



Multi-County Full Service Partnership (FSP) Innovation Project

Implementation Report | September 2021



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0

Table of Contents

Executive Summary: FSP INN Project
Project Partner: Third Sector
San Mateo County Learnings & Initiatives
Next Steps
Questions
Appendix

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1



Executive Summary: Multi-County FSP Innovation Project

Implementing a more uniform data-driven approach to Full Service Partnerships using using one-time CSS unspent funds

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Origins of the Multi-County FSP Innovation Project

The Opportunity for Improvement

California has made significant strides since the creation of the Mental Health Services Act (MHSA). However, client outcomes data and concerns raised by county mental health directors suggests that counties still struggle to achieve the originally intended outcomes of the Full Service Partnership (FSP) program and understand their own impact.

An Initial County Pilot

From 2018 – 2020, the Los Angeles County Department of Mental Health partnered with Third Sector to transform the program into an outcomes-oriented and data-informed FSP that reflects the spirit of “doing whatever it takes.”

The Multi-County Collaboration

Six counties -- Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura -- launched the Multi-County FSP Innovation Project to leverage their collective resources and experiences to transform how FSP data is used to continuously innovate and improve FSP services across California. While most counties are using their Innovation Plan funding to support the project, San Mateo County is using one-time CSS unspent funds.



The Multi-County FSP Innovation Project focuses on five shared goals

Project Goals

Upon completion of the Multi-County FSP Innovation Project, counties will have increased capacity for collecting and using data for FSP services. These improvements will support participating counties' clients in their recovery and improve the statewide system.

- 1 Develop a shared understanding and more consistent interpretation of FSP's core components across counties, creating a common FSP framework
- 2 Increase the clarity and consistency of enrollment criteria, referral, and graduation processes through developing and disseminating clear tools and guidelines across stakeholders
- 3 Improve how counties define, track, and apply priority outcomes across FSP programs
- 4 Develop a clear strategy for tracking outcomes and performance measures through various state-level and county-specific reporting tools
- 5 Develop new and/or strengthen existing processes for continuous improvement that leverage data to foster learning, accountability, and meaningful performance feedback



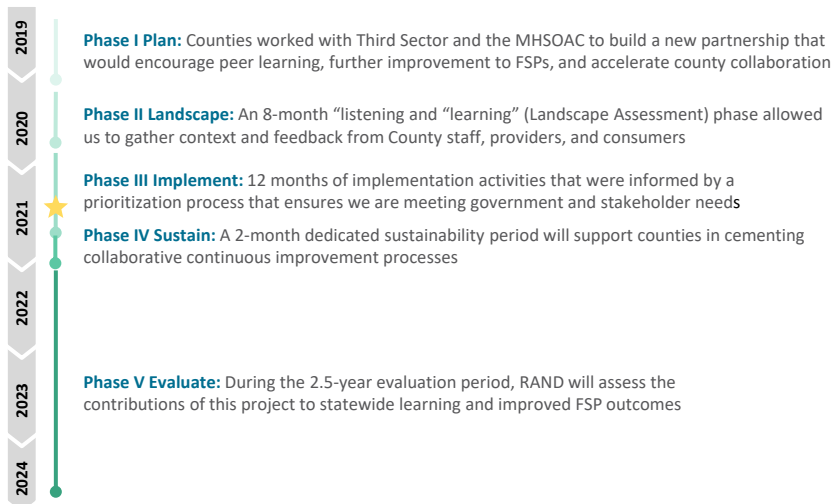
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4

4

We are leveraging a multi-stakeholder partnership to accomplish project goals over the course of 4.5 years



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5

5

California’s Full Service Partnership (FSP) delivers a “whatever it takes” approach to comprehensive, community-based mental health services

Population

FSP serves over **60,000 individuals and families** across California experiencing severe emotional disturbances or serious mental illness.

Services

FSP providers deliver a diverse range of **evidence-based services modeled after ACT and AB2034** (pilot of recovery-oriented approach targeting homeless SMI) including therapy, psychiatric services, peer supportive services, housing services, and a wide range of case management services geared towards developing life skills and coping mechanisms.

Outcomes

As stipulated in the Mental Health Services Act (MHSA) Regulations, FSPs provide **consumer-centric services to achieve goals** identified in individuals’ Individual Services and Supports Plans (ISSP).

