



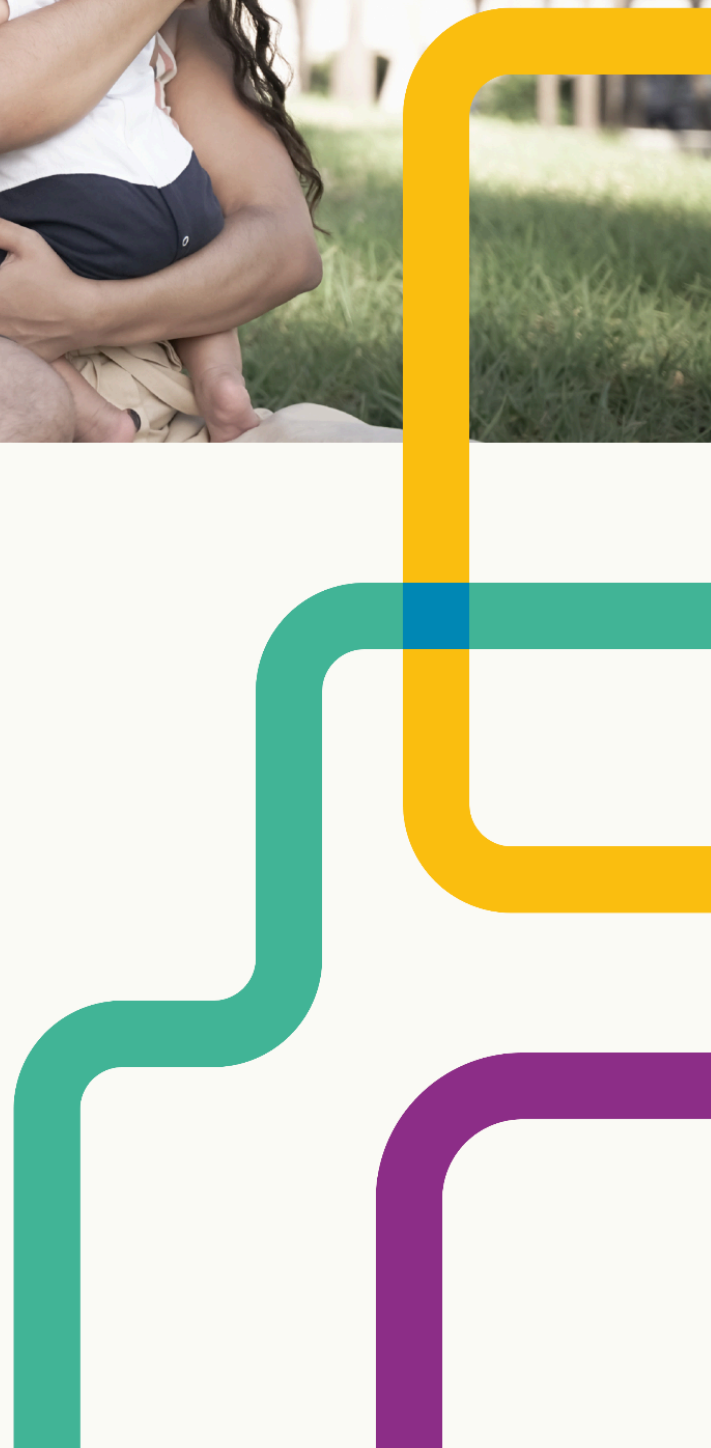
**THIRD
SECTOR**

CHANGING SYSTEMS, CHANGES LIVES

Doing “Whatever It Takes” To Improve Mental Health Service Delivery for High-Need Populations:

Exploring the Impact of Full Service
Partnership (FSP) Programs in
Ventura County, California

March 2025



"Changing Systems, Changes Lives" is a series of case studies that explore the impact of a broad range of projects supported by the national nonprofit organization **Third Sector**. The case studies highlight the work of the forward-thinking government agencies and nonprofit organizations that partner with Third Sector to design, implement, and continuously improve initiatives aimed at dismantling historical inequities and advancing outcomes-focused public systems. **These initiatives are transforming local systems and catalyzing positive change for local communities—reducing homelessness and reincarceration, increasing health equity and access to care, and expanding access to education and work that lead to economic mobility.** They provide a valuable lens into the processes and people that drive systems change and offer lessons for changemakers hoping to do similar transformation work to address complex social issues in their own communities.



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Introduction



Of all the forms of inequality, injustice in health is the most shocking and inhumane.”

— *Martin Luther King, Jr.*

Access to high-quality, on-time medical care, including care for mental health conditions, is a fundamental human right. This case study shares the journey of **Ventura County Behavioral Health (VCBH)** toward defining, standardizing, and operationalizing an innovative, state-sponsored mental health care model—the **Full Service Partnership (FSP)**—to increase access to essential care for the most vulnerable county residents. FSPs are a type of program defined by California’s 2004 landmark Mental Health Services Act (MHSA).¹ The passage of the MHSA infused over \$1 billion per year to expand and transform California’s behavioral health system to better serve individuals with, and at risk of, serious mental health issues. FSPs provide comprehensive, recovery-focused behavioral health services to people with the most severe mental health needs, including individuals who are experiencing homelessness, are involved in the justice system, or frequently require crisis services or psychiatric hospitalizations. These individuals often face compounding barriers that exacerbate their mental health conditions and limit their ability to access care.

The philosophy behind FSPs is to do “whatever it takes” to help people on their path to recovery and wellness. Key FSP services range from individual and group therapy, to rehab and substance use services, to holistic support with accessing housing, basic needs, and other wraparound supports.² FSP programs are unique because they have a low client-to-staff ratio, 24-hour access to care, and a treatment approach that employs (as the name implies) a partnership between clients, mental health staff, peers, and community-based providers in order to help people reach their recovery goals.

The holistic nature of FSPs offers tremendous potential to reduce psychiatric hospitalizations, homelessness, incarceration, and prolonged suffering by individuals with severe mental health needs.³ FSPs benefit historically underserved people and communities because systemic discrimination and injustice cause consistent overrepresentation of low-income communities and people of color, especially Black and Latino populations, among those with the most severe or untreated mental health needs.¹ However, broadly defined state guidelines make it difficult for local agencies to interpret and implement FSPs effectively,² resulting in significant variation in program delivery, use, quality, and effectiveness throughout the state.

This case study explores how **VCBH** has effectively translated broad state-level FSP regulations into specific operational actions to improve access to and quality of FSP services for Ventura County residents with the most severe mental health needs. These efforts are ultimately aimed at helping FSP clients, whose significant mental health issues have put them at risk of homelessness, hospitalization, incarceration, school failure, and utilizing emergency mental health services, reach their recovery goals. The dedicated technical assistance partner, **Third Sector**, provided support and added capacity in order to bolster the FSP improvement work in Ventura County by facilitating shared learning through the California Multi-County Full Service Partnership Innovation Project (Multi-County FSP Innovation Project). Third Sector also provided one-on-one coaching and support to agency leaders and staff. **Specifically, the case study examines the role of Third Sector's assistance and the resulting changes to FSP programming in driving systems- and community-level impacts in Ventura County.**

This case study is noteworthy because it demonstrates how investments in internal agency processes and operational improvements can translate to significant impacts on behavioral health systems and the individuals they serve. The study begins with an overview of the needs and challenges facing individuals with mental health needs, with a specific focus on the California and Ventura County contexts. It then provides a detailed overview of Third Sector's work with Ventura County before presenting key findings on systems- and community-level impacts. The study concludes with reflections on drivers that contributed to the impact seen to date, as well as the challenges and barriers that may have hindered progress. These reflections offer valuable insights that can inform future efforts to improve behavioral health service delivery for communities across the nation.



Methodology

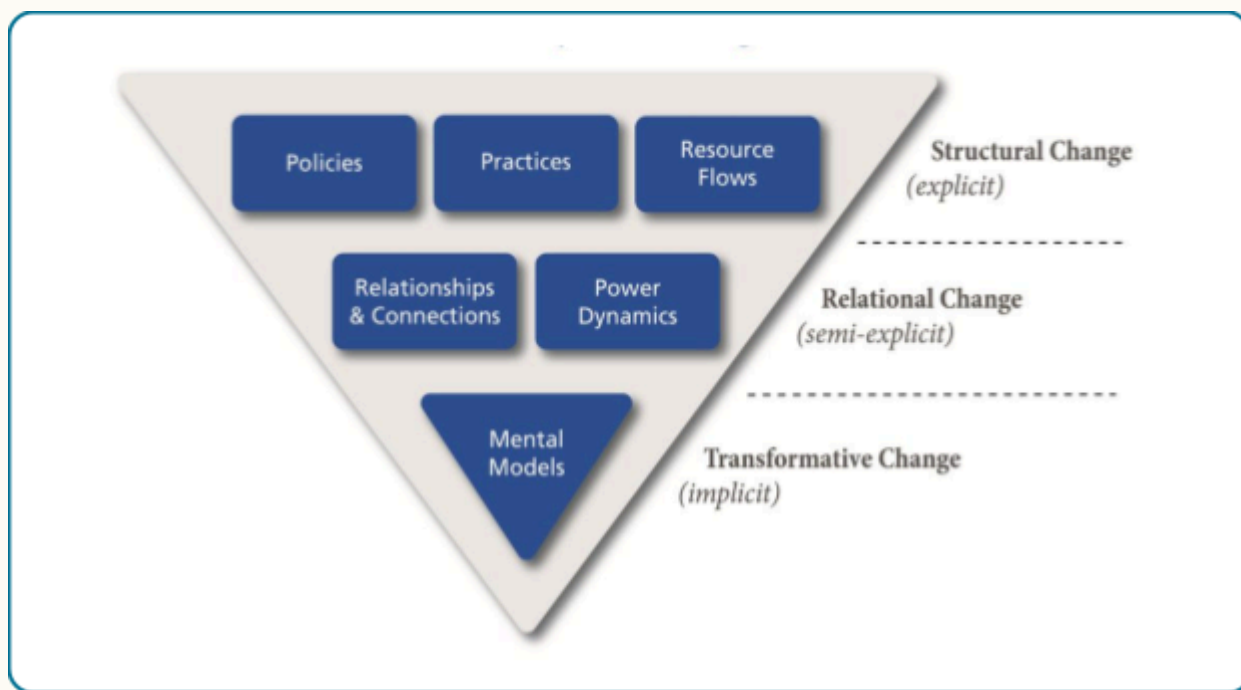
This case study presents key findings from an evaluation process carried out by Cause IMPACTS Consulting between June and September 2024. The evaluation was initiated by Third Sector in order to better understand the long-term impact of its work on the government systems it serves and on the communities those systems serve. The evaluation leverages best practices from the emerging field of systems-change evaluation and takes an equity-centered, participatory approach to examine the systems- and community-level impacts of Third Sector client projects such as the work with VCBH on FSPs. The ultimate goals of this impact evaluation are: (1) to understand if Third Sector is making measurable progress toward its mission of “transforming public systems to advance improved and equitable outcomes”⁶ and (2) to contribute to collective learning for the broader field on what factors enable lasting systems change. The evaluation and the resulting case study signal Third Sector’s first attempts at measuring and sharing the long-term impacts of its work while demonstrating the organization’s deep commitment to continuous learning and improvement.



GUIDING FRAMEWORK

The evaluation leverages FSG’s **“Water of Systems Change” framework**⁷ to conceptualize systems change and describe systems-level impacts. This framework defines six conditions that hold complex social problems in place and have the potential to drive progress and change. These conditions include policy, practices, resource flows, relationships, power dynamics, and mental models. The six conditions exist at three separate levels of visibility, from the explicit to the implicit: structural, relational, and transformative (Figure 1).

Figure 1. 6 Conditions of Systems Change



To understand systems-change impacts, the evaluation looks for signs of change that may have come about at each of these three levels as a result of improvements to VCBH’s FSP programming and, where possible, as a direct result of Third Sector’s assistance in the process.

