



Multi-County Full Service Partnership (FSP) Innovation Project

Outcomes Feedback | November 2021

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Agenda

Recap: What is FSP and the Multi-County Innovation Project

Program level outcomes (cross-county)

Individual level outcomes (step-down readiness indicators)

What's next

California's Full Service Partnership (FSP) delivers a "whatever it takes" approach to comprehensive, community-based mental health services



Population

FSP serves over **60,000 individuals and families** across California experiencing severe emotional disturbances or serious mental illness.



Funding

The County directs the majority of its CSS to fund FSP



Services

FSP providers deliver a **diverse range of evidence-based services modeled after ACT and AB2034** (pilot of recovery-oriented approach targeting homeless SMI) including therapy, psychiatric services, peer supportive services, housing services, and a wide range of case management services geared towards developing life skills and coping mechanisms.



Outcomes

As stipulated in the Mental Health Services Act (MHSA) Regulations, FSPs provide **consumer-centric services to achieve goals** identified in individuals' Individual Services and Supports Plans (ISSP).

*California counties are provided **substantial flexibility** in FSP operations, data collection, and approaches. While this local control has supported innovative, community-responsive services, **counties have different operational definitions and inconsistent data processes, making it challenging to understand and tell a statewide impact story.***

Project counties and the MHSOAC contributed \$8.3M of state and local funding to support the multi-year collaboration

Project Roles & Responsibilities



Counties: The participating counties are Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura. Lake and Stanislaus will be joining the project as a Wave 2 in August 2021.



Third Sector: Third Sector is providing project management, outcomes-focused technical assistance, and implementation support.



RAND: RAND is providing data and outcomes technical assistance, data cleaning and quality improvement support, and conducting the overall project evaluation.

