



California Multi-County Full Service Partnership Innovation Project: Year 3

Progress Report

AUGUST 2023



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.

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, more than 70,000 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 consisting of nine diverse counties 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. Beginning in early 2020, Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and, Ventura counties launched the first ‘wave’ of the cohort. In August 2021, Lake and Stanislaus counties joined the project, followed by Napa County in October 2022, to form ‘wave 2’ of the cohort. 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 leverage 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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Project Purpose & 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

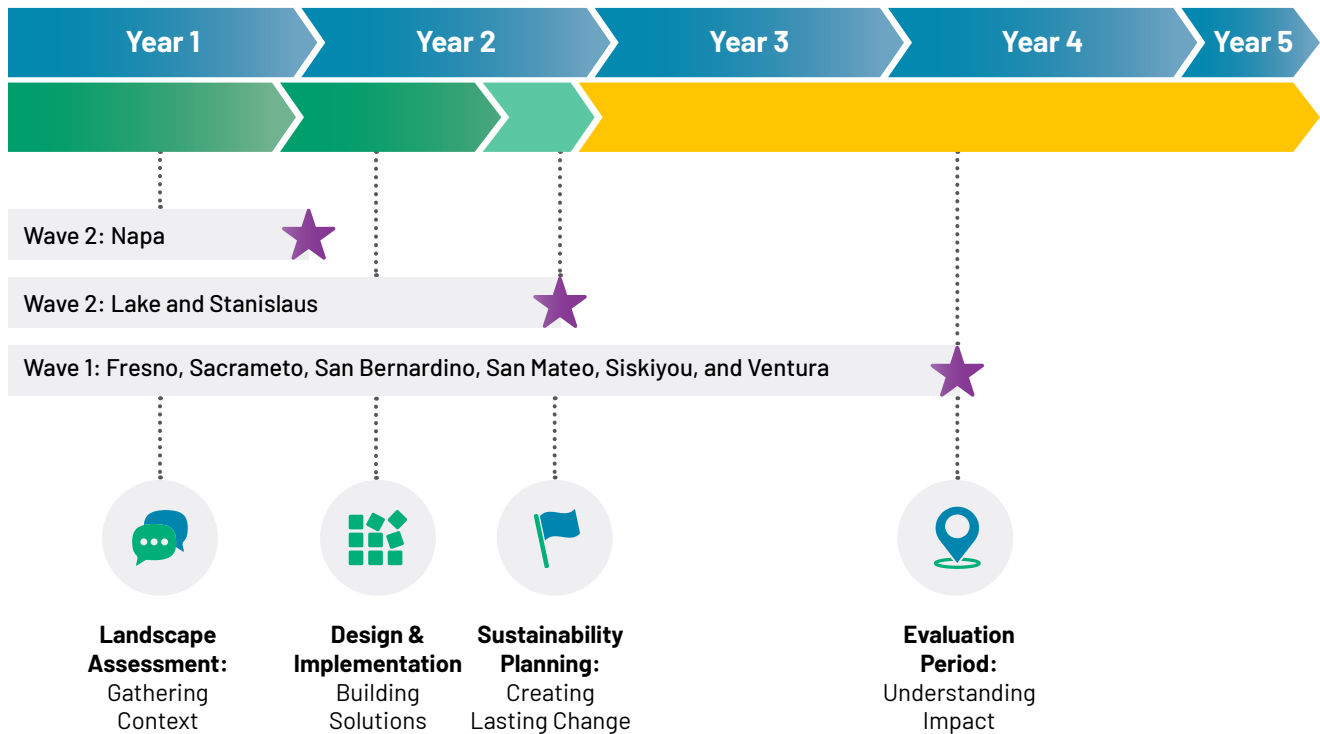

Increasing the clarity and consistency of enrollment criteria, referral, and transition processes through developing and disseminating readily understandable tools and guidelines across stakeholders;
- 03


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; and
- 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.

Project Progress To Date



★ Designates where each county currently falls on the project timeline.