The ultimate goal of any Third Sector project is to transform systems to become more focused and aligned to the needs of communities that are most impacted by a specific issue, referred to as an “outcomes-focused” approach. **Positive systems change occurs when public systems evolve toward a more equitable, outcomes-focused approach.** Any changes that center or are responsive to the voices, perspectives, power, or needs of community members, especially

those from historically underserved and oppressed groups, indicate positive momentum toward becoming outcomes-focused.

CONTRIBUTION VS. ATTRIBUTION

It should be noted that true social change cannot happen in a silo or through the efforts of one organization or even one initiative alone. **As one actor in complex systems, Third Sector cannot reasonably prove or claim attribution for most systems- and community-level impacts described in this report.** Recognizing this, the current evaluation does not attempt to prove causation or attribution. Instead, it focuses on exploring the ways in which Third Sector and the client projects supported by Third Sector may have *contributed* to wider change and impact. **This represents a unique and emerging approach to nonprofit impact evaluation that acknowledges the true nature of systems transformation and systems-change work.**

AN EQUITY-DRIVEN, PARTICIPATORY PROCESS

The evaluation process and the final case study also aim to embody the core values of equity, inclusion, accountability, and shared learning. **The evaluation centers authentic stakeholder engagement and emphasizes lived experiences and storytelling over quantitative data and metrics alone.** Given the complex and intangible nature of systems-change work, the evaluation relies heavily on qualitative stakeholder feedback to assess and understand systems-change impacts.

Key evaluation methods included:

- **A detailed review** of existing documents, research, and data related to the Multi-County FSP Innovation Project and FSP programs in Ventura County
- **One-on-one interviews** with 10 project stakeholders, including staff and leaders from VCBH and Third Sector
- **FSP-client community survey data** from the “Client Perceptions Survey,” an annual feedback survey administered by VCBH

The case study went through a participatory review process. Stakeholders took the time to review, refine, and co-create portions of the case study and provided feedback on draft versions of the report. **The final case study represents the culmination of this collective work, capturing the diverse perspectives of those involved in and impacted by VCBH’s FSP programs.**

Understanding the Ventura County Context

Ventura County stretches across 43 miles of Southern California coastline, covers 1,841 square miles, and is home to 832,871 people. Ventura County is the 11th most populous county of California's 58 counties and includes coastal areas in the west and agricultural centers in the east.⁸ Hispanic or Latino residents represent the demographic plurality of the population at 44.5 percent, and 32 percent of residents speak Spanish in their homes. The population's median age is 39, which is higher than the rest of the state. Further, 22 percent of residents are under 18, 61 percent are aged 18 to 64, and 17 percent of the population are 65 and over. The county's median household income is \$96,454, which is around 10 percent higher than the state average.

Despite this general prosperity, 10 percent of residents live at or below the poverty line, resulting in significant income inequality.⁹ The COVID-19-related recession and impacts on the service economy, paired with rising housing costs, have caused exceptional strain on low-income Ventura County families. As a result, an essential segment of the population struggles to secure affordable housing, jobs that pay a living wage, food, and other basic amenities.¹⁰

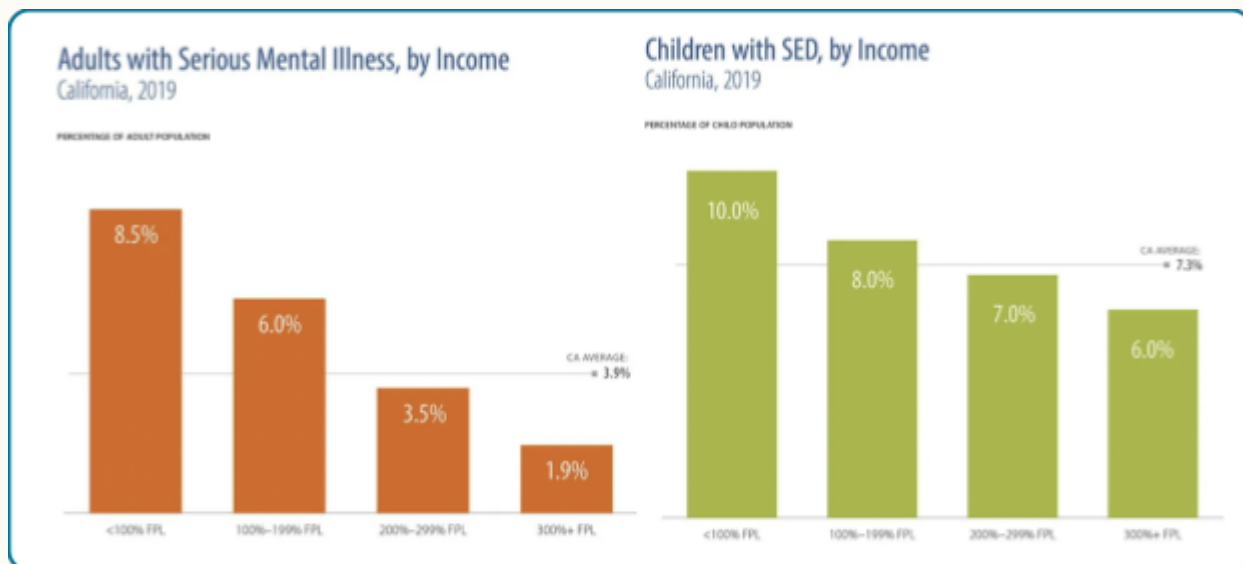
The Challenge: A Growing Need for Mental Health Care

Mental health conditions are becoming more prevalent throughout the United States, with low-income populations and communities of color facing higher barriers to access and quality care. In the U.S., it is estimated that more than 23 percent of adults, or roughly 1 in 5, live with a mental illness (59.3 million in 2022). Six percent experience serious mental illness resulting in serious functional impairment that significantly interferes with or limits one or more major life activities.¹¹ In California, 14.3 percent of adults, or one-in-seven, live with a mental illness, while 3.9 percent of adults experience a serious mental illness. Among children, 7.3 percent of youth have a serious emotional disturbance that limits functioning in family, school, or community activities.¹²

INTERCONNECTED AND COMPOUNDING BARRIERS

There are known disparities in the prevalence of mental health conditions as well as in individuals' access to care for these conditions, which preclude society from reaching true behavioral health equity. For example, mental health conditions are more prevalent among **low-income families**. The highest rates of serious mental illness in adults and serious emotional disturbance (SED) in children were observed in households earning below 100 percent of the federal poverty level, defined as \$31,200 for a family of four in California (Figure 2).¹³

Figure 2. Prevalence of Mental Health Conditions Among Adults and Children by Income-Level¹⁴



In Ventura County, more than 15,000 residents receive some kind of mental health services through VCBH annually. Of these, 53 percent are Latino or Hispanic.¹⁵ County residents who are Latino are two to nearly three times more likely to meet the federal definition of living in poverty, which in turn exposes them to additional negative social determinants of health.¹⁶ The Human Services Agency of Ventura County reports that of the 61,394 households living below the Real Cost Measure—the amount of income required to meet basic needs—54 percent (or 33,000) are Latino.¹⁷ Systemic racism and discrimination compound this economic disadvantage and contribute to greater health disparities for this group.

To address the disparities, on November 10, 2020, the Ventura County Board of Supervisors adopted a resolution that declared “racism a public health crisis and pledged to promote equity, inclusion, and diversity in housing, employment, economic development, health care, and public safety in the County of Ventura.”¹⁸ The declaration sought to create a sense of urgency around the health of vulnerable populations. It also challenged service providers to

acknowledge and address social determinants—such as employment, housing stability, insurance access, and proximity to culturally responsive care—that profoundly impact behavioral health outcomes. These factors contribute to disparities in mental health, as individuals facing both poverty and discrimination are at higher risk for mental health issues. Ventura County Public Health Director Rigoberto Vargas shared, **“This resolution is the first step toward recognizing the need to openly acknowledge the existence of racism, that racism has many significant negative consequences, and that change in our institutional systems must occur.”**

When left untreated, mental health issues can lead to or exacerbate other social challenges such as housing instability, substance abuse, and involvement in the justice system. For instance, 82 percent of individuals experiencing homelessness in California have had a serious mental health condition,¹⁹ and 25 percent of those involved with the state’s justice system have a serious mental illness.²⁰ These interconnected challenges add layers of complexity to providing effective and culturally appropriate care for community members facing mental or behavioral health challenges.

CHALLENGES IN BEHAVIORAL HEALTH CARE DELIVERY

Despite the growing need for accessible, high-quality mental health care, the nation lacks a strong, responsive mental health service delivery system capable of adequately supporting those most in need. With its large population and rising prevalence of mental health conditions, California is leading the way in policy reform to increase access to critical mental health services. With the passage of the Mental Health Services Act in 2004, over \$1 billion per year has been used to expand and transform California’s behavioral health system to better serve individuals with, and at risk of, serious mental health issues. **But even in California, less than 37 percent of adults with any mental illness receive mental health services.**²¹

County behavioral health agencies, including VCBH, face increasing pressure to respond to community needs while contending with their own internal challenges such as staffing shortages and high staff turnover. The COVID-19 pandemic exacerbated challenges in an already-strained behavioral health care system, as many staff left the workforce, creating additional vacancies and rising demand for mental health services. Social isolation and other pandemic-related pressures also contributed to a rise in mental health issues across communities.²²

THE OPPORTUNITY

The FSP model provides a way forward to do “whatever it takes” to help historically underserved people and communities on the path to recovery and wellness. Annually, \$1 billion in public funds are invested in FSPs that provide comprehensive community-based services to more than 60,000 individuals facing severe and persistent mental illness throughout California.²³ All California counties have substantial flexibility in FSP approaches and implementations. FSP programs have existed in California since 2004, but there have been few efforts to share best practices across regions, and most counties have different operational definitions and inconsistent processes. This case study outlines how Third Sector helped Ventura County begin to realize the potential of FSPs and implement changes to processes, service provision, and data use. The lessons presented in this case study should be beneficial to furthering national efforts to obtain better outcomes for individuals with symptoms of severe and persistent mental illness.



Project History, Overview, and Goals

Project Timeline:

- **January 2020–November 2021:** California Multi-County Full Service Partnership Innovation Project starts, with Ventura County as one of the six original counties to join the project.
 - **January–September 2020:** Phase 1, Landscape Analysis (gathering context, building a vision)
 - **October 2020–November 2021:** Phase 2, System Redesign (identifying priorities and developing solutions)
- **January–December 2022:** Ventura County extends contract with Third Sector to continue receiving technical assistance for the development and implementation of priority changes.
- **Ongoing:** Agencies involved in the Multi-County FSP Innovation Project continue to meet quarterly to collaborate, share best practices, and reflect on challenges. Three additional agencies join the original six: Napa, Lake, and Stanislaus Counties.

This case study focuses on impacts resulting from Ventura County Behavioral Health's (VCBH) engagement in two connected yet distinct technical assistance initiatives with Third Sector. First, Ventura County participated in Third Sector's Multi-County FSP Innovation Project, a collaborative cohort program aimed at fostering innovation and improvement in Full-Service Partnership (FSP) programs. The relationship continued with a one-year engagement during which Third Sector supported VCBH in implementing operational improvements to enhance FSP services and address key obstacles within the county.