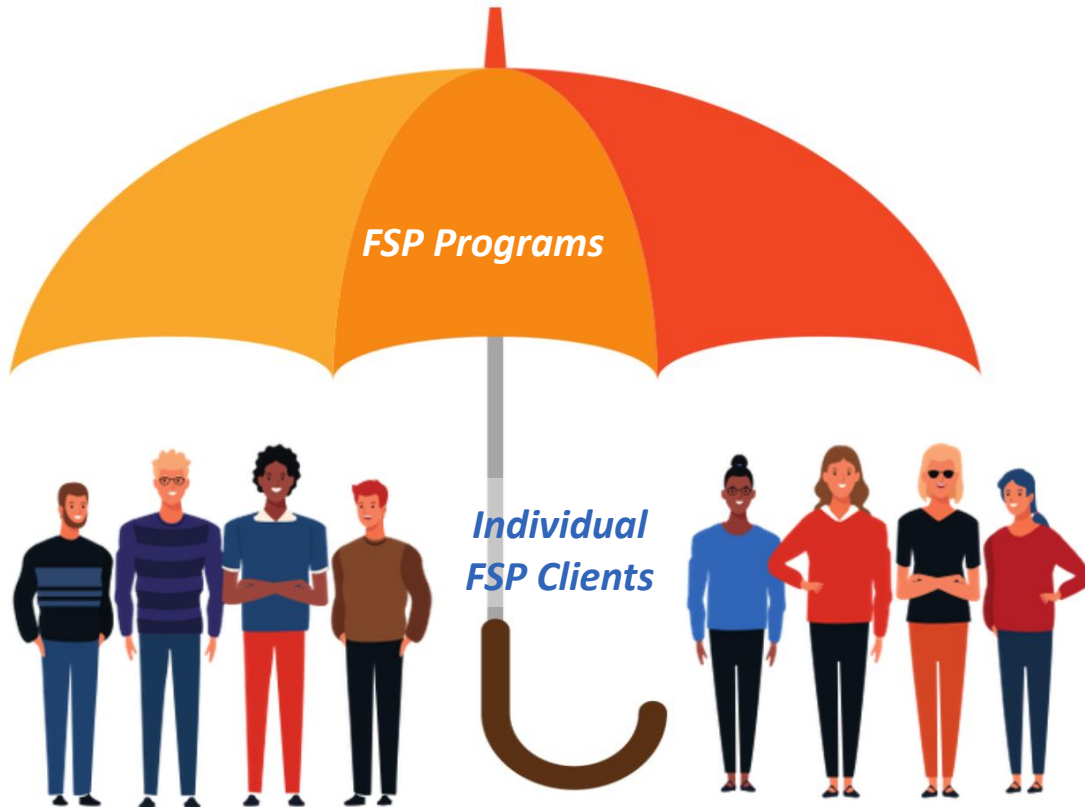


CaIMHSA: CaIMHSA is serving as the project's fiscal intermediary, including contract and fiscal management as well as administrative oversight.



MHSOAC: The CA Mental Health Services Oversight and Accountability Commission (MHSOAC) supported the Innovation planning process as well as the development of statewide project resources and Learning Community events.

Today we will discuss and get feedback on how FSP success is tracked, on both a program level and individual client/family level



FSP Program-Level Outcomes

- Ways to measure the level of success and impact of FSP programs, and the communities they serve, on a whole
- Grounded in measures and data that is currently collected / tracked across FSP programs in all counties

FSP Individual-Level Outcomes

- Ways to measure when each individual client (and family) has achieved success in their FSP program and are ready to step-down to a different level of care

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The six counties on this project met for a “cohort” workgroup to define outcomes that can be used to compare FSP impact



Goal: Improve counties’ ability to compare outcomes achievement by developing a shared vision and definitions for specific FSP outcomes, and use these new measurements compare program-level outcomes, learn from each other as counties, and share best practices

Progress

- Prioritized adult FSP outcomes to understand program-level impact of FSP
- Developed metrics that use existing datasets to track these outcomes and services

Utilization Plan & Next Steps

- **RAND Evaluation:** Counties will pull and share outcomes and services data with RAND twice during 2022 (once by end of January and once by end of July) in order for RAND to conduct an evaluation
- **County Continuous Improvement:** Counties will utilize the same data to develop routine data reports that can be used for continuous internal and cross-county learning
- **Develop Child FSP Program-Level Outcomes:** Additional counties have joined this statewide collaboration and will work to define Child FSP program-level outcomes in 2022-23

Counties selected program-level outcomes that could be measured using existing shared datasets

Counties only share two types of data sets:

1. the state-required Data Collection and Reporting (DCR) system, and
2. Electronic Health Records (EHRs).

Counties have chosen to adopt other additional systems voluntarily. San Mateo, for example, has also adopted CANS, the LOCUS, and the PSC-35.

Tool	Counties	Purposes	
DCR Forms (PAF, KET, 3M)	All six	State Reporting	Outcomes Reports
CANS (Child)	All six	Outcomes Reports	Treatment Planning
LOCUS	Sacramento San Mateo	Outcomes Reports	Treatment Planning
PSC-35 (Child)	San Mateo Ventura	Treatment Planning	Caregiver Assessment

