



# Multi-County Full Service Partnership (FSP) Innovation Project

Service Changes Feedback | October 2021

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# Agenda

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***Recap: What is FSP and the Multi-County Innovation Project***

Summary of stakeholder feedback (pre-read)

Additional feedback on proposed service changes

What's next

# 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.***

# 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.



**CalMHSOAC:** CalMHSOAC 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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# San Mateo County Stakeholder Engagement Overview

## Stakeholder Engagement Overview

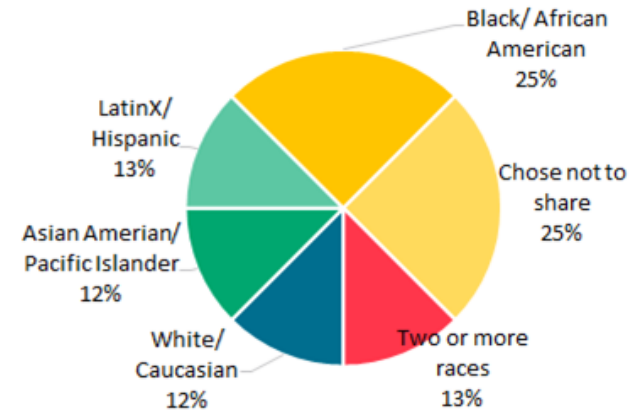
Third Sector interviewed clients and FSP staff at two points:

- **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

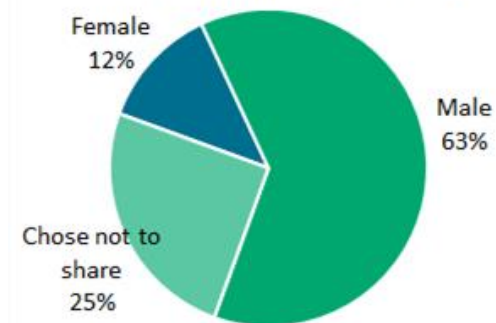
**Client Engagement Summary:** Third Sector interviewed clients (selected by each FSP program) 1-on-1, over the phone. Clients received a \$35+ gift card for participating. Third Sector interviewed 13 clients during the landscape phase and 14 during implementation.

**Provider Engagement Summary:** Third Sector interviewed front-line FSP staff in focus groups, speaking to 8 staff during the landscape phase, and 14 during implementation.




**Participant Race (n=8)**







**Participant Gender (n=8)**



# Insights from client interviews (pt. 1)





Engagement insights	How are they being addressed
 <p><b>Therapy/psychiatry are not provided in-house and are inconsistently available</b></p> <p>Clients are referred out for therapy, but there is not always someone available at no- or low-cost, or there is a lot of turnover in who a client ends up seeing</p>	<ul style="list-style-type: none"><li>• New service requirements for Youth FSP providers: <i>Child / Youth / Transition Age Youth (C/Y/TAY) FSP Services shall include Assessment, Therapy (e.g., individual, family, group, collateral), Psychological Testing, and Targeted Case Management Services.</i></li></ul>
 <p><b>Clients interact with many different staff, mostly due to staff turnover</b></p> <p>While clients feel that staff are always knowledgeable about their case, they too feel the stress of staff turnover and being assigned new case workers, psychiatrists, nurses, etc.</p>	<ul style="list-style-type: none"><li>• Discussing strategies to reduce burn out and staff turnover including promotion pathways, reducing paperwork burden, additional investment in training and professional development</li></ul>
 <p><b>Frequency of contacts and available service hours differed greatly between clients</b></p> <p>Some evening and weekend availability would be helpful for clients to be able to meet with their care team at the frequency that is appropriate for them</p>	<ul style="list-style-type: none"><li>• New service requirements for Youth FSP providers includes specific guidance around frequency of contacts, work schedule, and hours of operation</li></ul>

