THIRD SECTOR

Learnings from the Field: Best Practices for Transitioning from Full Service Partnership Programs to Lower Levels of Care

JULY 2021

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Third Sector interviewed mental health experts, advocates, and researchers across the country to identify consumer readiness indicators and the most promising practices for stepping consumers down to less intensive outpatient mental health programs.

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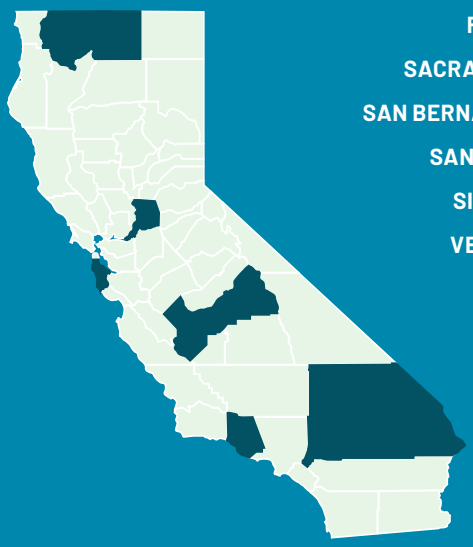
Introduction

The Mental Health Services Act (MHSA) of 2004 catalyzed California's renewed investment in the dynamic delivery of mental health services and treatment for individuals with or at risk of serious mental illness. In particular, California developed Full-Service Partnership (FSP) programs to support youth and adults with the most serious mental illnesses (SMI) and often co-occurring mental health needs.

In California, FSPs represent a $1 billion annual investment of public funds to reduce psychiatric hospitalizations, homelessness, and incarceration and to improve life outcomes for the 60,000 Californians participating in the programs. California's 58 counties operate FSPs in a variety of ways, with differing eligibility, evidence-based models, services, data processes, and infrastructures. Such operational variance allows counties to meet unique local needs but also makes it difficult to assess FSP consumer outcomes.

The Multi-County FSP Innovation Project



FRESNO
SACRAMENTO
SAN BERNARDINO
SAN MATEO
SISKIYOU
VENTURA

In support of the Multi-County FSP Innovation Project (Third Sector) and California's Mental Health Services Oversight and Accountability Commission (MHSOAC), a cohort of six California counties — Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura — are participating in a 4.5-year Multi-County Full Service Partnership Innovation Project that leverages counties' collective resources and experiences to identify best practices and improve FSP delivery across California[1]. The project is implementing a more uniform data-driven approach that provides counties with improved capacity to use centralized data to enhance FSP services and consumer outcomes. The cohort of counties will leverage their shared learnings to strengthen FSP service delivery locally and drive positive transformations in the delivery of mental health services nationally.

[1] The Multi-County FSP Innovation Project is slated to expand to include two additional California counties in summer 2021.

Learn more about the project at www.thirdsectorcap org/multi-county-ca-fsp-inn

Who does FSP serve?

FSPs support individuals of all ages with serious mental illness who are unserved or underserved and who may be experiencing, or at risk of experiencing, homelessness, justice involvement, and/or frequent utilization of psychiatric emergency services.

What are FSP services?

FSPs apply a "whatever it takes" approach to partnering with individuals on their path to wellness and recovery, providing mental health, housing, and employment support among other services as merited by the individual's treatment needs.

What is the relationship between FSP and ACT programs?

In California, Full Service Partnership (FSP) programs are intended to be the most intensive level of publicly-funded outpatient treatment programs (in addition to Laura's Law, or Assisted Outpatient Treatment / AOT programs). Some counties base their FSP service models on the Assertive Community Treatment (ACT) evidence-based model that operates nationally; as many behavioral health experts are experts in the ACT model of care. In support of the Project, Third Sector conducted interviews with expert clinicians, health and human services advocates, mental health researchers, and mental health practitioners with deep expertise in designing, managing, and evaluating outpatient mental health programs to answer a question posed by each of the participating counties.

"What are the strongest indicators of readiness for consumers to step down from FSP programming to less intensive support services and what are the most effective step-down processes?"