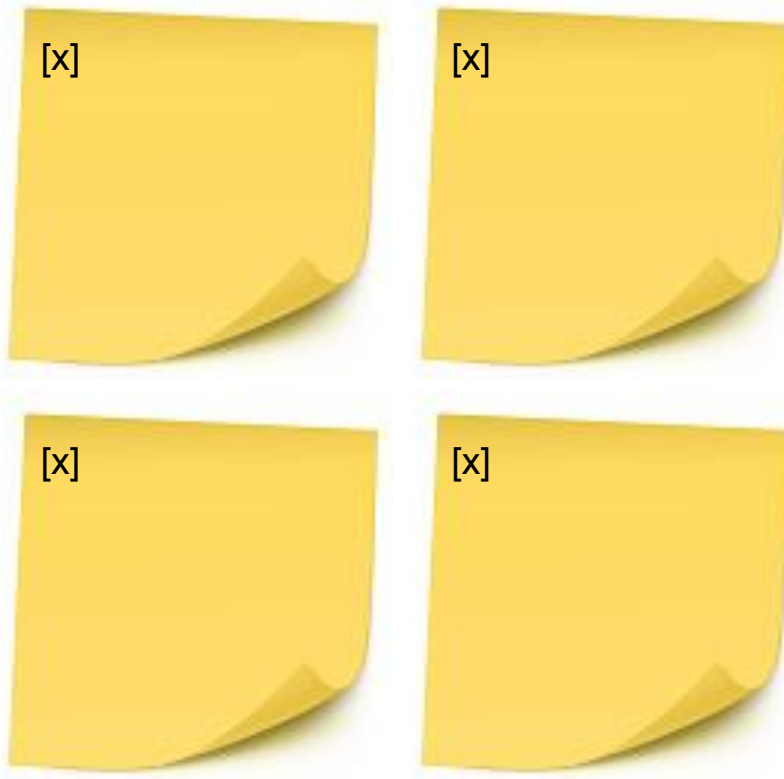
The goal when selecting the shared program-level outcomes on the next slide was to use existing datasets to avoid adding more reporting burden for providers.

Given these constraints, the following Adult program-level outcomes were agreed upon by the Cohort Working Group

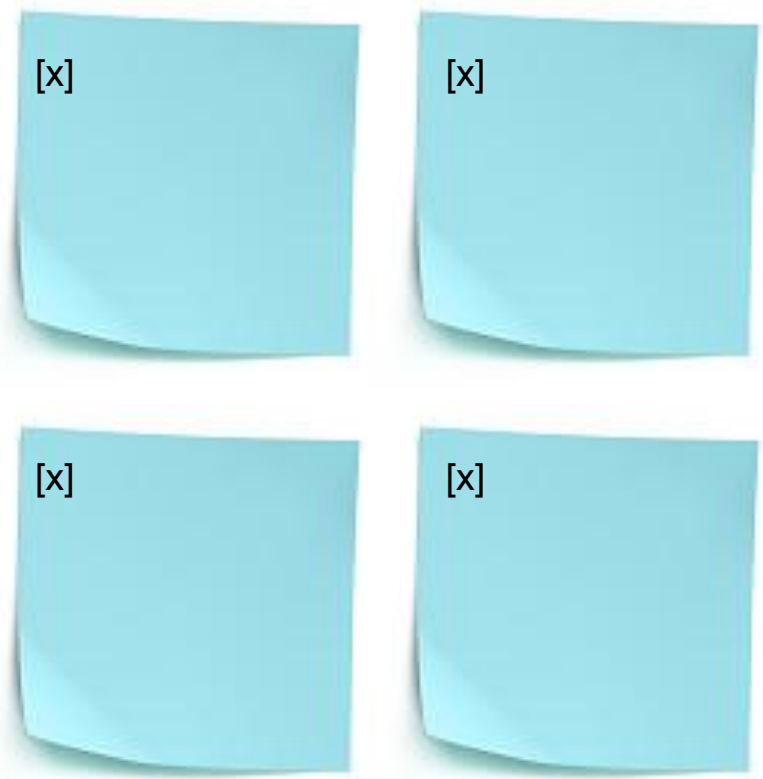
<p>Increased stable housing [Source: DCR]</p>	<p>A) The number of days that each FSP participant experienced (i) stable housing, (ii) temporary housing, and (iii) unstable arrangements during the previous 12-month period. B) The number of times that each FSP participant experienced unstable housing/homelessness during the previous 12-month period.</p>
<p>Reduced justice involvement [Source: DCR]</p>	<p>A) Whether each FSP client was incarcerated (yes/no) over the previous 12 months B) The number arrests that each FSP client experienced during the previous 12 months</p>
<p>Reduced utilization of psychiatric facilities [Source: DCR and/or EHR Systems]</p>	<p>Measure #1: Reduced Psychiatric Admissions A) The number of days hospitalized that each FSP participant experienced during the previous 12-month period—in both psychiatric hospitals and general hospitals receiving psychiatric care. B) The number of psychiatric admissions that each FSP participant experienced during the previous 12-month period—in both psychiatric hospitals and general hospitals receiving psychiatric care. Measure #2: Reduced CSU Admissions The number of Crisis Stabilization Unit admissions that each FSP participant experienced during the previous 12-month period.</p>
<p>Increased social connectedness [Source: 3M in DCR]</p>	<p>Counties to add the following 1-item measure to their 3M: “How often do you get the social and emotional support that you need?” Response options: always, usually, sometimes, rarely, never.</p>
<p>Frequency and location of services [Source: EHR]</p>	<p>Number of each service each client received: Individual Therapy, Group Therapy, Rehab Services, Medication Management, Case Management, Housing Services (for counties able to track)</p>

