Mental Health Service Act (MHSA)
MHSA Steering Committee

Open to the public! Join advocates, providers, clients and family members to provide input on MHSA planning.

The MHSA Steering Committee meets the first Thursday at 3pm in February, May, September and December to provide input, make recommendations and stay up-to-date on new MHSA developments and ongoing programming.

Meeting objectives include:

- Provide final input on the MHSA Steering Committee goals moving forward.
- Learn all about the MHSA Full Service Partnerships, current Statewide FSP evaluation efforts and how to get involved.

✓ Stipends are available for clients/family members
✓ Language interpretation is provided if needed*

**Please contact us at mhsa@smcgov.org at least 2 weeks in advance to reserve language services.*

DATE & TIME

Thursday, September 2, 2021
3:00 pm – 4:30 pm

Zoom Meeting:
https://us02web.zoom.us/j/83216209789
Dial in: +1 669 900 6833
Meeting ID: 832 1620 9789
iPhone one-tap: +16699006833,,83216209789#

Contact:
Doris Estremera, MHSA Manager
(650) 573-2889 ♦
mhsa@smcgov.org

www.smchealth.org/MHSA

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

The Mental Health Services Act (MHSA) provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income over $1 million.

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, September 2, 2021 / 3:00 – 4:30 PM
Zoom Meeting: https://us02web.zoom.us/j/83216209789
Dial in: +1 669 900 6833 / Meeting ID: 832 1620 9789

AGENDA

1. **Welcome** — 5 min
   Jean Perry, MHSARC Commissioner
   Leticia Bido, MHSARC Commissioner

2. **Logistics & Agenda Review** - *Doris Estremera, MHSA Manager* — 5 min
   - Previous meeting minutes available on the MHSA website, www.smchealth.org/MHSA

3. **General Public Comment** – *Leticia Bido* — 10 min
   - For non-agenda items
   - Additional public comments can also be submitted via email to mhsa@smcgov.org.

4. **MHSA Steering Committee Goals & Workgroups** – *Jean Perry* — 10min
   - DRAFT MHSA Steering Committee Goals
     - Public Input

5. **MHSA Full Service Partnerships (FSPs)** - *Third Sector consultants* — 20 min
   - FSP 101 and Background
   - Statewide FSP Project
   - San Mateo County Client/Families and Provider Input
     - Public Input — 30 min

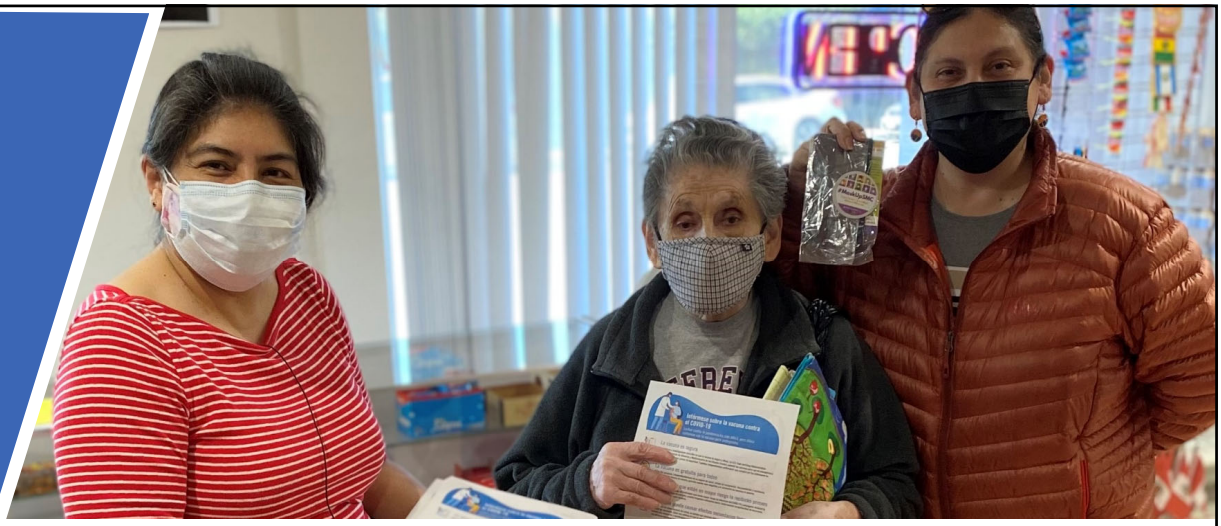
6. **Adjourn**

*** Public Participation:** All members of the public can offer comment at this public meeting; there will be set opportunities in the agenda to provide Public Comment and input. You can also submit questions and comments in the chat; these will be addressed on a "first-come, first serve" basis. If you would like to speak, please click on the icon labeled "Participants" at the bottom center of the Zoom screen then click on "Raise Hand." The host(s) will call on you and you will unmute yourself. Please limit your questions and comments to 1-2 minutes.

