

# California Multi-County Full Service Partnership Innovation Project

---

Progress Report

MARCH 2021



# Project Overview

Since the passage of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those living with mental illness.

In particular, Full Service Partnership (FSP) programs support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a “whatever it takes” approach to partnering with individuals on their path to wellness and recovery. Currently, over 60,000 individuals are enrolled in an FSP program across the state.

Full Service Partnerships represent a \$1 billion annual investment in public funds and have tremendous potential to reduce psychiatric hospitalizations, homelessness, incarceration, and prolonged suffering by Californians with severe mental health needs. FSP programming, however, varies greatly from county to county, with different operational definitions and lack of consistent data processes, which makes it challenging to understand and tell a statewide impact story. The Multi-County FSP Innovation Project aims to implement a more uniform data-driven approach that provides counties with an increased ability to use data to improve FSP services and outcomes. Counties will leverage the collective power and shared learnings of a cohort to collaborate on how to provide the most impactful FSP programs and ultimately drive transformational change in the delivery of mental health services.

For more information, please contact:

**Aurelle Amram, Director**  
[aamram@thirdsectorcap.org](mailto:aamram@thirdsectorcap.org)

**Nicole Kristy, Director**  
[nkristy@thirdsectorcap.org](mailto:nkristy@thirdsectorcap.org)



In partnership with Third Sector and the Mental Health Services Oversight and Accountability Commission (MHSOAC), a cohort of six diverse counties – Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura – are participating in a 4.5-year Multi-County FSP Innovation Project that will leverage counties’ collective resources and experiences to improve FSP delivery across California. Additional project partners include the California Mental Health Services Authority (CaMHSA) acting as the fiscal agent and RAND Corporation providing consultation on measurement and conducting the project’s post-implementation evaluation. This project furthers the efforts of LA County’s Department of Mental Health FSP transformation, building on their initial groundbreaking data and outcomes efforts to new geographies and localities with a statewide perspective.

# Project Purposes & Goals

The Multi-County FSP Innovation Project aims to shift the way counties design, implement, and evaluate FSPs to a more outcomes-oriented approach by:

01



Developing a shared understanding and more consistent interpretation of FSP’s core components across counties, creating a common FSP framework.

02



Increasing the clarity and consistency of enrollment criteria, referral, and transition processes through developing and disseminating readily understandable tools and guidelines across stakeholders.

03



Improving how counties define, collect, and apply priority outcomes across FSP programs.

04



Developing a clear strategy for tracking outcomes and performance measures through various state-level and county-specific reporting tools.

05



Developing new and/or strengthening existing processes that leverage data to foster learning, accountability, and meaningful performance feedback in order to drive continuous improvement in program operations and outcomes.

# Progress To Date

## Gathering Context & Building a Vision

Counties began this effort with a comprehensive Landscape Assessment phase (January - September 2020) to understand FSP programs, assets, and opportunities. Via a combination of meetings, working group sessions, document review, and stakeholder engagement (see below), counties developed a comprehensive understanding of similarities and differences across FSP service design, populations, data collection, and eligibility/graduation practices.

Understanding that county mental and behavioral health agencies often work with limited financial and staffing resources, Third Sector and the counties leveraged the six-county “cohort” to gather and compare information in an efficient manner, sharing resources, templates, and toolkits. Regular cohort-wide meetings provided an opportunity for counties to learn from each other, sharing solutions and ideas that could be relevant for their peer counties.

These six-county cohort meetings were essential to building a collective vision and aligning on priorities for the Implementation Phase. Counties and Third Sector identified almost 30 implementation options that would

respond to stakeholder feedback and identified challenges. Over the course of both county-specific and cohort-wide meetings, each county and the collective group narrowed in on a feasible set of implementation activities that would create more data-driven FSP programs and build increased consistency in the way FSPs are designed, operated, and assessed.

“This process has revealed that every FSP program was its own island, each operating in a unique way. But the lack of an overall framework caused inconsistency. To more effectively provide these services statewide, the provider community needs to learn from each other, in collaboration with the county and state. The ideas are out there.”

– Fresno County FSP Provider



## Piloting Change: The First Steps

In October 2020, counties kicked off a 12-month Implementation Phase to build and operationalize three shared “cohort-wide” FSP improvements as well as locally customized “county-specific” changes. Counties and Third Sector will continue to gather stakeholder feedback to inform these changes from FSP service providers, clients, and clients’ primary caregivers throughout the process.