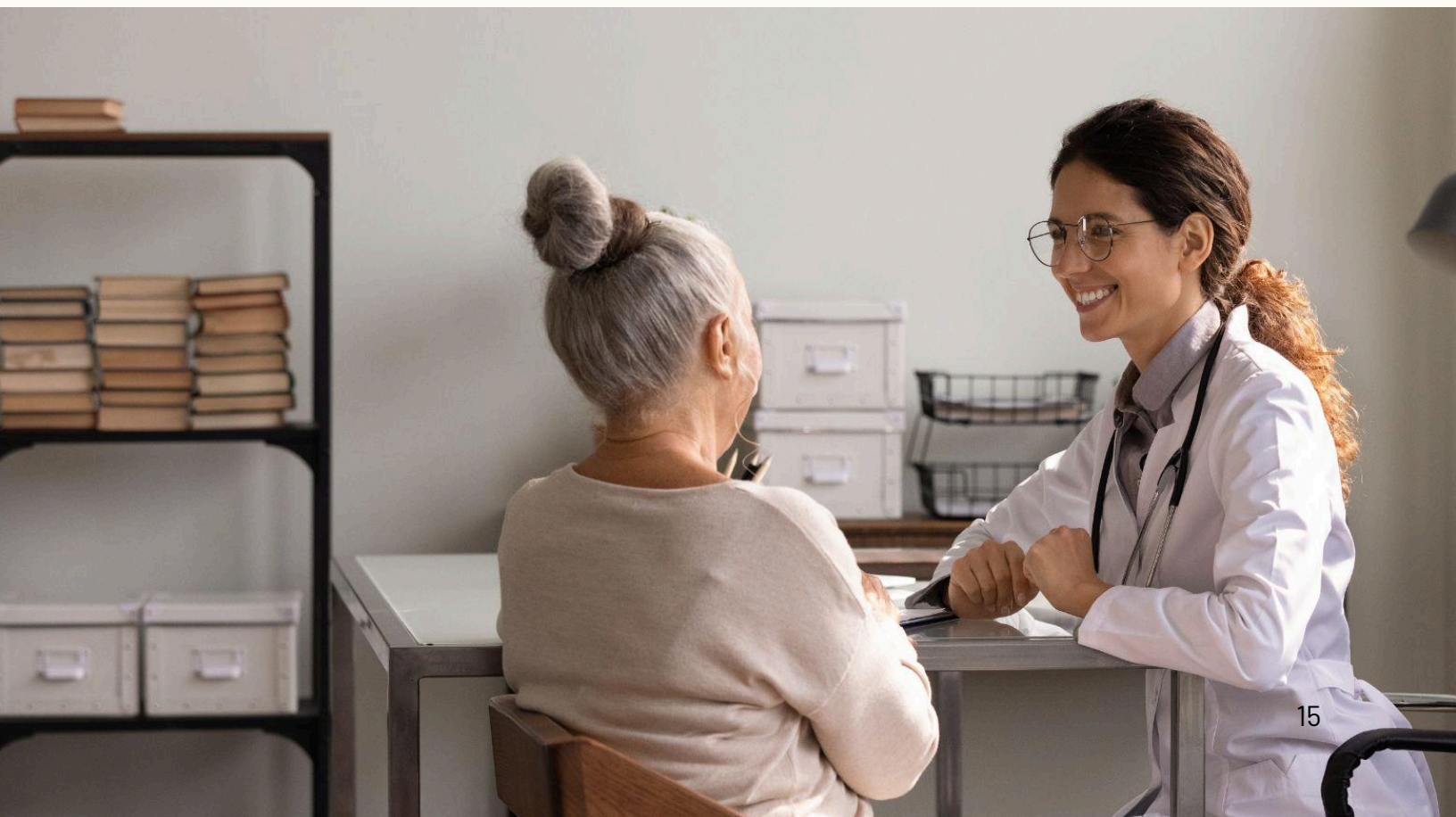
In 2020, Third Sector launched the **Multi-County FSP Innovation Project**²⁴ in partnership with California's Mental Health Services Oversight and Accountability Commission (MHSOAC). The Multi-County FSP Innovation Project was **one of five multi-county projects launched through the MHSOAC Incubator**, an initiative designed to help counties "build the capacity to innovate new solutions, continuously improve essential programs, and sustain programs that provide the most value to clients and communities."²⁵ Notably, the Multi-County FSP Innovation Project was the only innovation project specifically focused on FSPs. The project built on Third Sector's history of work transforming FSP program delivery in Los Angeles County.²⁶ It provided a forum for the sharing of best practices, collective discussion of challenges with FSP interpretation and implementation, and a dedicated space for county agencies to come together to build a shared vision for FSPs in California. Third Sector's Managing Director of Project Impact Laila Bravo explained the value of this collective approach, "The number and rate of changes to mental health policy in California has been accelerating in recent years and counties are trying to figure out answers to similar questions. Third Sector can help them

collaborate on solutions and learn from what each other is doing so they don't need to figure it out alone.”

VENTURA COUNTY JOINS AS A FOUNDING MEMBER

VCBH had been interested in improving its FSP programs for many years but did not have the time, capacity, or opportunity to step back and coordinate possible changes. For example, VCBH knew that it was consistently underspending on FSP programs, spending 21 percent of the budget on FSPs in 2021–2022 versus the 55 percent state regulations mandated. Leaders also recognized that client enrollment in FSP services was inconsistent due to a lack of standardized training for staff and gaps in staff understanding of the program. Additionally, the agency lacked specific FSP programs and service guidelines for children and other specialized age groups, such as Transitional Age Youth (TAY) and Older Adults.²⁷

The Multi-County FSP Innovation Project represented a compelling opportunity to address these known limitations of FSP programming in Ventura County and provided an opportunity to learn from other county agencies. VCBH allocated funding from its MHSA Innovation funds to participate in the Multi-County FSP Innovation Project throughout the duration of the project. **VCBH joined as one of the inaugural members** alongside five other California counties: Fresno, Sacramento, San Bernardino, San Mateo, and Siskiyou. Hilary Carson, Senior Program Administrator, MHSA from VCBH shared, “We were hoping that we could leverage what other counties were doing and come back to our county to say this is what needs to take place, this is how they do it.”



ACCOMPLISHMENTS DURING FIRST 2 YEARS OF THE MULTI-COUNTY FSP INNOVATION PROJECT



We were really trying to get (the counties) to speak the same language so that best practices and knowledge could be shared across the state so that you could tell the statewide impact story for Full Service Partnerships of what's working and what's not. Then at the individual level, we really wanted to understand each county's unique landscape and then provide technical assistance to help them with what they actually needed specifically in their local context."

— *Nicole Kristy, former Director, Behavioral Health, Third Sector*

The Multi-County FSP Innovation Project provided Ventura and other participating counties with a forum to meet regularly as a cohort, share learnings and best practices, and discuss opportunities for improving FSP implementation in California. "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."²⁸

Multi-County FSP Innovation Project Goals:²⁹

- Develop a shared understanding and more consistent interpretation of FSP's core components across counties to create a common FSP framework.
- Increase the clarity and consistency of enrollment criteria, referral processes, and graduation processes by developing and disseminating clear tools and guidelines across stakeholders.
- Improve how counties define, track, and apply priority outcomes across FSP programs.
- Develop a clear strategy for tracking outcomes and performance measures through various state-level and county-specific reporting tools.
- Develop new and/or strengthen existing processes that leverage data to foster learning, accountability, and meaningful performance feedback in order to drive continuous improvement in program operations and outcomes.

There is no one-size-fits-all approach for FSP programs in California. However, Third Sector was able to facilitate the process of counties identifying shared challenges and brainstorming collective solutions. For two years, Third Sector facilitated monthly cohort convenings, and then they transitioned to quarterly meetings. In addition, Third Sector provided one-on-one tailored technical assistance to each participating county to help them "identify and implement

changes to data collection and reporting, service guidelines, eligibility, and graduation requirements in their areas.”³⁰

VCBH also worked alongside other counties to align on various definitions and outcome measures that would help them implement FSPs and share best practices across regions (Figure 3). They developed:

- **Six key population definitions** that clarify who FSPs serve;
- **Five shared outcome measures** that clarify what the program seeks to achieve; and
- **Statewide data recommendations** that use the six key population definitions and five shared outcome measures to guide how to track and measure outcomes.

*Figure 3. Shared Population Definitions and Outcome Measures*³¹

FSP POPULATION DEFINITIONS	OUTCOME MEASURES
1. Justice-involved individual	1. Increase stable housing
2. Individual at risk of justice involvement	2. Reduce justice involvement
3. Individual who frequently utilizes psychiatric facilities or urgent/crisis services	3. Reduce utilization of psychiatric services
4. Individual at risk of psychiatric facility or urgent/crisis services utilization	4. Increase social connection
5. Individual experiencing homelessness	5. Frequency and location of services
6. Individual at risk of experiencing homelessness	

COUNTY-LEVEL ACCOMPLISHMENTS COMPLETED DURING THE MULTI-COUNTY FSP INNOVATION PROJECT

During the initial phase of the two-year project period, Third Sector **conducted a thorough landscape analysis** of VCBH’s existing FSP system of care to identify strengths and gaps and to define priorities for improvement. Incorporating client voice was central to this phase. Third Sector conducted several one-on-one interviews with FSP clients, focusing on the client experience. The analysis identified several ways VCBH could better serve clients as well as some ways to ensure quality service delivery and improved adherence to state regulations. The findings from Third Sector’s landscape analysis signaled a critical turning point for many VCBH leaders and staff who were involved in the cohort program, as they highlighted several challenges that VCBH knew they needed to tackle but had not yet prioritized.

During the second phase of the two-year period, county participants used their landscape analysis findings to identify two to three local initiatives to prioritize and implement. VCBH

focused on clarifying **eligibility criteria** and enrollment process, defining **graduation or step-down guidelines**, and standardizing **service guidelines** across all FSP programs.

GOING BEYOND THE LEARNING COHORT TO ENHANCE FSP IN VENTURA COUNTY

In 2022, after participating for two years in the multi-county cohort, Ventura County extended its contract with Third Sector for a year of dedicated technical assistance to build upon the momentum up to that point in time. Through this second project, Third Sector supported VCBH in translating priorities identified through the cohort efforts and landscape analysis into specific next steps that moved the county’s FSP programs closer to being standardized and aligned with best practices. During the project, **Ventura County developed and finalized clear operational guidelines that staff could implement, staff training, and creation of new FSP programs.**³²

VCBH’s formal engagement with Third Sector ended in December 2022, yet VCBH continues to participate in quarterly Multi-County FSP Innovation Project meetings to share learnings with peer agencies and engage cross-county discussions related to FSPs.

About the Project Partners:

PARTNER	ABOUT
Third Sector <i>Technical assistance provider</i>	Third Sector facilitated the Multi-County FSP Innovation Project and provided technical assistance to participating counties, including additional technical support to VCBH through a one-year extension period.
Ventura County Behavioral Health (VCBH) <i>Ventura County’s behavioral health agency</i>	VCBH provides mental health and substance-use treatment services to county residents. VCBH offers a comprehensive range of services that address the continuum of care from crisis intervention and residential treatment to prevention and early intervention programs.
Mental Health Services Oversight & Accountability Commission (MHSOAC) <i>State commission overseeing innovation projects and funding</i>	In enacting Proposition 63—MHSA— in 2004, California voters created and charged MHSOAC 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. ³³

Multi-County FSP Innovation Project county participants <i>Initial cohort participants</i>	Behavioral health agencies from the following six counties joined the Multi-County FSP Innovation Project in 2020: <ul style="list-style-type: none"> • Ventura • Fresno • Sacramento • San Bernardino • San Mateo • Siskiyou
California Mental Health Services Authority (CalMHSA) <i>Fiscal intermediary</i>	CalMHSA is a Joint Powers Authority of the county and city public mental health departments. It provides program management, administrative, and fiscal intergovernmental structure for its members.
RAND Corporation <i>Evaluation partner</i>	The RAND Corporation is a nonprofit, nonpartisan research organization that serves as an evaluator for the Multi-County FSP Innovation Project. They have been conducting evaluations of MHSA-related programs for almost a decade.

SPOTLIGHT ON: Third Sector

Third Sector is a nonprofit technical assistance organization that advises government agencies on effective ways to reshape their policies, systems, and services to achieve better outcomes for all people, no matter their race, background, or circumstances. Third Sector helps unlock possibility, confront inequity, and catalyze change to the benefit of the people and places governments, community-based, and philanthropic partners serve.

All Third Sector client projects focus on six key levers within public systems: policies, services, data, funding, external relationships, and internal culture. These levers have the potential to be critical drivers for change in public systems and also reflect the key areas in which Third Sector provides support.