The meeting will be recorded. Questions and public comments can also be submitted via email to mhsa@smcgov.org.

*REMINDER – Please Complete the Steering Committee Feedback Survey

https://www.surveymonkey.com/r/MHSA_MtgFeedback



Mental Health Services Act (MHSA)

Steering Committee Meeting

September 2, 2021

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Before we begin…

- Introductions: your name, pronouns and affiliation in the chat
- Stipends for clients and family members participating
  - You can let us know in the chat (private message) - please provide your email
  - Or, please remain online after the meeting ends and we'll take your information
- Meeting is being recorded
- Quick Poll

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Participation Guidelines

- You can enter questions in the chat box as we go, and we will get to those first
- For each agenda topic there will be public input time – you can use the "Raise Hand" button and unmute yourself when called on.
- If you have a general public comment (non-agenda items), let us know in the chat.
- Share your unique perspective and experience
- Share the airtime; allow every voice to be heard (step up/step back)
- Practice both/and thinking; consider all ideas along with your personal advocacy
- Be brief and meaningful when voicing your opinion

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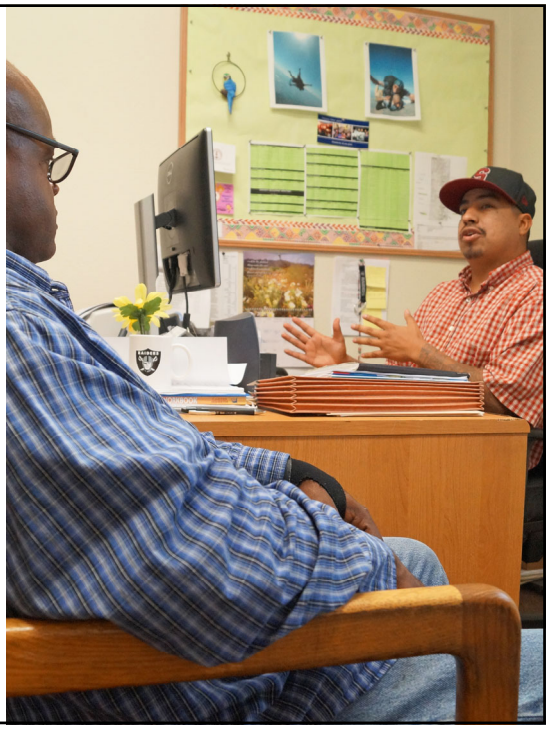
Agenda

1. MHSA Background
2. General Public Comments
3. MHSA Steering Committee Goals & Workgroups
4. MHSA Full Service Partnerships (FSPs)
   - FSP 101 and Background
   - Statewide FSP Project
   - San Mateo County Client/Families and Provider Input



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MHSA Background

76% — **Community Services & Supports (CSS)**
Direct treatment and recovery services for serious mental illness or serious emotional disturbance

19% — **Prevention & Early Intervention (PEI)**
Interventions prior to the onset of mental illness and early onset of psychotic disorders

5% — **Innovation (INN)**
New approaches and community-driven best practices

Workforce Education and Training (WET)
Education, training and workforce development to increase capacity and diversity of the mental health workforce

Capital Facilities and Technology Needs (CFTN)
Buildings and technology used for the delivery of MHSA services to individuals and their families.

1% tax on personal income over $1 million
San Mateo County: $30.7M annual 5-year average through FY 19-20; ~15% of the BHRS budget

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1. General Public Comments

(non-agenda items)

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2. MHSA Steering Committee Goals & Workgroups

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Proposed Steering Committee Goals

The MHSA Steering Committee:

1. Represents diverse community and stakeholder voices.
2. Engages and supports participation of individuals living with mental health challenges, their families and their direct service providers.
3. Includes equity and inclusion as an active goal of all MHSA processes and priorities.
4. Develops meaningful and simplified input processes.
5. Engages in funding, planning, implementation and evaluation decisions of MHSA services and programs.
6. Are active participants, attending Steering Committee meetings and workgroups and other planning processes as appropriate.

