductions</p> <ul style="list-style-type: none"> • Introductions • Acknowledgement of MHB Conduct Agreement • Announcements by MHB ASOC Committee Members <p>Interim Chair Wentzel commenced the meeting at 6:02 pm. Introductions were made and MHB Conduct Agreement was reviewed.</p>
<p>II. Public Comments related to the Sacramento County Behavioral Health Services Adult System of Care – Items not on the Agenda</p> <ul style="list-style-type: none"> • Comment 1: Continue to make public how the Assisted Outpatient Treatment (AOT) Program is or isn't working. How will Care Court be implemented? Opportunities to volunteer for services, must carefully consider a point in time when a person is not biologically able to volunteer for services. When a person is not volunteering, what can happen next? What is the opportunity to keep them out of jail – don't wait for the person to go to jail – what is the possible nexus point?
<p>III. Discussion/Action Items: Establish Committee Chair and Co-Chair for 2024</p> <ul style="list-style-type: none"> • Interim chair appointed by MHB Chair Corrine McIntosh Sako • Interim Chair Wentzel willing to serve as chair and made motion to nominate self. • Mallika seconded the motion. • Public Comment: Support for Patricia serving as chair. She is knowledgeable, objective, willing to bring up tough topics, powerful and diplomatic. She looks for solutions and would make a great chairperson. • Interim Chair Wentzel and Mallika voted aye. Vote passed.
<p>IV. Discussion/Action Item: Establish ASOC Committee Goals for 2024</p> <ul style="list-style-type: none"> • ASOC will oversee the BHS preparation for implementation of SB 43, scheduled for January 2025, and make recommendations to the department and Board of Supervisors regarding implementation by August 2024. • ASOC will investigate and oversee Full Service Partnership system of care and make recommendations to the department and Board of Supervisors regarding improving quality and outcomes, starting from entry through discharge with report presented by November 2024. • ASOC will oversee the implementation of Psychiatric Advance Directive (PADS) throughout BHS programs, report out to the Board, quarterly, June 2024, September 2024, and final November 2024. <p>Public Comment:</p> <p>Comment 1: PADS goal – make sure the timeline is going as it should since this is a new program that affects adults.</p> <p>Comment 2: Appreciate looking into Full Service Partnerships. I like how you worded the goals and it gives you room to learn more about it and bring questions forward. Would like to look into people who are no longer part of the program. Why? Very informative to improving quality of care. Appreciate comment about PADS.</p>

- Interim Chair Wentzel and Mallika voted aye. Vote passed.

V. Presentation: Sac County BHS Full Service Partnership

- Allison Williams, Health Program Manager, provided an overview of Full Service Partnerships. See Attached Presentation.
- **Questions:**
- What does a Contract Monitor do?
All are licensed clinicians and most have been direct providers within Sac County. They have a clinical lens and can support whether or not a referral is appropriate at the Full Service Partnership level, when looking at a Level of Intensity Screening Tool (LIST) referral. If there is a lower level of risk, then they may determine CORE is better suited for the client.
- Where do you receive LISTS? Are LISTS completed by a referring party?
Anyone can complete a LIST referral. You do not need to be a clinician to complete the LIST. Referring parties include partners from inpatient, jail, current behavioral health providers, probation, and medical.
- What does it mean when a client is discharged for *Completed Services*?
- The client has met their program goals. The goals are set by the client.
- Does the State create the categories?
- Yes, the State creates/defines the categories and the provider selected the reason in the Electronic Health Record.
- What is *Declined Services*?
- This is often formalized in a written statement at this juncture. The client does not want services. Some may be reluctant to engage and providers may continue to engage.
- CORE and FSP enrollments?
- There are around 6,000 in CORE and 2,684 in Full Service Partnerships.
- Are incarceration rates self-reported?
- Yes, Emergency Room visits are also self-reported.
- Follow-up questions:
- How many conserved individuals are in Full Service Partnerships?
- What does housing look like for Full Service Partnership clients?
- How many clients move up in level of care to subacute or intensive placement?

