SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSA FSP Workgroup – Stakeholder Feedback

Recommendation	Workgroup Feedback	How will this be addressed
Set Minimum FSP Service Requirements	General Feedback: - Therapy services need to be offered by providers - Nutrition, physical activity, evidence-based tx (e.g. EMDR) peer support are low-cost services that can have a big impact C/Y/TAY Breakout: - Young adult peer supports is essential - Need family support groups in multiple languages - Important to build independence of client and natural supports Adult Breakout: - Quality FSP services should include food and life skills training	• At minimum, the following FSP requirements (per MHSA legislation) will be included in FSP Request for Proposal (RFP) process and subsequent contracts: 1. Mental health treatment plans (ISSP) 2. Therapy and psychiatric services 3. Co-occurring assessment and referrals 4. Alternative and culturally specific treatment 5. Wrap-around services to children 6. Peer/family supportive services 7. Supports to assist the clients/family to obtain and maintain employment, housing, and/or education and life skills development 8. Case management – Personal Service Coordinator; available 24/7 9. Crisis intervention/stabilization services 10. Non-mental health services (food, clothing, housing supports, supports with cost of health care and co-occurring treatment, respite care) 11. Language capacity/services
Identify Additional FSP Client/Family Resources Needed	General Feedback: - Early Psychosis resources are provided by Felton Institute, how can we ensure that providers know? - Broaden definition of family to communities of support, providing them with education and supports. C/Y/TAY Breakout: • Community education about SMI and reducing stigma • Education for parents on how to advocate for their kids, how to help and connect to resources	• The following services are contracted out, include separate funding, and provide additional supports for FSP clients, families/communities of support and providers: ○ Supported education/employment ○ Early psychosis ○ Housing units for SMI/SED, peer supports and maintenance ○ Life skills development ○ Wellness Centers, Drop-in Centers ○ Education and outreach for clients, families, and community • Interagency collaboration will be an expectation of all contracted providers, to ensure awareness and access to additional supports available to FSP clients; via consults, education and outreach, and other standing committees (e.g. Youth Transition Assessment Committee)

Recommendation	Workgroup Feedback	How will this be addressed
Support Staff Retention & Appropriate Contractor Rates	General Feedback and Breakouts: - Staffing and contractor rates need to be updated to support all activities - Pay rates and benefits of staff impact whether people feel valued - Need ongoing sustainable plan to renew rates to retain staff - Need recruitment/retention of staff of color and bilingual; including monetary hiring incentives - Improve compensation and benefits for peer supports to increase Peer Staff retention - Need supports for peer staff	• Third Sector's contract will be extended for another 6 months to support appropriate cost modeling for FSPs that considers all existing and any new service expectations including retention needs of clinical and peer staff • BHRS' goal is to conduct RFP processes every three years if possible, for FSP services. Three-year FSP contract terms allow for level-setting FSP rates via the RFP process and aligning FSP cost increases with MHSA budgeting. • Upcoming BHRS workforce strategies will include Student Loan Repayment, Undergraduate Scholarship, Graduate Stipends and Pipeline programs, available to both BHRS staff and contracted providers' staff
Develop Trauma-Informed FSP Providers	General Feedback: - Trauma informed capacity across services provided, data collected and staff supports C/Y/TAY Breakout: - More robust assessment of intergenerational trauma, ACEs, etc. in order to match services to family needs from the start	• BHRS Trauma-Informed Systems training will be expanded beyond BHRS to include (and required of) contracted providers
Prioritize Substance Use Integration	General Feedback: - Substance se capacity needs to be strengthened and include education on harm reduction	• The following will be expectations of FSP providers, per California Institute for Behavioral Health Solutions (CIBHS) recommendations: o Service philosophy - trauma-informed, SU/MH integrated care o Trainings and EBPs - baseline knowledge of co-occurring for all staff, Motivational Interviewing, CBT/DBT, strength-based case management, peer supports, harm reduction, etc. o Assessment tools - to support understanding of SUD and impact on MH (coping vs. causal) and appropriate treatment and referrals (e.g. methadone, harm-reduction, residential tx, etc.)