The analysis that follows synthesizes recommendations from national experts regarding step-down (or "graduation") from FSP programs to less intensive mental health support services with the overall goal of enhancing programs and improving outcomes.[2]

[2] Third Sector and the counties opted to focus this analysis on adult (ages 26+) consumers, but counties operate FSP programs of all ages.

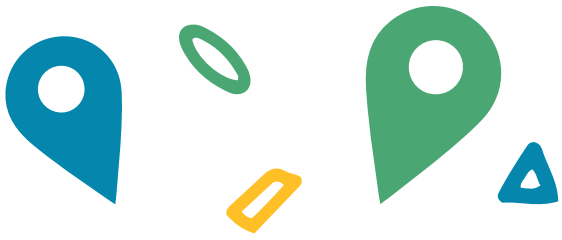
The Challenge

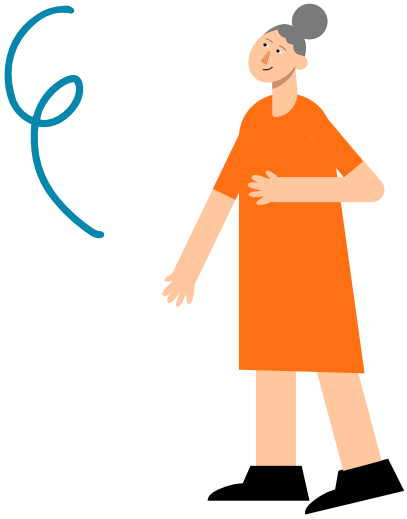
FSP programs may not be achieving their fullest potential due to inconsistent program design and implementation of evidence-based, data-driven, and human-centered practices.

While every county in California must deliver comprehensive outpatient mental health services for individuals with serious mental illness through Full Service Partnerships, program design, and implementation vary widely from county to county. Counties value flexibility, which allows them to adjust program design to local context, populations, geography, and resources, as well as respond more effectively to stakeholder feedback. At the same time, FSP programs may not be achieving their fullest potential due to inconsistent program design and implementation of evidence-based, data-driven, and human-centered best practices. Program consumers may have very different experiences depending on the specific provider or county through which they receive services.

Counties have a specific opportunity to increase the consistency of local practices for "step-down" (also referred to as "graduating" or "discharging") individuals from FSPs. Third Sector's landscape assessment of the six counties participating in the Project revealed that within and across counties, providers have different understandings of how to discuss step-down with consumers, when to initiate the process (i.e., rely on different indicators of readiness), and how best to coordinate with the consumer's new provider. Anecdotal evidence from other California counties not participating in the Project and nation-wide conversations indicate this challenge permeates many other intensive outpatient mental health programs. As a result of these inconsistent experiences, consumers may either remain in FSP services longer than necessary, thereby reducing program capacity, or graduate before they are ready, thereby returning to a cycle of high emergency services utilization and other life challenges.

Counties have an opportunity to continue learning from each other and nation-wide experts, share best practices that have proven successful locally, and design more consistent step-down guidelines for FSP participants to better support providers and consumers. This memo focuses on best practices as it relates to the California-specific Full Service Partnership program but also illuminates insights that can support Assertive Community Treatment, Intensive Case Management, and other outpatient mental health programs nation-wide in delivering more consistent, evidence-based, and outcomes-focused care.





Methodology

From February - March 2021, Third Sector interviewed 11 subject matter experts (SMEs) across the country to understand best practices for supporting FSP consumers who are transitioning into less intensive levels of care. Specifically, experts represented the following organizations:

- The UCLA-DMH Public Mental Health Partnership
- The Center for Evidence Based Practices at Case Western Reserve University
- Crisis and Recovery Enhancement (CARE) Technical Assistance Center
- SMI Adviser
- Advocates for Human Potential
- National Council for Behavioral Health
- University of Kentucky College of Social Work
- University of Washington Department of Psychiatry and Behavioral Sciences
- Seven Counties Services (Kentucky)

Recommendations and insights from these national experts, ascertained during one-hour interviews, are synthesized below. Third Sector also conducted 30-60 minute interviews with 70 recent and current FSP consumers and found that much of their feedback aligned with expert recommendations. As such, direct quotes from these consumer interviews are also incorporated throughout the brief.

