THIRD SECTOR

California Multi-County Full Service Partnership Innovation Project: Year 2

Summary Report

January 2022

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 of public funds in the well-being of the people of California. This investment has 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 inconsistent data processes that make it challenging to understand and tell a statewide impact story.

In partnership with Third Sector and the Mental Health Services Oversight and Accountability Commission (MHSOAC), a cohort of six diverse counties[1]—Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura—are participating in a 4.5-year Multi-County FSP Innovation Project that leverages counties' collective resources and experiences to improve FSP delivery across California. Additional project partners include the California Mental Health Services Authority (CalMHSA) acting as the fiscal agent and RAND Corporation providing consultation on measurement and conducting the project's post-implementation evaluation.

The Multi-County FSP Innovation Project implements a more uniform, data-driven approach, enhancing counties' ability to use data to improve FSP services and outcomes. The project advances the efforts of LA County's Department of Mental Health FSP transformation, scaling their initial groundbreaking data and outcomes efforts to new geographies and localities with a statewide perspective. Counties leveraged the collective power and shared learnings of a cohort to maximize FSP program impact and ultimately drive transformational change in the delivery of mental health services.

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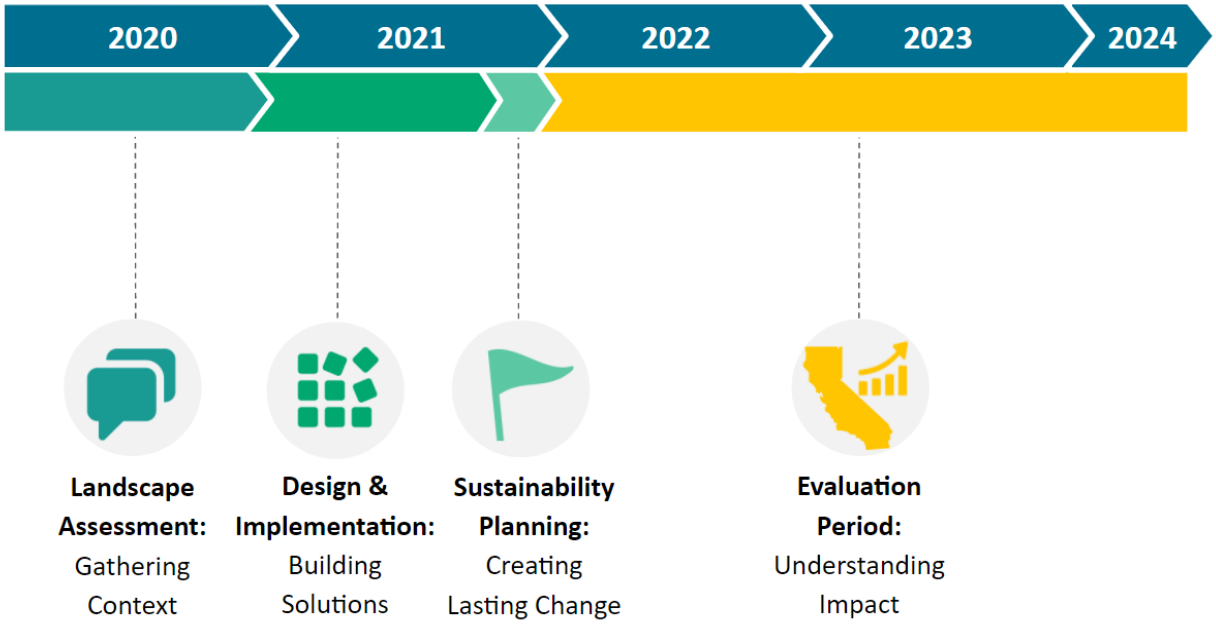
[1] Lake County and Stanislaus County joined this effort in August 2021 and will be implementing changes on a different timeline than the original six counties.

Project Purpose and 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:

1. Developing a shared understanding and more consistent interpretation of FSP's core components across counties, creating a common FSP framework;
2. Increasing the clarity and consistency of enrollment criteria, referral, and transition processes through developing and disseminating readily understandable tools and guidelines across stakeholders;
3. Improving how counties define, collect, and apply priority outcomes across FSP programs;
4. Developing a clear strategy for tracking outcomes and performance measures through various state-level and county-specific reporting tools; and
5. 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



Landscape Assessment: Gathering Context & Building a Vision

In the beginning of 2020, counties began this effort with a nine-month Landscape Assessment phase to understand FSP program assets and opportunities. Understanding that county mental and behavioral health agencies often work with limited resources, counties created a 'cohort' structure in which the six

counties met regularly to share information, resources, and ideas to promote cross-county learning and plan cross-county activities so counties could more effectively deploy their resources. Through a combination of cohort meetings, conversations with county staff across departments, document review, and stakeholder engagement, counties developed a comprehensive understanding of their similarities and differences across FSP service design, populations, data collection, and eligibility/graduation practices.