Landscape Assessment: Gathering Context & Building a Vision

Every county in the Multi-County FSP Innovation project began this effort with a Landscape Assessment to better understand local FSP assets and opportunities as well as similarities and differences in FSP programs across counties. Third Sector worked closely with county staff and engaged county, provider, and consumer stakeholders to develop a comprehensive understanding of each county’s FSP service design, populations, data collection, and eligibility, referral, and graduation practices. By the end of the Landscape Assessment phase, each county narrowed in on a feasible set of implementation activities that would enable them to create data-driven FSP programs and build increased consistency in the way FSPs are designed, operated, and assessed.

Design & Implementation: Building Solutions

Cross-County Collaboration

In 2021, counties embarked on a trailblazing journey to build shared population definitions, outcomes, and process measures, guided by input from local providers and consumers as well as county staff across the state. ‘Wave 2’ counties - Lake, Napa, and Stanislaus - are in the process of adopting and implementing these shared definitions and measures.

As a result, all nine of the participating counties will 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.

FSP 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 having a consistent understanding of who is eligible for FSP and from comparing how effectively they are serving these populations. To address this challenge, counties drafted definitions for six key FSP populations:



Justice-involved
Individual



Individual at Risk
of Justice Involvement



Individual Who Frequently Utilizes
Psychiatric Facilities or
Urgent/Crisis Services



Individual at Risk of Psychiatric
Facility or Urgent/Crisis
Services Utilization



Individual Experiencing
Homelessness



Individual at Risk
of Homelessness

OUTCOMES AND 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 five standardized measures for tracking what services individuals receive and how successful those services are:



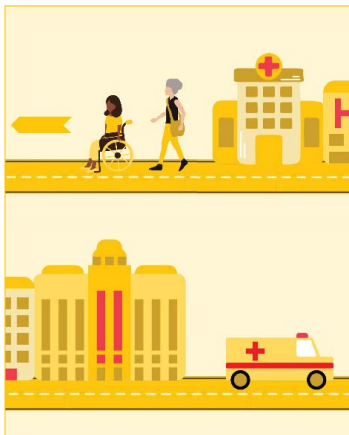
Increase Stable Housing (Data Source: DCR)

- 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

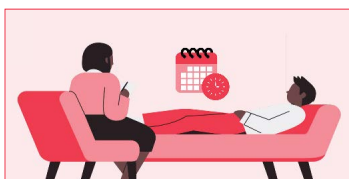
The number of CSU admissions that each person experienced during the previous 12-month period.



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].

Social connectedness emerged as a central, important outcome to individuals receiving FSP services during extensive 1:1 interviews. Based on this input, social connectedness was adopted as one of the core outcomes included in the project and is being added to the PAF and 3M DCR forms so that this data can be collected on a consistent basis.



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.

Local County Initiatives

Counties each identified 2-3 priority initiatives for local implementation, simultaneously with the cross-county initiatives. 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
<p>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.”</p>	<p>Sacramento, San Mateo, Ventura, San Bernardino, Siskiyou, Lake, Stanislaus, Napa</p>
<p>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.</p>	<p>San Mateo, Ventura, Napa, Siskiyou</p>
<p>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 step-down from FSP services.</p>	<p>Fresno, Sacramento</p>
<p>Eligibility Guidelines Revising county-specific FSP eligibility criteria to ensure that counties prioritize FSP services to the highest-need individuals.</p>	<p>San Mateo, Lake, Ventura</p>
<p>Workforce Research Understanding both established and emerging national and local best practices from leaders in the field and identifying actionable steps to recruit and retain a high-quality behavioral health workforce.</p>	<p>Stanislaus</p>
<p>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.</p>	<p>Fresno, San Bernardino</p>
<p>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.</p>	<p>Fresno, Napa, San Bernardino</p>

Lake County

Lake County Behavioral Health Services updated and added clarity to eligibility and graduation guidelines across the child and adult systems of care. The graduation guidelines included standardized process maps, conversation prompts, step-down guidance, and recommendations for a tiered approach to maximize resources between consumers needing different levels of care. As a result, FSP programs now have a shared understanding of “step-down readiness,” which will also **help graduating participants receive a more consistent service experience and smoother transition to lower levels of care.**

“They have talked about [graduation] being slow and gradual. I will still be coming to groups. I’ll soon have to handle my own finances and pay for more of my rent. I’ve discussed all this with my case manager and I’m looking forward to graduating.”