Reframing Service Delivery: Recommended Paradigm Shifts

SMEs made a number of conceptual recommendations for reframing how outpatient mental health programs define their core functions and deliver support services to improve consumer outcomes. Third Sector has organized feedback from interviewees into four actionable recommendations below.

Recommendation 1: Frame Intensive Outpatient Programs as Temporary Supports

Assertive Community Treatment (ACT) models were originally conceived as programs that would follow and support consumers for the duration of their lives. However, given the evolution of Behavioral Health Department funding across the country and the variance in service delivery, many FSP programs do not have the resources to make this a reality. Additionally, there is greater demand for FSP-related services than there is supply. Programs often struggle with fully supporting consumers on their path to recovery while also creating space in programs for new consumers who need access to these unique services.

Contrary to the intent of the original model, the SMEs interviewed believed that for the majority of consumers, programs like FSP should be viewed as a temporary program and not a "rest of your life" program. While they acknowledged that a small percentage of consumers (5-15%) would always need some form of intensive outpatient services, they argued that programs should be structured to give most consumers the support and tools that they would need to eventually reach a lower level of care. SMEs articulated that FSP programs should set that expectation from the beginning of service provision and not surprise consumers later on down the road in their recovery. As one interviewee stated, "The first day of discharge planning is the first day of treatment," and, when asked, eight out of nine interviewees agreed that step-down should be discussed on the first day of treatment. The dissenting opinion centered on the belief that step-down should be discussed early in a consumer's, FSP journey and not seen as an "abrupt tack-on." It takes time to build trust between providers and consumers and initiating conversation about transitioning from the program too early can disrupt trust-building.

> **San Bernardino County consumer quote:**
>
> **"I felt some shock because I hadn't realized it was a temporary program."**

Recommendation 2: Empower Consumers to Chart Non-Linear Journeys Toward Recovery

SMEs pointed out that many providers operate under a misconception of recovery as linear, when in fact it is nonlinear. Recovery should be seen as an ongoing process and as a continuum of care rather than "taking people in and then kicking them out." By viewing recovery as cyclical and nonlinear, consumers and providers will be able to shift their mindset and view relapsing or setbacks not as a failure but rather as steps in the recovery process. As such, different tools should be used at different points in a consumer's recovery process. One interviewee stated that providers should "encourage staff to see consumers as a full person who has goals, thoughts, and strengths. All you tend to see sometimes are the issues and symptoms, and not the full person." SMEs recommend that provider staff develop core competencies in motivational interviewing and Cognitive Behavioral Therapy (CBT)-informed care, whether or not they are therapists. Experts also recommended consumers play a larger role in recovery-related decision-making. Consumers should be the ones defining what is important to them in their recovery journey, and providers should support and pursue those goals accordingly. As one interviewee reiterated, "Don't forget to have the consumer's voice at the table. If their voice is not at the table, that takes away the legitimacy of what you're working with."

Recommendation 3: Promote Consumer Independence Over Consumer Stability

SMEs suggested that program staff emphasize consumer independence rather than stability. One interviewee shared that, despite good intentions, many field-based provider staff conflate "helping" with "doing" and complete tasks that should be performed by the consumer. Experts recommend programs transition from helping consumers achieve stability (a case management approach) to helping consumers develop the capacity to learn and teach themselves how to live independently. As one SME stated, "There is often an over-reliance fostered through [FSP]. A sense of paternalistic overreach. These programs might still have good boundaries, but essentially they are replacing friends/community. Maybe there's not enough focus on helping people build natural supports to be members of their own communities."

One consumer from San Bernardino county shared, "Success looks like more independent living. My mom or sister or therapist would need to come with me to the grocery store or doctor because I wouldn't feel comfortable going by myself. I can now stand in line with someone standing behind me and not freak out..."

Recommendation 4: Demonstrate Cultural Humility in Service Provision

SMEs advanced two strategies for providers' consideration to improve culturally competent mental health services delivery and outcomes for consumers.

01 Consider a consumer's full identity when making treatment decisions, including assessing how socially connected they are to their identity and community and considering what triggers and stigmas might be salient within that community. One interviewee shared, "It's important to look at intersectionality: not just someone's culture, but their generation, education, language, [and] immigrant status."