The six-county cohort structure was essential to the counties building a collective vision and aligning on project priorities. By the end of the Landscape Assessment phase, the cohort narrowed in on a feasible set of implementation activities that would create data-driven FSP programs and build increased consistency in the way FSPs are designed, operated, and assessed. In addition to work counties underwent together as a cohort, counties also selected activities that were specific to their individual county context.

> **"We need to clarify what FSP stands for and how to implement it in a more detailed fashion. There is a lot of misunderstanding and lack of engagement with what FSP is and how it gets implemented." —Ventura County staff**

Design & Implementation: Building Solutions

In October 2020, counties conducted a 12-month Implementation Phase to build and operationalize three shared **"cross-county"** FSP improvements that counties worked on as a cohort, as well as county-specific "**local county initiatives."**

Cross-county activities: Counties embarked on a trailblazing journey to build shared population definitions, outcomes, process measures, and statewide data recommendations, holding more than 30 meetings with more than 25 behavioral health staff. As a result, counties now have more actionable FSP data that they can use to compare and share outcomes across counties and with a broader group of stakeholders, including the service providers and the people that they are serving.

- **Population Definitions:** Counties shared concerns that the lack of standardized definitions for FSP focal populations, both within and between counties, was preventing counties and providers from 1) having a consistent understanding of who is eligible for FSP, and 2) comparing how effectively providers are serving these populations For example, if one county considers a motel stay to be a form of stable housing and another county considers a motel stay to be homeless, it will be difficult to compare outcomes or share best practices for serving individuals experiencing "homelessness").

  To address this challenge, counties drafted definitions for six key FSP populations using as a model Third Sector's work with Los Angeles County to define focal populations for both eligibility criteria and outcomes tracking, best practices from the California Institute for Behavioral Health Solutions (CIBHS), resources currently used by counties, and feedback from additional county staff and the FSP provider community.

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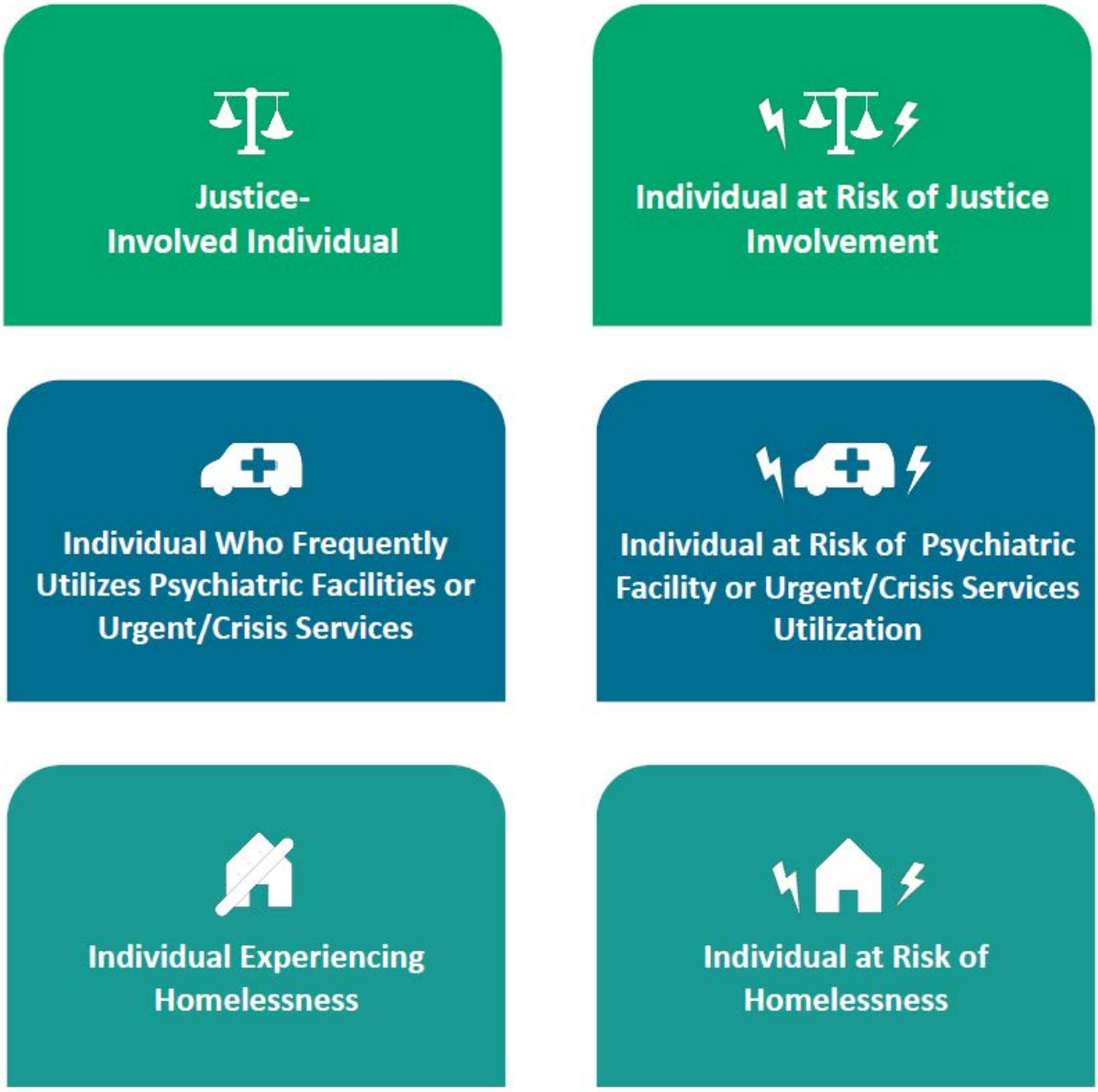
FSP Population Definitions