- Lake County Consumer

Stanislaus County

Stanislaus County Behavioral Health and Recovery Services created more streamlined FSP graduation practices, including conversation prompts that integrate graduation discussions throughout services and visual guides for both the current- and ideal-state graduation processes that detail key staff, touchpoints, tools, and resources involved along the way. With these updates, **staff has more standardized guidance to support consumers throughout their FSP journey and facilitate successful graduations.**

Additionally, Third Sector produced a workforce research report that identifies innovative strategies and established and emerging best practices for recruiting and retaining talent in the behavioral health field. The recommendations in this report will provide Stanislaus County with both general and FSP-targeted interventions for recruitment and building and retaining existing talent.

“Lately we are putting out fires more than actually doing the work that we want to do. There are demands with all of the changes and our caseloads are bigger than normal. I hope we can get to a place where we can do the work we want to do and not just put out fires.”

- Stanislaus FSP Provider

Napa County

Napa County Health and Human Services is in the beginning stages of the ‘Design & Implementation’ phase and plans to **update eligibility, step-down, and graduation guidelines relevant to current needs**, drawing upon best practices and recommendations from other participating counties. The agency will also be developing a team-based FSP model that expands the use of non-clinical workforce such as mental health peers.

“A lot of times, [consumers] end up homeless after a few months post-graduation because they couldn’t maintain on their own. There’s got to be an avenue for them to continue getting support even after they’re done.”

- Napa FSP Provider

'Wave 1' counties including Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura completed their 'Design & Implementation' phase at the end of 2021.

For more information on these counties' local initiatives, see the [January 2022 Project Progress Report](#).

Stakeholder Engagement

Stakeholder engagement with FSP providers and consumers was crucial in both understanding assets and challenges during the Landscape Assessment and also informing the design and implementation of solutions at the county and cohort level. Total stakeholder engagement across the project to date includes:

225 Individual Interviews with current or former FSP consumers or their caregivers;

50 Provider Focus Groups with participation from more than 200 FSP staff; and

120 Survey Responses from county and provider staff



State-wide Learning Communities & 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.

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.

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.

June 2021

More than 80 participants from 36 California county agencies attended a statewide workshop focusing on identifying the key challenges related to utilizing the DCR system to understand participant progress and develop data-driven service provision and identifying potential solutions to address these challenges.

July 2022

Third Sector and behavioral health staff from Fresno and Ventura counties presented at the monthly MHSOAC meeting to update the Commission and the public on the status of the Multi-County FSP Innovation Project to date, key lessons learned, the importance and impact of community voice, and the value of leveraging a multi-county cohort to design collaborative solutions to shared challenges.

May 2023

More than 65 participants from 36 California county agencies convened to learn key insights from Stanislaus County's workforce recruitment and retention research and Lake County's experience collecting and evaluating FSP data using the new automated DCR reports.

"These practices resonate with me. We are working on improving staff retention and we've found that really sitting down with them and learning more about their career goals and what they want to be has been helpful. We want to do that further."

- County Administrator reflecting on workforce recruitment and retention strategies

Sustainability Planning: Creating Lasting Change

This phase of the project is intended to ensure the long-term success of county and cohort initiatives and includes preparing for RAND's 2.5-year evaluation and adopting a continuous improvement process that enables counties to continue to share data and information with one another on a regular basis.

As a part of building a strong continuous improvement process, representatives from each participating county, supported by Third Sector and RAND, met monthly over the past year to check in on the progress of data collection and shared outcomes measurement, and to discuss best practices for service delivery.