Through the FSP improvement work in Ventura County, agency leaders and staff worked closely with Third Sector to improve mental health service delivery in the region. Though this was truly a collective effort, Third Sector made noteworthy contributions to the project as a dedicated technical assistance provider that brought additional capacity, resources, and expertise to the VCBH team.

Third Sector carried out the following key activities in their work with VCBH:

FUNDING	<ul style="list-style-type: none"> Supported VCBH in justifying the need for additional FSP staff, providing the foundation for a proposal to the Board of Supervisors which ultimately resulted in the approval and funding of 16 new staff positions.
DATA	<ul style="list-style-type: none"> Convened and facilitated California counties—including VCBH—to create shared definitions for six FSP focus populations and five outcome measures. Helped VCBH identify gaps in tracking FSP clients and services.
POLICY	<ul style="list-style-type: none"> Supported VCBH in updating and clarifying internal policies to align with new operational guidelines (e.g., policies related to basic needs and 24/7 support).
SERVICES	<ul style="list-style-type: none"> Conducted a landscape analysis to identify strengths, opportunities, and gaps in VCBH's current FSP programming. Conducted in-depth stakeholder engagement to inform service delivery improvements (interviews with 41 FSP clients, focus groups with 55 VCBH staff). Supported VCBH in creating new standardized FSP operational guidelines that clarified program eligibility, service, and graduation requirements ("graduation" refers to how and when clients transition out of an FSP program). Supported staff training to support implementation of the new operational guidelines, including three sessions with 28 VCBH staff and leaders. Supported the expansion and development of FSP programs, including the creation of two new FSP programs (one for youth and one for adults). Ensured FSP programs and operational guidelines were closely aligned with evidence-based best practices such as Assertive Community Treatment (ACT).
EXTERNAL RELATIONSHIPS	<ul style="list-style-type: none"> Convened counties throughout California on a regular basis as part of the Multi-County FSP Innovation Project to help cultivate relationships, share best practices, and develop collective solutions. Supported VCBH in collaborating with other government agencies (e.g., Auditor-Controller's Office and CEO) to change or clarify policies to align with new operational guidelines.

INTERNAL CULTURE

- Conducted internal assessment of **cultural competency practices** and provided recommendations for improvement.
- Facilitated **cross-departmental meetings** with VCBH staff and leaders to reflect, analyze, and make decisions on current FSP programming, plan improvements, and align around new FSP operational guidelines.

Reflections on Third Sector's Role and Value-Add:

"We couldn't have done this without (Third Sector). There's no way we had the internal capacity to do the type of thing that we did. ... They held us accountable."

— Sloane Burt, Quality Improvement Manager, Ventura County Behavioral Health

"I don't know that we would have gotten the finished project without (Third Sector) specifically working on it. It's a team effort, but they really pulled (the guidelines) together. I don't know that we would have gotten that done—we needed the manpower."

— Julie Glantz, Senior Behavioral Health Manager, Ventura County Behavioral Health



Systems-Change Impacts

Since beginning its work on FSP innovation in 2020, VCBH has continued to implement key operational improvements to its FSP programming. There is evidence of transformations in the relationships within and between the agency and partners as well as in the mental models of individuals involved in the FSP work.

While many other forces may impact the behavioral health system, the structural, relational, and transformative shifts brought on as a result of the FSP work signal changes in Ventura County's broader behavioral health system. Key findings for each of the three levels of systems change are summarized below and described in more detail in the following pages.

STRUCTURAL CHANGE	RELATIONAL CHANGE	TRANSFORMATIVE CHANGE
<ol style="list-style-type: none"> 1. Implemented new operational guidelines for FSP programming in Ventura County 2. Published an Annual "FSP Outcomes Report," leveraging shared definitions and outcome measures 3. Improved data entry and quality control practices, resulting in more accurate FSP reporting 4. Expanded FSP offerings to include two new (one youth and family and one adult) 5. Increased staff capacity by adding new roles and expanding existing ones 6. Provided more holistic and responsive services to clients, bringing the "whatever it takes" ethos to life 	<ol style="list-style-type: none"> 1. Strengthened internal collaboration across VCBH staff, departments, and FSP teams 2. Increased collaboration with other counties to inform statewide improvements 3. Cultivated cross-county partnerships to transform local policy 4. Strengthened relationships with impacted community members and their families 	<ol style="list-style-type: none"> 1. Increased knowledge, understanding, and clarity about FSP programs 2. Increased understanding of FSP clients' intersecting needs and challenges 3. Increased local agencies' optimism in their ability to inform state-level policies and regulations 4. Shifted to a process-improvement mindset related to FSP improvement

STRUCTURAL CHANGE

Policies, practices, and resource flows

Since 2020, VCBH has dedicated significant time and resources to clarifying and strengthening FSP policies, practices, and resource flows. Key structural changes have centered around the introduction of standardized practices such as new operational guidelines, the adoption of specific population definitions and outcome metrics, and the incorporation of enhanced data and reporting practices. By improving key internal processes, the agency has positioned itself to better and more equitably serve individuals in the region who struggle with severe mental and behavioral health challenges.

1. Implemented New Operational Guidelines for FSP Programming in Ventura County



We have the (operational guidelines) there saying ‘These are the pieces that you need to really deliver FSP services’ that we would never have had if we hadn’t participated in this (process with Third Sector).”

— **Sloane Burt, Quality Improvement Manager, Ventura County Behavioral Health**



We broke the (operational guidelines) down and spent a long time on it for an ultimate finished product of being a pretty fabulous document on everything FSP. It took a long time to get there, and there were some bumps along the way, but we got to a finished product that we could then distribute to all of our FSP teams.”

— **Julie Glantz, Senior Behavioral Health Manager, Ventura County Behavioral Health**

Prior to working with Third Sector, VCBH lacked a centralized document that housed all FSP program information. Key questions such as “Who is eligible for FSP?”, “When do clients transition out of FSP?”, and “How should services be provided?” were difficult for staff to answer in a consistent way. Many aspects of FSPs were left up to interpretation by staff, and there was significant variation in each person’s understanding of how to comply with regulations and effectively deliver FSP services. Clinic Administrator Jena Cameron described,

“When we leave it up to interpretation of what an FSP is and how we should implement it, that's when we find holes. That's when our clients maybe aren't getting as much as they should be getting.”

Through the FSP improvement work with Third Sector, **VCBH developed the comprehensive 56-page “Operational Guidelines” manual** that defines essential components of FSP services and enables standardization of FSP programming across the agency³⁴ The guidelines closely align with evidence-based best practices, such as the ACT model³⁵ and are grounded in input from VCBH staff and community members.

The operational guidelines provide clear guidance on key elements of FSP programming, including:

- Program eligibility criteria
- Referral and enrollment processes
- Graduation, step-down, and disenrollment guideline³⁶
- Service guidelines, including how to provide field-based services, 24-hour crisis response, basic-needs support, and other services clients may need
- FSP team structure, roles, and meeting frequency
- Data collection and reporting requirements, including state-mandated reporting
- Specific guidelines for providing services to different age groups

Developing the operational guidelines was a time and labor-intensive process that involved reconciling regulatory and compliance requirements with practical realities on the ground.

Third Sector played a critical role in guiding VCBH through the process. Not only did Third Sector support VCBH in narrowing down priorities to determine what items should be included in the manual, it also helped foster optimism in the face of roadblocks and challenges. One VCBH employee reflected on this experience, “It was a slow process and (sometimes) felt discouraging. It felt like this big giant beast that we were trying to tackle. Third Sector was really encouraging and really championed us and reminded us that we can get there and we can do this.”

To ensure strong uptake and use of the new guidelines, **Third Sector also assisted VCBH in training staff to implement the guidelines.** They developed customized training materials and conducted three live training sessions that 28 VCBH staff members attended. These sessions clarified expectations and provided a comprehensive understanding of the FSP program and how to use the operational guidelines.

The manual was completed and implemented in 2022, and to the present day, VCBH leaders and staff regularly reference and use the operational guidelines to ensure quality and consistency of FSP services for all FSP clients. **The guidelines are a living tool that is transforming how the agency provides services to the county's most vulnerable and high-need populations.**

2. Implemented New Operational Guidelines for FSP Programming in Ventura County



The multi-county process helped us shape population definitions and outcomes. Those efforts helped us to find what we can leverage, what exists, and define more on a local level what needs to exist here, and eventually, we merged the two into an (operations) guide.”

— Hilary Carson, Senior Program Administrator, MHSA, Ventura County Behavioral Health

Through the Multi-County FSP Innovation Project, VCBH worked alongside other participating counties to create and align on shared definitions for six key populations and five outcome measures to inform the development, implementation, and reporting of FSP programs in California. VCBH then implemented these definitions and outcome measures in its day-to-day operations, which has led to greater standardization of its overall FSP programming.

For example, VCBH has incorporated the **six key population definitions into program eligibility guidelines included in the “Operational Guidelines” manual**. These groups include individuals who are at risk of or experiencing homelessness, are involved in the justice system, and those with high utilization of psychiatric services (Figure 3). The new eligibility guidelines are used as criteria to refer and enroll people into VCBH’s various FSP programs.

VCBH also created a new **“FSP Outcomes Report”** that incorporates many of the five priority outcome measures developed by the Multi-County FSP Innovation Project partners.³⁷ Prior to working with Third Sector, VCBH had never reported publicly on these measures. VCBH utilized the Enhanced Partner Level Data (EPLD) templates that were developed during this multi-county project to generate the “FSP Outcomes” report. The templates were developed to help counties run outcomes from state-mandated FSP forms. The VCBH report was first published in FY 22–23 as a supplement to the agency’s regular state-mandated “Annual Report,” and it continues to be published on an annual basis. Annual reports are available to the public and are part of the state-mandated community collaboration process. Examples of specific outcomes the agency now reports on as part of the “FSP Outcomes Report” include: “increased stable housing” (number of days a person experiences stable housing and unstable housing), “reduced justice involvement” (number of arrests), and “reduced utilization of psychiatric services” (number of days hospitalized and number of admissions).

The fact that the agency incorporated these metrics into a tangible report as part of its state-mandated “Annual Report” signals strengthening of the agency’s internal data tracking systems as well as a commitment to transparently sharing outcomes with the public. These outcome measures are also significant because they are informed by newly expanded

community engagement and feedback processes that were developed by Third Sector. **By tracking and measuring outcomes that matter to individuals, VCBH is moving beyond the bare minimum reporting and data tracking required by the state and shifting toward a more outcomes-focused approach.**

Though VCBH has made progress in operationalizing the population and outcomes recommendations developed by the Multi-County FSP Innovation Project, the county has found it challenging to incorporate all five outcomes measures with fidelity. For example, one of the new metrics, “social connectedness” has not yet been successfully integrated into VCBH’s Electronic Health Record (EHR) client assessment forms.

3. Improved Data Entry and Quality Control Practices, Resulting in More Accurate FSP Reporting

As part of its journey implementing improvements to FSP, VCBH worked with Third Sector and dedicated time internally to assess existing data collection processes with an eye toward establishing mechanisms for improved accuracy and standardization. Once opportunities for improvement were identified, VCBH trained staff on how to correctly enter data and use the data to complete mandatory reporting.

To improve the quality and accuracy of FSP data and reporting, **the agency now provides FSP team members with dedicated training on key reporting requirements**, including how to identify FSP clients, which state-mandated forms they need to fill out, and how to properly enter data into required fields. VCBH has also introduced quality control measures, such as a regular data review process, to ensure stronger accuracy of reporting. VCBH’s Quality Improvement Manager shared, “We know what we need to do to support people in submitting the data. We know we have to double down on some of those things so that we can have better data.”

As a result of these efforts, the number of on-time, state-mandated key event tracker and quarterly reports (3M) VCBH staff submitted has increased. Leaders note that agency data also more accurately reflects the true size of the FSP population and **provides a more comprehensive picture of the services provided to each FSP client.** This is significant as it provides important insight into what services or combination of services lead to successful outcomes for clients. Overall, data quality has increased significantly thanks to the dedicated staff training and commitment of the quality improvement team.

