



# Multi-County Full Service Partnership (FSP) Innovation Project

Service Changes Feedback Pre-Read | October 2021

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# San Mateo County Stakeholder Engagement Overview

## Stakeholder Engagement Overview

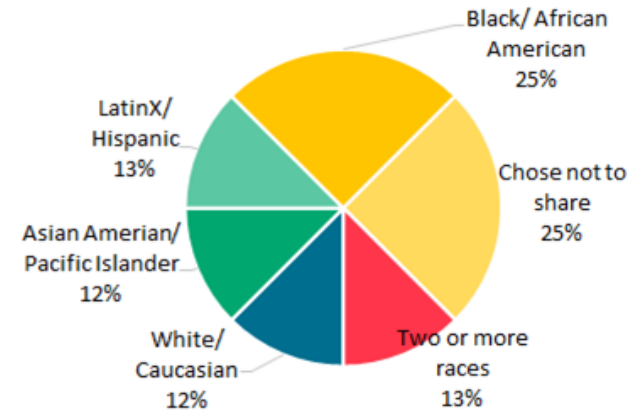
Third Sector interviewed clients and FSP staff at two points:

- **Round 1 (August - September 2020):** to understand FSP programs' strengths & challenges, helping guide the county's selection of implementation activities
- **Round 2 (March - April 2021):** to gain more detailed insights that informed the new service exhibits

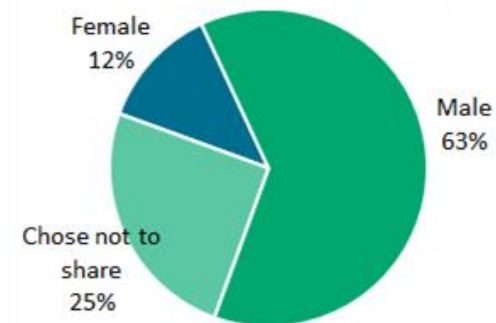
**Client Engagement Summary:** Third Sector interviewed clients (selected by each FSP program) 1-on-1, over the phone. Clients received a \$35+ gift card for participating. Third Sector interviewed 13 clients during the landscape phase and 14 during implementation.

**Provider Engagement Summary:** Third Sector interviewed front-line FSP staff in focus groups, speaking to 8 staff during the landscape phase, and 14 during implementation.




**Participant Race (n=8)**







**Participant Gender (n=8)**







# Insights from client interviews (pt. 1)

Engagement insights	How are they being addressed
 <p><b>Therapy/psychiatry are not provided in-house and are inconsistently available</b></p> <p>Clients are referred out for therapy, but there is not always someone available at no- or low-cost, or there is a lot of turnover in who a client ends up seeing</p>	<ul style="list-style-type: none"><li>• New service requirements for Youth FSP providers: <i>Child / Youth / Transition Age Youth (C/Y/TAY) FSP Services shall include Assessment, Therapy (e.g., individual, family, group, collateral), Psychological Testing, and Targeted Case Management Services.</i></li></ul>
 <p><b>Clients interact with many different staff, mostly due to staff turnover</b></p> <p>While clients feel that staff are always knowledgeable about their case, they too feel the stress of staff turnover and being assigned new case workers, psychiatrists, nurses, etc.</p>	<ul style="list-style-type: none"><li>• Discussing strategies to reduce burn out and staff turnover including promotion pathways, reducing paperwork burden, additional investment in training and professional development</li></ul>
 <p><b>Frequency of contacts and available service hours differed greatly between clients</b></p> <p>Some evening and weekend availability would be helpful for clients to be able to meet with their care team at the frequency that is appropriate for them</p>	<ul style="list-style-type: none"><li>• New service requirements for Youth FSP providers includes specific guidance around frequency of contacts, work schedule, and hours of operation</li></ul>






## Insights from **client** interviews (pt. 2)

Engagement insights	How are they being addressed
 <p><b>Clients have been challenged by language barriers and translation competency</b></p> <p>Lack of access to staff and translators in the necessary languages, and high turnover amongst translators, make it hard for clients to make progress</p>	<p>Each contractor needs to submit a Cultural Competence Plan each year to the Office of Diversity &amp; Equity Contractor that details on-going and future efforts to address the diverse needs of clients, families and the workforce.</p>
 <p><b>Peer and family advocates are essential for clients</b></p> <p>Peer support is very important to clients, but it's sometimes hard to find true "peers"</p>	
 <p><b>Graduation/step-down should be discussed earlier and more often</b></p> <p>Independence is a core goal of clients, and they wish to be more involved in conversations and decisions about their transition</p>	<ul style="list-style-type: none"><li>• New transfer / disenrollment process developed for Youth FSP providers that begins at initial intake and involves clients and families in decision making process</li><li>• Currently prioritizing specific graduation indicators that can be used across FSP program to help determine if there is graduation readiness</li></ul>
 <p><b>Graduation should only be considered once clients have the tools they need to succeed</b></p> <p>Clients want to have the tools to succeed without FSP before transitioning, i.e. family communication strategies, personal responsibility, anxiety management. etc.</p>	