Outcomes & Process Measures

- **Outcomes & Process Measures:** Because MHSA regulations are somewhat broad in their guidance for what FSPs should be aiming to achieve, participating counties worked together to identify standardized measures for tracking what services individuals receive and how successful those services are. Guided by more than 70 FSP participant interviews and recommendations around evidence-based practices from the project's evaluator, RAND, the counties selected and defined five measures to compare across counties for adult FSP participants.

Increased Stable Housing

Data Source: DCR

A) The number of days that each person experienced (i) stable housing, (ii) temporary housing, and (iii) unstable arrangements during the previous 12-month period

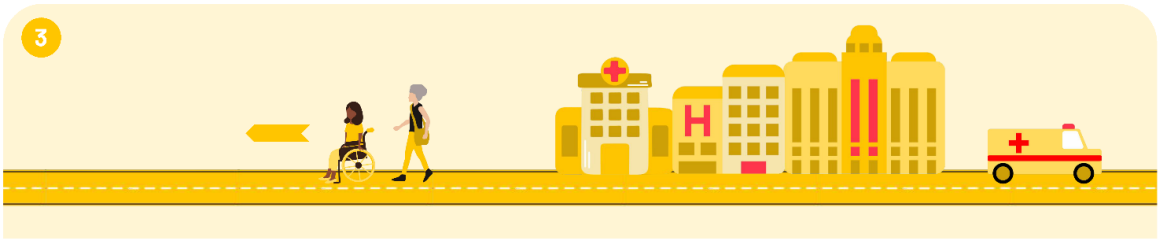
B) The number of times that each person experienced unstable housing/homelessness during the previous 12-month period

Reduced Justice Involvement

Data Source: DCR

A) Whether each person was incarcerated (yes/no) over the previous 12 months

B) The number of arrests that each person experienced during the previous 12 months



Reduced Utilization of Psychiatric Services

Data Source: EHR Systems

Measure #1: Reduced Psychiatric Admissions

A) The number of days hospitalized that each person experienced during the previous 12-month period—in both psychiatric hospitals and general hospitals receiving psychiatric care

B) The number of psychiatric admissions that each person experienced during the previous 12-month period—in both psychiatric hospitals and general hospitals receiving psychiatric care

Measure #2: Reduced Crisis Stabilization Unit (CSU) Admissions

The number of CSU admissions that each person experienced during the previous 12-month period

Increased Social Connectedness

Data Source: DCR

1-item measure: "How often do you get the social and emotional support that you need?" *[Response options include: always, usually, sometimes, rarely, never]*