### Cohort-wide implementation activities:

Counties are embarking on a trailblazing journey to build shared population definitions, outcomes, process measures, and statewide data recommendations. As a result, the counties will have more comparable and actionable FSP data that can be used to identify and disseminate FSP best practices. Over the course of 12 months, the six-county cohort will focus on:

→ **POPULATION DEFINITIONS:**

Identifying and standardizing definitions for the following priority FSP populations: homeless; at risk of homelessness; justice-involved; at-risk of justice involvement; high-utilizers of psychiatric emergency facilities; at-risk of using psychiatric emergency facilities.

→ **OUTCOMES & PROCESS METRICS:**

Identifying 3-5 outcomes, 3-5 process measures, and associated metrics to track what services individuals enrolled in FSP receive and how successful those services are. RAND is assessing how counties currently measure priority

outcomes and examining relevant research literature in order to make recommendations for measurement that consider both county capacity and research evidence.

→ **STATE REPORTING RECOMMENDATIONS:**

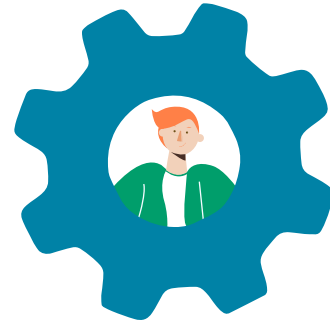
Developing recommendations for revising the statewide Data Collection & Reporting (DCR) system. This may include suggested revisions to existing forms, metrics, and/or the format of reports that are shared with counties in order to increase the usefulness of statewide data and reduce reporting burden. This activity will begin in late Spring 2021 after the completion of the first two activities.

→ **LEARNING COMMUNITIES:**

Given the statewide implications of each of these cohort-wide activities, the six counties participating in the Innovation Project also plan to hold statewide “Learning Communities” in Spring/Summer 2021 to gather additional feedback from other counties across the state. Over time, counties hope to build these forums into a sustainable opportunity to share best practices and continuously improve FSP.

## County-specific implementation activities:

Counties have each identified two or three priority activities for local implementation, simultaneously with the cohort activities. While multiple counties are pursuing many of the same county-specific activities, the results will vary somewhat across the state because of each county's unique population, geography, and needs. Counties can more efficiently and effectively tackle each of these improvements by sharing tools, processes, and ideas, benefitting from a cohort approach even as results show nuanced differences. These county-specific implementation activities include:



- 
- **GRADUATION GUIDELINES (5 COUNTIES):** Standardizing graduation criteria that balance Individual Services and Supports Plans (ISSPs) and system-wide outcomes in making individual graduation decisions, including creating improved definitions of “stability” and “recovery.”
  - **SERVICE REQUIREMENTS (3 COUNTIES):** Developing minimum elements and service requirements of FSP to adopt as official guidance. These elements will depend on local context and priorities and could include the percentage of services that are field-based, telehealth options available, housing services offered, employment services provided, peer supports available, and so on.
  - **REAUTHORIZATION PROCESS (3 COUNTIES):** Standardizing an FSP client reauthorization process and/or tools that can be used by counties to more regularly assess whether a client is ready to step down from FSP services.
  - **ELIGIBILITY GUIDELINES (2 COUNTIES):** Revising county-specific FSP eligibility criteria to ensure that counties prioritize FSP services to the highest-need clients.
  - **DATA COLLECTION PROCESSES (2 COUNTIES):** Streamlining existing processes and/or developing new data collection reports or methods so that counties and providers can more effectively collect, access, and utilize FSP data to inform care decisions.
  - **REFERRAL PROTOCOLS (1 COUNTY):** Developing protocols for FSP referrals between county entities that ensure a warm hand-off and that clients are not being served by multiple providers.
  - **REFERRAL FORMS (1 COUNTY):** Creating a standardized FSP referral form to ensure consistent data collection across a county's FSP programs.
  - **YOUTH-SPECIFIC REFERRAL & ENROLLMENT PROCESS (1 COUNTY):** Developing a standardized youth FSP referral and enrollment process in which the county is involved in processing and/or approving referrals to contracted FSP providers.



## Initial Collaboration Lessons

This Multi-County FSP INN project is forging a new path for statewide, cross-county collaboration, and two valuable lessons have already emerged in this first project year.

