

Multi-County FSP Innovation Project

San Mateo County Client Interview Synthesis

Spring 2021

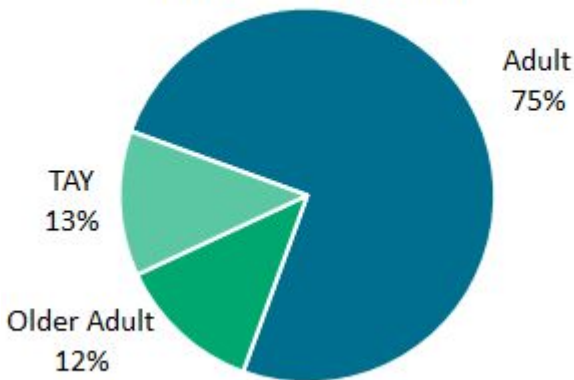
Client engagement methods

- In March - April 2021, as part of the Multi-County FSP Innovation Project, Third Sector interviewed 8 individuals receiving services across San Mateo County's different FSP programs.
- Third Sector conducted these one-on-one interviews by phone, and compensated clients for their time with \$40 Visa gift cards per interview.
- The purpose of the FSP client interviews was to gain deeper insight into potential changes to service design and graduation processes, supporting improvements to current FSP services.

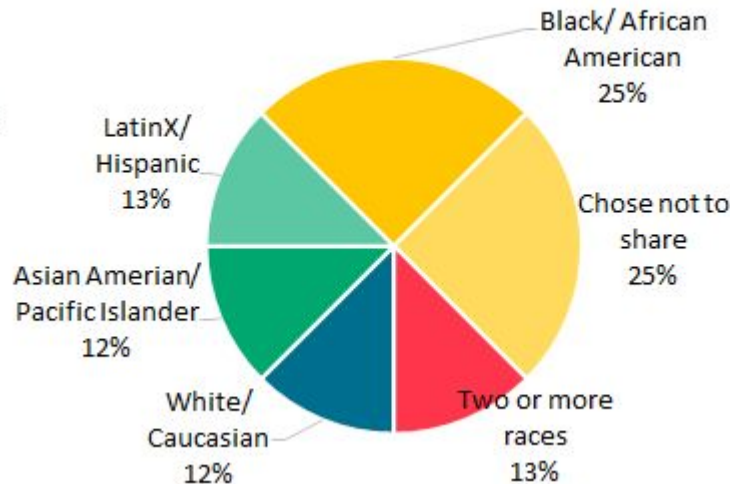
Time in Program (n=8)



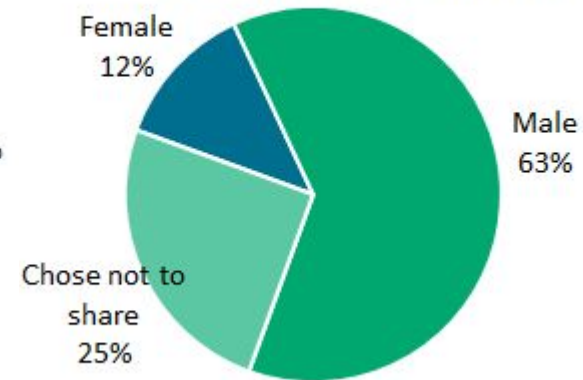
FSP Age Group (n=8)



Participant Race (n=8)



Participant Gender (n=8)



Service Guideline Insights

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Overall experience

Overall, clients had positive experiences with FSP services

- Six out of eight clients expressed largely positive experiences with their providers in San Mateo County. Most clients gave reasons such as case management support, connection to outside resources, and availability of staff.
- One of the eight clients expressed dissatisfaction and frustration with their family member's provider, citing reasons of inconsistency in appointments and other aspects of service delivery.



"It's been very good for me, Telecare has been good to me. I've been with them for 13 years. They have helped me with medication, provided housing, and also helped me get a job."

"Most of my interactions have been really positive. I feel like they really genuinely care."

"Caminar has been really hit or miss. If we get calls for support, great. If not, I don't know who to ask. I don't know who is taking care of my [family member's] case. It's been on and off. There hasn't really been a routine schedule where he [family member] has appointments with different staff."

"I've been stable, not hospitalized for over a year. I feel like Caminar has allowed me to be myself, say how I feel, rather than tell me about how I should feel."





Needed services

Therapy / psychiatry services are not provided in-house and are inconsistently available

- 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.
- Two clients noted that their psychiatry services were provided by individuals still going through school to get their accreditation, who then move-on once they complete their degrees.



“It would be helpful if they provided a therapist. One that doesn't cost me any money because I don't have much money. They give me the pills but won't give me the therapy.”

“I keep begging for a DBT program. There is a big demand for it, and very few are offered. Also group therapy, that's another thing not offered. It's impossible for anyone to get that therapy, because they're all booked, and the people who are trained in this are too few. The waitlist is too long.”