Frequency & Location of Services

Data Source: EHR Systems

Number and location of the following services received: Individual Therapy, Group Therapy, Rehab Services, Medication Management, Case Management, Housing Services

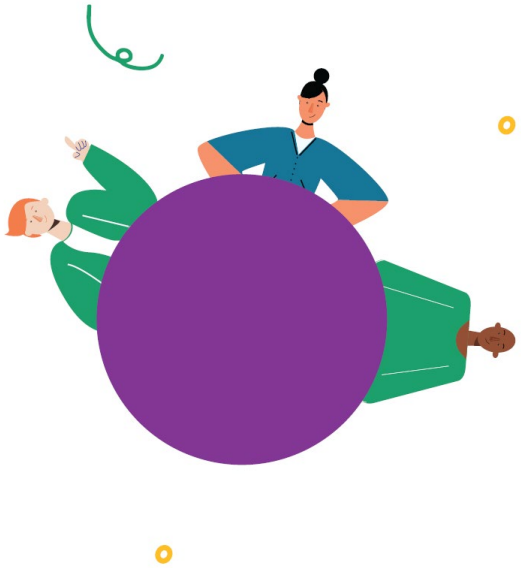
- **State Reporting Recommendations:** County and provider staff both expressed challenges with the current Data Collection and Reporting (DCR) system and articulated a desire for an advocacy initiative to address these challenges and advance efforts for more data-driven programming. To thoroughly understand unique perspectives from across the state, the six-county cohort launched a stakeholder engagement process that involved surveying 17 counties and convening more than 80 FSP providers and program administrators to discuss their experiences and ideas for enhancing the accuracy and functionality of the DCR. The data collected through those forums was compiled into a Data Collection and Reporting (DCR) Recommendations Memorandum that includes actionable system improvement recommendations. Counties then partnered with the County Behavioral Health Directors Association of California (CBHDA), which represents all 58 counties, to open a pathway of collaboration with the Department of Health Care Services (DHCS). Leveraging CBHDA to further the advocacy of this initiative has proven to be an effective strategy and conversations with DHCS are underway.

"We need to improve how we track data to make clinically-relevant, person-first decisions about clients and use clinical data to inform programmatic decisions—a uniform, consistent process to zoom out on length of stay, hospitalizations, and other outcomes."
—Fresno County staff

"All FSP clients have complex needs. We want to validate how hard it is to define success—but a question we're wrestling with is how we can use currently collected data meaningfully to inform our programs, and what information will demonstrate impact.
—Ventura County staff

Statewide Learning Communities and Workshops

- **December 2019**: More than 40 participants from 17 California county agencies and the state Mental Health Oversight Commission (MHSOAC) attended a statewide workshop focusing on building a collective vision for statewide FSP outcomes and discussed the future of FSP Learning Communities.
- **October 2020:** Third Sector, the MHSOAC, behavioral health and provider staff from Fresno and San Bernardino counties, and individuals receiving FSP services co-facilitated a public webinar to share efforts to date to develop shared practices for using data to create more successful FSP services and outcomes across six counties.
- **March 2021:** Third Sector, the MHSOAC, the Departments of Mental/Behavioral Health in San Mateo, Sacramento, and Los Angeles counties, along with individuals from their respective provider and participant communities, hosted a public webinar to share promising approaches to improving cultural responsiveness and reducing outcomes disparities in mental health services.
- **June 2021**: More than 80 participants from 36 California county agencies attended a statewide workshop focusing on 1) identifying the key challenges related to utilizing the DCR system to understand participant progress and develop date-driven service provision and 2) identifying potential solutions to address these challenges.



Local County Initiatives

Counties each identified 2-3 county-specific priority initiative to implemented locally at the same time alongside the cross-county initiatives. While multiple While multiple counties pursued the same local initiatives, results varied across the state because of counties' distinct populations, geographies, and needs. Counties were able to efficiently and effectively implement each of these improvements by sharing tools, processes, and ideas, benefitting from a cohort approach even as results show nuanced differences.

