

# **Outcomes-Driven FSP Learning Community**

Growing a shared vision and voice for behavioral health  
services in California

# Workshop 1 Summary

Building a Vision Around FSP Outcomes

December 10, 2019 • Los Angeles, CA

## Attendees

**40+ staff participated from 17 California counties:**

- Calaveras County
- Fresno County
- Kings County
- Los Angeles County
- Marin County
- Monterey County
- Orange County
- Placer County
- Sacramento County
- San Bernardino County
- San Joaquin County
- San Mateo County
- Santa Barbara County
- Santa Clara County
- Tri-City Mental Health
- Tulare County
- Ventura County



# Activities

California counties began to grow a shared vision and voice for FSP services through:

## 1. Welcome and Connection

Participants met one another, set collective norms, and discussed session objectives, setting a foundation for ongoing collaboration.

## 2. Collective Logic Model Exercise

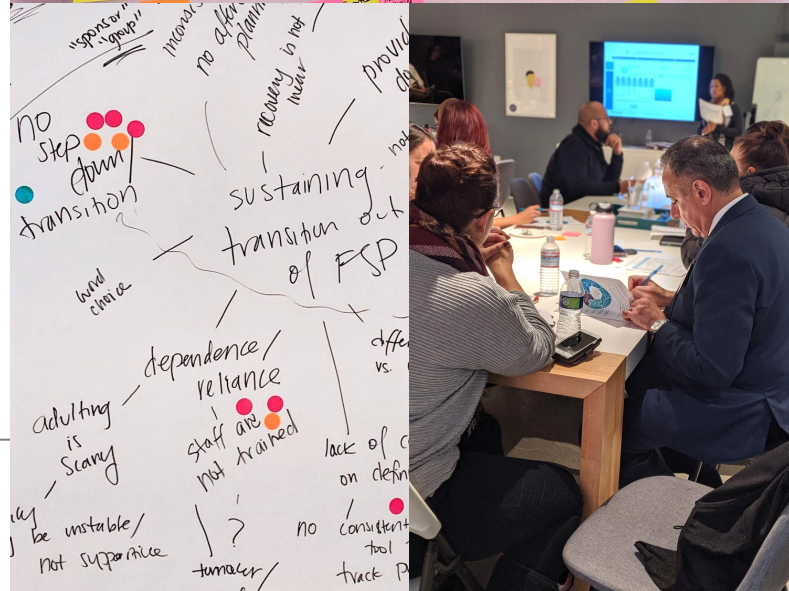
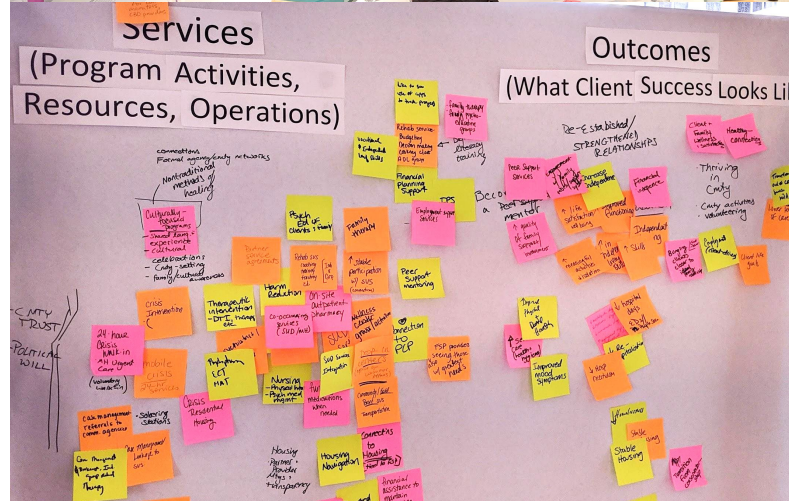
Participants began to lay the groundwork for an FSP Framework and collective outcomes vision by developing a shared understanding of intended FSP outcomes, how county services contribute to these outcomes, and the similarities and differences between FSP programs.

## 3. Root Cause Analysis Exercise

Building on the Logic Model exercise, counties selected a few FSP outcomes to explore deeper through root cause analysis and began to identify focus areas for further research.

## 4. Synthesis and Next Steps

The group reflected on the day's discussions and brainstormed topics of interest for future Learning Community workshops.



# Building a Collective Logic Model

## Developing a common understanding of FSP services and outcomes

### Activity

Participants used a post-it color corresponding to average FSP program enrollment size: small (<~300) - yellow; medium (~300-1500) - orange; large (>~1500) - pink. Participants divided into **four FSP age groups** (child, TAY, adult, and older adult) and discussed **outcomes**, outlining what success looks like for FSP clients in their respective counties. Each group then defined **services**, specifying the activities, resources, and services that county FSP programs and providers offer, and connected these services to the outcomes defined earlier.



Click the photo above to see the full set of photos from this activity.

### Guiding Questions

1. **Alignment on Outcomes:** What does success look like for FSP clients in your county? What outcomes are prioritized for this age group?
2. **Mapping Services to Outcomes:** What are the activities, resources, or services your FSP programs and providers offer, and do these lead to the outcomes you defined?
3. **Specialization:** What specialized services achieve better outcomes for specific age groups?





## Recurring Themes about FSP Care

**Defining Success:** Establishing standardized outcomes and metrics across FSP that are informed by community stakeholders will allow FSP providers to track the quality and consistency of individualized care.

**Graduation:** A consistent definition for graduation or tools that track progress toward graduation will help providers coordinate when and how clients move across service types or transition out of FSP.

**Shared Approaches:** Flexibility continues to be a priority for counties, but counties agree that their practices should be guided by shared frameworks, accountability, and best practices from California and beyond

**System Coordination:** Collaboration across agencies can be an asset (by decreasing bureaucracy and increasing access to services) and a challenge (with the need to ensure consistency and communication across systems)

## Recurring Themes about FSP Care (continued)

**Transition:** Moments of transition pose specific challenges across all age groups (e.g. children growing to adults or older adults moving into retirement).

**Social Connection:** The work of supporting community connection and meaningful activities should be tailored to clients' age, culture, and self-identified goals.

**Family Focus:** Shifting to a family-focused service model could build family resilience.

**Accessibility:** There are small but powerful ways that providers can make drop-in centers more welcoming and accessible for clients (e.g. integrated wellness hubs).

**Housing:** Relocation has a negative impact on other outcomes (e.g. social connection). Offering a less restrictive option that meets access needs and colocates services and housing preserves client dignity.

**Integrated Wellness:** Holistic wellbeing requires an integrated and flexible approach (e.g. early collaboration with hospitals and assisted living facilities for older adults).



## Disclosure

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**Third Sector Capital Partners, Inc.**  
info@thirdsectorcap.org | www.thirdsectorcap.org