VI. Adjournment

- Next ASOC Committee meeting will be scheduled in April once members can confirm availability.
- Chair Wentzel adjourned the meeting at 7:30 pm.



Full Service Partnership Program Overview

Behavioral Health Services Department of Health Services

**Presented by:
Allison Williams, LCSW - BHS Health Program Manager
Adult Outpatient Programs
March 14, 2024**

Funded by the Sacramento County
Division of Behavioral Health
Services through the voter-approved
Proposition 63, Mental Health
Services Act (MHSA).

Agenda

 Full Service Partnership (FSP) Services

 Goals of FSPs

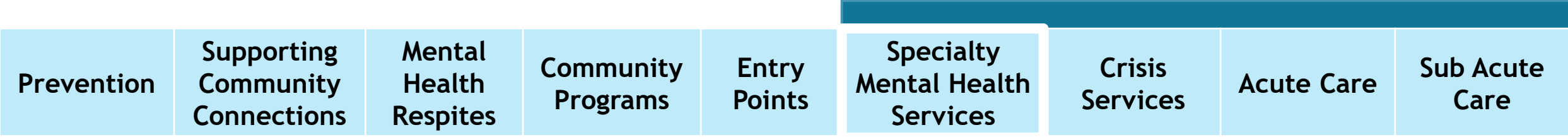
 FSP Programs

 2022-2023 FSP Outcomes

 Access to FSPs & Referral Data

 Questions?

Adult Mental Health Continuum



Adult Outpatient Programs



Low Intensity

Moderate Intensity

High Intensity

CORE Community Wellness Centers (CWC)	Sacramento County APSS Clinic	Community Outreach Recovery Empowerment (CORE)	Full Service Partnerships (FSP)
	Sacramento County CAPS Clinic		
	Sacramento Early Diagnosis and Preventative Treatment Clinic		

Full Service Partnership (FSP) Services

- ❖ Provides **intensive** services to adults who require frequent contact and support to maintain in the community due to the severity of their mental illness.
- ❖ Offer a broad range of services from **traditional** medication management and crisis services, to more **non-traditional** services such as housing supports and alternative healing practices.
- ❖ Services are comprehensive, and are provided in the home, community, or office depending on client need - using a harm reduction “whatever it takes” approach to assist clients in transitioning to community supports and making progress on their defined recovery goals.
- ❖ Eligibility: Sacramento County Medi-Cal members who meet target population and criteria for specialty mental health services high-intensity level of care.



Goals of FSPs



- ❖ Promote recovery as defined by U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to optimize community functioning at the least restrictive level of care
- ❖ Provide client-driven, recovery-oriented, trauma informed and culturally responsive approaches that address mental illness and co-occurring substance use disorders
- ❖ Reduce unnecessary and avoidable emergency room utilization and psychiatric hospitalization
- ❖ Prevent unnecessary and avoidable jail incarceration
- ❖ Reduce and prevent homelessness
- ❖ Provide timely and appropriate linkage and coordination with key services and benefits impacting clients' health and well-being (e.g., Primary Care Physician (PCP), Supplemental Security Income (SSI), Medi-Cal, General Assistance (GA), etc.)
- ❖ Promote transition to lower level of service intensity and community integration

FSP Programs

Adult & Older Adult:

- El Hogar Community Justice Support Program (CJSP)
- El Hogar Sierra Elder Wellness Program (SEWP)
- Hope Cooperative (dba TLCS) New Direction
- Telecare Adults Recovering in a Strength-Based Environment (ARISE)
- Telecare Sacramento Outreach Adult Recovery (SOAR)
- Telecare Outpatient Assisted Services and Integration Supports (OASIS)
- Turning Point Integrated Services Agency (ISA)
- Newly awarded/in development: Bay Area Community Services (BACS) Transformative, Healing, Renewing, Inclusive, Voice, Empowerment (THRIVE) FSP

Adults & Youth:

- Turning Point Pathways
- Asian Pacific Community Counseling Transcultural Wellness Center (APCC TWC)

Youth, Transitional Aged Youth & Families:

- Capital Star Behavioral Health Transition Age Youth (TAY) FSP
- Heartland Family FSP
- Juvenile Justice Diversion and Treatment Program (JJDTTP)



2022-2023 FSP Demographics

❖ Age:

- ❖ Adults (age group 26-59 years): 55.8%
- ❖ TAY age group (16-25 years): 20.8%
- ❖ Older adults (60 or more years): 19.3%
- ❖ Children (ages 15 years or less): 4.1%.

❖ Gender/Sexual Orientation:

- ❖ Men: 60.5%
- ❖ Women: 39.5%

❖ Race/Ethnicity:

- ❖ Non-Hispanic: 77.7%
- ❖ White/Caucasian: 36.4%
- ❖ Black/African American: 30.9%

❖ Primary Language:

- ❖ English: 93.5%

❖ Primary Care Physician:

- ❖ Partners reported having a Primary Care Physician (PCP): 88.6%

❖ Primary Diagnosis:

- ❖ Schizoaffective disorder: 27.5%
- ❖ Major Depressive disorder: 20.2%

❖ Discharges:

- ❖ “Whereabouts Unknown”: 23%
- ❖ “Refused/Declined Services”: 14.4%
- ❖ “Completed Services”: 12%

*Data extracted from Sacramento County's Electronic Health Record (EHR)-Avatar 12.07.2023, 08:00 and from the California State Behavioral Health Information System's (BHIS) Data Collection and Reporting application for Outcomes Over Time 11.27.2023, 16:00.



2022-2023 FSP Outcomes

- ❖ The percent change for partners who reported being in **unstable “Housing”** decreased by nearly **65% (63.2%)** and **homeless (unsheltered) days** decreased by **82.6%**.
- ❖ The percent change for partners who reported **mental health emergency room visits and/or mental health with substance abuse** decreased by almost **60% (58.5%)** and **events** decreased by **66.9%**.
- ❖ The percent change for partners with **nursing psychiatric/psychiatric hospitalizations** decreased by **52.3%** and **psychiatric hospitalization days** decreased by nearly **16% (15.7%)**.
- ❖ The percent change for partners who self-reported being **arrested** decreased by **just over 60% (60.1%)** and **arrests subsequently** decreased by nearly **66% (65.7%)**.
- ❖ **Partner incarcerations** decreased by **35.1%** and **incarceration days** decreased by nearly **50% (48.5%)**.
- ❖ **Partner employment rate** was at **23.4%** for those who declared they **wanted to be employed as part of their recovery goal**.

*Data extracted from Sacramento County’s Electronic Health Record (EHR)-Avatar 12.07.2023, 08:00 and from the California State Behavioral Health Information System’s (BHIS) Data Collection and Reporting application for Outcomes Over Time 11.27.2023, 16:00.



How to Access FSP Services

- ❖ Referrals to Adult FSPs require a Level of Intensity Screening Tool (LIST)
 - ❖ LISTs are processed by Intensive Placement Team (IPT) in collaboration with FSP Contract Monitors
 - ❖ LIST considers the following domains: Clinical Complexity, Risk Factors, Life Circumstances, and Co-morbidity/Medical or Substance Use
 - ❖ Score alone does not rule out or justify FSP services.*
 - ❖ Additional Information: PP-BHS-MH-04-19-Level-of-Intensity-Screening-Tool (saccounty.gov)

*The LIST packet must be included for eligibility and linkage to an appropriate FSP or Subacute program.



LIST and Referral Data

December 2023- February 2024

# LIST referrals submitted to IPT	268
% Approved for Sac County Mental Health Plan	96.6%
% Approved for FSP	82%
% Approved for CORE/lower level of care	11.9%
% Not linked to Sac County Mental Health Plan	2.62%
Average # of days from LIST submission to resolved/completed	3.47

QUESTIONS