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Workgroup Participation Guidelines

- 10-12 participants to allow for deeper engagement
- "First-come, first-serve basis" based on the completion of an interest survey.
- If we receive more than 12 survey responses, a selection group will review the surveys and prioritize lived experience and cultural and stakeholder diversity.

FSP Workgroup participation survey:
https://www.surveymonkey.com/r/MHSAWorkgroup

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3. Full Service Partnerships (FSPs)

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Announcements

- **Suicide Prevention Month:** https://www.smchealth.org/suicide-prevention-month
- **Digital Literacy for Peers and Community Tech Cafe's**
  - www.smchealth.org/bhrs/mhsa, under "Announcements"
- **Subscribe at MHSA website to stay informed:**
  - www.smchealth.org/MHSA
- **Get Involved:**
  - https://www.smchealth.org/get-involved

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Thank you!

Jean Perry, MHSARC Commissioner
Leticia Bido, MHSARC Commissioner
Doris Estremera, MHSA Manager
Email: mhsa@smchealth.org
Website: www.smchealth.org/MHSA

https://www.surveymonkey.com/r/MHSA_MtgFeedback

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THIRD SECTOR

Multi-County Full Service Partnership (FSP) Innovation Project

Implementation Report | September 2021

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Table of Contents

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THIRD SECTOR

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.

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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

4

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

Phase I Plan: Counties worked with Third Sector and the MHSOAC to build a new partnership that would encourage peer learning, further improvement to FSPs, and accelerate county collaboration

Phase II Landscape: An 8-month "listening and "learning" (Landscape Assessment) phase allowed us to gather context and feedback from County staff, providers, and consumers

Phase III Implement: 12 months of implementation activities that were informed by a prioritization process that ensures we are meeting government and stakeholder needs

Phase IV Sustain: A 2-month dedicated sustainability period will support counties in cementing collaborative continuous improvement processes

Phase V Evaluate: During the 2.5-year evaluation period, RAND will assess the contributions of this project to statewide learning and improved FSP outcomes

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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.

Funding

The County directs the majority of its CSS to fund FSP

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).

*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**.*

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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Project Partner: Third Sector

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

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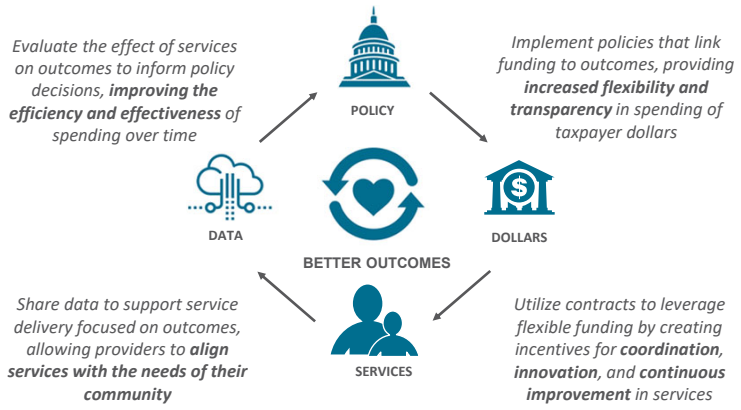
Third Sector is a non-profit that brings government closer to communities by aligning policy, dollars, data, & services for improved & equitable outcomes

Anatomy of an Outcomes Orientation



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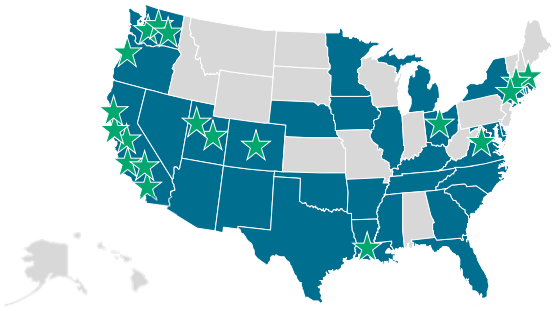
Third Sector helps government and communities use data and lived experience to strengthen human services and improve lives

Third Sector Engagements



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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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THIRD SECTOR

San Mateo County Initiatives & Learnings

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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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San Mateo County Activities and Next Steps

Activities Under Development	What's Next?
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	**Finalize** Child/Youth/TAY and Adult Service Exhibits and Requests for Proposal
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	Continue **gathering local input** to prioritize local FSP outcomes and provide input on FSP services for ongoing quality improvement
Using **provider and client interview and focus group feedback to inform Service Exhibits** and RFPs	Developed **standardized graduation/ step-down process** that can now be used across all FSP providers in the county
Developing **standardized graduation readiness guidelines** to be used in conjunction with new graduation / step-down process	

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San Mateo County Stakeholder Engagement Overview

Stakeholder Engagement Overview

Third Sector interviewed clients and FSP staff at two points:

- **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

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.