“A ride to the DMV wouldn't hurt. And if they could cover my behind the wheel classes that would be helpful.”



Clients have inconsistent access to transportation services

- Despite being offered bus tokens [*see flex funding section*], one client mentioned that it would be helpful to have more rides directly to certain places from their care provider. However, other clients mentioned that they had received ride to clinics and other places, and expressed gratitude for how helpful they were.



Team-based collaboration

Clients interact with many different staff

- Six out of eight clients indicated seeing multiple different case workers, psychiatrists, and/or nurses throughout their FSP involvement, mostly due to staff turnover.

“I see a doctor. I saw another doctor, but unfortunately they left. I also work with two different case workers. I worked with another one but she left there. I also got to work with two other case workers and the nurse. But she was being switched around. It made me sad when she told me she was leaving.”

“My [family member] had difficulty trusting them, and depending on them to help him get better. He just got more suspicious and it’s difficult for him to build rapport with the case managers, and clinicians. Nothing was consistent. It was really hard to keep track of who is who”

“It’s good because I can talk to one of them, if I need a different opinion about something, I can talk to another one. They’re all working in the same field, giving help you know.”

There is collaboration between staff and teams

- Multiple clients were aware that the members of their teams had meetings about them and always knew what was going on with their case.
- Clients expressed that even when they have to meet or talk with someone who is not usually on their care team, they are still knowledgeable and able to give them the support they need.



Staff capacity and challenges

Clients perceive staff to be busy and overworked, and feel the stress of staff turnover

- Two out of eight clients noticed that staff seemed extremely busy and overworked. Another noted that numerous people on his care team had left, and that some departures were difficult.

“I had a social worker in there and she was super overworked. She had everyone in the hospital. I think she had one other partner.”

“I think they’re understaffed. They need more support. It’s unfortunate but they do... there are a lot of people using their services. I think it’s because it’s a county program they don’t get the support they need.”

Clients reported problems filing complaints

- One client described a situation where she wished to file a formal complaint. Despite the county having a designated phone line for clients to call and file a grievance, this client was told that wasn’t possible.

“I did want to file a formal complaint, but my case manager told me that I wasn’t able to do that. One time I did get a call from a particular staff member, and...it sounded like he was recording the call...I did receive an apology call after that. But there was no way for me to file a formal complaint about something that I was really upset about..so what can I do? We’re just being victims and not be allowed to talk to anyone about it. So that was difficult. I think that was the lowest experience with [my provider].”



Service location, hours, and frequency

FSP staff are able to meet clients where it's convenient for them

- While most meetings are currently still happening virtually (mostly by phone), staff are still dropping things off for clients as needed or having them come into the office or clinic for medication.
- Clients appreciate that prior to Covid staff would meet where it was most convenient for them, often at a client's home, work, or restaurant near them.

"I preferred to meet with them at the hotel. Because I didn't have to leave. I could come out of my room, talk to them in the lobby, or they could come up to my room."

"Before not [meeting] regularly, but from time to time. Only regular after Covid when the case manager started scheduling a one time per month video conference. But before Covid, we don't have a regular session. To my knowledge we didn't have a routine one time per month session until Covid."

Consistent, regularly scheduled meeting times are preferred and boost engagement

- Frequency of services differed a lot amongst clients (from once per week to once every other month).
- The clients who have more frequent touch-points were the ones with recurring meetings scheduled with their caseworkers, therapists, and/or psychiatrists. The clients who said they set up appointments with their caseworker as they go tend to engage with FSP staff less frequently.
- Services are only offered on weekdays, which works well enough, but most clients indicated that some weekend availability would be helpful.



Peer support and cultural relevance

Peer support is very important to clients, but sometimes hard to find true “peers”

- Not all providers offer peer support services in-house, but all clients mentioned that were at least referred to peer support resources (i.e. through their housing, NAMI, AA/NA, ILP, California Clubhouse)

“My case manager introduced me to my support brothers. They took me in, they've always been there for me, supported me... I'm Black, they're Black. One of them just got married, I went to his wedding. They're good people.”

“She taught me about breathing techniques. She wasn't telling me about her personal life, but it related with what we were discussing, and it was something that resonated with me...She could give me good advice on how to help it. Because she had to do it herself... Instead of giving me lessons that she's learned in a class setting, she would give me what worked for her.”

“I think it's very helpful [that one of my care team members is Black]...Birds of a feather flock together... But I don't feel that race is the reason that me and my case manager click. I appreciate his [case manager's] guidance and that's why we click. It doesn't matter if he's Black or White.” (Black)

Racial dynamics

- Clients had mixed views on whether race impacted their FSP experience
- One client who identified as Black suggested that it would be helpful if their provider connected them with people from the National Association for the Advancement of Colored People (NAACP).



