San Mateo County BHRS FSP Innovation Project
Implementation Phase

Child/Youth/TAY FSP Provider Engagement Synthesis

Method

- Third Sector conducted a two-hour hour virtual focus group with individual providers. In total, perspectives from six (6) staff members across San Mateo County's two (2) **Child/Youth/TAY FSP programs were represented**.
- In the first half of the session, staff were asked forward-looking questions to inform new **service guidelines**, including questions related to staffing specialization, caseload size, frequency of services, service hours, education/employment support, and flex funding. In the second half of the session, staff were asked questions to inform new **eligibility and graduation guidelines**, including questions related to recovery-oriented services, assessing readiness, preparing for transition, and post-graduation support. For each of these topics, providers shared information about their program priorities and offered suggestions for BHRS to support their work. Their feedback is synthesized below.

Takeaways & Key Recommendations

Based on provider feedback, BHRS may be able to support providers in the following ways:

Eligibility criteria:

- ***YTAC referral system is missing eligible youth*** from drop-in centers, those not currently connected to a mental health provider, and potential self-referrals. Providers recommended there be a better linkage between drop-in centers and the County referral system.
- ***Enrollment/intake process*** is overwhelming and sometimes retraumatizing due to amount of paperwork, level of detail, and repetition
- ***Providers are unable to adequately service youth with psychosis***, and would like resources for/access to more suitable treatment options
- ***Mental health and FSP knowledge is limited*** among families of eligible youth; families would therefore benefit from in-home services and family education when first establishing care

Service guidelines:

- ***Family and peer advocates are invaluable*** and need more pathways to promotion to reduce attrition
- ***Billing should allow earlier addition of specialist*** to the treatment team, as well as in-house substance abuse counselors to be added as available specialists for TAY clients
- ***Caseload size and frequency of services*** should adjust based on client level of need, not a fixed number
- ***Swing shift hours may be more suitable*** for the TAY population
- ***County employment partnerships*** would help providers support TAY in achieving their employment goals
- ***More flex funding guidance and support*** would help providers strategically utilize all available flex funds

Graduation guidelines:

- ***Staff look at several indicators of graduation readiness,*** such as meeting treatment goals, family support, etc., and it differs by client, so providers do not wish to use a single standardized readiness assessment tool
- ***Staff would like to be able to check on their graduated clients***, which County policy could encourage with appropriate privacy, consent, and billing policies
- ***County facilitated communication/partnerships with out of county programs and providers***, would help providers transition care when clients move out of county

Detail

Eligibility Criteria Detail
(+) Assets
+ TAY FSP is great option for youth aging out of foster care + Drop-in centers are open to the community and are a great way to provide knowledge about mental health in a nontraditional setting
(Δ) Opportunities
Δ Referrals, outreach, and engagement all down because of COVID Δ AB1299 fixed policy issues for out of county foster care placements, but now Fred Finch is not utilized and hard for those staff to find eligible youth ○ *"I assume there must be youth who are living out of county who are in foster care. But maybe because it's a small program, it's hard for referral partners to keep it top of mind. We used to have lots of staff meetings with child welfare workers, but when they left, knowledge about the program was gone too." -FSP Program Director* Δ Child/Youth/TAY with psychosis technically eligible but treatment current providers can provide is very limited ○ *"There are options for early intervention and youth psychosis, but nothing available for TAY population" -TAY, Case Manager* Δ Enrollment process is overwhelming and sometimes triggering, especially for clients from historically marginalized populations ○ *"If they make it through that then the process of engagement goes well, but would be good to have a way to smooth the process out and make it less triggering for clients who have had to go through similar processes which have been traumatizing" -TAY, Enrichment Services Specialist* Δ Lack of community education and awareness of mental health in general and FSP services among eligible populations, but resources and capacity currently limit the ability to provide in-home services and family education when first establishing care ○ *"I have youth that would qualify for FSP, but they have never heard of "mental health"...don't understand what the services mean...don't want their child to talk about their trauma" -TAY, Therapist* Δ Many eligible youth are not being referred because they are not currently connected to a provider and therefore don't have access to the YTAC referral process / committee; no one knows the referral phone number or option for self-referral Δ Currently, staff and peer partners at drop-in centers do not have enough access/agency to make referrals for youth as needed; there is not enough direct linkage between the drop-in centers and County referral system