One consumer of color in San Bernardino County shared, "I have noticed that while I've been with the FSP program, [...] they assigned me to a person of color, I guess because of a cultural understanding of your client... I think that's in one way a big thing... I was happy that someone was able to understand me a little bit more, and understand those issues that I'm dealing with."

02 Contextualize the use of tools and indicators in a contemporary social and political context. Some consumer behaviors are natural responses to what is occurring in their environment. For example, Black or LatinX consumers might have different reactions to encounters with police than their white counterparts, given recent occurrences of police-perpetrated violence against people of color. Providers should be informed of these unique contexts and identity-specific psychological stressors to interpret consumer behaviors appropriately.

Evidence-Based Tools

There was a strong consensus among the SMEs that the use of standardized, evidence-based tools enhances service delivery and consumer outcomes. The experts recommended several evidence-based assessment tools to facilitate informed decision-making partnerships between clinicians and consumers regarding step-down readiness.

"Steal, borrow, modify—but start with an evidence base or clinical model, so that discharge decisions are not arbitrary. Scales offer structure, which many teams do not have."

– Subject Matter Expert

EVIDENCE-BASED TOOL	DESCRIPTION
ACT Transition Readiness (ATR) Scale	An 18-item scale that assesses an individual's independence in managing health conditions, medication, housing support, social support, and hospitalizations over the past six months to determine step-down readiness.
Transition Readiness Scale (TRS) ("The Washington")	A provider tool with seven domains rated 1-5. Similar to the ATR Scale in its evaluation of independence managing medication, housing, hospitalizations, etc., over a six-month period but has a greater focus on substance use.
Community Living Adaptation Scale	A 15-item scale assessing psychiatric and psychosocial functioning over the last three months. Examines self-management and substance use to inform clinical decisions.
Levels of Care Utilization System (LOCUS)	A psychiatric and addiction services assessment and placement instrument that uses six evaluative parameters to assess immediate service needs, plan resource needs over time, and monitor changes in placement at different points in time.
Outcomes Questionnaire (OQ-45)	A 45-item self-report and psychological test used for treatment planning and outcomes assessments with adults. The tool measures progress across psychological disorders, symptomatic distress, interpersonal problems, and social role dysfunction with sensitivity to daily change in capacity.
Wellness Recovery Action Plan (WRAP) Model	The Wellness Recovery Action Plan is a self-designed prevention and wellness process that uses five recovery concepts to discover one's own unique wellness tools, develop daily to-do lists, identify upsetting events (and early warning signs), and develop action, crisis, and post-crisis plans for responding.

Indicators of Step-Down Readiness

Stepping down from the most intensive levels of care is a key milestone for many FSP consumers. SMEs recommended evaluating evidence-based program participant data, looking to consumers for their opinions, and considering the achievement of co-designed treatment goals to assess step-down readiness. Experts advised that such data are best recorded in data dashboards equipped to timely track service delivery, key events, and consumer outcomes.

KEY CRITERIA SHOULD INCLUDE:

Providers should have a certain amount of evidence (i.e., gathered over six months to one year) to show that the consumer is stable as indicated by baseline indicators, including:

- ✔ 0 crises
- ✔ 0 interactions with law enforcement
- ✔ 0 hospitalizations

In addition to baseline indicators, consumers should be able to demonstrate:

- ✔ Prolonged stabilization of illness symptoms
- ✔ Consistent involvement in meaningful activities (employment, education, volunteerism, social activities)
- ✔ Living in the least restrictive housing environment possible for a significant amount of time (as determined by the provider's specific validity tool)
- ✔ Ability to consistently and independently attend to mental and physical health follow-ups

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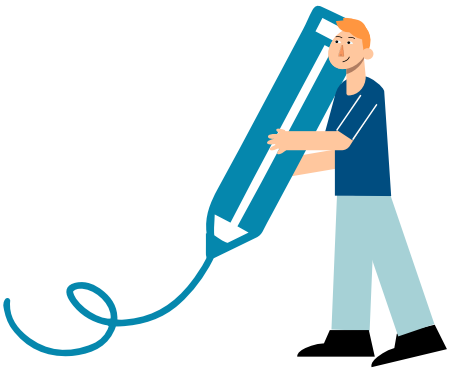
While utilizing data to develop and assess indicators of readiness is important, SMEs also flagged two common pitfalls for providers to consider:

1. Ensure indicators are flexible and context-specific
2. Do not evaluate strict medication adherence as a sole indicator of step-down readiness. Many FSP consumers can be taught to eventually live with their symptoms with fewer or differing medications over time. Thus providers should emphasize the importance of symptom management.