4. Expanded FSP Offerings To Include 2 New Programs (1 Youth and Family and 1 Adult)



For a while, we recognized we needed more FSP programs, but the project helped us have the structure around how best to do that. It was a way to make sure we did it right”

— Julie Glantz, Senior Behavioral Health Manager, Ventura County Behavioral Health

Another noteworthy structural change brought about by the FSP improvement work in Ventura County is the expansion of FSP program offerings. **Since 2022, VCBH has launched two new FSP programs**, including a **youth and family FSP program** and a **new FSP program for adults**, to meet the needs of diverse populations in the county. The landscape analysis Third Sector prepared during Phase 1 of the Multi-County FSP Innovation Project played an important role in this process by helping to identify gaps in existing programs, and the operational guidelines provided a foundation and structure that made it easy to bring the new programs to life.



YOUTH FSP PROGRAM

Third Sector's landscape analysis underscored that VCBH lacked a dedicated and specialized FSP program for youth who were not involved in the criminal justice system. This reduced the agency's ability to address the unique needs, experiences, and challenges of the age group. In response, **VCBH successfully launched a new youth and family FSP program called Achieving Together Linkage, Access, and Support (ATLAS) at the end of 2022.** They hired a clinic administrator and other new staff to support the program and leveraged the operational guidelines to establish strong client-management processes. The inaugural clinic administrator for ATLAS emphasized that the guidelines are essential to the program's success, sharing, "It is a part of my onboarding process to provide (my staff) with that operational guide, to support them in asking questions about it, to make sure that they understand what our criteria are, how clients are accepted into the FSP, and how they engage in our services."

In its first year of operation (FY 22–23), ATLAS served eight individuals from Ventura County. In line with FSP requirements, all of these individuals came from diverse or high-need backgrounds, including 62.5 percent (five of eight) who are people of color.



As a result of this project, we have a youth FSP. We now have a model, and we have it implemented, and we've got great people in charge. And they have the advantage of knowing what you need to do and trying to start to do it right from the get-go."

— *Sloane Burt, Quality Improvement Manager, Ventura County Behavioral Health*

ADULT FSP PROGRAM

VCBH also introduced a new FSP program for adults. **This program pulled adult FSP clients who had previously been dispersed throughout different VCBH programs in a "treatment track" model into one dedicated program with a dedicated FSP program team.**

The decision to launch this adult FSP program was also informed by Third Sector's landscape analysis. At that time, VCBH offered six adult FSP programs, serving older adults (60+), adults requiring longer-term care, and adults who were justice-involved. Any adult FSP clients who did not qualify for these programs were dispersed to different clinics on a treatment track rather than a standalone FSP program. The landscape analysis revealed that the treatment

track model often led to conflation of FSPs and traditional levels of care, resulting in some clients not getting as much of the intensive support they needed.

To provide more dedicated and responsive services to these adult FSP clients, VCBH moved them out of the treatment track and into a dedicated adult FSP program. “When we looked at what we had to do in terms of what treatment should be offered to (FSP clients) spread out across different clinics rather than a standalone FSP program, we were way off in terms of what they were actually getting,” shared one VCBH employee. “So that’s when we decided if we were going to have these standard levels of care, we needed to really pull them out of that treatment track model and put them into a standalone program.” In its first year of operation (FY 22–23), the new adult FSP program served 92 individuals from Ventura County. In line with FSP requirements, all of these individuals came from diverse or high-need backgrounds, including 55.4 percent (51 out of 92) who are people of color.

The launch of these two new programs created a strong foundation for how to plan and launch responsive FSP programs, and this foundation will continue to benefit VCBH as it expands key programming in the future.

5. Increased Staff Capacity by Adding New Roles and Expanding Existing Ones

In addition to launching two new FSP programs, **VCBH added new staff positions and reclassified existing staff roles to support FSP program improvements and expansion.**³⁸ For example, the agency hired a new clinic administrator and support staff to oversee the new youth FSP program, and it introduced **staff positions that did not previously exist to bring people with lived experience onto FSP care teams.** These positions include “**peer specialists**” who have firsthand experience with serious mental illness. Two peer specialists were added, one for each of the new FSP programs and VCBH seeks to add more.³⁹

VCBH is also working to reclassify existing staff roles to increase staff capacity and improve access to care. For example, to provide **24-hour support (a key component of FSP-level care) certain staff positions should be reclassified from salaried to hourly.** This would allow staff greater flexibility to provide after-hours coverage. To date, VCBH has successfully reclassified four positions.

Third Sector has supported the process of adding and reclassifying staff roles by helping VCBH define staff roles, responsibilities, and salary requirements. For example, the operational guidelines state that an FSP team is made up of seven individuals who work together to ensure clients get access to the services they need. This clear guidance on staffing provided the foundation for a staffing proposal that the board approved to fund the new positions. VCBH Senior Behavioral Health Manager Julie Glantz shared, “The (operational guidelines) gave us the foundation of what we need to go to the board for in terms of staffing. ... We already knew some of it because we’ve been running FSPs, but part of the project was clarifying it.”

It should be noted that despite the approval of new and expanded staff positions, **a key challenge has been finding qualified staff to fill these roles.** The behavioral health field is growing at a rapid rate, but the size of the skilled labor force is not keeping pace with this growth, leading to staff shortages. Recruiting and retaining qualified staff is a key barrier to long-term FSP program growth and success in Ventura County and other regions.

6. Provided More Holistic and Responsive Services to Clients, Bringing the “Whatever It Takes” Ethos to Life



One of the largest things that we were able to do was clarify what (FSP staff) were allowed to do in an FSP, and that freed up case managers to do more work in the field. ... (I)t allowed people to really meet clients where they're at.”

— Hilary Carson, Senior Program Administrator, MHSA, Ventura County Behavioral Health

One of the most exciting changes that has taken place at VCBH is the expansion of FSP services to include more **holistic and responsive services that truly embody the “whatever it takes” ethos of FSPs.** Through the FSP improvement work with Third Sector, VCBH staff developed a deeper appreciation for the FSP model and the comprehensive approach required to effectively support FSP clients. **Staff are now doing more of the work that makes FSPs such a unique model of care.** They are meeting clients in the field (e.g., homes, schools, churches, and community centers), reclassifying staff positions to provide 24-hour care by the treatment team, connecting clients to critical wraparound support (e.g., housing, employment, transportation, and basic needs), and tailoring services to better meet individual needs.

Although much of this work was already happening prior to the FSP improvement project with Third Sector, **the project inspired an increase in the amount of support provided to clients because the operational guidelines introduced norms and standardization around what it means to provide responsive care.** Hilary Carson reflected on key new developments, sharing, “I know that we're providing more housing support. I know that we're doing more for folks to address their basic needs. I know that we're spending more time where they live. ... We (now) have a lot more options for FSP folks when they are in need. ... And all of that has been proven, long term, to be a benefit to the client.” For example, VCBH significantly increased its housing support for FSP clients. In FY 2020-21, FSP clients received \$528,422 in housing assistance. By FY 2021-22, support increased by 13.5 percent to \$599,743, assisting 48 clients. This improvement continued into FY 2022-23, with a 49.2 percent increase in funding to \$894,767, extending assistance to 176 clients. Through the operational guidelines and staff training, staff were more aware of which responsive services were available and how to access them, which directly translated into greater housing resources for those most in need.

VCBH's youth clinic administrator described a powerful example of the new "whatever it takes" change in action by explaining how a case manager helped a family access psychiatry services by working with them in their community, not just in a clinical office setting. They explained, "I had a case manager who went out and taught a parent how to ride the bus so that they could get their child to their psychiatry appointments and also connected them to getting a bus pass to mitigate some costs. Now the client is accessing psychiatry services in a more meaningful way."



RELATIONAL CHANGE

Relationships, connections, and power dynamics

A deeper layer of systems change brought about by VCBH's work to improve FSP programs has been the strengthening of relationships between different stakeholders in the county and state behavioral health systems. Operational changes within VCBH have given rise to stronger internal coordination among VCBH teams and stronger partnerships with other departments in the county. Additionally, collaboration with other counties through Third Sector's Multi-County FSP Innovation Project has resulted in stronger networks throughout the state. **Relational shifts are transforming the traditionally fragmented behavioral health system into one that is more robust, coordinated, and responsive to community needs.**

1. Strengthened Internal Collaboration Across VCBH Staff, Departments, and FSP Teams

Third Sector's work in Ventura County improved how VCBH and other departments work together to provide seamless, responsive care that helps clients achieve wellness and recovery. Developing and implementing new operational guidelines for the FSP program required collaboration between multiple levels and departments within VCBH, from senior leadership to frontline staff. This unified VCBH teams around a shared language and understanding of FSP goals and processes, fostering internal alignment and coordination throughout departments with distinct priorities. Breaking down silos within VCBH is resulting in programs that are more responsive to community needs, reflecting a shift toward outcomes-focused care.

Third Sector played a pivotal role in supporting this collaboration by **facilitating biweekly meetings for VCBH staff and leaders**. During these meetings, Third Sector created agendas, synthesized notes, and created clear next steps that served as a roadmap for the team. Sloane Burt from VCBH explained, **"The greatest advantage of having Third Sector was that they brought us to the table ... and they held us to task."**

Third Sector probed to **ensure that diverse team perspectives and stakeholders were included** in order to properly understand challenges and implement action seamlessly across teams. For example, by including direct service providers, Third Sector ensured that operational decisions reflected the practical realities of working with FSP clients. Through the meetings, **cross-departmental staff got to listen to and better understand the perspectives of direct service providers**. This knowledge gave staff a deeper understanding of client needs that they bring into the rest of their work. Sloane Burt, a VCBH quality improvement manager whose role is connected to data management and reporting, shared that collaborating across departments for this project gave her the opportunity to hear firsthand from service providers about the complexities of serving FSP clients in a way that she had not heard before. These listening and learning opportunities enabled her to align data needs with on-the-ground

requirements. Peter Schreiner, a clinic administrator at VCBH, also shared about the lasting impact of the Third Sector cross-team discussions: “I think a positive ripple effect is that once you ask some of those questions, you stay aware of it, and it becomes part of the conversation. Even to this day, the step-down discussion is a regular part of our staff meetings. It wasn't that way before.”

Even after Third Sector reduced its meeting cadence, VCBH has continued to hold regular meetings on FSP topics, and collaborative discussions around client care have become a regular part of team routines.

VCBH also increased its internal staff collaboration as departments and FSP teams began meeting more frequently to discuss client progress and as **FSP team members gained more clarity on their roles**. The operational guidelines developed in partnership with Third Sector brought clarity to FSP teams as they defined who makes up an FSP team, what role each staff member plays, and how often teams should meet. Each FSP team comprises multidisciplinary professionals—including case managers, clinicians, peer specialists, and others—who address clients' complex mental health and nonclinical needs. With clear definitions of each role and expectations for team meetings, FSP staff gained the structure to support one another more effectively. According to one VCBH employee, these changes “allowed people to leverage their peers and case manager positions differently,” reducing the burden on clinicians and enabling teams to better coordinate care.

2. Increased Collaboration With Other Counties To Inform Statewide Improvements

Behavioral health departments often work independently, siloed from peer agencies. With the Multi-County FSP Innovation Project, Third Sector helped disrupt and dismantle these siloes by bringing together county behavioral health agencies throughout California to collectively explore solutions to FSP implementation challenges. One VCBH employee reflected, “It was nice to be with other counties that are doing this exact same thing.” Further, Third Sector facilitators sometimes connected two counties when they heard they had similar challenges and believed they could support one another. Hilary Carson shared, “Where I have found some ongoing connections is when Third Sector will say, ‘Hey, we're working with this county, and we think you should talk to that county,’ or vice versa.”