Service Guidelines Detail
Specialization
(+) Assets
+ Nurse practitioner, because they are able to follow youth, i.e. at-home, in-school, etc. + Peer and family advocates are critical for their lived experience and could use even more of them
(Δ) Opportunities

- Δ High turnover among peer and family advocates//support specialists due to:
  - No career ladder/opportunity for advancement/pathway to promotion
  - Large amounts of required paperwork
  - High caseloads
- Δ Specialists are not always able to join the treatment team early enough in the treatment plan process due to billing restrictions
- Δ Most TAY clients would benefit from substance abuse counseling, but currently have to refer out for that specialist
  - *"Sometimes there are resources to direct them to, but it would be better for it to be in house for direct collaboration and support of the youth. Co-occurring MH and SUD can get really tricky so in house positions on both sides would be great" -TAY FSP, Behavioral Support Specialist*

Caseload Size

(Δ) Opportunities

- Δ Should be based on client level of need and level of connectedness (to FSP program and other providers/services), not a fixed number

Frequency of Services

(+) Assets

- \+ Similar to caseload size, number and type of touchpoints per week should be client specific
  - *"It's a TAY dance on level of engagement; clients are set in what they see they need and then other times they are open to learning about themselves and open to being more engaged" - TAY FSP, Behavioral Support Specialist*
- \+ Ability to keep cases open during period of no engagement
  - *"Ability of program to go into community and look for people [i.e. in jail and/or in-patient] and ability to stick with people even during long periods of "going dark" is really important" - TAY FAP, Enrichment Services Specialist*

Service Hours

(+) Assets

- \+ All programs are able to provide 24/7 services by utilizing on-call crisis teams outside of normal business hours

(Δ) Opportunities

- Δ Should have flexibility to provide more TAY services on swing shift basis to accommodate TAY population natural tendencies, i.e. starting office hours later in the day and staying open late

Education/Employment

(+) Assets

- \+ Specialists are valuable in helping clients achieve education and employment goals, i.e. Guidance and Career Specialist, Youth and Parent Partners

(Δ) Opportunities

- Δ More County employment partnerships

Flex Funding
(+) Assets
+ Being able to spend it on food and other engagement incentives helps built rapport early on
(Δ) Opportunities
Δ Not exactly sure what to do with the money or how much they have available Δ Provide suggestions on how providers should spend the money and more oversight on availability of funds so providers feel encouraged and supported to spend it down

Graduation Guidelines Detail
(+) Assets
+ Providers are talking to clients about graduation from day 1 + Graduation works best when it is a slow and collaborative process between treatment team and client, not rushed by the County + Transition-facilitated CFT team meeting works great + Not having to use one standardized readiness assessment tool o *"A really interdisciplinary effort goes into assessing readiness - the whole team. It's more nuanced and sensitive than a simple readiness assessment. You see things brought up like a client's natural supports, more subtle aspects of their family life - and those are really important to clients and that can have a deep impact." TAY FSP, Enrichment Services Specialist*
(Δ) Opportunities
Δ Hard to communicate and work towards graduation in a remote setting during COVID Δ Not able to graduate out of county foster youth because there were no other services to refer them to Δ Aging out or services being discontinued because child welfare case closes often feels abrupt and without much County follow-up Δ There is not much interaction happening post-graduation, but providers feel as if this would be helpful to the clients (i.e. 30 day phone call, etc.) Δ It would be helpful if the County facilitated communication/partnerships with out of county programs and providers, because a lot of transitions are because clients move out of county and it can be challenging to coordinate their ongoing care

San Mateo County BHRS FSP Innovation Project
Implementation Phase - April 2021

Adult FSP Provider Engagement Synthesis

Method

- Third Sector conducted a two-hour hour virtual focus group with **8 staff** across BHRS's **3 Adult FSP programs**.
- Staff were asked questions to inform potential changes to **eligibility criteria**, **service guidelines** (including questions related to staffing specialization, caseload size, frequency of services, service hours, housing/jail coordination, and flex funding), **and graduation guidelines** (including questions related to recovery-oriented services, assessing readiness, preparing for transition, and post-graduation support). For each topic, providers shared information about their program priorities and offered suggestions for BHRS to support their work.