For example, during one meeting, Fresno County shared lessons learned from updating their referral processes, including navigating buy-in from staff and leadership, adapting to unexpected changes in referral forms, and addressing capacity challenges throughout implementation. Counties also use the [FSP Enhanced Partner Level Data \(EPLD\) Version 9.0 templates](#), which were customized specifically to include automated reports on the outcome measures defined collaboratively by this project, to share trends and facilitate cross-county data discussions during these meetings. Counties will continue meeting quarterly to further build out shared data reporting capabilities, exchange resources, and discuss updates to the project evaluation.

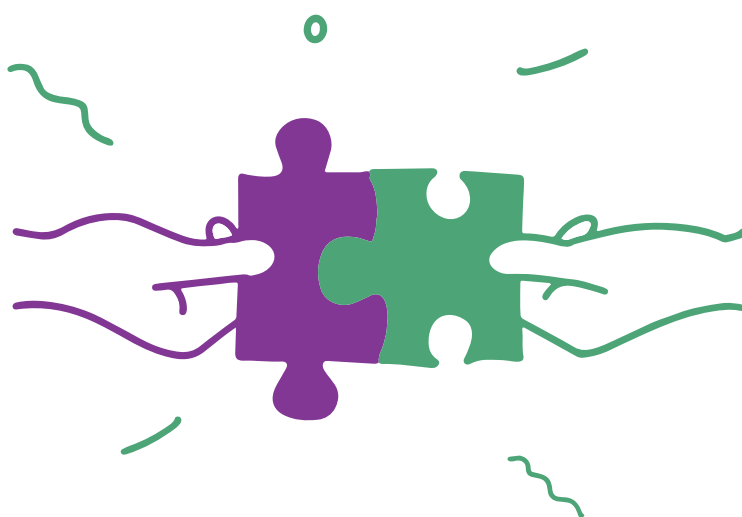
Evaluation Period: Measuring Progress

As a part of the project evaluation, RAND is conducting:

- 1) A quantitative analysis of **individual-level data** provided by counties in order to better understand the impact of FSP programs on the individuals served and;
- 2) A qualitative analysis of **system-level impacts** of the FSP innovation project to better understand how changes to FSP service delivery impact providers and individuals served.

To date, RAND secured institutional review board (IRB) approval for all evaluation procedures. For the quantitative analysis, RAND has been securely receiving individual-level DCR and EHR data from counties, cleaning the data, and conducting statistical analyses. For the qualitative analysis, RAND designed a semi-structured protocol for key informant interviews to understand both behavioral health department leadership and “on the ground” provider perspectives on the FSP project innovations. RAND is currently in the process of completing leadership interviews and scheduling provider interviews across the original six (“Wave 1”) participating counties. Throughout the process, RAND has continued to attend regular continuous improvement working group meetings, providing input as needed.

For “Wave 1” counties, RAND anticipates completing qualitative data analyses this summer, completing quantitative analyses in the fall, and releasing a final evaluation report and presenting findings to stakeholders in early 2024. Lake and Stanislaus counties recently began their evaluation period in June 2023 and Napa County will begin their evaluation period in the summer of 2024.



Project Impact to Date

While the project evaluation is still underway, there are already several observed benefits as a result of the 4.5-year cross-county collaborative:

1 Improved collaboration across participating counties:

Regular cohort meetings served as a valuable opportunity for counties to both formally and informally learn from one another and share best practices. In addition to collectively standardizing data reporting practices, counties also used this time to exchange insights about streamlining enrollment/referral processes, improving step-down transitions, more effectively leveraging flexible funding, and developing annual reports. Counties recognize the inherent value in these peer-to-peer interactions and continue to utilize the relationships formed during the project to meet regularly and reach out to one another for ad-hoc support. Participating counties have also put on two state-wide Learning Communities to encourage feedback and knowledge sharing across the state.

2 Standardized data reporting:

Because MHSa regulations are somewhat broad in their guidance on what FSPs should aim to achieve, participating counties worked together to identify standardized performance measures for tracking the services individuals receive and how successful those services are for specific populations. Guided by both evidence-based practices and extensive community engagement, the counties selected and defined five outcome and process measures and then built automated reports to track these measures. As a result, counties have more consistent and actionable FSP data that they can use to compare and share outcomes across counties and better tell a state-wide impact story.