# Eligibility criteria insights from Youth FSP Focus Group

Eligibility criteria insights	How are they being addressed
 <p><b><i>YTAC referral system is missing eligible youth</i></b> from drop-in centers, those not currently connected to a mental health provider, and potential self-referrals.</p>	<ul style="list-style-type: none"><li>• Working on better linkage between drop-in centers and the County referral system</li><li>• More clear and explicit eligibility criteria in Youth FSP Service Exhibit</li></ul>
 <p><b><i>Enrollment/intake process</i></b> can be overwhelming and sometimes retraumatizing due to amount of paperwork, level of detail, and repetition</p>	<p>Contractors now provide an intake coordinator to receive wraparound authorizations from BHRS Youth Manager, contact referring providers to obtain necessary documentation, and facilitate a warm hand-off between referring and receiving treatment providers.</p>
 <p><b><i>Providers are unable to adequately serve youth with psychosis</i></b>, and would like resources for/access to more suitable treatment options</p>	<p>TBD; continued feedback will be shared with the youth team as they finalize the youth service exhibit and RFP</p>
 <p><b><i>Mental health and FSP knowledge is limited</i></b> among families of eligible youth; families would therefore benefit from in-home services and family education when first establishing care</p>	<p>TBD; continued feedback will be shared with the youth team as they finalize the youth service exhibit and RFP</p>





# Service guidelines insights from Youth FSP Focus Group

Service guidelines insights	How are they being addressed
 <b>Family and peer advocates are invaluable</b> and need more pathways to promotion to reduce attrition	Discussing strategies to reduce burn out and staff turnover including promotion pathways, reducing paperwork burden, additional investment in training and professional development
 <b>Billing should allow earlier addition of specialist</b> to the treatment team, as well as in-house substance abuse counselors to be added as available specialists for TAY clients	TBD; continued feedback will be shared with the youth team as they finalize the youth service exhibit and RFP
 <b>Swing shift hours may be more suitable</b> for the TAY population	New service requirements for Youth FSP providers includes specific guidance around frequency of contacts, work schedule, and hours of operation
 <b>County employment partnerships</b> would help providers support TAY in achieving their employment goals	TBD; continued feedback will be shared with the youth team as they finalize the youth service exhibit and RFP
 <b>Staff would like to be able to check on their duated clients</b> , which County policy could encourage with appropriate privacy, consent, and billing policies	New transfer / disenrollment process developed for Youth FSP providers includes at least 60 days of overlap between FSP existing FSP staff and new program/placement

# Eligibility Criteria insights from **Adult** FSP Focus Group

Eligibility criteria insights	How are they being addressed
 <b>The BHRs/Core Service Agency referral system</b> is not set-up for eligible adults to self-refer or re-connect directly to services after a period of disengagement. Providers recommended there be a better authorization process for individuals identified as eligible outside of the County process.	TBD; continued feedback will be shared with the adult team as they finalize the adult FSP RFP
 <b>Because authorization decisions happen at the County level</b> individuals who providers see as eligible are sometimes denied FSP services, leading to confusion around eligibility criteria.	
 <b>Providers are unable to adequately service older/elderly with physical health issues</b> and would like resources for/access to more suitable healthcare options	
 <b>Eligible individuals and the community at-large</b> have limited knowledge about mental health services in general, the FSP program, and/or how to access FSP services	

# Service guidelines insights from **Adult** FSP Focus Group

Service guidelines insights	How are they being addressed
 <p><b>Providers are not currently contracted to provide therapy</b>, and there are not always enough therapists in the county to refer out to, so clients are sometimes without therapy services.</p>	<p>TBD; continued feedback will be shared with the adult team as they finalize the adult FSP RFP</p>
 <p><b>Housing subsidies/vouchers being tied to FSP involvement</b> are forcing clients to stay in FSP even after they are ready to step-down</p>	
 <p><b>In-house substance abuse counselors</b> would be a helpful specialist to add to treatment teams</p>	
 <p><b>Better coordination with other providers</b> would give clients more seamless continuity of care when moving between jail, hospitalizations, residential treatment, and FSP</p>	



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