## Insights from client interviews (pt. 2)






Engagement insights	How are they being addressed
 <p><b>Clients have been challenged by language barriers and translation competency</b></p> <p>Lack of access to staff and translators in the necessary languages, and high turnover amongst translators, make it hard for clients to make progress</p>	<p>Each contractor needs to submit a Cultural Competence Plan each year to the Office of Diversity &amp; Equity Contractor that details on-going and future efforts to address the diverse needs of clients, families and the workforce.</p>
 <p><b>Peer and family advocates are essential for clients</b></p> <p>Peer support is very important to clients, but it's sometimes hard to find true "peers"</p>	
 <p><b>Graduation/step-down should be discussed earlier and more often</b></p> <p>Independence is a core goal of clients, and they wish to be more involved in conversations and decisions about their transition</p>	<ul style="list-style-type: none"><li>• New transfer / disenrollment process developed for Youth FSP providers that begins at initial intake and involves clients and families in decision making process</li><li>• Currently prioritizing specific graduation indicators that can be used across FSP program to help determine if there is graduation readiness</li></ul>
 <p><b>Graduation should only be considered once clients have the tools they need to succeed</b></p> <p>Clients want to have the tools to succeed without FSP before transitioning, i.e. family communication strategies, personal responsibility, anxiety management. etc.</p>	







# Eligibility criteria insights from Youth FSP Focus Group

Eligibility criteria insights	How are they being addressed
 <p><b><i>YTAC referral system is missing eligible youth</i></b> from drop-in centers, those not currently connected to a mental health provider, and potential self-referrals.</p>	<ul style="list-style-type: none"><li>• Working on better linkage between drop-in centers and the County referral system</li><li>• More clear and explicit eligibility criteria in Youth FSP Service Exhibit</li></ul>
 <p><b><i>Enrollment/intake process</i></b> can be overwhelming and sometimes retraumatizing due to amount of paperwork, level of detail, and repetition</p>	Contractors now provide an intake coordinator to receive wraparound authorizations from BHRS Youth Manager, contact referring providers to obtain necessary documentation, and facilitate a warm hand-off between referring and receiving treatment providers.
 <p><b><i>Providers are unable to adequately serve youth with psychosis</i></b>, and would like resources for/access to more suitable treatment options</p>	TBD; continued feedback will be shared with the youth team as they finalize the youth service exhibit and RFP
 <p><b><i>Mental health and FSP knowledge is limited</i></b> among families of eligible youth; families would therefore benefit from in-home services and family education when first establishing care</p>	TBD; continued feedback will be shared with the youth team as they finalize the youth service exhibit and RFP





# Service guidelines insights from Youth FSP Focus Group

Service guidelines insights	How are they being addressed
 <p><b>Family and peer advocates are invaluable</b> and need more pathways to promotion to reduce attrition</p>	<p>Discussing strategies to reduce burn out and staff turnover including promotion pathways, reducing paperwork burden, additional investment in training and professional development</p>
 <p><b>Billing should allow earlier addition of specialist</b> to the treatment team, as well as in-house substance abuse counselors to be added as available specialists for TAY clients</p>	<p>TBD; continued feedback will be shared with the youth team as they finalize the youth service exhibit and RFP</p>
 <p><b>Swing shift hours may be more suitable</b> for the TAY population</p>	<p>New service requirements for Youth FSP providers includes specific guidance around frequency of contacts, work schedule, and hours of operation</p>
 <p><b>County employment partnerships</b> would help providers support TAY in achieving their employment goals</p>	<p>TBD; continued feedback will be shared with the youth team as they finalize the youth service exhibit and RFP</p>
 <p><b>Staff would like to be able to check on their duated clients</b>, which County policy could encourage with appropriate privacy, consent, and billing policies</p>	<p>New transfer / disenrollment process developed for Youth FSP providers includes at least 60 days of overlap between FSP existing FSP staff and new program/placement</p>

# Eligibility Criteria insights from **Adult** FSP Focus Group

Eligibility criteria insights	How are they being addressed
 <b>The BHRs/Core Service Agency referral system</b> is not set-up for eligible adults to self-refer or re-connect 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.	TBD; continued feedback will be shared with the adult team as they finalize the adult FSP RFP
 <b>Because authorization decisions happen at the County level</b> individuals who providers see as eligible are sometimes denied FSP services, leading to confusion around eligibility criteria.	
 <b>Providers are unable to adequately service older/elderly with physical health issues</b> and would like resources for/access to more suitable healthcare options	
 <b>Eligible individuals and the community at-large</b> have limited knowledge about mental health services in general, the FSP program, and/or how to access FSP services	

# Service guidelines insights from **Adult** FSP Focus Group

Service guidelines insights	How are they being addressed
 <b>Providers are not currently contracted to provide therapy</b> , and there are not always enough therapists in the county to refer out to, so clients are sometimes without therapy services.	TBD; continued feedback will be shared with the adult team as they finalize the adult FSP RFP
 <b>Housing subsidies/vouchers being tied to FSP involvement</b> are forcing clients to stay in FSP even after they are ready to step-down	
 <b>In-house substance abuse counselors</b> would be a helpful specialist to add to treatment teams	
 <b>Better coordination with other providers</b> would give clients more seamless continuity of care when moving between jail, hospitalizations, residential treatment, and FSP	

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# What additional feedback, insights, and proposed solutions do you have for BHRS?