Funding

The County directs the majority of its CSS to fund FSP

*California counties are provided **substantial flexibility** in FSP operations, data collection, and approaches. While this local control has supported innovative, community-responsive services, **counties have different operational definitions and inconsistent data processes**, making it **challenging to understand and tell a statewide impact story.***

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6

6

Project counties and the MHSOAC contributed \$8.3M of state and local funding to support the multi-year collaboration

Project Roles & Responsibilities

Counties: The participating counties are Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura. Lake and Stanislaus will be joining the project as a Wave 2 in August 2021.

Third Sector: Third Sector is providing project management, outcomes-focused technical assistance, and implementation support.

RAND: RAND is providing data and outcomes technical assistance, data cleaning and quality improvement support, and conducting the overall project evaluation.

CalMHSA: CalMHSA is serving as the project’s fiscal intermediary, including contract and fiscal management as well as administrative oversight.

MHSOAC: The CA Mental Health Services Oversight and Accountability Commission (MHSOAC) supported the Innovation planning process as well as the development of statewide project resources and Learning Community events.

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7

7



Project Partner: Third Sector

A non-profit advisory firm transforming public systems to advance improved and equitable outcomes

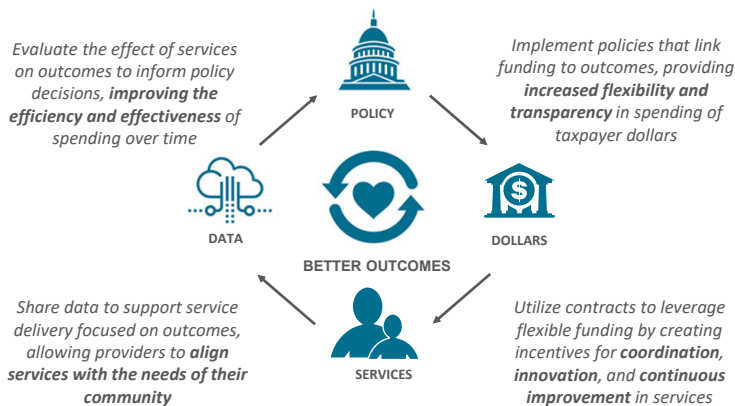
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8

8

Third Sector is a non-profit that brings government closer to communities by aligning policy, dollars, data, & services for improved & equitable outcomes

Anatomy of an Outcomes Orientation



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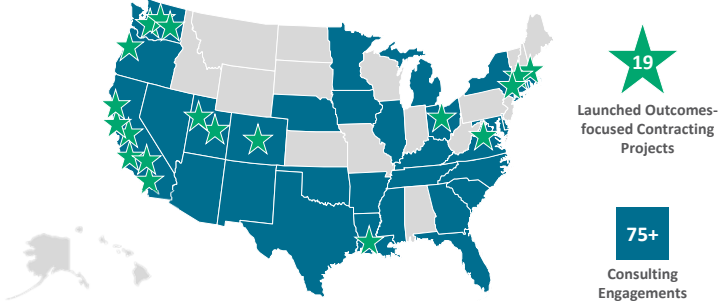
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9

9

Third Sector helps government and communities use data and lived experience to strengthen human services and improve lives

Third Sector Engagements




19
Launched Outcomes-focused Contracting Projects

75+
Consulting Engagements

Since 2011, Third Sector has worked with 40+ communities to deploy more than \$1.2 billion in government resources toward improved outcomes

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10



Questions ?

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11



San Mateo County Initiatives & Learnings

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12

12

San Mateo County Implementation Activities

San Mateo County Department of Behavioral Health and Recovery Services collaborated with providers to select the following activities to work on during the Multi-County FSP Innovation Project.



ELIGIBILITY CRITERIA

Revise county-specific FSP eligibility criteria to ensure that counties **prioritize FSP services to the highest-need clients.**



SERVICE REQUIREMENTS

Develop **minimum service requirements of FSP to adopt as official guidance.** E.g.: % of field-based services, telehealth options, housing and employment services offered, peer supports available, etc.



STEP DOWN GUIDELINES

Develop **standardized graduation guidelines** to support staff in making individual stepdown and graduation decisions while considering ISSPs and system-wide outcomes. Guidelines include improved definitions of "stability" and discussion prompts.