San Mateo has flexibility in how these program-level outcomes are used locally. We'd like your feedback:

Are there additional program-level measures of success that BHRS/providers should examine to understand program trends and outcomes?



How might you adopt the existing adult-focused measures for a child/youth conversation?⁽¹⁾



(1) The Cohort Working Group focused on program level outcome measures for Adult FSP programs and clients. The next year it will revisit the list with a focus on Child/Youth/TAY FSP programs and clients.

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- ***Child/Youth/TAY breakout room***
- ***Adult FSP breakout room***

What's next

San Mateo BHRS is choosing individual level outcomes to measure when clients have achieved both “stability” and “recovery”

Definitions adopted from CIBHS

Stability is...

- The **absence of negative outcomes** (i.e. don't require inpatient hospitalization, no longer homeless)
- An important milestone, but **not necessarily a sufficient outcome to discharge a person** from services

Recovery is...

- **Proactive movement toward the life a person wants to lead**, which includes the ability to formulate and take action steps toward improving areas that are important in their life
- A highly individualized term that denotes **both the end results that the person is seeking and the journey** the person is taking to move toward their desired future
- Recovering a **sense of self, identity, and power in life**

Which individual level outcomes should be used to determine readiness to step-down from FSP for Adults

has benefits in place

has structure in their daily life

school attendance and performance

has insight into their mental illness

compliant with medication

no complex needs

keeps appointments without help

gainfully employed

engaged in treatment

engaged with justice systems processes

additional indicators

no longer needs intensive services

stably housed

meets treatment goals

no psychiatric inpatient stays

client's buy-in

no incarcerations w/in past 6 months

has adequate resources

has social support

reduced self-harm

independent

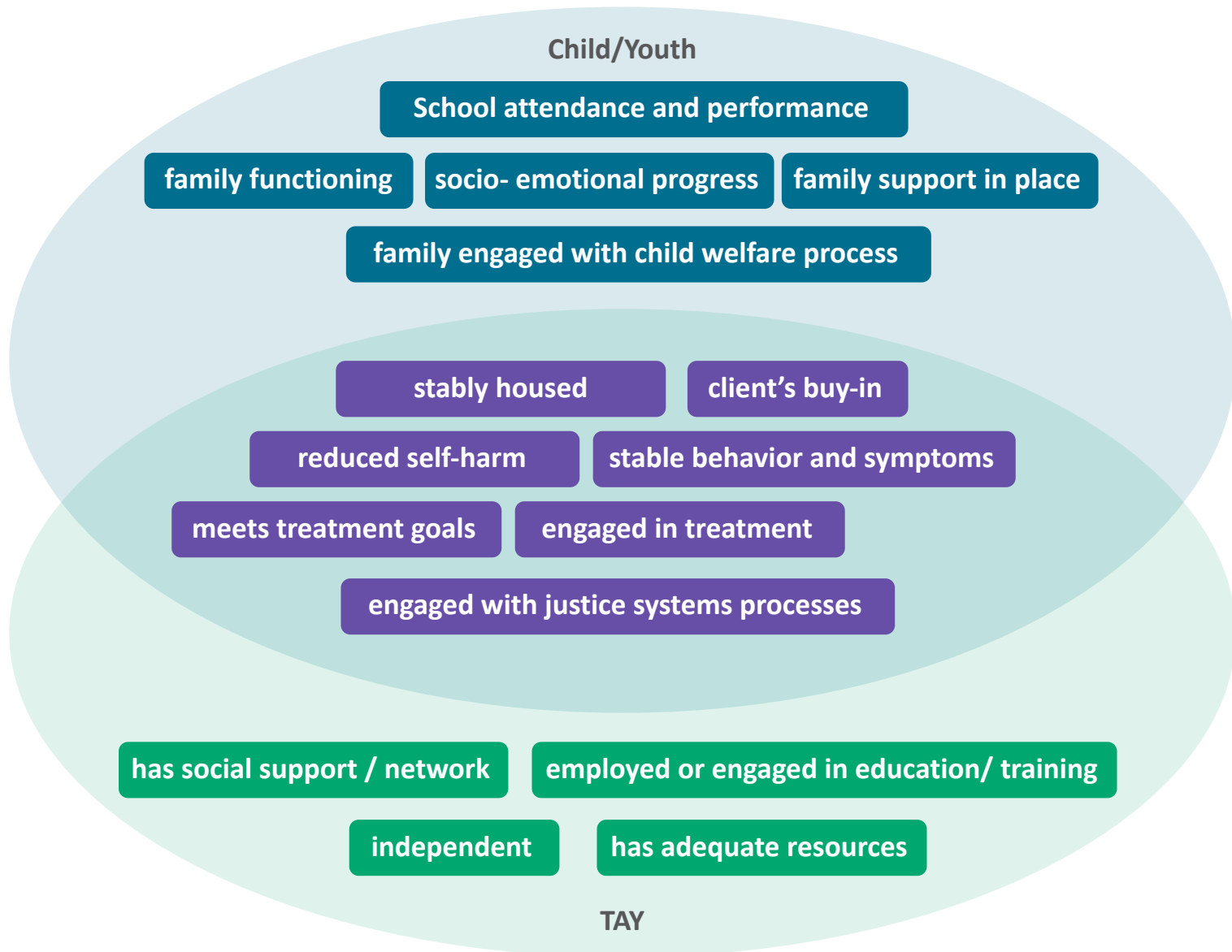
stable behaviors & symptoms

Setting self-identified goals

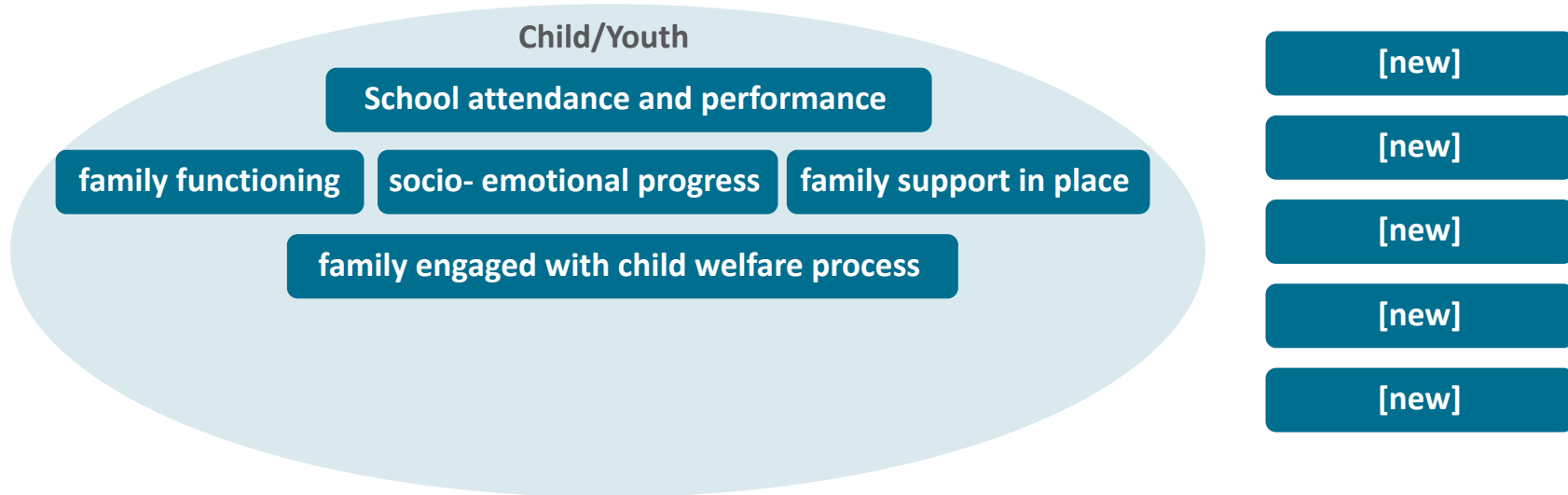
Discussion: How do we ensure that clients feel included and comfortable with conversations about step down?