Takeaways & Key Recommendations

Based on provider feedback, BHRS may be able to support providers in the following ways:

Eligibility criteria:

- ***The BHRS/Core Service Agency referral system*** is not set-up for eligible adults to self-refer or reconnect directly to services after a period of disengagement. Providers recommended there be a better authorization process for individuals identified as eligible outside of the County process.
- ***Because authorization decisions happen at the County level*** individuals who providers see as eligible are sometimes denied FSP services without citing a reason. This leads to confusion around eligibility criteria.
- ***Providers are unable to adequately service older/elderly with physical health issues*** and would like resources for/access to more suitable healthcare options
- ***Eligible individuals and the community at-large*** have limited knowledge about mental health services in general, the FSP program, and/or how to access FSP services

Service guidelines:

- ***Providers are not currently contracted to provide therapy***, which makes it almost impossible to provide the treatment that each client needs. There are not enough therapists in the county to refer out to so clients are currently going without therapy services.
- ***Peer advocates are invaluable*** and could use more of them
- ***In-house substance abuse counselors*** would be a helpful specialist to add to treatment teams
- ***There is a discrepancy between providers*** as to what the expectation is for number of contacts per week from 1x/week up to 3-7X/week
- ***After hours and crisis care is not always being provided by in-house***, FSP-specific treatment team members
- ***Housing subsidies/vouchers being tied to FSP involvement*** are forcing clients to stay in FSP even after they are ready to step-down
- ***Better coordination with other providers*** would give clients more seamless continuity of care when moving between jail, hospitalizations, residential treatment, and FSP
- ***More flex funding guidance and support*** would help providers strategically utilize all available flex funds

Graduation guidelines:

- ***Staff look at several indicators of graduation readiness,*** such as meeting treatment goals, housing stability, etc. Try to start conversation as early as possible but it differs by client.
- ***County-facilitated communication/partnerships with out-of-county programs and providers*** would help providers transition care when clients move out of county

Detail

Eligibility Criteria Detail

(+) Assets

+ Are able to see clients of any age 18+ and criteria on paper seems to be working

(Δ) Opportunities

Δ Criteria is sometimes at odds with what they are contracted to provide
  - *"Have to find higher-functioning person to be able to fully take advantage of the program -- but that is not the only group that should be able to take advantage of the program" -FSP Director*

Δ Older adult/elderly community is more challenging because they have mental and physical health needs that are hard to address under current service model

Δ Some clients who are eligible still get lost in the intake process or do not get approved for services for some reason

Δ Clients having to go through BHRS referral process, Core Service Agencies, or service connect is an access barrier for initial service authorization and for clients trying to reconnect to services
  - *"We'll have former clients who are disenrolled because they are in jail or a locked facility for a long time. Sometimes they'll ask if we can just take them back on, but they have to go through a whole reauthorization process and we can't just re-enroll them" -FSP Case Manager*

Δ Everyday individuals do not know what the County has to offer or that the services exist; need more education to general population / community at-large so people know FSP is even a thing

Service Guidelines Detail

Specialization

(+) Assets

+ Peer advocates prior to COVID were essential, but their job scopes have been limited due to COVID quarantine policies
+ Jobs Plus Program for employment and education
+ Housing Resource Manager

(Δ) Opportunities

Δ For new clients it would be good if they were introduced to case management earlier in their journey so they are receiving support while getting matched to the right level of service

Δ Providers are not currently contracted to provide therapy, only for case management, which makes it almost impossible to provide the treatment that each client needs.
  - Sometimes due to high staff turnover and clinicians getting promoted into manager positions
  - Some providers use interns who need academic/licensing hours in order to provide clients with therapy
  - Shortage of therapists at a County level, so hard to refer clients out for therapy services
  - FSP licensed Clinical Case Managers are able to provide some therapy in-house, but it is hard to hire for and fill those positions
  - *"At county level, shortage of therapists and they are not accepting people with suicide attempt or previous psychiatric hospitilizatons. So clients are not being accepted to therapy programs, and there's a limit of therapy programs and a waitlist to begin with. The private provider network isn't accepting clients with SMI and/or suicide attempt in the last year. They say that they cannot provide services to meet those needs." -FSP Case Manager*