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13

13

San Mateo County Activities and Next Steps

Activities Under Development	What's Next?
 <p>Co-creating Child/Youth/TAY FSP Service Exhibit with San Mateo BHRS staff that will become the basis for the new Request for Proposal to procure for Child/Youth/TAY services in the county</p>	 <p>Finalize Child/Youth/TAY and Adult Service Exhibits and Requests for Proposal</p>
 <p>Sharing best practices from Los Angeles County Department of Mental Health to inform the revised Adult FSP Service Exhibit that will become the basis for the Request for Proposal to procure for Adult services</p>	 <p>Continue gathering local input to prioritize local FSP outcomes and provide input on FSP services for ongoing quality improvement</p>
 <p>Using provider and client interview and focus group feedback to inform Service Exhibits and RFPs</p>	 <p>Developed standardized graduation/ step-down process that can now be used across all FSP providers in the county</p>
 <p>Developing standardized graduation readiness guidelines to be used in conjunction with new graduation / step-down process</p>	






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14

14

San Mateo County Stakeholder Engagement Overview

Stakeholder Engagement Overview	Engagement Insights
<p>Third Sector interviewed clients and FSP staff at two points:</p> <ul style="list-style-type: none"> ● Round 1 (August - September 2020): to understand FSP programs' strengths & challenges, helping guide the county's selection of implementation activities ● Round 2 (March - April 2021): to gain more detailed insights that informed the new service exhibits <p>Client Engagement Summary: Third Sector interviewed clients (selected by each FSP program) 1-on-1, over the phone. Clients received a \$35+ gift card for participating. Third Sector interviewed 13 clients during the landscape phase and 14 during implementation.</p> <p>Provider Engagement Summary: Third Sector interviewed front-line FSP staff in focus groups, speaking to 8 staff during the landscape phase, and 12 during implementation.</p>	<div style="background-color: #00728f; color: white; padding: 5px; margin-bottom: 5px;">  Therapy/psychiatry are not provided in-house and are inconsistently available </div> <p style="font-size: small;">Providers refer clients out for therapy, but there is not always someone available at no- or low-cost, or there is a lot of turnover in who a client ends up seeing.</p> <div style="background-color: #00728f; color: white; padding: 5px; margin-bottom: 5px;">  Peer and family advocates are essential for both providers and clients </div> <p style="font-size: small;">Peer support is very important to clients, but it's sometimes hard to find true "peers" and/or staff attrition is high due to lack of pathways for career advancement</p> <div style="background-color: #00728f; color: white; padding: 5px;">  Graduation/step-down should be discussed earlier and more often </div> <p style="font-size: small;">Providers could use more standardization and guidance around graduation readiness and process, while clients wish to be more involved in conversations and decisions about their transition</p>




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15


15



Questions & Additional Input

*Any additional feedback on **needed improvements** to mental health services in San Mateo County?*

*Any additional **coordination or support** San Mateo BHRS could be providing mental health service providers or clients?*

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16



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17

17

Cohort (Multi-County) Updates

18

Cohort Implementation Activities

Over the last 10 months, The six participating counties collaborated to achieve the goals below.



DEFINE FSP POPULATIONS

Standardize definitions of FSP populations (e.g., homeless, justice-involved, high utilizer of psychiatric facilities, etc.)



IDENTIFY OUTCOME & PROCESS METRICS

Identify priority outcomes and process measures, and associated metrics, to track what services FSP clients receive and the success of those services



DEVELOP DCR RECOMMENDATIONS









Develop recommendations for revising Data Collection & Reporting (DCR) forms, metrics, and/or data reports to increase the utility of state data




Overarching Impact: The cohort solutions will enable counties to better understand who FSP serves and how effective FSPs are at achieving outcomes for those focal populations

19

Cohort Accomplishments and Plans

Accomplishments to Date	What's Next?
 <p>Developed operational definitions for the following FSP sub-populations and associated "at risk" categories: homeless, justice involved, and high utilizers of psychiatric facilities</p>	 <p>Determine a strategy for disaggregating the adult FSP outcome metrics by the key FSP sub-populations and other key demographic categories (race, geography, etc.)</p>
 <p>Identified priority adult FSP outcomes (see below) and process measures (frequency and location of services).</p>	 <p>Determine which services counties should track as priority process measures</p>
 <p>Developed outcomes metrics to track the following outcomes: increased stable housing, reduced justice involvement, reduced psychiatric facility utilization/crisis services, and increased social connectedness</p>	 <p>Finalize DCR System Enhancement Recommendations Memorandum</p>
 <p>Solicited feedback on the areas for improvement related to the Data Collection and Reporting System (DCR) and developed recommendations to improve the user experience and inform future system enhancements</p>	 <p>Support RAND & counties to design continuous improvement structures</p>