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.

Engagement Insights

Therapy/psychiatry 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.

Peer and family advocates are essential for both providers and clients

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

Graduation/step-down should be discussed earlier and more often

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

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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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THIRD SECTOR

Appendix

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Cohort (Multi-County) Updates

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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**

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Cohort Accomplishments and Plans

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

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Cohort Next Steps

DATA QUALITY IMPROVEMENT

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.

LEARNING COMMUNITY

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.

EVALUATION

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.

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Updates from Other Participating Counties

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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

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Fresno County Stakeholder Engagement Overview

Stakeholder Engagement Overview

Purpose of Engagement:

Third Sector interviewed clients and staff at two points:

- **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

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.

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.

Engagement Insights

Data Access and Usage

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.

FSP Program Waitlists

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.

Data Disaggregation

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.

Fresno County Accomplishments and Plans

Accomplishments to Date

- Developed **new proposed procedures for reauthorizing clients** to receive FSP services and for collecting data on the primary reasons clients participate in FSP
- Developed recommendations to **streamline the Child FSP referral process**
- **Identified high-priority metrics** from both providers and DBH to include in Fresno's new data dashboard platform (Domo)

What's Next?

- **Determine appropriate staffing structures** to support potential changes to Fresno's FSP reauthorization and referral processes
- **Pilot changes to DBH's continuous improvement process** (e.g., new meetings and dashboard utilization practices)
- **Gather and incorporate final input from FSP providers** on continuous improvement process and data dashboard changes

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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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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Sacramento County Accomplishments and Plans

Accomplishments to Date	What's Next?
Co-created draft FSP graduation guidelines with provider staff that provider staff & the BHS management team are excited about	Create **graduation guideline reference sheets** for providers, that include discussion prompts they suggested
Developed a training deck to **illustrate the ideal step down process**.	Develop and conduct a **training session for high-intensity provider staff** on the new graduation guidelines
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	Support BHS on **incorporating the graduation guidelines into policies** and materials

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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.

REFERRAL FORMS & PROTOCOLS

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

STEP DOWN GUIDELINES

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

DATA COLLECTION & REPORTING

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

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San Bernardino County Stakeholder Engagement Overview

Stakeholder Engagement Overview

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.

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.

Third Sector also conducted a focus group with peer staff to obtain their insights on how the step down process could be improved.

Engagement Insights

Step down should be discussed early and routinely in a client's FSP journey

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.

Additional supports from care teams during step down transitions are very important

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.

Providers would benefit from more routine data sharing

Providers would benefit from regular outcomes reports to better understand how effective their services are and assess where improvements could be made.

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San Bernardino County Accomplishments and Plans

Accomplishments to Date

- **Created a standard electronic referral form** across all adult FSP specialty programs, streamlining the disparate paper referral forms in circulation
- **Drafted referral protocols** outlining the overall referral process and roles and responsibilities at each step of the process
- **Drafted step down protocols** for each adult FSP specialty program to help care teams balance client needs with a focus on enabling increased independence
- **Identified outcomes and services data** that providers would like to receive on a regular basis

What's Next?

- Continue determining the feasibility of **embedding the electronic referral form into AVATAR**
- **Determine an access strategy for external referring sources** that would not have access to the electronic referral form within AVATAR
- **Revise the step down protocols** based on department and provider feedback
- Consult with IT and the Research & Evaluation teams to **determine the feasibility of developing new data reports** that capture relevant outcomes and services data

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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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Siskiyou County Stakeholder Engagement Overview

Stakeholder Engagement Overview

Purpose of Engagement:

Third Sector interviewed clients and staff at two points:

- **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

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.

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.

Engagement Insights

Capacity Constraints & Inconsistent Experiences

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.

Challenges Transitioning to New Care Teams

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.

Client-Centric, Culturally Responsive Care

Staff believe that BHS' plan to implement Strengths Model Case Management will help make care more culturally responsive and client-centered.