- Δ Peer advocates job scopes have been limited during COVID as they are now allowed to come into the office
- Δ More peer advocates
  - *"More peer groups would be beneficial and client advisory board that meets more regularly or one that is county-wide and not just organization specific" - FSP Case Manager*
- Δ Reliance on Case Manager to know what specialists and resources are out there and they need more education on the specific services available to them and their clients
- Δ Do not have substance use counselors but would be very beneficial
- Δ Have access to prescribers but if the client isn't enrolled in Medi-Cal it's hard to fill meds
  - *"Sometimes we loan clients the funds but that can be expensive/ not possible." -FSP Case manager*

Caseload Size

(Δ) Opportunities

- Δ Maximum caseload size differs by provider, somewhere between 10 to 15. Providers feel 10 is more manageable than 15, which feels very heavy to those with that caseload.
  - *"10 is max with still being able to help each client; 8-10 is good load but really depends on the client because 1 client can feel like 3; not just based on numbers" - FSP Case Manager*
  - *"12 feels good enough but comes down to frequency of services and that depends on crises; 12 gives that wiggle room to flex if needed" -FSP Case Manager*

Frequency of Services

(+) Assets

- \+ Having flexibility in what is contracted/expected is key so that care can be adapted and individualized to each client needs

(Δ) Opportunities

- Δ There is a discrepancy between providers as to what the expectation is for number of contacts per week; answers included 1x, 3x, and 3-7x/week
  - *"Was told 3 touches per week (either in-person or by phone)" -FSP Case Manager at organization A*
  - *"1x/week, can go up to 4X/week if the client is in crisis but it's based on the needs of the client at the time." -FSP Case Manager at organization B*
  - *"Contracted to do 3-7 touches per week per client (could be a combo of anyone from the care team) but it seems overwhelming for some clients and challenging for team members. Some clients do not want this level of engagement so mandate is a challenge." -FSP Director at Organization C*
- Δ It is challenging, due to staff capacity and sometimes client engagement, to get more than one contact per week
  - *"Challenge is mostly on staff capacity; sometimes it's getting in touch with clients and them picking up the phone but mostly it's my time." - FSP Case Manager*

Service Hours

(+) Assets

+ Providers all providing treatment during normal business hours with clients being able to access care outside of those hours through call-in center, mobile support, or in-house crisis response team

(Δ) Opportunities

Δ Not all 24/7 care right now is being provided by in-house, FSP-specific treatment team members
Δ Might be worth looking at exempt / non-exempt status of FSP staff as one way to expand the flexibility in what hours staff are able to provide care to clients
  - *"Would be more advantageous to clients, but clinicians may not like losing overtime" -FSP Case Manager*

Housing & Jail Coordination

(+) Assets

+ Housing is most important thing because not having stable housing leads to other issues and problems