Third Sector facilitated multi-county cohort meetings monthly or twice-monthly between 2020 and 2022. Most cohort members, including VCBH, continue to meet on a quarterly basis. The ongoing process of convening has resulted in agencies becoming more familiar with the strengths and resources available through each county agency and has strengthened relationships that allow staff to reach out for support and collaboration. For example, Fresno and Ventura Counties came together to present at the monthly MHSOAC meeting to update the commission and the public on the status of the Multi-County FSP Innovation Project.⁴⁰

VCBH has also engaged in other Multi-County Innovation projects such as the **CalMHSA Electronic Health Record (EHR) Project**. VCBH joined more than 20 other counties to adopt a new electronic health records system in FY 22–23, yielding more consistent data collection and reporting across the state, building off of the work done during this project.

3. Cultivated Cross-County Partnerships To Transform Local Policy

This project required VCBH to collaborate with multiple departments across Ventura County to update certain policies pursuant to their new operational guidelines. **For example, to update the policy allowing staff to provide 24-hour support by reclassifying certain staff positions from salaried to hourly**, VCBH had to collaborate with the Ventura County’s Executive Office, Human Resources Committee, Health Care Agency, and the union that represents behavioral health employees. At the time of writing, VCBH has reclassified four positions, demonstrating the unified support from all involved entities and their collaborative efforts to substantially shift how services are delivered.

While trying to figure out the process to access basic needs funds to better support clients, VCBH also **deepened its connection to the Auditor-Controller’s Office and various other departments that provide basic needs in Ventura County**. VCBH collaborated with them to outline a clear process that staff can use to access basic-need funds from the county that clients can use to pay for nonclinical expenses. This marks progress in cross-departmental collaboration that resulted in direct process improvements that impact FSP clients.

4. Strengthened Relationships With Impacted Community Members and Their Families

Under MHSA, all behavioral health agencies in California that receive MSHA funds are mandated to implement processes for community collaboration.⁴¹ Because of this, VCBH already had extensive experience engaging with local stakeholders, including children and adults with mental health needs, their families, mental health providers, law enforcement, education, social services agencies, and other community members.

Even so, through its work to improve FSP programming, VCBH deepened and strengthened its relationship with the local community, especially with direct recipients of FSP services and their families. Two key processes resulted in these strengthened relationships: **deeper stakeholder engagement when designing services and more transparent sharing of progress and results**. During the engagement with Third Sector, VCBH and Third Sector staff members conducted **more meaningful and in-depth client engagement, which enabled many VCBH staff and leaders to develop a deeper understanding of community needs and to value the input**. For instance, during the landscape analysis, Third Sector conducted 41 one-on-one interviews with FSP clients, tailoring their questions to the client experience. As one Third

Sector staff member shared, “We put a lot of thought into who we were engaging and how we were engaging them. We wanted to make sure we had very diverse representation across the types of programs that FSP offered, the age groups, the race, the gender. We really tried to get representation from each of those groups.”

Meanwhile, **community members appreciated the county’s efforts to communicate more transparently and consistently about the FSP program and as a result, better understood the FSP Program and the services available therein.** “We did see improvement with the families because we spent some time clarifying FSPs,” shares one VCBH staff member. “We did a presentation for them on what FSP is, and we got a lot of positive feedback from some of our folks that were historically more critical of the department. We definitely saw relationships improve once we were able to explain the changes made and the positive impacts (the changes made on clients).”

The agency’s collective efforts to deepen understanding of FSP programs have strengthened rapport among key stakeholders and have positively impacted how the community responds to VCBH staff during presentations.

The evolving dynamics between VCBH and community members is a positive sign of change, as people are more likely to seek services from an agency that they trust and feel connected to. Building on this progress, **VCBH continues to incorporate community and stakeholder input into its planning process.** This is evidenced by the agency’s regular collection of the “Client Perceptions Survey” and the sharing of its “FSP Outcomes Report.”



TRANSFORMATIVE CHANGE

Mental models (mindsets, ways of thinking)

The deepest level of systems change is the transformative change that results from shifts in mental models or ways of thinking. Through their work to improve FSP programming, stakeholders in Ventura County are beginning to think differently about the behavioral health system, the clients they serve, and their roles as service providers. Many individuals now have greater knowledge and clarity about FSPs, an increased understanding of challenges facing community members with acute mental health needs, and greater optimism for influencing change in California FSP regulations. Underlying all of these changes is a fundamental shift toward intentional action to improve FSP programming. These mental shifts influence how staff and leaders at VCBH think about, develop, and deliver FSP services, giving way to transformation in the region's larger behavioral health system.

1. Increased Knowledge, Understanding, and Clarity About FSP Programs



Lots of people talked about how grateful they were that there was so much clarity now in terms of the work that they were doing on a day-to-day basis."

— Hilary Carson, Senior Program Administrator, MHSA, Ventura County Behavioral Health



I gained a much clearer understanding of the clinical idea behind developing an FSP, why we need one, and how we can maintain fidelity to the program."

— Peter Schreiner, Clinic Administrator, Ventura County Behavioral Health

While FSP programs are an innovative service delivery model that represent great promise for serving the most vulnerable and high-need populations, interpreting and applying complex state guidelines for FSPs has been challenging for VCBH staff and leaders. This has led to varied interpretation and implementation of FSP services on the ground and resulted in varying outcomes for individual service recipients.

Through the work with Third Sector to improve FSP programming, especially in developing and implementing new operational guidelines, agency staff, and leaders have gained a deeper and clearer understanding of the FSP model. **This clarity has given rise to a shared understanding of the FSP model across the agency and has resulted in individuals feeling more confident in their understanding of FSPs.** Reflecting on this change, one VCBH employee shared, "I gained

a much clearer understanding of the clinical idea behind developing an FSP, why we need one, and how we can maintain fidelity to the program.”

Even VCBH staff who do not normally interact with FSP programs in their day-to-day roles (e.g., data, human resources, finance staff) report a stronger understanding of FSPs and can better help support the program in their roles. Another VCBH employee shared, “Even though I don’t have an FSP program per se, I’m very well versed in it now and can help understand and translate when (staff) doesn’t know anything about FSP ... , (and I am) able to feel confident about what it means or how to do it.” This can be traced back to the series of department trainings that brought together leaders and staff from diverse VCBH units and teams.

This deeper, agency-wide understanding of FSPs laid a strong foundation for more consistent and effective FSP service delivery, allowing VCBH leaders and staff to move forward with a common vision for the program and deliver more consistent and coordinated services to local community members.

2. Increased Understanding of FSP Clients’ Intersecting Needs and Challenges



Learning more about FSP clients and FSP service delivery helped me gain a more real understanding of the complexities of serving these clients and the complexities of the clients being served.”

— Sloane Burt, Ventura County, Behavioral Health Quality Improvement Manager



It was really powerful hearing direct feedback from clients. People that were involved at the time really heard that and took it to heart and really did a good job of making sure they were implementing change at their clinic or program level to really fine-tune how we provide services.”

— Julie Glantz, Ventura County Behavioral Health, Senior Behavioral Health Manager

The process of making operational improvements to FSP has enabled many individuals at VCBH to develop **a stronger understanding of the FSP service population and the unique needs and challenges they face**. FSP programs aim to serve community members with the most severe mental and behavioral health issues. These individuals often face compounding barriers—including homelessness, justice-system involvement, poverty, and systemic racism and discrimination—that exacerbate their mental health conditions and limit their access to care. **Staff and leaders at VCBH recognize that each FSP client has unique and intersecting needs and challenges that often go beyond mental health needs alone and now have a clearer understanding of how to programmatically meet these needs.**

Furthermore, staff and leaders better understand the critical role of nonclinical wraparound supports in aiding client success and how to provide these services. For example, the staff training clarified how to request housing support for FSP clients, which had previously been confusing and unclear. Prior to the trainings, only two of the existing FSP programs made regular housing requests. After each subsequent training, more FSP providers sent in housing requests. Hilary Carson of VCBH highlighted the value of housing support, “I think it (the process of making improvements to FSP) made us think a lot more about housing because that was really something that was separate. I think that was one of the unexpected benefits. We (now) have a lot more options for FSP folks when they are in need.” For example, one VCBH staff member shared this story from a client in the newly created adult FSP program: “A 40-year-old Latina female served in the FSP treatment track was successfully placed into independent living after being homeless for the past six years. The client suffers from a severe and persistent mental illness with little family or support in the community. With the support of her treatment team, the client was able to stabilize with proper medications. Full Service Partnership funds were used to help pay for housing needs.”⁴²

This more nuanced understanding of client needs is rooted in direct feedback from community members. As part of their work with Third Sector, VCBH staff and leaders conducted in-depth engagement with community members who qualified for FSP services, including one-on-one interviews with 41 individuals. While community engagement is an ongoing, mandated part of VCBH’s work, taking the time to conduct individual interviews represented a deeper level of engagement than what was typical for the department.

Direct conversations with impacted individuals gave participating VCBH and Third Sector staff and leaders valuable insights into clients’ lived experiences and grew their understanding of those individuals’ unique needs and challenges. Senior Behavioral Health Manager Julie Glantz shared, “It was really powerful hearing direct feedback from clients. People that were involved at the time really heard that and took it to heart and really did a good job of making sure they were implementing change at their clinic or program level to really fine-tune how we provide services”. A Third Sector staff member shared a similar sentiment, “This work emphasized how important it was to have those conversations with clients. To this day, those conversations were one of the hardest things I’ve done at Third Sector. They were incredibly emotional.

People told us about awful traumas that happened to them. It just made the work feel so much more important and meaningful.”

These insights reinvigorated both VCBH and Third Sector staff and ensured they were truly developing solutions that centered and were responsive to community members’ needs.

This stronger understanding of clients and their needs has enriched VCBH staff’s approach to service delivery, equipping them to more effectively meet the diverse needs of FSP clients and families.

3. Increased Local Agencies’ Optimism in Their Ability To Inform State-Level Policies and Regulations

By participating in the Multi-County FSP Innovation Project led by Third Sector, VCBH staff, and leaders have developed **a deeper understanding of FSP-related state regulations and feel empowered to advocate for change to the regulations in response to Ventura County’s needs.** Julie Glantz shared, “(This experience) has given many of us, including myself, a stronger understanding of what the state is really looking for regarding MHSA and FSP, and I now know we can advocate for necessary changes, reinforcing the importance of FSP within our county system.”

The Multi-County FSP Innovation Project increased VCBH’s belief and optimism in its ability to influence broader policy change and provided a clear blueprint for how to make change happen through collective action with other agencies. The development of state-level data recommendations (e.g., the six population definitions and five outcome measures) as part of the Multi-County FSP Innovation Project demonstrated to Ventura County leaders the power local agencies have to influence change across California. One VCBH employee shared, “The work we did (in the Multi-County FSP Innovation Project) provides a really strong foundation to build off of as (the state) puts the FSP requirement into statute with the (Behavioral Health Services Act).⁴³ So it feels they have a solid place to begin for some of that.”

Ventura County’s continued active involvement in the Multi-County FSP Innovation Project is evidence of its ongoing belief in the ability of such efforts to lead to meaningful change and optimism that the work will inform future state-level policy changes.

4. Shifted to a Process-Improvement Mindset Related to FSP Improvement

Prior to participating in the Multi-County FSP Innovation Project and in their work with Third Sector, VCBH had limited resources dedicated to improving their FSP programs. Further, they did not dedicate time to reflect on their gaps or make changes to address them. The decisions to join the Multi-County FSP cohort and to fund additional technical assistance work with Third Sector represented a fundamental shift in the way the agency was thinking about FSPs. For the first time, VCBH was investing time and resources in improving FSP programs, signaling a shift to an action-oriented approach.

The fundamental shift toward action to improve FSPs was an important foundation for all of the other changes and impacts described in this report. While some of this thinking had emerged prior to the engagement with Third Sector, the landscape analysis findings catalyzed a critical turning point for many VCBH leaders and staff involved in the cohort program. The landscape analysis highlighted several challenges that VCBH knew it needed to tackle but had not yet allocated resources to address. Reflecting on that time, a VCBH employee shared, “That felt really informative for me but also a bit of a downer; ... (we) knew there were challenges, but this just made it feel like a lot.” However, rather than becoming disheartened or shying away from tough conversations, VCBH leaned in, using these insights as a foundation for growth and improvement.