Local Initiative	Participating Counties
Graduation Guidelines Standardizing graduation criteria and/or guidelines that balance unique participant needs and system-wide outcomes in making individual graduation decisions, including creating improved definitions of "stability" and "recovery."	Sacramento, San Mateo, Ventura, San Bernardino, Siskiyou
Service Requirements Developing minimum FSP service requirements to adopt as official guidance. These depend on local context and priorities and could include the percentage of field-based services, the availability of telehealth options, housing services, employment services, and peer supports.	San Mateo, Ventura, Siskiyou
Reauthorization Process Standardizing an FSP reauthorization process and/or tools that can be used by counties to more regularly assess whether a participant is ready to stepdown from FSP services.	Fresno, Sacramento
Eligibility Guidelines Revising county-specific FSP eligibility criteria to ensure that counties prioritize FSP services to the highest-need individuals.	San Mateo, Ventura
Data Collection & Reporting Streamlining existing processes and/or developing new data collection methods and reports so that counties and providers can more effectively collect, access, and utilize FSP data to inform care and programmatic decisions.	Fresno, San Bernardino
Referral Process & Guidelines Creating standardized processes and guidelines around FSP referrals including developing consistent referral forms and protocols across providers, drafting a more centralized referral approval process, and/or ensuring a warm hand-off between referral and enrollment.	Fresno, San Bernardino

Fresno

Fresno's Department of Behavioral Health redesigned its processes for referral and enrollment, reauthorization, and data collection and reporting using input from FSP participants, caregivers, providers and cross-departmental county staff. These process improvements will equip staff to make more **data-informed decisions throughout participants' time in FSP**, from the point of referral until graduation.

Sacramento

Sacramento Behavioral Health Services created new guidelines and tools for FSP stepdown and graduation, including operational improvements that will help staff normalize graduation in conversations with participants and prevent individuals from getting "stuck in services." As a result, FSP staff have a shared understanding of "stepdown readiness," which will also **help graduating participants experience a smoother transition**.

San Bernardino

San Bernardino's Department of Behavioral Health developed new adult FSP referral forms, data reports, and graduation guidelines with input from more than 72 stakeholders. With these changes, individuals can access FSP services more quickly and participate in their own transition planning. FSP staff now have **data tools to understand program-level outcomes** (including population disparities) and inform programmatic decisions.

San Mateo

San Mateo Behavioral Health and Recovery Services designed new eligibility, service, and graduation guidelines across its child FSP system of care, leading to **more consistent and recovery-oriented programs** for young people living with SED or SMI. These program improvements will be reinforced with updated RFPs, provider contracts, and county policies in 2022.

Siskiyou

Siskiyou County Behavioral Health Services developed new guidelines for FSP services and graduation, building on Strengths Model case management to integrate a recovery-oriented approach. With this additional structure and clarity, staff are now equipped to prioritize individuals with the most intense needs and deliver services in a team environment, and participants have a greater role in **defining wellness and recovery** for themselves.

Ventura

Ventura County Behavioral Health developed guidelines for FSP eligibility, services, and graduation, leading adult programs to become more consistent, responsive, and better equipped to provide intensive wraparound care. These changes give staff **greater treatment flexibility and team support**, leading to better participant experiences and outcomes within FSP.

"Slowly ease me into the transition process, rather than abruptly changing services. Not, oh we're done with you. Hope you have a good life."

—Sacramento County FSP participant

"Service delivery guidelines are being written as we go along, adapting to the needs of program staff. Staff have freedom to be creative and we don't want to stifle this, but we've had staff changes, so there's definitely a need to actually write down service guidelines."

-Ventura County staff

Sustainability Planning: Creating Lasting Change

In October 2021, the six-county cohort began preparing for RAND's evaluation and ongoing cross-county data sharing and continuous improvement (CI) processes. During this time, a second wave of counties—Lake and Stanislaus—joined the Multi-County FSP Innovation Project and began attending meetings to offer additional insights into the cross-county activities and data processes they will eventually be implementing as part of the cohort.

This phase of the project has included efforts to customize the Enhanced Partner-Level Data (EPLD) templates that counties can use to standardize how they share and analyze state-reported DCR data. Counties will continue meeting monthly to discuss the progression and interim results of the evaluation and to further build out shared data reporting capabilities. Ultimately, these monthly meetings will transition into a recurring forum where participating counties can share outcomes data with one another, identify best practices, and strategize new operational improvements to pilot.

Evaluation Period: Measuring Progress

The six counties and RAND Corporation will continue working together on the project's two-and-a-half-year evaluation phase. RAND will conduct both quantitative and qualitative analyses to assess participant outcomes and plans to release final evaluation results in 2024. *Please see "A Look Ahead" on pp. 14 for more details.*

Stakeholder Insights

Effective stakeholder engagement leverages their knowledge and experience to provide a deeper understanding of challenges on the ground, while identifying goals and solutions that solve for the needs articulated by stakeholders. For the Multi-County FSP Innovation Project, these key stakeholders included FSP participants, participants' primary caregivers, and service providers. Third Sector and participating counties engaged representatives from each of these groups to better understand FSP programs from their perspectives. The project launched two iterative stakeholder engagement initiatives: one to learn about participants' experiences in FSP and prioritize challenges to address, and another to inform the design and implementation of solutions at the county and cohort level.