1

Select which breakout discussion you would like to join:

**Child/Youth/TAY FSP**

OR

**Adult**

**FSP**

2

Review the client and provider insights applicable to your breakout room

3

Discuss additional feedback and add it to the stickies on slide 15 or 16:

- *What feedback and insights for FSP service improvement were not captured? What are other gaps in FSP services?*
- *What else should BHRS be thinking about?*
- *How else could the insights be addressed by BHRS and/or FSP providers?*

# Child/Youth/TAY FSP breakout room: additional feedback / insights

Eligibility Criteria	[x]	[x]					Cultural Competency
Care Coordination	[x]	[x]	[x]	[x]	[x]	[x]	Transfer / Graduation
Direct service requirements	[x]	[x]	[x]	[x]	[x]	[x]	[Other]

# Adult FSP breakout room: additional feedback / insights

Eligibility Criteria	[x]	[x]					Cultural Competency
Care Coordination	[x]	[x]	[x]	[x]	[x]	[x]	Transfer / Graduation
Direct service requirements	[x]	[x]	[x]	[x]	[x]	[x]	[Other]



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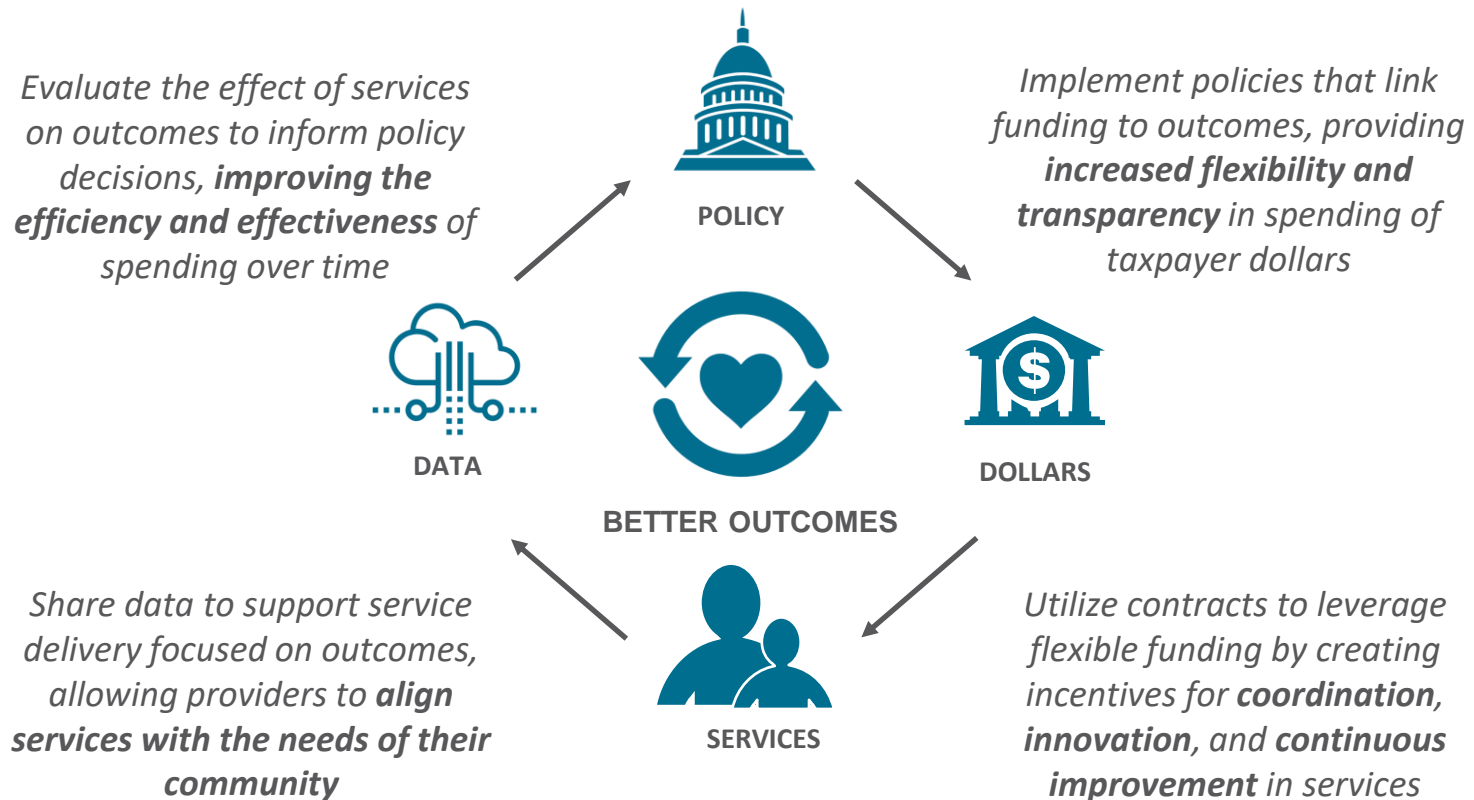
- **Next MHSA FSP Workgroup: Thursday, November 5th @ 3p**
- **Topic: Feedback on graduation readiness indicators**