This shift in thinking toward an action-oriented approach is evident in the fact that VCBH dedicated resources to extend its contract with Third Sector to do additional work beyond the work with the larger Multi-County FSP Innovation Project. **Further actions that have emerged since Third Sector's departure—such as the development of “FSP Outcomes Reports” and the desire to introduce new programs—demonstrate that momentum to enhance FSP programming continues to the present day.**

Community-Level Impacts

VCBH's engagement in the Multi-County FSP Innovation Project and the one-year extension with Third Sector is already showing signs of positive impacts for Ventura County's mental health system. In 2022–2023, the most recent year for which data is available, **VCBH served 364 community members, including 339 adults and 25 youth, through its range of FSP programs.**⁴⁴ The table below presents key participant demographics (Figure 4).

Figure 4. Ventura County Behavioral Health FSP Client Demographic Profile

Program Demographics – Unduplicated Clients

Age Group	n = (364)	Language Spoken	n = (364)
0-15 yrs.	8	English	337
16-25 yrs.	50	Spanish	23
26-59 yrs.	176	American Sign Language (ASL)	1
60 & older	130	Unknown/Not Reported	3
Race	n = (364)	Ethnicity	n = (364)
White	178	Hispanic	141
African American or Black	17	Non-Hispanic	201
Asian	9	Unknown/Not Reported	22
Alaska Native or Native American	3	Veteran	N/C
Other	156	Disability - Communication	N/C
Unknown/Not Reported	1	Disability - Mental (not SMI)	N/C
Sexual Orientation	n = (364)	N/C=Not Collected for this program at this time	
Heterosexual	38		
Bisexual	2		
Declined to Answer	63		
No Entry	261		

While it is too soon to know the long-term impacts this work will create for individual FSP clients, there are promising early signs of change at the community level. For example, RAND recently published an evaluation report on the Multi-County FSP Innovation Project. The report concluded that the **days of stable housing increased by 21 days** for FSP participants at the six agencies that participated in the cohort program. Additionally, **the likelihood of arrest decreased by 17 percentage points.**⁴⁵

VCBH's "Client Perceptions Survey" also provides valuable insight into community-level impacts resulting from the FSP improvement work. VCBH conducts the "Client Perceptions Survey" annually to gather feedback on client experiences. In 2023, they collected 48 responses from adults in FSPs, representing approximately 13.2 percent of the total FSP client population.

Positive trends from the 2022–2023 client survey include:

- **FSP clients' general satisfaction with VCBH services increased.** When comparing the same clients year-over-year, rating scores increased from 4.42 out of 5 in 2021–22 to 4.51 out of 5 in 2022–23.
- **FSP clients' perceptions of the ability of services to improve their well-being increased** from a score of 3.94 out of 5 in 2021–22 to 4.04 out of 5 in 2022–23.
- The most significant year-over-year increase was seen in **FSP clients' perceptions of how services impacted their ability to take care of their own needs.** The average score increased from 3.89 out of 5 in 2021–22 to 4.07 out of 5 in 2022–23.

FSP clients also shared the following in open-ended survey responses, highlighting positive experiences with VCBH's updated FSP programming.

- "I trust VCBH."
- "I am glad to be here. I'm happy with the service. Thank you all."
- "The program has helped me cope with life."
- "I love all the staff. J is amazing. I can tell her anything and feel very safe with her. I get extra help when I need it. I love my doctor and nurse."

The "Client Perceptions Survey" shows positive trends in client perceptions of and general satisfaction with agency services, their own well-being, and their ability to take care of their own needs. Additional signs of positive change for FSP clients are also evident based on conversations with VCBH staff. While more precise data on the long-term outcomes of FSP clients is not yet available, VCBH's recently introduced "FSP Outcomes Report" represents a promising trend toward beginning to measure and share this data. However, capturing accurate outcomes data remains a complex challenge for VCBH. Current data shared in the "FSP Outcomes Report" relies heavily on client self-reporting, making it difficult to validate. To address this, VCBH recently partnered with its Homeless Management Information System to enhance data validation efforts.

Discussion and Key Takeaways

VCBH's involvement in the Multi-County FSP Innovation Project and extended year of FSP improvement work with Third Sector marked an important turning point for the agency. It was the first time VCBH committed substantial time and resources toward clarifying and improving its FSP programs.

Almost four years after this work began, Ventura County's behavioral health system is showing positive signs of change and transformation stemming from this investment. Specifically, **VCBH's work with Third Sector has resulted in the improvement and standardization of FSP service delivery and reporting, stronger relationships within and between key stakeholders operating in the behavioral health system, and transformation in how county staff and leaders think about and serve community members with severe mental health needs.**

While it is too soon to know the long-term impacts that FSP improvements will create for individuals struggling with severe mental health challenges in the region, early community-level outcomes are promising. **VCBH data shows that adverse outcomes such as days of unstable housing and number of arrests are decreasing, while positive client outcomes including satisfaction with VCBH services and overall well-being are increasing.** Additionally, many aspects of the work in Ventura County indicate positive momentum toward a more outcomes-focused approach. For example, VCBH improved how it leverages deep community engagement to inform the development of outcome measures and operational guidelines and has broken down agency silos to improve community members' access to care. It also now regularly tracks data on these outcomes, has improved reporting, and regularly shares the data with key stakeholders. As Ventura County's behavioral health system becomes more outcomes-focused, it is expected that outcomes for community members will continue to improve.



SIGNS OF CHANGE TOWARD AN OUTCOMES-FOCUSED APPROACH:

Many elements of the FSP work in Ventura County point to a shift toward a more outcomes-focused approach (see Glossary for full definition of “outcomes-focused approach”). For example:

- **By adopting new outcome measures** (designed in collaboration with other counties as part of the Multi-County FSP Innovation Project), VCBH is moving services and program implementation away from compliance to supporting partners in achieving improved outcomes.
- **By conducting one-on-one interviews with community members and staff to inform the development of operational guidelines**, VCBH is engaging stakeholders’ perspectives and experiences to improve services and programs.
- **By centering community needs and the client journey when designing operational guidelines**, VCBH is using tools like human-centered design and root cause analysis to ensure solutions reflect community needs.
- **By strengthening connections between internal teams to deliver FSP programs**, VCBH is breaking down silos between agencies and departments to make services and programs more responsive to the needs of communities.
- **By introducing new “peer specialist” and “parent partner” roles that bring individuals with lived experience to FSP care teams**, VCBH is engaging stakeholders’ perspectives and experiences to improve services and programs.
- **By regularly tracking outcomes, improving reporting, and creating an “FSP Outcomes Report” that is shared with stakeholders**, VCBH is using data to drive decisionmaking.

Taken together, the impacts described in this case study provide evidence that Ventura County’s public behavioral health system and the agency at the center of that system have changed in positive ways. Bolstered by technical assistance from Third Sector, the FSP improvement work in Ventura County has contributed to the development of a stronger, more coordinated mental health service delivery system for the most vulnerable residents. By improving key internal processes, the agency has positioned itself to better and more equitably serve individuals struggling with severe mental and behavioral health challenges in the region.

The FSP improvement work also provides a strong model for how successful intra-agency collaboration and statewide coordination can look in practice. Third Sector’s Multi-County FSP Innovation Project provides a model for how to successfully improve outcomes and service quality for a program model adopted statewide that maintains local flexibility while also adhering to commonly shared core standards and program elements.

DRIVERS OF (AND BARRIERS TO) CHANGE

Several key factors have contributed to VCBH's success in standardizing and operationalizing its FSP programming, allowing it to effectively catalyze change in the region. These drivers represent strategic levers that support systems change. There were also a number of barriers that slowed or stalled the pace of change. Together, these drivers and barriers offer valuable lessons for how agencies can transform systems to deliver high-quality, responsive, and equitable services that support individuals with severe mental health challenges to achieve wellness and recovery.

- **California's MHSA and investment in innovation.** Through MHSA, counties could leverage their innovation funds to participate in collaborative efforts to address pressing mental health challenges. MHSOAC's Innovation Incubator, which created the Multi-County FSP Innovation Project among other multi-county efforts, allowed counties like Ventura to opt into this opportunity.
- **County support and buy-in facilitated change.** Securing Ventura County's Board of Supervisors' approval for new staff positions was essential for VCBH to launch two new FSP programs, representing a significant achievement for the agency.
- **Investing time to change the status quo is essential.** VCBH invested time for reflection, analysis, and decision making to address the gaps in its FSP programs. This was particularly challenging for the already-strained mental health workforce system. However, VCBH knew how vital this was to the process. Sloane Burt reflected, "Because we were participating in this project, it really forced us to kind of say, 'No, we need to dedicate these hours a week to this meeting time.'" Peter Schreiner reflected, "It's easy for us to get caught up in the day-to-day, and I think it's a very healthy thing to have somebody come in and ask 'How are you handling this?' and 'What's this issue here?' ... I very much value that because I think when you self-reflect, things only get better."
- **Third Sector's expert technical assistance, tools, and support** helped navigate the broadly-defined state guidelines of FSPs while recognizing the diversity of each county and their communities and providing individualized tools that eased the burden on counties. In this case, their individualized support for Ventura County resulted in changes the agency wanted to see but had limited capacity to take on alone. One VCBH FSP staff member shared that Third Sector's tools and practices continue to support him after the project. Specifically, he continues to use the brainstorming techniques during his meetings that Third Sector employed in their meetings.
- **Barrier: Not having decisionmakers at the table.** While there were various manager-level staff involved in the work, at times there was a need for approval from executive-level staff with decisionmaking power. Staff did not expect executive leaders to participate in

the day-to-day work or cohort working groups, but their omission often left them removed from the work and slowed the approval process. At the county level, getting all entities to approve changes also took time. As one VCBH staff member shared, “We would take two steps forward and one step back. We could clearly see what we needed to do, but getting there and getting people on board really did take a lot of time.”

- **Barrier: Behavioral health workforce turnover, shortages, and capacity.** Although VCBH was successful in getting new staff positions approved, there are persistent vacancies due to labor shortages in the field. These shortages make it challenging to implement FSP programs with fidelity to the ACT model (for example, the ACT model emphasizes smaller caseloads). This often requires a balance between ideal practices and practical constraints. Navigating staff turnover also presents a barrier to the progress made thus far as turnover disrupts the implementation and impact of projects. For example, VCBH experienced great momentum in training staff on the new operational guidelines. However, new team members require consistent revisiting of the training. Finally, existing staff often lack the capacity to focus on big-picture improvements given their immense workloads. As staff turnover or new staff are hired, the burden falls on existing staff to take on more of the day-to-day work and train new staff people, which further reduces their ability to focus on the big picture. Without a third-party facilitator like Third Sector, many agencies do not have the capacity to engage in robust internal improvement projects due to the strain it puts on already limited staff resources.
- **Barrier: A constantly changing policy landscape.** To enact change at the local level, county agencies need to maintain alignment with state policy. California has enacted several policy changes with the goal of continually advancing behavioral health. Although this change signals great momentum for the field, agency staff feel the pressure to keep up with an ever-evolving landscape. For example, switching to a new electronic health record resulted in less customization and delayed adding the new “Social Connectedness” metric to the system.

TOP 3 LESSONS FOR TECHNICAL ASSISTANCE PROVIDERS

Ventura County’s FSP improvement work highlights a number of best practices that technical assistance-providing organizations like Third Sector can leverage to drive momentum on cross-cutting social impact projects. The top three lessons include:

- **Provide standardization that meets diverse needs when possible.** Over the course of its work with VCBH, Third Sector successfully navigated the complex challenge of creating generalized, standard tools that are flexible enough to address diverse needs and can apply to a variety of contexts. For example, during the Multi-County FSP Innovation Project, Third Sector designed recommendations that could meet state and local needs.