Stakeholder Engagement by County and Statewide

- **Fresno** - 32 participant interviews | 70 provider survey responses | 10 provider focus groups with 29 staff
- **Sacramento** - 32 participant interviews | 7 provider focus groups with 40 staff
- **San Bernardino** - 24 participant interviews | 10 provider survey responses | 4 provider focus groups with 23 staff | 2 peer and family advocate focus groups with 5 staff
- **San Mateo** - 27 participant interviews | 4 provider focus groups with 20 staff
- **Siskiyou** - 23 participant interviews | 2 provider surveys | 4 provider focus groups 30+ staff
- **Ventura** - 41 participant interviews | 8 provider focus groups with 48 staff
- **Cohort** - 57 survey responses from 17 California counties

Participant feedback played an important role throughout the project by helping counties and Third Sector understand the goals and needs of those being served. Participants were asked about their experience enrolling in or stepping down from FSP to a less-intensive level of service, services that were important for them, and goals they hoped to achieve. These participant insights became the basis for prioritizing cross-county outcomes and process measures.

"I want to be a 'normal person.' I don't want to be labeled a mental health patient."
—San Bernardino FSP participant

"Social isolation is a problem for me in a small town with nowhere to go. This has made getting kind of meaningful social interaction really difficult to acquire."
—Siskiyou County FSP participant

"Success would be for me, at least a semester of school, getting my own apartment. And feeling like less of a mental health case, and more of a, I guess, normal person."
—Fresno County FSP participant

One key "win" from this process was the decision to put more focus on measuring increased social connectedness, an outcome that has been historically difficult to track but was consistently named by participants as critical to their recovery journey. Insights from FSP participants also served as the basis for building participant-centered step down processes and criteria in five counties.

Provider feedback also played an important role in not only determining which implementation activities to pursue, but also in determining which outcomes and process measures to prioritize, how adult FSP focal populations should be defined, and what changes would need to be made to state reporting to ensure that counties and providers could better implement data-driven programming and team operations. At the cohort level, provider feedback was largely collected through digital surveys; even so, providers in several counties participated in recurring workgroups to build county-specific solutions, including new referral processes, step down guidelines, and service guidelines. By co-designing these

innovations with behavioral health and provider staff, counties now have "buy-in" across their stakeholders to effectively operationalize new policies and processes.

Stakeholder Engagement Lessons Learned and Best Practices

1. **Ground decisions about policies and operational practices in FSP participant experience**, including data reporting and outcomes measurement.
2. **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.
3. **Compensate FSP participants for their engagement** to recognize the value of their time and contributions.
4. **Leverage both county advocates and third-party facilitators** as necessary to surface deeper insights and bridge potential trust gaps.
5. **Use trauma-informed and healing-centered techniques** to reduce harm and avoid re-traumatization, especially when discussing sensitive topics.
6. **Train staff in cultural competency,** equipping them with language and tools to facilitate discussions about identity and culturally specific needs with participants.

Cross-County Collaboration Lessons Learned

Cross-county projects involve significantly more stakeholders, adding complexity to coordination and decision-making processes. With thoughtful planning, flexibility, and human connection, these challenges can be successfully navigated and lead to powerful collaborations with far-reaching impacts.

1. **Consider which activities are appropriate for statewide standardization vs. local customization.** In other words, some areas are ripe for statewide collaboration: outcome definitions, metrics, and data collection are appropriate to pursue collectively to achieve a unified result, such as shared state data reporting requirements. Other activities should be customized to a local context. For example, counties can pursue parallel processes for eligibility, step down, and service design while still sharing resources and learnings across counties. This creates efficiencies while honoring counties' distinct geographies, populations, and histories.
2. **Maintain a flexible approach tailored to individual county needs while pursuing a shared vision.** State collaborations inevitably draw counties of varying sizes, structures, resources, and internal cultures. Recognizing these differences upfront can provide context and help mitigate challenges, allowing each county to pursue a shared vision while following a unique path.
    - ***Work-planning and meeting cadence:*** Counties range in their staff capacity and dedicated project resources, making a uniform workplan and meeting cadence infeasible. Mitigation strategies can include:

- Shifting scheduled meetings to independent work, allowing counties to work at their own pace;
- Sequencing activities so that staff are not managing multiple initiatives simultaneously (e.g. local county and cohort work);
- Adjusting the volume of activities based on counties' capacity. This requires participants to understand the anticipated workload and make clear commitments at the time they select activities to implement.