### Lesson One

**Multi-county collaborations must balance appropriate levels of local customization, statewide consistency, and innovation. This FSP Innovation Project has made progress on identifying the most beneficial areas for statewide collaboration, as well as some areas that may be less appropriate for future collaborative efforts.** Counties and Third Sector feel that the information-gathering worksheets and templates can be used to gather standardized information to compare FSP programs across the state in the future. Additionally, the full list of implementation activities could be used by future counties seeking inspiration for potential improvements to their FSPs. While all activities could be applied to any geography, the cohort has learned that there are three categories under which these activities fall into:

- Activities around outcomes definitions, metrics, and data collection are appropriate to be worked on collectively to achieve a unified result, such as shared state data reporting requirements (e.g., for the Data Collection Reporting, or DCR, system) to support performance management forums.
- Other activities related to eligibility, graduation, and service design are more appropriate to be developed locally, while

following parallel processes that can yield peer learning and resource sharing. This helps counties balance their varying geographies, populations, and histories while increasing efficiency.

- Activities related to referrals, collaboration with local institutions (e.g., jails, hospitals, etc.), and community feedback mechanisms may not be appropriate for collective projects, given the high variation in each counties' local context and existing coordination processes.

### Lesson Two

**The timing of statewide feedback is crucial. While counties across the state have a valuable perspective to offer on FSP best practices, it can be difficult to identify specific areas for feedback at the early stages of a collective project. It may be more appropriate to gather statewide feedback at later stages of collective projects.** After an initial Learning Community session with representatives from 11 other counties in December 2019, counties learned that it was more appropriate to hold off on further involvement until this core group made additional progress and had more specifics for statewide reaction. Counties hope to re-start the Learning Communities in spring/summer 2021 after further implementation progress is made.



**88** **client interviews** with current or recently enrolled clients or their caregivers



**80** **digital surveys** completed by Fresno and San Bernardino provider staff



**17** **provider focus groups** with 108 individuals spanning all FSP programs and age groups across six participating counties, from both directly operated and in-house clinics

## Stakeholder Insights

**Effective stakeholder engagement leverages their knowledge and experience to provide a deeper understanding of challenges on the ground while translating stakeholder needs into tangible goals and solutions.**

For the Multi-County FSP Innovation Project, these key stakeholders include FSP clients, clients’ primary caregivers, and service providers. From July through September of 2020, Third Sector and participating counties engaged representatives from each of these groups to better understand FSP programs from their perspectives and used that information to prioritize which program challenges the Innovation Project will address over the next year.

Client feedback played an important role in understanding the goals and needs of those being served and will inform how counties design and execute each implementation activity in the year to come, resulting in more client-centered solutions. Recognizing some inherent selection bias within the interview process, FSP clients generally spoke highly of providers, and overall satisfaction was often based on their individual provider relationships. Individuals struggled with the implications of the COVID-19 pandemic and expressed feelings of loneliness, reduced access to services, and difficulty with telehealth. Clients also commented on staff turnover, workload, or stress level, and these observations sometimes drove feelings of confusion about who to talk to or trust in a new relationship. Despite their different geographies, individuals across the six counties hope to achieve many of the same goals in FSP, including increased independence, self-sufficiency, coping skills, housing, employment, education access, and increased social connections.

“Recovery to me looks like happiness. I want to wake up happy and trust the world. I want small things – happiness, freedom, and to keep my life. Now I have good reasons to stay alive and active.”

– Siskiyou County FSP Client



Provider feedback played an important role in determining the implementation activities to pursue collaboratively across six counties and which to pursue individually within each county’s local context. Providers in all counties were consistent in their desire to see improved data collection alongside timely data-sharing and reports, including clearer outcomes, reduced reporting requirements, and better data quality. Other key themes included the desire to clarify eligibility and graduation requirements, to further understand the “mission and vision” of FSP, to increase coordination with other county systems, and to receive additional training to improve culturally responsive services.

“Staff have not been trained in interpreting the data we’re collecting. I understand what I’m inputting to the system, but I’m not trained in how the data should be used to influence treatment.”