3 Increased consumer input in service changes and outcomes:

Consumer feedback played an important role throughout the project by helping counties better understand the goals and needs of those being served. With the input of more than 200 consumer interviews, each county made customized changes to their local service delivery, such as building more consumer-centered step-down processes and criteria. In addition, counties collectively created a new standardized performance measure around social connectedness, an outcome that FSP peers and consumers elevated as critical to their recovery journeys.

A Look Ahead

Third Sector and the nine participating counties believe the strategies piloted in 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 highlight the ability of cross-county collaboration to **ignite a statewide movement** dedicated to improving mental health services for individuals with the greatest needs.

Beginning in August 2023, Third Sector and the MHSOAC will build off the progress of the Multi-County FSP Innovation Project and launch a state-wide initiative to better understand the effectiveness of FSPs through community engagement and targeted outreach to applicable state agencies and associations, all 58 county behavioral health departments, FSP providers, consumers, and family members, partner agencies in housing, health, and law enforcement, and advocates and other experts in the field.

Ultimately, this effort will support state-level recommendations for strengthening the implementation and outcomes of FSP programs across California.



Project Partners

County Partners

The Multi-County FSP Innovation Project is a partnership between nine counties across California based on an initial outcomes-oriented FSP pilot project with Los Angeles County. The first wave of counties consisted of Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura. Lake and Stanislaus counties joined as 'Wave 2' in 2021, followed by Napa County in 2022.

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 decisionmaking. 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 well-being of all Californians.

Third Sector

Third Sector is a national nonprofit helping to unlock possibility, confront inequity, and catalyze change to the benefit of the people and places our government, community-based, and philanthropic partners serve. It is one of the leading implementers of outcomes-oriented strategies in America.

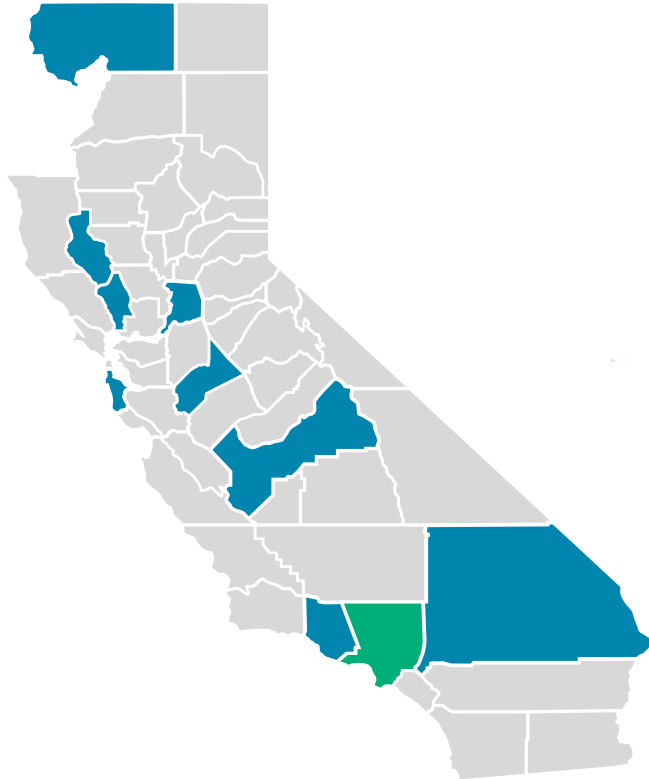
Third Sector has supported more than 50 communities to redirect more than \$1.2B in public funds to data-informed, outcomes-oriented services and programs. Third Sector's experience includes working with the Los Angeles County Department of Mental Health (LACDMH) to align more than \$350M in annual MHSOAC FSP and Prevention and Early Intervention (PEI) funding and services with the achievement of meaningful life outcomes for more than 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 Santa Clara County 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.

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 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 MHSOA 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 MHSOA-funded programs.](#)



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.



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