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20

20

Cohort Next Steps

 <p style="color: #00728f; font-weight: bold; margin: 10px 0;">DATA QUALITY IMPROVEMENT</p> <p style="font-size: small;">RAND will support counties in improving data quality via monthly check-in meetings, ultimately supporting more real-time programmatic improvement the statewide continuous improvement process.</p>	 <p style="color: #e69d00; font-weight: bold; margin: 10px 0;">LEARNING COMMUNITY</p> <p style="font-size: small;">All involved counties will finalize shared outcomes and population definitions to use in a statewide FSP Learning Community that will allow county behavioral health agencies to promote statewide improvements and advance collective learning.</p>	 <p style="color: #6a3d9a; font-weight: bold; margin: 10px 0;">EVALUATION</p> <p style="font-size: small;">RAND conducts quantitative and qualitative analysis using data from each county and stakeholder interviews. Monthly meetings between RAND, counties, Third Sector and CalMHSA continue through 2024 to share evaluation updates and troubleshoot data challenges.</p>
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21

21

Updates from Other Participating Counties

22

Fresno County Implementation Activities

Fresno County Department of Behavioral health collaborated with providers to select the following activities to work on during the Multi-County FSP Innovation Project.



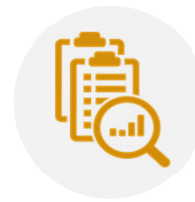
REAUTHORIZATION PROCESS

Develop a process in which FSP providers communicate to DBH at regular intervals where FSP clients are in their treatment plans in order to assess reauthorization needs



CHILD REFERRAL & ENROLLMENT

Develop a standardized youth FSP referral and enrollment process with enhanced communication between DBH and contracted providers



DATA COLLECTION & REPORTING

Streamline existing and/or develop new data reports or methods so that DBH and providers can more effectively collect, access, and use FSP data to inform care decisions

23

Fresno County Stakeholder Engagement Overview

Stakeholder Engagement Overview	Engagement Insights
<p>Purpose of Engagement: Third Sector interviewed clients and staff at two points:</p> <ul style="list-style-type: none"> ● Landscape Phase (July - Aug 2020): to understand FSP strengths and gaps, which guided project focus areas ● Implementation Phase (Feb - May 2021): to understand caregiver experiences with referrals and get targeted feedback on BHS services to inform new Service Exhibits <p>Client Engagement Summary: Third Sector conducted one-on-one phone interviews with 32 clients or caregivers of clients: 16 interviews during the landscape phase and 16 during implementation. Individuals received \$35+ gift cards for participating.</p> <p>Provider Engagement Summary: Since July 2020, FSP providers in Fresno County participated in a digital survey with over 70 responses as well as 10 focus groups and workgroup meetings to share their perspectives and help shape the priorities of the Multi-County FSP project, including the redesign of FSP referral and reauthorization procedures and improvements to the county's data sharing practices.</p>	<div style="background-color: #2e8b57; color: white; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> Data Access and Usage </div> <p>FSP providers have mixed experiences with accessing and using DBH data to make program improvements. DBH staff believe the county's new data dashboard platform will improve both accessibility and usability.</p> <div style="background-color: #2e8b57; color: white; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> FSP Program Waitlists </div> <p>Several caregivers of FSP participants pointed to waitlists as a pain point of the referral process. This insight is guiding DBH's commitment to ensure that changes to the county's referral and reauthorization processes improve the waitlist experience.</p> <div style="background-color: #2e8b57; color: white; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> Data Disaggregation </div> <p>Providers and DBH staff both want to focus their efforts on high-need areas and high-risk populations and would find it valuable to have client data disaggregated by variables like race, diagnosis, age, etc. to inform FSP improvement efforts.</p>

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24

24

Fresno County Accomplishments and Plans

Accomplishments to Date	What's Next?
<div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Developed new proposed procedures for reauthorizing clients to receive FSP services and for collecting data on the primary reasons clients participate in FSP</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Developed recommendations to streamline the Child FSP referral process</p> </div> <div style="display: flex; align-items: center;"> <p>Identified high-priority metrics from both providers and DBH to include in Fresno's new data dashboard platform (Domo)</p> </div>	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Determine appropriate staffing structures to support potential changes to Fresno's FSP reauthorization and referral processes</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Pilot changes to DBH's continuous improvement process (e.g., new meetings and dashboard utilization practices)</p> </div> <div style="display: flex; align-items: center;"> <p>Gather and incorporate final input from FSP providers on continuous improvement process and data dashboard changes</p> </div>

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25

25


Sacramento County Implementation Activities

Sacramento County Behavioral Health Services (BHS) collaborated with providers to select the following activities to work on during the Multi-County FSP Innovation Project.