– Ventura County FSP Provider



## Lessons Learned & Best Practices

- ✔ **Engage stakeholders early and often** in order to maximize the amount of time spent hearing from the community and ensure their voices are included in not only the design of the solution, but also the articulation of the challenge. Through early stakeholder engagement, Siskiyou County was able to shift its perspective from addressing basic client needs to learning about aspirational client goals and is now using those goals to identify which elements of their service delivery require robust guidelines, thus shifting direction even before the design process begun. This strategic direction would not have been identified without crucial feedback from clients and providers.
- ✔ **Utilize culturally competent engagement methods** to ensure all voices are elevated, including those of people who are harder to reach and/or underrepresented. Cultural competence also supports the retention of these key stakeholders throughout the process. For the first round of stakeholder engagement, interviews were offered in both English and Spanish, but Third Sector and participating counties plan to work with providers to include interviews in more languages and culturally specific engagement methods in the coming year, leveraging language translation services and additional expert feedback on the engagement mechanisms.
- ✔ **Offer multiple forums for feedback** to expand access and encourage diverse participation. While in-person forums were limited due to COVID-19, clients were offered individual interviews by phone or video conferencing and providers were offered individual discussions, focus groups, and in some counties, digital surveys. Fresno County received over 70 provider responses to an online survey that included representation from every FSP program and age group served.
- ✔ **Compensate clients for their participation** to recognize the value of their time and contributions. All clients were given a \$35 Visa gift card for providing their expertise and additional resources for compensation will be identified for any and all future engagement efforts.

# A Look Ahead

**Third Sector will continue to work with counties to build and implement the cohort and local activities through fall 2021. This will include facilitation of cohort and county-specific workgroups; FSP client and provider engagement by survey, focus group, and interview methods; and Learning Community events to gather feedback from other counties statewide.**

By the end of November 2021, the counties and Third Sector hope to have implemented new strategies and approaches to increase the consistency of FSP services; more effectively use data to understand who is being served, what services they are receiving, and what outcomes they are achieving; advocate for changes to the statewide FSP data collection system; and have a sustainable continuous improvement process to continue peer learning. By 2024, the aim is to have a clear understanding of the impact of this collaborative process on county policy and, more importantly, the individuals served by FSP.

In addition, this project hopes to illuminate and address racial disparities in outcomes and elevate voices and communities of color especially as they provide feedback to counties on FSP programming. Overall, the Multi-County FSP Innovation Project hopes that the strategies piloted will be useful on a statewide scale, and the lessons will be shared for future statewide collaborative efforts that can benefit California's most vulnerable individuals suffering from severe mental illness.



# Project Partners

## COUNTY PARTNERS

### **Fresno County Department of Behavioral Health:**

Fresno County is located in the heart of California's Central Valley. Fresno County Department of Behavioral Health serves individuals across 6,000 square miles, encompassing mountain enclaves, rural communities, and urban neighborhoods of California's fifth largest city. In partnership with its diverse community, the Department is dedicated to providing quality and culturally responsive behavioral health services to promote wellness, recovery, and resiliency for individuals and families.

### **Sacramento County Behavioral Health Services:**

Sacramento County has a population of more than 1.4 million individuals and is known for its multi-cultural diversity. Situated in the middle of California's Central Valley, Sacramento County extends from the low delta lands between the Sacramento and San Joaquin rivers north to about 10 miles beyond the State Capitol and east to the foothills of the Sierra Nevada Mountains. Sacramento County Behavioral Health Services' mental health system of care includes 260 programs/agencies involving county- and contract-operated mental health services that deliver services to approximately 32,000 children and adults annually. BHS pursues intentional partnerships with the diverse communities in Sacramento County and with the goal of improving the wellness of community members.

### **San Bernardino County Department of Behavioral Health:**

San Bernardino County is the largest county in the contiguous United States with just over 20,000 square miles of land that encompasses urban, suburban, rural, and frontier terrain. According to California Department of Finance estimates for 2018, San Bernardino County had a total population of 2,174,931 with a projected growth of 28% between 2020 and 2045. San Bernardino County's Department of Behavioral Health (DBH) aims to promote wellness, recovery, and resilience that includes the values of equity, community-based collaborations, and meaningful inclusion of diverse consumers and family members. As such, San Bernardino County DBH serves more than 150,000 individuals over a broad continuum of services each year.

### **San Mateo County Behavioral Health and Recovery Services:**

Located in the Bay Area, San Mateo County is bordered by the Pacific Ocean to the west and the San Francisco Bay to the east. Within its 455 square miles, nearly three quarters of the county is open space, and agriculture remains a vital contributor to the economy and culture. Behavioral Health and Recovery Services (BHRS), a Division of San Mateo County Health, provides prevention, treatment, and recovery services to inspire hope, resiliency, and connection with others and enhance the lives of those affected by mental health, and/or substance use challenges. BHRS is dedicated to advancing inclusion, health and social equity for all people in San Mateo County and for all communities.