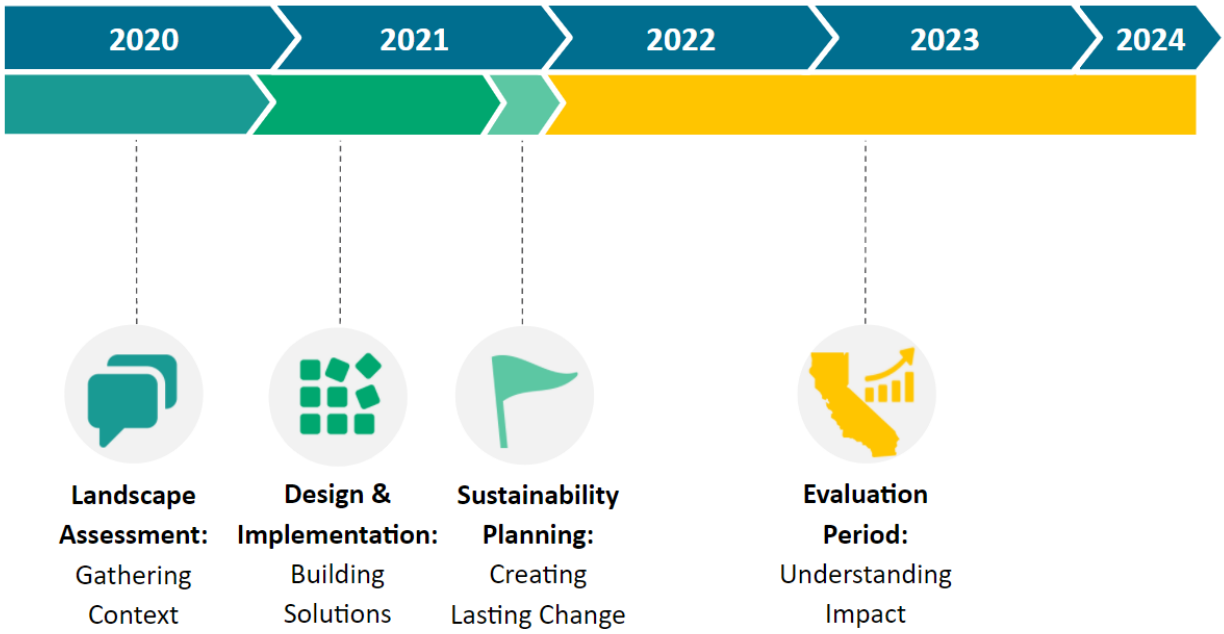
- ***Communication:*** When running multi-year projects with large numbers of stakeholders and many phases of work, one can expect a healthy amount of staff turnover and reorganization. Recognizing that this can create information gaps and challenges with the level of project buy-in from new staff, it is important to establish robust communication practices. Mitigation strategies can include:
  - Setting upfront expectations for an iterative process that will be regularly revisited based on external feedback from providers, individuals served, and other key stakeholders;
  - Clearly documenting group decisions and the rationale behind these decisions;
  - Continuously referring back to shared project goals to keep everyone aligned on the shared vision; and
  - Streamlining communications and centralizing action items in one place.

- ***Implementing new processes***: Counties with well-developed data infrastructure may face more challenges with innovating and operationalizing changes, compared to those with less infrastructure. For example, some counties were able to adopt new data fields with relative ease, while counties with established practices hesitated to change or replace their existing practices. Internal county administrative processes and decision-making culture also play a role when advocating for change. Mitigation strategies can include:
  - Facilitating conversations about the tradeoffs of standardizing data practices, which may involve changing and creating potential redundancies with counties' existing data infrastructure;
  - Ensuring county staff and department leaders can commit to implementing solutions; and
  - Clearly identifying areas where all counties are open to innovating their processes to align with each other.