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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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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.

ELIGIBILITY GUIDELINES

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

SERVICE GUIDELINES

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.

STEP DOWN GUIDELINES

Develop standardized graduation guidelines to support staff in making individual stepdown and graduation decisions while considering ISSPs and system-wide outcomes.

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Ventura County Stakeholder Engagement Overview

Stakeholder Engagement Overview

Purpose of Engagement:

Third Sector interviewed clients and FSP staff at two points:

- **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

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.

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.

Engagement Insights

Programs could benefit from increased consistency

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.

Clients would like to access additional services

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.

Clients and staff develop trusting relationships

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.

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Ventura County Accomplishments and Plans

Accomplishments to Date

- Developed new, clarified guidelines for **FSP services**, including FSP level of care and flex funding access
- Created new guidelines for **FSP eligibility,** building on MHSA-defined criteria with enhanced definitions for focal populations like “homeless” and “high utilizer”
- Created new guidelines for **FSP graduation,** so that programs have a shared standard for “graduation readiness”

What’s Next?

- **Operationalize new service guidelines**, which will involve additional staff hiring and training
- **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
- **Collect staff feedback** about the guidelines before incorporating them into policy and practice

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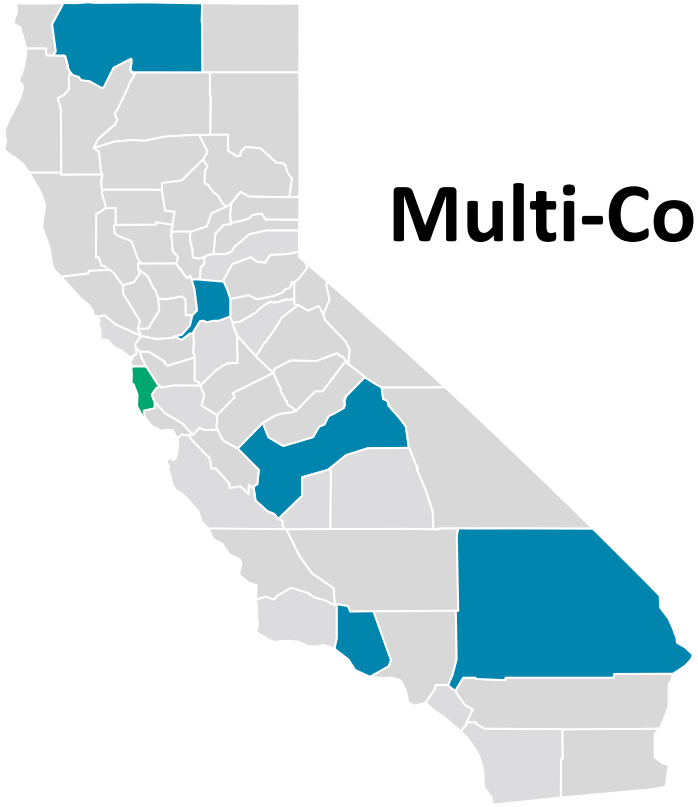
THIRD SECTOR