### **Siskiyou County Behavioral Health Services:**

Siskiyou County is a geographically large, rural county with a population of 43,724 persons located in the Shasta Cascade region of Northern California. Approximately 6,350 square miles, Siskiyou County is geographically diverse with lakes, dense forests, and high desert. Siskiyou County Behavioral Health (SCBH) is a small Behavioral Health program and is the sole provider of the Full Service Partnership Program (FSP). SCBH is committed to partnering with the participants of this Innovation Project to better define FSP criteria and improve the data collection points to assist our FSP consumers toward graduation and mental wellness. SCBH strives to deliver culturally, ethnically, and linguistically appropriate services to the community and recognizes the importance of these values in service delivery.

### **Ventura County Behavioral Health:**

Ventura County is situated along the Pacific Coast between Santa Barbara and Los Angeles counties. The county offers 42 miles of beautiful coastline along its southern border, and the Los Padres National Forest makes up its northern area. Ventura County Behavioral Health works to promote hope, resiliency, and recovery for our clients and their families by providing the highest quality prevention, intervention, treatment, and support to persons with mental health and substance abuse issues.

# Project Partners

**THIRD SECTOR:** Based in San Francisco and Boston, Third Sector is one of the leading implementers of outcomes-oriented strategies in America. Third Sector has supported 20+ communities to redirect over \$800M in public funds to data-informed, outcomes-oriented services and programs. Third Sector's experience includes working with the Los Angeles County Department of Mental Health (LACDMH) to align over \$350M in annual MHSA FSP and Prevention and Early Intervention (PEI) funding and services with the achievement of meaningful life outcomes for over 25,000 Angelenos; transforming \$81M in recurring mental health services in King County, WA to include new performance reporting and continuous improvement processes that enable the county and providers to better track monthly performance relative to peers and against specific, county-wide performance goals; and advising the County of Santa Clara in the development of a six-year, \$32M outcomes-oriented contract intended to support individuals with serious mental illness and complex needs through the provision of community-based behavioral health services. For more information, please visit [thirdsectorcap.org/Multi-County-CA-FSP-INN/](http://thirdsectorcap.org/Multi-County-CA-FSP-INN/).

## CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CALMHSA):

The California Mental Health Services Authority (CalMHSA) is a Joint Powers Authority (JPA) of the County and City public mental health departments that provides program management, administrative, and fiscal intergovernmental structure for its members. A central component of CalMHSA's vision is to continually promote systems and services arising from a commitment to community mental health. CalMHSA administers local, regional, multi-jurisdictional, and statewide projects on behalf of the County and City public mental health departments.

## CALIFORNIA MENTAL HEALTH SERVICES OVERSIGHT & ACCOUNTABILITY COMMISSION (MHSOAC):

In enacting Proposition 63, the Mental Health Services Act, California voters in 2004 created and charged the Mental Health Services Oversight and Accountability Commission with the responsibility of driving transformational change in public and private mental health systems to achieve the vision that everyone who needs mental health care has access to and receives effective and culturally competent care. The Commission was designed to empower stakeholders, with members representing consumers and their families, service providers, law enforcement, educators, and employers. The Commission put consumers and families at the center of decision-making. The Commission promotes community collaboration, cultural competency, and integrated service delivery. The Commission is committed to wellness and recovery, using its authorities, resources, and passion to reduce the negative outcomes of mental illness and promote the mental health and wellbeing of all Californians.

**RAND:** The RAND Corporation is a nonprofit, nonpartisan research organization headquartered in Santa Monica, California. RAND Health Care is a research division within RAND dedicated to promoting healthier societies by improving health care systems. We provide health care decisionmakers, practitioners, and the public with actionable, rigorous, objective evidence to support their most complex decisions. RAND has an extensive portfolio of mental health research and evaluation. Notably, we have been conducting independent, county-funded evaluations of the MHSA for almost a decade, including an evaluation of LA County DMH's FSP program and extensive work evaluating CalMHSA's statewide PEI programs. For more information, you can access over 80 reports on RAND evaluations of MHSA-funded programs at [rand.org/health-care/projects/calmhsa/publications](http://rand.org/health-care/projects/calmhsa/publications).