# Appendix

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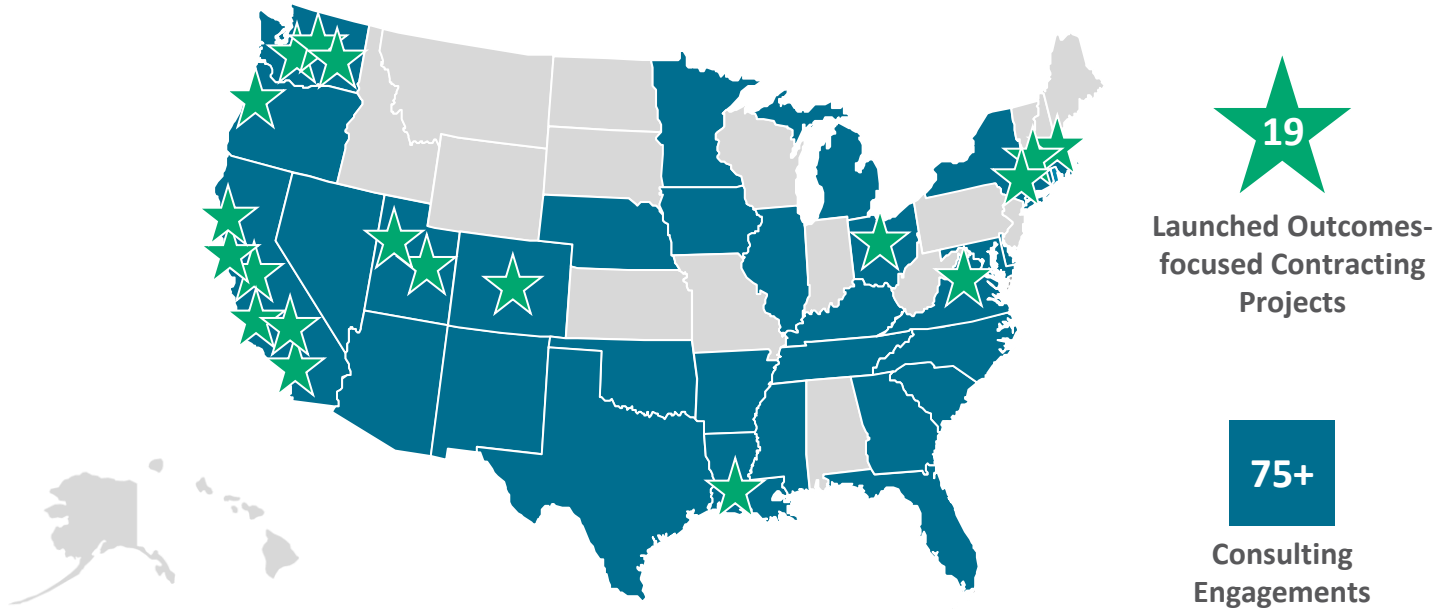
# Third Sector is a non-profit that brings government closer to communities by aligning policy, dollars, data, & services for improved & equitable outcomes

## Anatomy of an Outcomes Orientation



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

## Third Sector 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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