(Δ) Opportunities

Δ Clients have exhausted all housing options by the time they start FSP and the County is not client friendly when it comes to housing
  - *"Sometimes they are not even set up on the right benefits to be able to access housing services; especially for AB109 clients coming out of jail." -FSP Case Manager*
Δ Housing is most important goal for most clients, but over 50% of clients are unhappy with their housing situation
Δ Case Managers need more County-wide education and resources about available housing options
Δ Clients are often "stuck" in FSP even though they are ready to be stepped-down because their housing subsidy/voucher is tied to their FSP involvement
  - *"If he leaves FSP he loses housing subsidy, but being in FSP and having to meet 2x/week is holding him back. And he is taking someones spot who could really use the FSP level of care." - FSP Case Manager*
Δ Challenging to get housing for people with criminal legal histories, but often clients only want to engage with a provider if it comes with housing benefits
  - *"Clients only want to engage if the provider has housing. They won't work with you if you don't have housing to offer them." -FSP Case Manager*
  - *"The first thing clients ask is can you get me housing? Coming out of the hospitals, rehab, etc. Had a few successful stories of getting a housing voucher for mental health specifically. Even for the vouchers, it's a challenge to find housing where the landlord will rent the unit to someone who has a voucher and SMI." -FSP Case Manager*
Δ Case Managers need more support going through the housing application process, especially for individuals coming out of jail, as it's a lot of paperwork and bureaucratic barriers
Δ Clients are coming out of jail without benefits and without having had any mental health treatment while incarcerated; some clients and FSP Case Managers are being told that they have to be out of jail for three months and in good standing with the program to even apply for benefits
  - *"Coming from jal with no benefits is a big issue. Was able to use AB109 to gain housing with some members but that funding is only temporary and there is a max on the number of AB109 clients and max AB109 dollars our program can accept. Even in those cases, it is still a month long process to apply and get someone into housing. There is also apparently a MediCal change that has resulted in clients being released from jail with no medication. They used to get 2 weeks worth of medication upon release. This is a big issue." -FSP Case Manager*
Δ There is a disconnect when clients are moving between programs, i.e. coming out of hospitals or in/out of residential.
  - *"It gets complicated on who is allowed to write what medication for who. We need more coordination so there is a more seamless provision of medication for clients." -FSP Case Manager*

Flex Funding

(Δ) Opportunities

- Δ Has been a useful resource in the past, , i.e. to support purchasing client medication, but was cut because of budget cuts
- Δ Guidance on allowable uses of Flex Funding keeps changing, so it is just not currently getting used
  - *"Think we have Flex Funds and tried to get some funding approved, but then were told not to spend money in that way because it would hinder clients "learning"" -FSP Case Manager*
- Δ Most Case Managers are not familiar with or aware of Flex Funds

Graduation Guidelines Detail

(+) Assets

- \+ Most providers are talking about graduation at the very beginning and again when a client has met all their goals that were specified in the referral
  - *"Model is to talk about graduation in the very beginning but the reality is that not everyone can tolerate that kind of conversation. Some folks disappear when we talk about graduation which prolongs the graduation." -FSP Case Manager*
- \+ There is a process and annual packet of paperwork to talk with clients about their status and goals towards graduation. Often internal care team conversations happen internally to determine if it's beneficial before introducing to the client at all
  - *"Goals are identified by the treatment team: psychiatrist, nurse, sometimes social worker. When I feel the client has met the goals, I check with the treatment team for input, where I think the client should be. I always double check with the treatment team. They take my input into account." -FSP Case Manager*
- \+ There is currently flexibility for providers to determine when graduation is appropriate and not
  - *"There's fluidity in our program. We have flexibility with timing around step-down, it's not formulaic. We're able to accommodate changes in needs and readiness to graduate." -FSP Case Manager*
- \+ Really good experience when it is slow and client-driven

(Δ) Opportunities

- Δ Referral source has been communicating a 3-12 month program length to clients and Case Manager
  - *"The person who does the referral tells the client that the services are 3-6M or up to a year, depending on client needs. Didn't used to be like that, but now implemented that." - FSP Case Manager*
- Δ Need a more coordinated process for clients who are not ready to graduate or step-down but are moving to a new county so they do not have a lapse in treatment
  - *"It becomes more expensive to live in SMC. For clients who aren't ready to step down from FSP, but are moving to a new county, they have to go through the whole approval process again in a new county. Would be great to have people qualify in one county if they qualify in another county, moving seamlessly." -FSP Case Manager*
- Δ One of the biggest concerns with step-down and why it's sometimes intentionally slower for clients is because of medication and wanting to make sure there is no lapse in care
  - *"Always try to keep them on and implement a warm handoff. Waiting longer usually has to do with meds - not always, but is a big focus. Want to make sure they can start a new service with meds. Clients may not want to change psychiatrist, but they have to if they step-down, so that causes resistance." - FSP Case Manager*
- Δ Case Managers are often focused on more high-need clients and helping clients think about or start the step-down and/or graduation process takes a back seat
  - *"I honestly focus more on the high need clients, when chatting with my supervisor, etc. The process of stepping down starts with me, but it's hard if I have other priorities. Challenge to handle the workload and make sure it's prioritized." - FSP Case Manager*