CLIENT STEP DOWN PROCESS

Develop a standardized FSP client stepdown readiness review process, supported by tools that help the County more regularly assess whether a client is ready to step-down while centering client needs and desires.



STEP DOWN GUIDELINES

Develop standardized graduation guidelines to support staff in making individual stepdown and graduation decisions while considering ISSPs and system-wide outcomes. Guidelines include improved definitions of “stability” and discussion prompts.



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26

26

Sacramento County Stakeholder Engagement Overview

Stakeholder Engagement Overview

Third Sector interviewed clients and FSP staff at two points:


- Round 1:** to understand FSP programs’ strengths & challenges, helping guide the county’s selection of project focus areas
- Round 2:** to better understand the existing step-down & graduation process, as the county considered changes

Client Engagement Summary: Third Sector interviewed clients (selected by each FSP program) 1-on-1, over the phone. Clients received a \$35+ giftcard for participating. Third Sector interviewed 15 clients during the landscape phase and 17 during implementation.


Provider Engagement Summary: Third Sector interviewed front-line FSP staff in focus groups, speaking to 8 staff during the landscape phase, and 13 during implementation.

Additionally, 12 director-level FSP staff helped co-create the graduation guidelines during six, 90-min workgroups. 19 staff, from all levels and programs, gave feedback on the completed guidelines and plans for implementing them.


Engagement Insights

 **Discussions about Graduation**


Clients and staff reported that graduation and the temporary nature of FSP services aren’t discussed consistently with new clients, and so for some clients later conversations about graduation are a surprise.

 **Warm Hand-Offs During Step down**

Clients and staff value warm hand-offs between FSP and step down programs. Clients want gradual step downs with support from staff they know, while provider staff want the staffing and billing flexibility to offer more of that support.

 **Client-Staff Relationships**

Clients reported making the most progress after they felt connected to staff; many are hesitant to leave FSP, afraid they won’t be able to find similar connections with step-down staff. However, some clients struggle in FSP in part because they don’t feel staff understand their backgrounds.









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27

27

Sacramento County Accomplishments and Plans

Accomplishments to Date	What's Next?
 <p>Co-created draft FSP graduation guidelines with provider staff that provider staff & the BHS management team are excited about</p>	 <p>Create graduation guideline reference sheets for providers, that include discussion prompts they suggested</p>
 <p>Developed a training deck to illustrate the ideal step down process.</p>	 <p>Develop and conduct a training session for high-intensity provider staff on the new graduation guidelines</p>
 <p>Created a 1-2 year workplan for 3 activities that will improve the stepdown process by better incorporating client voice & ensuring more regular review of all client cases</p>	 <p>Support BHS on incorporating the graduation guidelines into policies and materials</p>



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28

28

San Bernardino County Implementation Activities

San Bernardino County Department of Behavioral Health collaborated with providers to select the following activities to work on during the Multi-County FSP Innovation Project.

		
<p>REFERRAL FORMS & PROTOCOLS</p>	<p>STEP DOWN GUIDELINES</p>	<p>DATA COLLECTION & REPORTING</p>
<p>Create a consistent referral process and form across adult FSP programs and develop protocols for FSP referrals between entities that ensure for warm hand-offs</p>	<p>Develop protocols on how to approach step down in a way that is responsive to clients' individual recovery journeys while ensuring that FSPs focus on building the client skills necessary to successfully step down</p>	<p>Update existing and/or develop new data reports that allow providers and departmental staff to more effectively access and utilize client data to understand outcomes and inform care decisions</p>