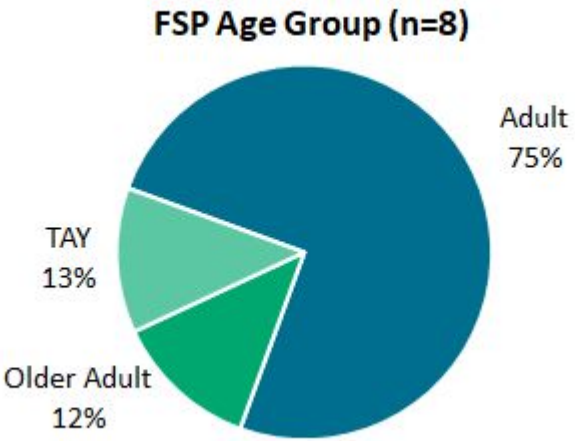
Multi-County FSP Innovation Project

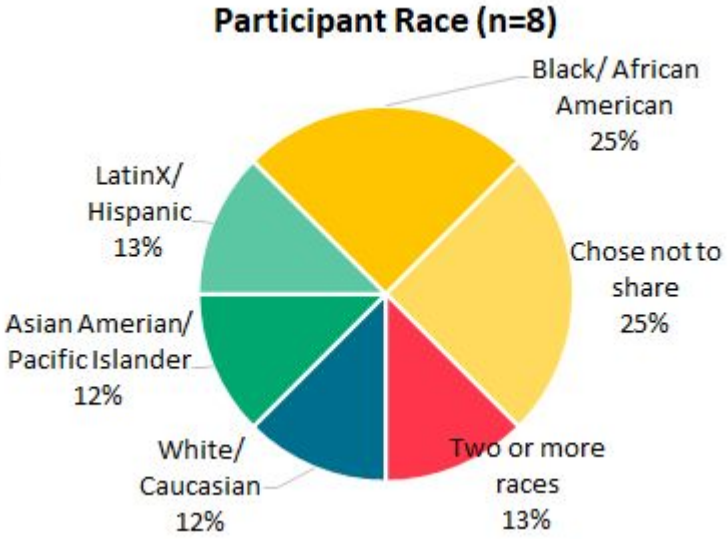
San Mateo County Client Interview Synthesis

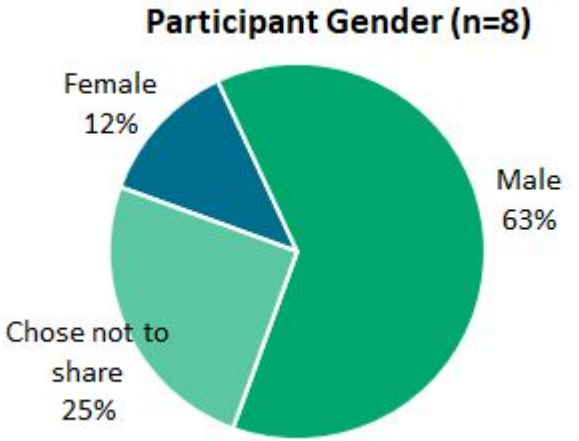
Spring 2021

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.







Service Guideline Insights

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 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

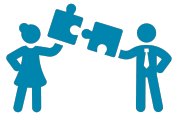
- While most meetings are currently still happening virtually (mostly by phone), staff are still dropping things off for clients as needed or having them come into the office or clinic for medication.
- Clients appreciate that prior to Covid staff would meet where it was most convenient for them, often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

"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."

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.

"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."

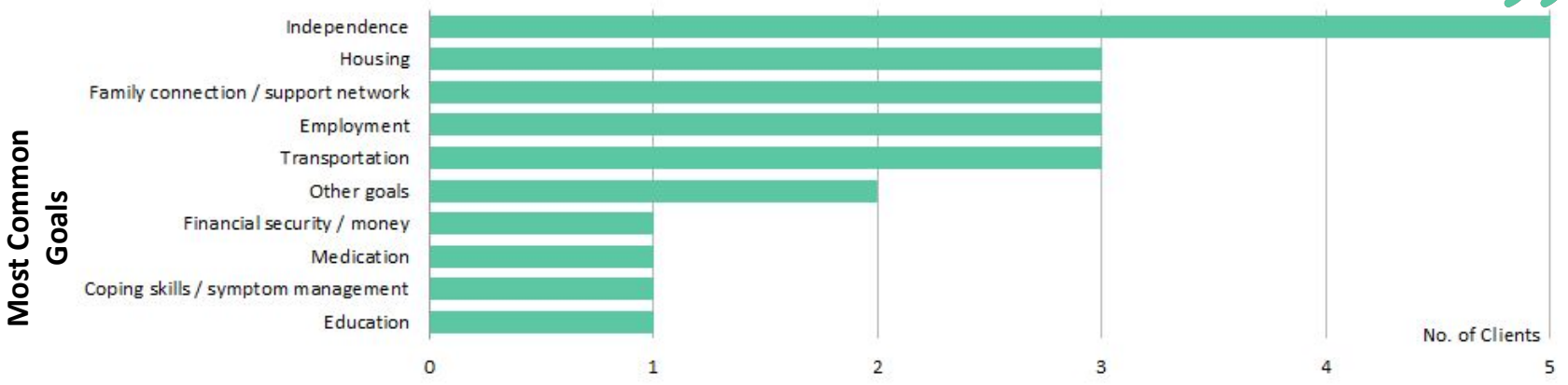
Graduation Criteria Insights

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.

> *"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.)

"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."

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.

> *"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."*

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.

Participating Counties

Fresno
Sacramento
San Bernardino
San Mateo
Siskiyou
Ventura

Disclosure

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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*