Translation and language barriers

Clients have been challenged by language barriers and translation competency

- Two out of eight clients shared that their service was hindered by negative experiences with translators, either themselves or for family members enrolled in FSP services.
- One client, a native Spanish speaker, shared that when the translator was speaking, the responses from the care team did not correspond to the questions that the consumer had asked. However, when he spoke to a staff member who was a native Spanish speaker, they had no issue communicating.
- One client shared that translators weren't effective because they were always changing and it was difficult for her family member to build trust or be honest when there was no consistency. She also shared that to her knowledge, no provider staff spoke Korean, her family member's native language. Cultural stigma around receiving mental health services also made it difficult to address these challenges.

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“Well, sometimes I lose hope because there is no communication...if I ask them [translators] a question, I'm not sure what they say to the others [doctors]. I'm not sure what they are translating. Sometimes they answer me with something that does not match what I asked.”

“Part of the problem is that neither of [them] speak English, they speak Korean. Caminar would try and get translators, but most of the time, translating doesn't really work. Because [he] isn't willing to open up unless the doctor or case manager was the person who spoke the language...His responses were always really the surface level...partly because the translators changed all the time. Each time there had to be an introduction, and I think he felt ashamed of needing to rely on them. That was really stressful.”

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Flex funding and housing

Clients have benefited from flex funding for a variety of different needs

- Two out of eight clients received bus tokens to support their transportation needs.
- Two out of eight clients received other supports, such as gift cards and outings to restaurants.
- Two out of eight clients had never been offered any sort of supplemental funding.
- One client shared that their housing was covered by their provider. Another client mentioned that he had been offered housing, but he declined it since it was in an area where he didn't know anyone.

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“I think they offered it to me. I was at the office for a sit down meeting and they asked if I wanted bus tokens because I'd been riding the bus and I said yes, and they gave me a handful.”

“They got me a burger one time, and a BART card. I got a giftcard for some stuff at Safeway. They try to help me with my passport and the embassy.”

“I'm in THP, it's funded by MHSA and Caminar. Caminar is supporting me to live here. Now I've got my own room just with that.”

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Graduation Criteria Insights

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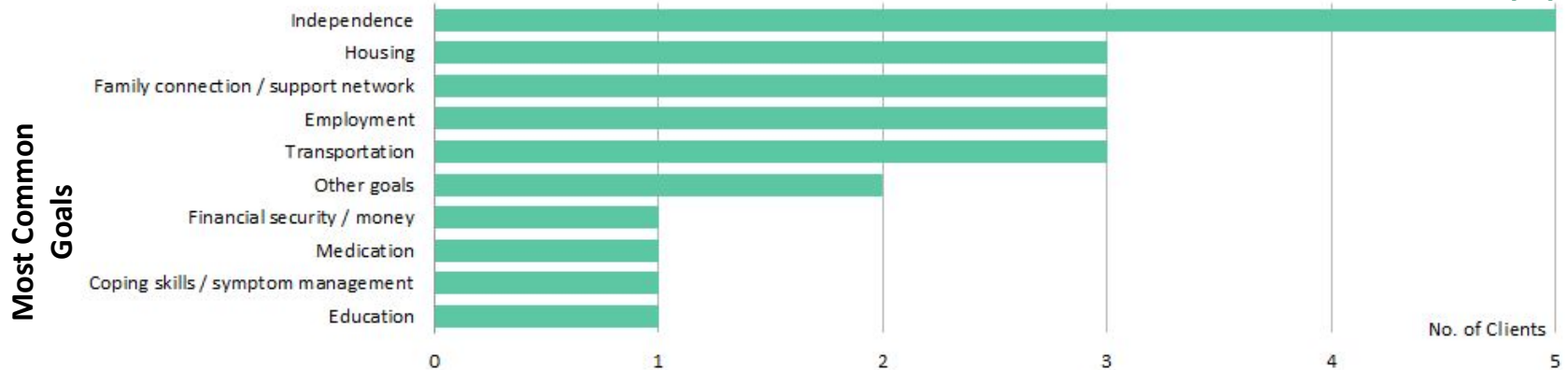
Graduation readiness: goals and indicators for recovery

Independence is a core goal of San Mateo FSP clients

- Clients defined success in a variety of ways, but everyone all clients interviewed mentioned some form of independence.
- Many clients also mentioned multiple, staged goals: while their initial goals were focused on stabilization and socialization, as they recover, their goals progress to focus on housing, employment, income, and family reconnection.



*"[Success looks like] doing something positive, and proactive for my recovery. Taking things one day at a time."
"My next major goal is really becoming even more independent."*



Note: some clients indicated multiple goals



Supports clients still need

Clients emphasized wanting to feel equipped with “tools”

- A number of clients wanted to ensure that they had the tools that they needed to succeed without FSP. Examples included family communication strategies, therapy, personal responsibility, and anxiety management strategies.