Notes:

Initial BHRS brainstorm of which individual level outcomes to use to determine readiness to step-down from FSP for C/Y/TAY

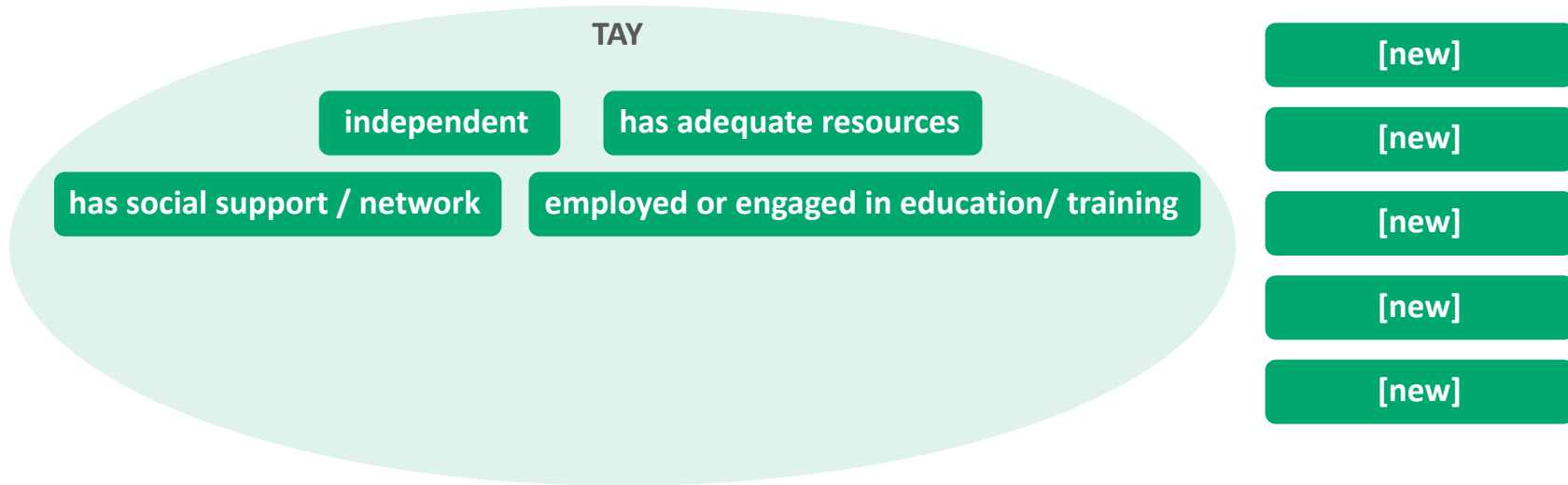


What changes/additions would you make to the individual level outcomes that should use to determine when FSP services are no longer needed for Child/Youth FSP clients?