Part of creating a holistic consumer-centered approach to recovery is inviting consumers to define their own recovery goals. As one SME shared,

"Indicators of readiness should be [informed by] both Evidence-Based Practices (EBP) and an individual's goals. It's simultaneous."

Providers should ensure consumers are self-sufficient and equipped with the functional skills to successfully step down to a less intensive program by helping consumers foster independence, nurture natural supports, and create meaningful daily activities.

Indicators of Readiness

- **Fostering independence:** Experts were adamant that FSP programs help consumers work towards independence and services should focus on empowerment, not enablement. They encouraged providers to measure skill acquisition for consumers, specific skills that promote recovery such as community integration, independent living, employment, and scheduling and attending mental and physical health appointments. Providers should be cognizant of how many of these activities they complete on behalf of the consumer versus the consumer completing on their own. It's important to note that many consumers also prioritize independence as an indicator of step-down readiness. One FSP consumer from San Mateo County remarked,

"My next major goal is really becoming even more independent. I'd like to eventually [...] transition from part-time work to a full-time work and not be on SSI benefits or disability anymore. That's a goal I have. Supporting myself and working full time and that kind of thing."

- **Nurturing natural supports:** Natural supports are personal relationships developed in the community that enhance the quality and security of life for consumers. Without strong natural supports, consumers are more likely to relapse. The provider should help consumers develop these relationships. Peer programs, for example, are a powerful tool for building supportive communities and should be well-resourced financially. Providers should also support reconnections with family, community, and friends, where appropriate.

- **Creating meaningful daily activities:** SMEs emphasized the importance of consumers participating in meaningful daily activities such as a job, school, or other activity focused on their community integration. One SME suggested providers should help consumers identify "what is helping people get out of bed every day?" Suggestions for how to create meaningful activities include exploring social memberships to organizations like the YMCA and opportunities to volunteer.

Step-Down Best Practices

While many counties in California have adopted the term "graduation" to celebrate the hard work of consumers that leads to their recovery and well-being (and ability to move to a lower level of care), experts cautioned against the use of the term "graduation." They noted that graduation could be a misnomer because mental health issues are a chronic condition, not a curable one.

> **"Graduation and step-down are actually not synonymous."**
>
> **— Subject Matter Expert**

Many FSP consumers have high-intensity needs and will not ever graduate from care but can continue on in their journeys to lower levels of care. One consumer from Siskiyou County echoed this sentiment and shared,

"The condition I have, there is no cure for it. It's a lifelong struggle. Not like a cold, where you go to the doctor and they cure it. Doesn't seem to work out that way, as much as I want it to."

Instead of using the term "graduate," the SMEs encouraged providers to use the term "step-down" to communicate the continued need for mental health support services and the transition in focus from recovering to maintaining wellness.

Planning & Collaboration

Once providers and consumers determine stepping down is an appropriate next step for the consumer, SMEs recommend providers initiate the following two activities:

01 **Coordinate with the new, less-intensive program:** Teams should develop a titrated approach to transition, where consumers overlap with a member of the lower-intensity team for a certain amount of time (30, 60, or even 90-180 days, if possible). Additionally, programs may consider allowing one FSP team member (e.g., a psychiatrist or a peer specialist) to follow the consumer to their lower-intensity program to maintain continuity of some services. Team members from both programs should collaborate and fully discuss the consumer's case, including successes, challenges, and expectations, and maintain consistent check-ins for several months (up to one year) after the consumer has stepped down. One consumer from San Bernardino County expressed this recommendation explicitly:

> **"I'm comfortable with my psychiatrist now, but I feel like I need a wane-off period. I wish I could still see my old psychiatrist a few times a month while I'm still seeing my new psychiatrist. That would be helpful to know that I'm transitioning to someone new, but not too quickly."**

02 **Work with consumers to develop Relapse & Wellness Plans:** SMEs recommended practitioners and consumers work together using the Wellness Recovery Action Plan (WRAP) model to increase consumers' self-determination and autonomy in the step-down process by co-designing a wellness strategy to address the following questions:

- What is the cause of the consumer's fear of stepping down?
- What would the consumer do if they are having a rough time or if they relapse?
- Who is in the consumer's natural support system?
- Who are the people that can support them when they are feeling anxious and do not have their FSP care team by their side anymore?

Relapse & Wellness Plans help consumers identify the physiological and psychological signals that would tell them they should increase the number of therapy, psychiatry, or case management sessions. The plan also provides an opportunity for the consumer to practice processing and problem-solving ahead of time with their provider. One consumer from San Bernardino County validated this approach and shared,

"I felt they were preparing me for it - she was asking about my goals, preparing me for it, asking me ,'What do you want to do?' I was prepared for it. I was not prepared for not finding housing, but I did get out and find something. They helped me develop the mindset to get housing."

Key Lessons

Programs should "look ahead to when the FSP team is not a consumer's best friend."

— Subject Matter Expert

The consumer should never receive a "cold call" from the new provider. "Warm handoffs are essential for both continuity of care and helping mitigate the consumer's fear of change."

— Subject Matter Expert

Innovative Practices

According to the experts interviewed, programs that are able to step consumers down to a lower level of care within the same program portfolio are more responsive to consumer needs, as they can more easily "step them back up," expediting the delivery of critical care. SMEs shared a number of other step down innovations for providers to consider integrating into their programs.

Alumni Networks

Organize consumers who have successfully stepped-down into support networks to assist recently stepped down consumers in 1:1, peer group settings, and/or social outings as guides on the side. Former FSP consumers are well equipped to mentor recently stepped-down consumers on their journey to wellness.

Celebratory Ceremonies

Step-down ceremonies can serve as significant personal milestones for individuals. When appropriate, providers should consider organizing gatherings to celebrate the hard work and progress consumers have made toward wellness.

Incentives for Progress

Providers should consider encouraging consumers to persist through and/or complete less intensive levels of services with incentives (financial or otherwise) to reward and encourage consumers to continue working toward their personal goals.

Conclusion

This memorandum seeks to elevate national best practices with regard to stepping consumers down from high-intensity outpatient mental health programs to less intensive outpatient support services and identify opportunities for California counties and mental health services providers across the country alike to continuously improve service delivery by adopting evidence-based best practices. Over the coming months, Third Sector will continue working with the Multi-County Full Service Partnership Innovation cohort of California County Behavioral Health Departments to design, validate, and implement new strategies to increase the consistency of FSP services beyond stepping consumers down; more effectively use data to enhance services and assess consumer outcomes; and develop sustainable continuous improvement processes through learning communities to facilitate long-term peer learning.

To learn more about the Multi-County FSP INN Project and Third Sector's outcomes-focused technical assistance approach, please contact:

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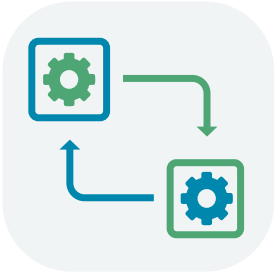
Summary:

Summary Recommendations for Transitioning from FSP to Lower Levels of Care



Reframe Service Delivery

1. Frame FSPs as temporary supports
2. Empower consumers to chart non-linear journeys toward recovery
3. Promote consumer independence over consumer stability
4. Demonstrate cultural humility in service provision

Use-Evidence Based Tools

1. Use standardized, evidence-based tools to enhance service delivery and consumer outcomes

Consider Indicators of Step-Down Readiness

1. Foster independence
2. Nurture natural supports
3. Create meaningful daily activities

Leverage Step-Down Best Practices

1. Coordinate with the new, less-intensive program
2. Co-design relapse and wellness plans
3. Form alumni networks
4. Coordinate celebratory ceremonies
5. Incentivize progress