Recommendation	Workgroup Feedback	How will this be addressed
Strengthen Peer & Family Supports	General Feedback - Peers are an essential service and evidence-based but, there are not enough peer specialists available. - Peer supports for family members of both youth and adults - Provide a wider menu of supports for clients and families/community of support (e.g. motivational interviewing, DBT group, etc.).	• FSP providers will be expected to include an increased role of peers (both for clients and family members of youth and adults) to support care coordination and linkages to additional supports and services. • The MHSA Housing Initiative Taskforce prioritized "peer-led housing locator services" and "outreach and field-based services," to support ongoing and long-term housing retention. The planning for this RFP will begin in 2022 and include input sessions with stakeholders. • Training for peers will be expanded via SB 803 Peer Programs, requires continuing education for certified peers. Separate funding has been identified and can include clients, families/communities of support.
Ensure Housing Access & Retention Services	Adult Breakout: • Housing is a bedrock to recovery, as much as therapy or other clinical svc. • SMC should ensure housing is not impacted by graduation • When in housing; need supports (hoarding, meals, managing budget, weekly cleaning routines, etc.) General Feedback: • Need to identify those at risk for homelessness during transition from foster care, incarceration, armed services, in-patient, family caregivers, or other personal circumstances, etc. • It is difficult to adopt a "housing first" model due to cost of living • Individuals at times are not eligible for vouchers (e.g., due to criminal history); U.S. Dept HUD requirement • FSP housing supports are often the only places available to for clients with complex housing histories.	• Housing transition supports and/or linkages (e.g. to new Housing Locator services) will be an expectation of FSP providers. FSP providers will support clients stepping down to lower levels of care with applying for independent living opportunities (mainstream vouchers or MHSA units); client will be stepped down from FSP and connected to ongoing outpatient treatment. • There will be additional support to FSP providers and clients via the MHSA Housing Initiative Taskforce prioritization of "outreach and field-based services" to support ongoing and long-term housing retention via an occupational therapist and peer team. • FSP clients who are at risk of homeless are identified by the FSP provider and are supported to apply for housing opportunities including linkages to the Human Agency Core Service Agencies once they are closer to becoming homeless or are homeless to see if they qualify for any other housing opportunities (i.e. Emergency Housing Vouchers). ○ For non-FSP clients, there are programs that help link eligible clients to FSP, including Adult Resource Management, Pathways and Service Connect teams for individuals transitioning out of incarceration. • Explore developing a housing continuum that moves from a Housing First model through Supported Housing training resulting in prioritization of voucher eligibility, through No Place Like Home, HSA Continuum of Care work, new MHSA supported housing (potentially more flexible eligibility requirements), etc.

Recommendation	Workgroup Feedback	How will this be addressed
Incorporate Step Down Services & Guidelines for FSP Programs	General Feedback: - Having a tiered system or step-down services within the FSP program so that client can stay with same provider - Step-down conversations should be wellness-focused and include client defined goals at intake and ongoing (e.g. wellness and recovery-oriented model of providing services) - There needs to be transparency re: goals, goal achievement, timelines in step-down and timely evaluation (life changes too fast, opportunities missed for readiness for next steps, or no recognition that relapse or increased symptoms) - There could be a more formal use of intake and treatment planning assessments (i.e. KET, CANS, ANSA) and discharge planning - Coordination of the entire system for step-down process - hospitals, school system, transitional supports for TAY, etc. need to work together and be fluid, be communicating - Should include benefits (SSI) counseling	• FSP step down options within the FSP programs will be included in FSP RFP's and subsequent contracts; this will require a review of indicators and guidelines for step down. • Step-down guidelines will be developed and include feedback (e.g. wellness, recovery-oriented, timely evaluation, etc.) provided via key interviews, focus groups and the FSP workgroup. • Third Sector consultants will continue to support both step-down requirements and cost-modeling to support this tier of work.
Enhance Ongoing Data Collection and Evaluation	General Feedback - Measuring whole person and whole organization (i.e. FSP providers) wellness is important to know if FSP is working and sustainable - The client and provider interviews were a small sample size; how can we continue conversations? - What if outcomes are not being met, what is the plan for accountability? Need timely evaluation of whether services meet the need	• Annual client/provider interviews will be added as a deliverable of the FSP Annual Report developed by an external evaluation consultant. ○ This annual evaluation will also integrate continuous improvement findings to ensure timely service adjustments and course corrections are implemented • Third Sector's contract will be extended to support the development of a local data collection plan, which will include program-level, individual-level outcomes, and continuous improvement indicators. This could include exploring how to measure provider wellness. • As part of the Statewide collaborative, San Mateo will continue to work with Third Sector on FSP Program continuous improvement and advocacy to DHCS for data collection improvements