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29

29

San Bernardino County Stakeholder Engagement Overview

Stakeholder Engagement Overview	Engagement Insights
<p>Client Engagement: Third Sector worked in partnership with Clubhouse & Research & Evaluation staff to interview 24 individuals receiving services across 4 adult FSP programs. Third Sector compensated clients for their time with \$35+ Visa gift cards. The purpose of these interviews was to seek targeted feedback about what clients' goals are in FSP, what services are most helpful for achieving those goals, and how FSP could better prepare clients to step down.</p> <p>Provider Engagement: San Bernardino County embraced a collaborative approach to building solutions in partnership with the provider community. Provider staff and departmental staff jointly participated in Working Groups to build standard referral forms, create step down protocols, and strategize on new data reports. This approach should ensure that the solutions built will effectively meet the needs of both San Bernardino County DBH and the provider community.</p> <p>Third Sector also conducted a focus group with peer staff to obtain their insights on how the step down process could be improved.</p>	<div style="background-color: #2e8b57; color: white; padding: 5px; margin-bottom: 10px;"> Step down should be discussed early and routinely in a client's FSP journey </div> <p>Some clients stated that they first discussed step down with their providers a few months before leaving, leading to increased anxiety and unpreparedness for stepping down. Clients who gradually began discussing step down soon after enrollment had the most positive outlook on stepping down.</p> <div style="background-color: #2e8b57; color: white; padding: 5px; margin-bottom: 10px;"> Additional supports from care teams during step down transitions are very important </div> <p>Peer staff emphasized the need for care teams to help individuals settle into a new environment and routine before stopping services. This is especially crucial for individuals who need to transition housing during the step down process.</p> <div style="background-color: #2e8b57; color: white; padding: 5px;"> Providers would benefit from more routine data sharing </div> <p>Providers would benefit from regular outcomes reports to better understand how effective their services are and assess where improvements could be made.</p>

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30

30

San Bernardino County Accomplishments and Plans


Accomplishments to Date	What's Next?
<div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Created a standard electronic referral form across all adult FSP specialty programs, streamlining the disparate paper referral forms in circulation</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Drafted referral protocols outlining the overall referral process and roles and responsibilities at each step of the process</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Drafted step down protocols for each adult FSP specialty program to help care teams balance client needs with a focus on enabling increased independence</p> </div> <div style="display: flex; align-items: center;"> <p>Identified outcomes and services data that providers would like to receive on a regular basis</p> </div>	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Continue determining the feasibility of embedding the electronic referral form into AVATAR</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Determine an access strategy for external referring sources that would not have access to the electronic referral form within AVATAR</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <p>Revise the step down protocols based on department and provider feedback</p> </div> <div style="display: flex; align-items: center;"> <p>Consult with IT and the Research & Evaluation teams to determine the feasibility of developing new data reports that capture relevant outcomes and services data</p> </div>

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31

31


Siskiyou County Implementation Activities

Siskiyou County Behavioral Health Services (BHS) collaborated with their provider staff to select the following activities to work on during the Multi-County FSP Innovation Project.




SERVICE GUIDELINES

Develop an FSP Service Exhibit that includes staffing, caseloads, FSP levels of care, and housing and SUD support guidelines to adopt as official guidance



STEP DOWN GUIDELINES

Define indicators of recovery (including how those indicators are tracked in data) to lay the foundation for developing FSP graduation criteria






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32

32

Siskiyou County Stakeholder Engagement Overview

Stakeholder Engagement Overview	Engagement Insights
<p>Purpose of Engagement: Third Sector interviewed clients and staff at two points:</p> <ul style="list-style-type: none"> ● Landscape Phase (July - Aug 2020): to understand FSP strengths and gaps, which guided project focus areas ● Implementation Phase (Mar - Apr 2021): to understand perspectives on recovery and get targeted feedback on BHS services to inform new Service Exhibits <p>Client Engagement Summary: Third Sector conducted one-on-one phone interviews with 23 clients. Third Sector conducted 9 interviews during the landscape phase and 14 during implementation. Clients received \$35+ gift cards for participating.</p> <p>Provider Engagement Summary: Third Sector conducted 4 focus groups with 30+ staff over the course of the project. Third Sector will complete a second round of engagement to gather feedback on definitions for and indicators of recovery in September – October 2021.</p>	<div style="background-color: #00728f; color: white; padding: 5px; margin-bottom: 10px;">  Capacity Constraints & Inconsistent Experiences </div> <p>Clients described inconsistencies in the level of support that they receive and perceived staff as generally overworked. Staff noted that having a new, weighted caseload system, as outlined in the Service Exhibits, will help with these challenges.</p> <div style="background-color: #00728f; color: white; padding: 5px; margin-bottom: 10px;">  Challenges Transitioning to New Care Teams </div> <p>Staff capacity constraints exacerbated the challenges some clients experience when transitioning to new care team members. Staff see the guidelines outlined in the Service Exhibits as a helpful structure to ensure all clients experience smooth transitions.</p> <div style="background-color: #00728f; color: white; padding: 5px;">  Client-Centric, Culturally Responsive Care </div> <p>Staff believe that BHS' plan to implement Strengths Model Case Management will help make care more culturally responsive and client-centered.</p>