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“Sometimes people in my family don’t understand mental illness...it’s easier to, say, call my case manager; he’ll tell you how it is. And it’s easier for him to explain to them that I’m fine and they don’t have to worry. Transitioning to not having case managers like this could make it difficult to handle these conversations and family.”

“I fall back sometimes, I get anxiety, but the tools that she’s given me, I feel like I’m better equipped to handle it as things get bad. I meet new goals that I’ve set for myself. So the goals change.”

”

Clients also wanted to accomplish concrete goals

- Other clients mentioned that they could not imagine graduating from FSP without accomplishing very specific goals related to employment (e.g., a military job), financial stability, sobriety and health and wellbeing (e.g., primary care / vaccinations).



Conversations about transition

Only some clients discuss transition with their case managers

- Three of the five individuals interviewed on this topic had discussed graduation and stepdown with their case managers, while the other two had not had any conversations about the topic.
- Clients who do not discuss stepdown with their case managers still think about the topic. For those clients, it would be reassuring to know that they won't be asked to transition until they have met their goals or have specific resources (e.g., housing, car, financial stability, etc.)

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“I see it happening organically as I get close to accomplishing these goals and get the job that gets me off of disability and such. They’ll know I’m moving that direction based on what we talk about and stuff and progress I’ve made and we’ll just know.”

“Ahead of time, it wasn’t a big surprise. She told me, ‘As you get better we’re going to go to every other week, and then...’ So I knew that’s how it was going to go to be, so I was ready for that... I agreed ‘Yeah, I’m ready for that step.’ It wasn’t a surprise, they eased me in the entire way, she held my hand the entire way.”

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Ideal stepdown transition

Clear and multi-stage communication is important to clients

- Many clients emphasized the helpfulness of taking things in “steps”, whether that is progress towards goals, or a rampdown in support from the FSP program.
- Similarly, clients requested that transitions be planned and carefully communicated so as to avoid surprises or abrupt endings to services.

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“Talking about it and having that communication where we’re on the same page. I don’t want to deal with the stress of all that when they pop out and say we’re done with your services as of today.”

“[The “support brothers”] took me in, they’ve always been there for me, supported me, especially if it’s positive. They support me in whatever I do. They’re nice guys. I’m Black, they’re Black.”

“It would be cool if there was a BBQ and people showed up. They had an ice cream truck last time; that would be cool.”

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Clients also valued celebration and peer supports in transitioning from FSP

- Many FSP clients stated that graduating from the program would feel like a cause for celebration and requested an acknowledgement of that.
- Peer and therapeutic supports were also requested as part of the stepdown process, including involvement from the case managers, psychiatrists, and nurses.

About the Multi-County FSP Innovation Project

When the Multi-County FSP Innovation Project is complete, counties will have an improved ability to collect and use data that illuminates **who FSP is serving, what services they receive, and what outcomes are achieved**. Findings from each county will contribute to **statewide recommendations to create more consistent FSPs** that deliver on FSP's "whatever it takes" promise.



Department of Behavioral Health



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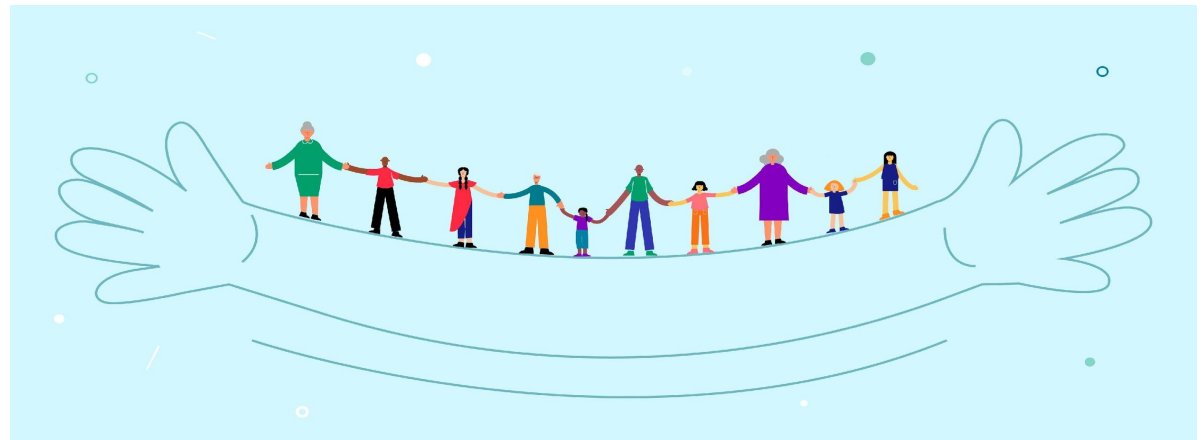


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