3. **Value informal learning as highly as formal meetings and project structures.** While cross-county meetings were a structured forum for designing and delivering on specific cross-county activities, these touch points also served as a valuable opportunity for the six counties to informally learn from one another and share best practices. In addition to the regularly scheduled agenda topics, counties also used this time to exchange insights around streamlining data reporting practices, effectively leveraging flexible funding, and developing annual reports. Counties recognized the inherent value in these informal, peer-to-peer interactions, and plan to utilize the relationships formed during the project to continue meeting regularly and reaching out to one another for ad-hoc support.

Overall, there is tremendous value in a cross-county cohort model when counties are able to identify appropriate areas of standardization across initiatives and approaches and share knowledge continuously throughout the project and beyond. As the Multi-County FSP Innovation Project expands, new counties that join can expect to benefit from the expansive lessons learned from the original six-county cohort. New counties will also be able to adopt the standardized innovations developed by the original cohort; and while joining the project on a later timeline may limit the ability to modify some of the previously developed solutions, it can also provide greater flexibility in timeline and structure to pursue more locally customized initiatives.

A Look Ahead

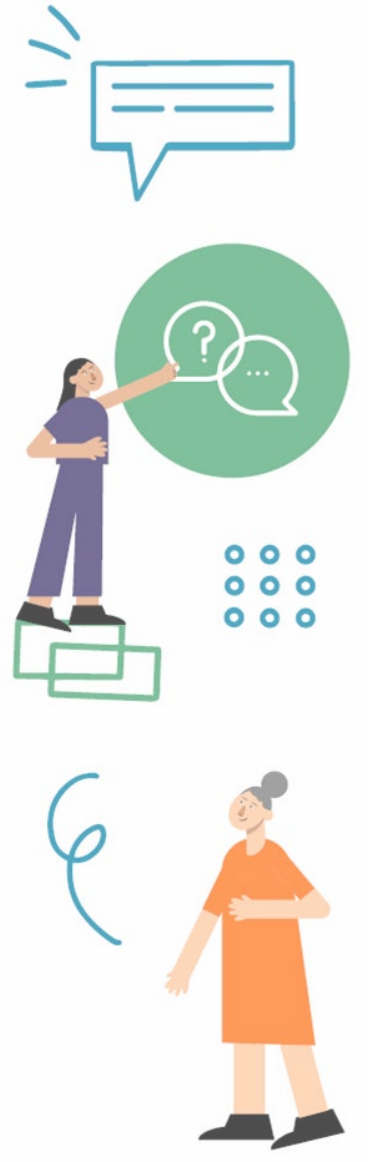


The original six counties and the evaluator, RAND, will continue working together through mid-2024 on the project's 2.5-year evaluation phase. The first pull of baseline data will take place in January of 2022 and data collection will continue every six months thereafter. RAND will also be conducting qualitative interviews to understand if and how participants perceive the changes that counties have made to their FSP operations as a result of this project's effort. Throughout 2022, counties will be meeting monthly to discuss the evaluation, troubleshoot data sharing and data cleaning challenges, develop consistent reporting practices across counties, share data on standardized metrics, and examine data trends that could lead to future operational improvements.

In addition to the ongoing evaluation and continuous improvement activities for the original six counties, the work of the Multi-County FSP Innovation Project will continue through a second wave of counties, Lake and Stanislaus, that joined the project in the fall of 2021. Lake and Stanislaus participated in the final

stages of the cross-county work undertaken by the six-county cohort and will adopt the outcomes, process measures, and population definitions as defined by the project. In 2022, these two counties will build on this work and identify several county-specific activities to pursue over the next year with Third Sector's technical assistance. RAND's evaluation period for these two additional counties will begin in mid-2023.

Third Sector and the eight participating counties believe the strategies piloted on the Multi-County FSP Innovation Project have the potential to increase the **consistency**, **quality**, and **effectiveness** of care across the state. Learnings from the project and its evaluation will be shared broadly with the intent to advocate for wider adoption and shape statewide policy and programming. The Multi-County FSP Innovation Project highlights the potential of cross-county collaboration to ignite a statewide movement dedicated to improving mental health services for individuals with the greatest needs.



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, urban neighborhoods of California's fifth largest city, and rural communities. 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 ten 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 FSP participants and family members. As such, San Bernardino County DBH serves over 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 our 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 participants 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 FSP participants and their families by providing the highest quality prevention, intervention, treatment, and support to persons with mental health and substance abuse issues.

Technical Assistance and State 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.

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 FSP participants and their families, service providers, law enforcement, educators, and employers. The Commission puts FSP participants 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 Corporation

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 decision makers, 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 https://www.rand.org/health-care/projects/calmhsa/publications.html.

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.