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33

33

Siskiyou County Accomplishments and Plans




Accomplishments to Date	What's Next?
 Created Adult and Child FSP Service Exhibits for BHS to use as official FSP care guidance	 Incorporate new definition and indicators of recovery into FSP Service Exhibits
 Developed a new tiered system of FSP care to better serve BHS' highest need clients	 Implement new team meetings designed to coordinate care for clients in different tiers
 Created a new EHR form to track changes to clients' FSP tiers while they are in services	 Finalize the process for assigning and changing client FSP tier designations
 Drafted an initial definition of "recovery" to guide BHS in transitioning clients out of FSP	 Refine definition of recovery and identify indicators of recovery for all age groups


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34

Ventura County Implementation Activities

Ventura County Behavioral Health collaborated with providers to select the following activities to work on during the Multi-County FSP Innovation Project.

 <p>ELIGIBILITY GUIDELINES</p> <p>Revise county-specific FSP eligibility criteria to ensure that counties prioritize FSP services to the highest-need clients.</p>	 <p>SERVICE GUIDELINES</p> <p>Develop minimum service requirements of FSP to adopt as official guidance. E.g.: % of field-based services, housing and employment services offered, peer supports available, etc.</p>	 <p>STEP DOWN GUIDELINES</p> <p>Develop standardized graduation guidelines to support staff in making individual stepdown and graduation decisions while considering ISSPs and system-wide outcomes.</p>
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35

Ventura County Stakeholder Engagement Overview

Stakeholder Engagement Overview	Engagement Insights
<p>Purpose of Engagement: Third Sector interviewed clients and FSP staff at two points:</p> <ul style="list-style-type: none"> ● Landscape Phase (July - Aug 2020): to understand FSP strengths and gaps, which guided project focus areas ● Implementation Phase (Feb - Mar 2021): to inform new guidelines for FSP eligibility, services, and graduation <p>Client Engagement Summary: Third Sector conducted one-on-one phone interviews with 32 clients. Third Sector conducted 19 interviews during the landscape phase and 22 during implementation. Clients received \$35+ giftcards for participating.</p> <p>Provider Engagement Summary: Third Sector engaged 35 staff over the project life cycle. Through focus groups and interviews, Third Sector met with 14 direct-care staff during the landscape phase and 11 during implementation. Additionally, 10 director-level FSP staff co-created eligibility and graduation guidelines in a series of six workgroups.</p>	<div style="background-color: #00728f; color: white; padding: 5px; margin-bottom: 10px;"> Programs could benefit from increased consistency </div> <p>Specialty FSP programs are better equipped to offer a high level of care, with smaller caseloads and more field-based service capability than clinic-based FSP programs.</p> <div style="background-color: #00728f; color: white; padding: 5px; margin-bottom: 10px;"> Clients would like to access additional services </div> <p>FSP clients expressed a desire for additional support with employment, housing, transportation, and money management. Providers agreed that they would like more resources to implement these services.</p> <div style="background-color: #00728f; color: white; padding: 5px;"> Clients and staff develop trusting relationships </div> <p>While providers are successful at building trusting relationships with their clients, these deep relationships may impede graduation. Many individuals live with trauma and a history of crisis, which makes transitions difficult.</p>



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36

36

Ventura County Accomplishments and Plans

Accomplishments to Date	What's Next?
<p>Developed new, clarified guidelines for FSP services, including FSP level of care and flex funding access</p>	<p>Operationalize new service guidelines, which will involve additional staff hiring and training</p>
<p>Created new guidelines for FSP eligibility, building on MHSA-defined criteria with enhanced definitions for focal populations like "homeless" and "high utilizer"</p>	<p>Integrate with existing data collection—by modifying referral forms, VCBH can ensure data is available at the time of eligibility decisions, so that focal populations are prioritized for admission to FSP</p>
<p>Created new guidelines for FSP graduation, so that programs have a shared standard for "graduation readiness"</p>	<p>Collect staff feedback about the guidelines before incorporating them into policy and practice</p>



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37

37

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38