Notes:

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Child/Youth & TAY

stably housed

client's buy-in

reduced self-harm

stable behavior and symptoms

meets treatment goals

engaged in treatment

engaged with justice systems processes

[new]

[new]

[new]

[new]

[new]

Notes:

Discussion: How do we ensure that clients and families feel included and comfortable with conversations about step down?

Notes:

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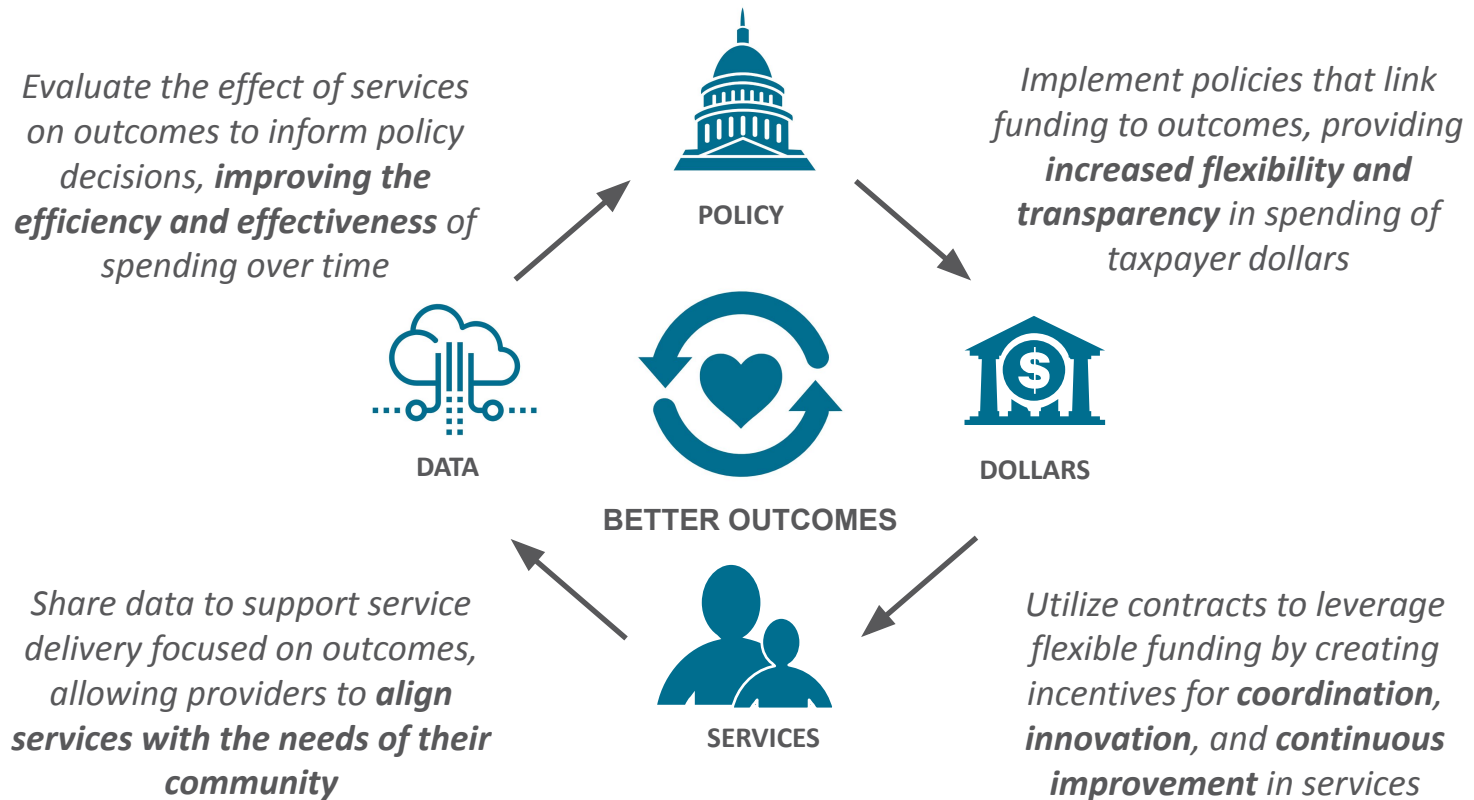
What's next