Third Sector identified factors that could be standardized (e.g., population definitions and outcome measures) and add value to multiple counties while helping develop a uniform language and metrics. A Third Sector staff member shared, “I think it’s important to understand that each county really did have unique needs, and Full Service Partnership programs are not a one-size-fits-all. ... The populations are different, and so it’s a delicate balance between finding the things that make sense to standardize and finding the things that actually need to stay unique to serve the needs of the local community.”

Similarly, in its extended work with VCBH, Third Sector was challenged to develop standard operational guidelines that could effectively address the needs of the agency’s wide range of FSP programs. The new operational guidelines address the greatest unmet challenge of FSP programs—their breadth and ambiguity—head-on and establish standards that should remain consistent throughout programs. Third Sector guided the agency toward effective standardization of a program that is centered around flexibility and individualized support. Both the state recommendations (six population definitions and five outcomes) and the VCBH operational guidelines represent best practice models for developing standardized tools that can work for a range of contexts and programs.

- **Bring in community voices and include diverse perspectives.** One of the most impactful features of Third Sector’s approach to Ventura County FSP program improvement was incorporating intensive stakeholder engagement to ensure solutions and strategies were rooted deeply in community and staff members’ needs. Community feedback was not only used to make operational decisions but also reinvigorated VCBH staff to ensure they were serving their clients as best as possible. By grounding conversations and planning in the authentic needs and experiences of clients, Third Sector fostered a deeper sense of purpose and collective buy-in among team members and stakeholders. This approach helped Third Sector focus the group on implementing shared goals, dismantling silos, and reminded all participants of the core mission that drives their work. Centering discussions on client needs created a unifying perspective that helped bridge gaps and motivated everyone to work toward meaningful, client-focused outcomes. Further, by including frontline staff members in the planning and development of the operational guidelines, they were more invested in using those guidelines.
- **Provide dedicated training to bring strategies to life.** Providing dedicated staff training is a critical component in effective change management that should always be included in operational improvement efforts. A major accomplishment for both Third Sector and VCBH was the development of the comprehensive “Operational Guidelines” manual that outlined core aspects of the implementation of FSPs at VCBH. However, simply creating the manual was not enough. It was crucial to invest in thorough training for VCBH staff to ensure they understood how to apply these guidelines in their daily work. By providing dedicated staff training implementing the guidelines on the ground, Third Sector helped ensure strong implementation and uptake of this new resource.



Looking Forward

Thanks to improvements implemented by VCBH, Ventura County's mental health system is already showing positive signs of change. However, change takes time, and VCBH continues to tackle challenges to enhance their FSP services. As one VCBH employee shared, "We are still hitting roadblocks that we've been hitting off and on for 20 years but have made some small strides."

Third Sector also continues to work with MHSOAC on FSP improvements, building on the success and momentum of the Multi-County FSP Innovation Project and work in Ventura County. The organization is currently building an FSP best practices toolkit to share key learnings and help strengthen FSP programs across California.⁴⁶ Another by-product of the Multi-County FSP Innovation Project is a policy brief identifying strategies for addressing the behavioral health workforce crisis, developed for one of the participating counties. Third Sector plans to support counties in their implementation of the strategies identified in the report.⁴⁷

Major policy changes on the horizon will significantly impact California's mental health services landscape, including Proposition 1, also known as the Behavioral Health Services Act (BHSA).

The BHSA requires counties to implement evidence-based FSP practices with fidelity. Evaluation of the impact of the changes that VCBH and the other counties have implemented as a result of their participation in the Multi-County FSP Innovation Project could serve as a valuable evidence base for an FSP implementation under the BHSA. When asked whether their work with Third Sector facilitated or hindered the transition to BHSA, Hilary Carson noted, "I think that working on FSP put us in a great position for all the BHSA changes. I just don't think we'll be able to maintain what we did because they are recreating these levels of care for the FSPs."

While there are many uncertainties regarding how BHSA will influence existing processes, VCBH is better equipped to translate state guidelines into clear operational changes after navigating the process with Third Sector. Sloane Burt expressed confidence, stating, "We have all this evidence about what did and didn't work. We have that hindsight. We've spent the time talking about what a team should look like. So, hopefully, we don't have to go back to those conversations and discuss it again. We are in agreement that this is what entails an FSP team."

The complexity and ever-changing nature of the mental health policy landscape requires ongoing investment and innovation to meet the needs of community members. Through the ongoing efforts of local agencies like VCBH and technical assistance providers like Third Sector, FSP programs in Ventura County and California will continue to improve, leading to better access to care for community members for many years to come.

Glossary/Key Definitions

Outcomes-focused approach—An approach that centers and is responsive to the voices, perspectives, power, and needs of community members who are directly impacted by an issue area or who are the direct beneficiaries of a specific program or service. The ultimate goal of an outcomes-focused approach is to result in more improved and equitable outcomes for impacted communities. This approach moves public systems away from a traditional compliance-based approach toward one that centers the quality of life and life outcomes of real people and communities.

In practice, an outcomes-focused approach may look like:

- Using disaggregated data to drive decisionmaking that continuously improves community outcomes;
- Engaging stakeholders' perspectives and experiences to improve services and programs;
- Breaking down silos between agencies and departments to make services and programs more accessible and/or responsive to the needs of communities; and/or
- Using tools like human-centered design and root-cause analysis to ensure solutions reflect community needs.

"System" definition—The workforce development system in the Rural Capital Area of Texas. This includes public workforce agencies, workforce nonprofits, education and training providers, employers, and other partners (e.g., wraparound support providers). *Note: This definition is specific to this particular case study.*

Systems-level impacts—Changes in the way government systems operate. How system stakeholders are working or thinking differently as a direct or indirect result of a project or initiative.

Community-level impacts—Changes individuals experience in accessing the system or services. Meaningful change for communities because of transformations to the system.

Graduation and step-down—Terms describing the activities and processes employed for a client who has met most or all of their treatment goals and is deemed ready by the partnership to transition from the FSP program and either move down to a lower level of services ("step-down") or discontinue services ("graduation").

Acknowledgements

We would like to thank the following individuals for taking the time to share their stories with us. This case study would not have been possible without your honest reflections on Ventura County Behavioral Health's involvement in the California Multi-County FSP Innovation Project or your nuanced insights on the signs of change that are already evident from the work.

- Hilary Carson, Senior Program Administrator, MHSA, Ventura County Behavioral Health
- Sloane Burt, Quality Improvement Manager, Ventura County Behavioral Health
- Julie Glantz, Senior Behavioral Health Manager, Adult Division, Ventura County Behavioral Health
- Peter Schreiner, Clinic Administrator, Ventura County Behavioral Health
- Nancy Springer, Behavioral Health Manager, Ventura County Behavioral Health
- Jena Cameron, Clinic Administrator, Ventura County Behavioral Health
- Laila Bravo, Managing Director, Project Impact, Third Sector
- Rosalind Waltz-Peters, (former) Manager, Third Sector
- Esther Chang, (former) Manager, Third Sector
- Nicole Kristy, (former) Director, Behavioral Health, Third Sector

In addition, we would like to thank the trusted advisors and experts who shared with us their insights on systems change and best practices for systems-change evaluation. Their insights helped inform our process and approach.

- Dr. Margaret B. Hargreaves, Senior Fellow, Health Care Evaluation, Affiliate Staff, Center on Equity Research, NORC at the University of Chicago
- Alyssa Ghirardelli, Principal Research Scientist, NORC at the University of Chicago
- Joelle Cook, Founder, Cook Wright Collective
- Mark Cabaj, President, Here to There Consulting Inc.
- Mark Kramer, Co-founder, Senior Advisor, and Board Chair, FSG
- John Kania, Executive Director, Collective Change Lab Inc., and Board Member, Third Sector
- Dr. David Hanson, Equitable Evaluation Advisor, Third Sector

Lastly, we would like to extend special appreciation to Freya Bradford, Jessica Conrad, and the Rotary Charities of Traverse City, whose report "Stories of Change: How a Systems Change Approach is Transforming a Region" helped guide and inspire the approach to storytelling used throughout the "Changing Systems, Changes Lives" case study series. We are humbled and excited to join Rotary Charities and other leading organizations in contributing to the emerging field of systems-change learning and evaluation.

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- Mark Cabaj, President, From Here to There Consulting Inc.
- Mark Kramer, Co-Founder, Senior Advisor, and Board Chair, FSG
- Dr. Margaret B. Hargreaves, Senior Fellow, Health Care Evaluation, Affiliate Staff, Center on Equity Research, NORC at the University of Chicago

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34. Ventura County Behavioral Health. Full Service Partnership Program Guidelines, 2022. October 20, 2022.
https://drive.google.com/file/d/1uhtUn0Nd4Gx_71Z3O3wDidoqxfFhJgH8/view.
35. Which is proven to deliver effective services and positive outcomes for individuals with serious mental illness by emphasizing high-intensity services with frequent client contacts in the home and community. ACT also emphasizes the importance of 24/7 service availability and readily available crisis supports.
36. "Graduation" and "step-down" are terms used to describe the activities and processes employed for a client who has met most or all their treatment goals and is deemed ready by the partnership to transition from the FSP program and either step down to a lower level of services or discontinue services.
37. See Appendix I: Full Service Partnerships Outcomes Report.
Ventura County Behavioral Health. Mental Health Services Act Annual Update for Fiscal Year 2023–2024. 2024.
https://s38241.pcdn.co/behavioral-health/wp-content/uploads/sites/4/2024/09/Exhibit-1-FY-2023-24-MHSA-Annual-Update_.pdf.
38. According to VCBH, 16 staff have been approved for FSP programs. Third Sector. Progress Report for Multi-County FSP Innovation Project.
https://docs.google.com/presentation/d/10Q4xjw_9OZ0s0XLhQKPV3_VKxzcm96BGs2yvrpleQU0/edit#slide=id.g14285a1309a_0_112.
39. VCBH FSP Operational Guidelines.
40. Third Sector. California Multi-County Full Service Partnership Innovation Project: Year 3. August 2023.
https://www.thirdsectorcap.org/wp-content/uploads/2023/02/DIGITAL_Multi-county-Summary-Report-3_August-2023_Superside.pdf.
41. Counties receiving MHSA funds are required to develop three-year program and expenditure plans as well as annual updates through a state-mandated community collaboration process known as the "Community Program Planning Process."
Crook. Andrea L. MHSA CFLC Training: MHSA and the Community Program Planning Process. Access California. July 24, 2019. https://mhsoac.ca.gov/sites/default/files/ACCESS_02_01%20CFLC.2HR.7.19.19.pdf.
42. Ventura County Behavioral Health. Mental Health Services Act Annual Update for Fiscal Year 2023–2024. 2024.
https://s38241.pcdn.co/behavioral-health/wp-content/uploads/sites/4/2024/09/Exhibit-1-FY-2023-24-MHSA-Annual-Update_.pdf.
43. In March 2024, California voters passed Proposition 1, transforming the state's behavioral health system. The new law includes two parts: the Behavioral Health Services Act and a \$6.4 billion Behavioral Health Bond for community infrastructure and housing with services.
Department of Health Care Services. Proposition 1 Behavioral Health Services Act: How to Use Behavioral Health Services Act/Mental Health Service Act Funds for Housing. 2024.
<https://www.dhcs.ca.gov/BHT/Pages/BHSA-Using-Funds-for-Housing.aspx>.

44. Ventura County Behavioral Health. Mental Health Services Act Annual Update for Fiscal Year 2023–2024. 2024. https://s38241.pcdn.co/behavioral-health/wp-content/uploads/sites/4/2024/09/Exhibit-1-FY-2023-24-MHSA-Annual-Update_.pdf.
45. Eberhart, Nicole K. Ashwood, J. Scott. Hawkins, Wendy. Athey, Alison. Williamson, Stephanie. Contreras, Alejandro Roa. McBain, Ryan K. Yi, Stacey. Priya, Gandhil. Evaluation of the California Multi-County Full Service Partnership Innovation Project. RAND. April 4, 2024. https://www.rand.org/pubs/research_reports/RR3105-1.html.



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