



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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TO: Full Service Partnership (FSP) Programs
Assertive Community Treatment (ACT) Providers
Other Stakeholders

FROM: Manuel J. Jiménez, Jr., MA, MFT, Director, Behavioral Health Care Services

SUBJECT: BHCS FSP/ACT RFP Planning Process

On behalf of Alameda County Behavioral Health Care Services (ACBHCS), I would like to take this time both to formally acknowledge the tremendous work engaged through our system partnerships and to provide a general community update on our departmental internal planning process and system review as it relates to our Full Service Partnerships (FSPs) and Assertive Community Treatment (ACT) programs.

As many are aware, FSPs are Mental Health Service Act (MHSA)-funded intensive programs that provide a full range of community services for individuals impacted by a serious emotional disturbance or serious mental illness. These programs can serve a range of clients from children to older adults. Our FSPs have been in existence since 2008 and have been providing services to transition-age youth, adults, and older adults.

In addition, ACBHCS has funded Assertive Community Treatment (ACT) programs which pre-date MHSA implementation. These ACT programs serve adults and older adults with a chronic and persistent mental illness. FSP/ACT services are resource and personnel intensive. These programs typically have one full-time service provider for every 10 enrolled clients. FSP and ACT programs represent ACBHCS' most intensive level of outpatient programs designed to support the County's most severely mentally ill population and special population groups, including individuals with long histories of homelessness or institutionalization. ACBHCS FSP/ACT programs have demonstrated success in reducing hospitalizations, homelessness, and engaging hard-to-serve populations in treatment.

As part of our due diligence, recent and significant changes in health care policy, and in response to a renewed commitment to reassess community needs, ACBHCS has begun an internal planning and work group to initiate a competitive bidding process for FSP/ACT services. Many key factors have impacted our rationale to move in this direction at this time:

1. Community needs and priorities have evolved since these programs were originally established and adjustments to target populations and program designs may be indicated.



2. Incorporating lessons learned from FSP/ACT implementation and from MHSa Innovation programs into future programs may allow for our system to more effectively meet the needs of our clients and the community.
3. Our department hopes to ensure that our FSP/ACT programs consistently implement evidenced-based service interventions with a track record of delivering positive outcomes for clients.
4. ACBHCS is committed to being financially prudent and proactive so that our department may ensure that our system maximizes opportunities to leverage additional resources for our consumers; has adequate MHSa fund resources for sustaining high priority programs over time; and is responsive to significant changes in federal and state health care policy as a result of the Affordable Care Act and recent California Medicaid waivers.
5. Qualitatively, our department is also looking towards evaluating improved care transitions between FSP/ACT programs and other levels of care within the BHCS system; considering ongoing housing subsidy resources and supports as needed even after individuals exit FSP/ACT programs; and ensuring that our FSP/ACT programs collect and report on outcome and performance measures consistent with statewide and local goals.

As we move forward in this initial phase of the planning process, we will be working to ensure that all of our programs and providers are selected through a local competitive bidding process. We estimate our internal discussions needed to prepare for an extensive Request for Proposals (RFP) process will likely conclude by the Fall of 2016.

This letter is intended to serve as a courtesy notice regarding our internal process and as a way to be transparent around our end goal as a department. As this process unfolds, continuity of care for the clients we serve will remain a high priority. We are also reviewing methods by which to continue to formally involve various stakeholder groups, to provide ongoing updates, and potentially offer informational workshops regarding our departmental priorities noted above to be as inclusive and responsive to our diverse provider network and populations as possible.

We sincerely appreciate our numerous community partnerships, stakeholder feedback, and ongoing collaboration. We look forward to providing additional updates regarding our process and planning in the near future.