- ***December (date TBD): Optional MHSA workgroup meeting***
Topic: 30 min. meeting to review how feedback is being addressed

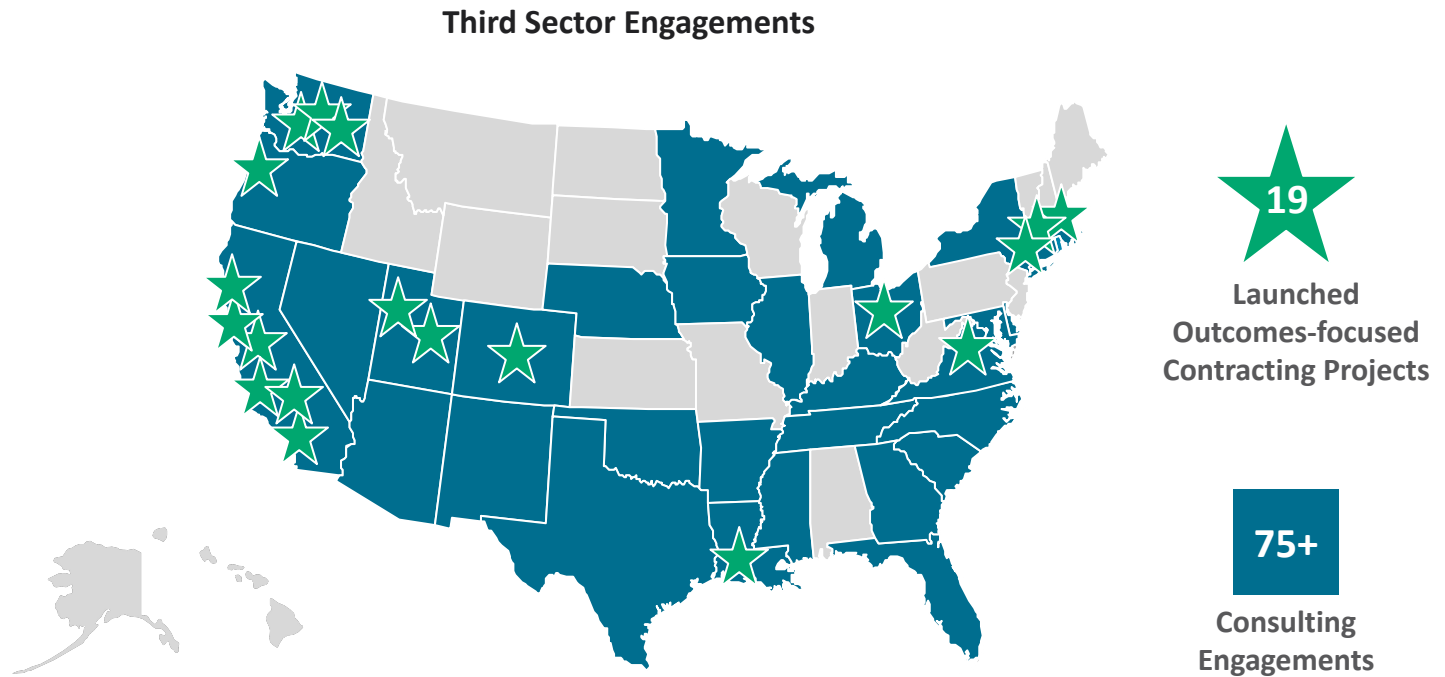
Appendix

Third Sector is a non-profit that brings government closer to communities by aligning policy, dollars, data, & services for improved & equitable outcomes

Anatomy of an Outcomes Orientation



Third Sector helps government and communities use data and lived experience to strengthen human services and improve lives



Since 2011, Third Sector has worked with 40+ communities to deploy more than \$1.2 billion in government resources toward improved outcomes

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