FULL SERVICE PARTNERSHIPS
WHATEVER IT TAKES

May, 2024

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Transformational Change: Full-Service Partnerships

Mental Health Services Oversight & Accountability Commission

May 23, 2024

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Agenda

- Behavioral Health Transformation Goals
- Full-Service Partnerships: Current State
- Full-Service Partnerships: Future State
  - Behavioral Health Transformation Full-Service Partnerships Goals
  - Key Components
  - Strategic Alignment
- Key Opportunities for Oversight and Accountability Commission
- Next Steps

Behavioral Health Transformation (BHT)

By enacting changes resulting from Proposition 1, BHT builds upon ongoing efforts to support vulnerable populations living with the most significant mental health conditions and substance use disorders.

At a Glance:

1) Evolves the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA)

2) Includes bonds to increase infrastructure

High-level **aims of BHT** include, but are not limited to:

Improving Accountability

Increasing Transparency

Expanding capacity of BH facilities

Full-Service Partnerships: Where Are We Coming From?

DHCS

FSP under MHSA

Full-Service Partnerships (FSP) programs have been a core investment of the Mental Health Services Act over the last 20 years and are a key component of California's behavioral health continuum of care.

- FSP programs under the MHSA are designed to be team-based and recovery-focused, with participants receiving services and supports tailored to their needs through a "whatever it takes" approach.
- FSPs have demonstrated effectiveness at achieving the goals of lower criminal justice involvement, fewer emergency visits and psychiatric inpatient stays, and improved housing stability. [1]
- Improvement opportunities:[2]
  - FSP practices vary across the state and do not always employ evidence-based practices.
  - Data collection challenges impact the State's ability to fully understand programming and impact.
  - Limited number of resources and FSPs to engage individuals into FSP services and to provide step down options.

[1] MHSOAC. Report to the Legislature on Full Service Partnerships. January 25, 2023.
[2] MHSOAC. Transformational Change: Full Service Partnerships. Third Sector Report Summary. May 23, 2024.

Full-Service Partnerships: Where Are We Going?

DHCS

BHT FSP Goals

Proposition 1 maintains FSP as essential to the behavioral health continuum of care and expands eligibility for services to those individuals living with substance use disorder diagnoses.

- Build upon success of proven FSP interventions .
- Standardize and scale evidence-based service models.
- Improve financial, performance, and outcomes data collection.
- Maximize resources for behavioral health care and services, through dedicated housing interventions and insurance reimbursement.

BHT FSP Key Components[1]

- Standardizing evidence-based practices (EBPs)
  - Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Individual Placement and Support (IPS) model of Supported Employment & High-Fidelity Wraparound
  - Counties with a population of less than 200,000 may request an exemption from these requirements subject to DHCS approval
- Substance Use Disorder (SUD) treatment
  - Assertive field-based initiation for SUD treatment services, including the provision of medications for addiction treatment (MAT)
- Use of community-defined evidence practices (CDEPs), as specified by DHCS

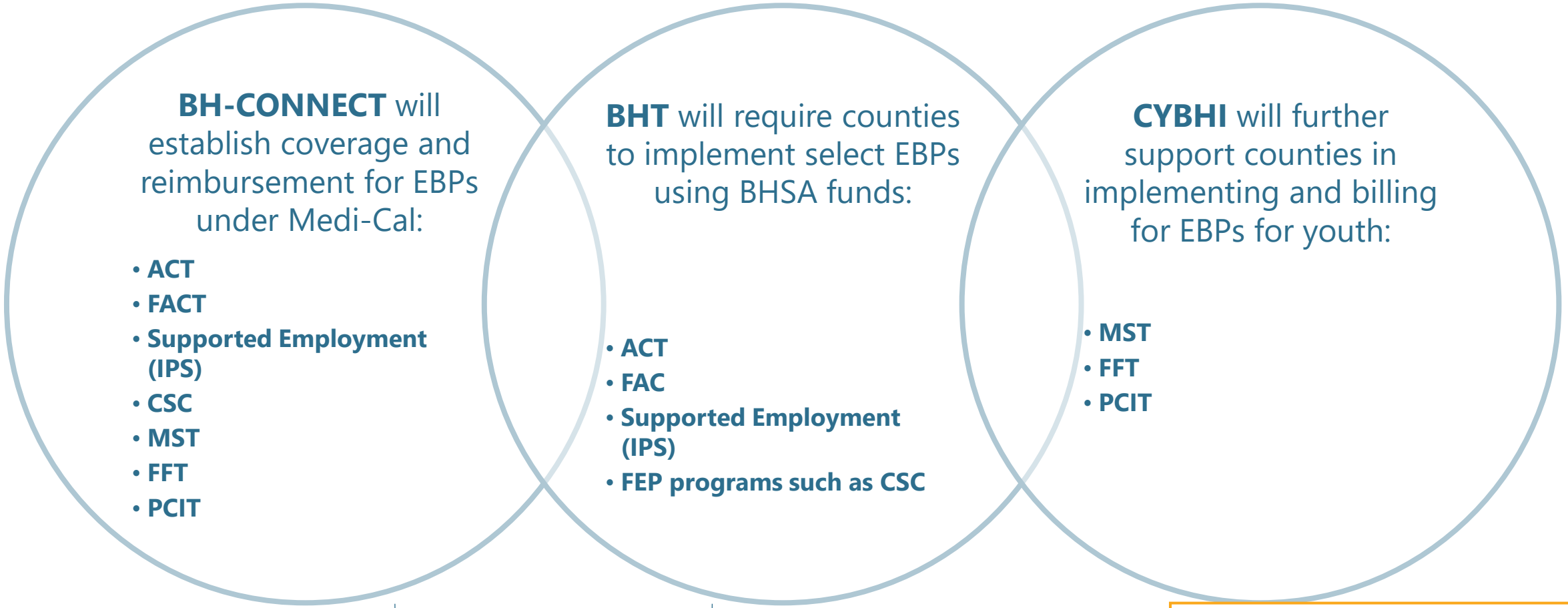
[1] Legislative Reference: Part 4.1. Full-Service Partnership of SB 326, Section 5887 of the WIC

BHT FSP Key Components[1]

- New established FSP standards of care with levels based on an individual's acuity and criteria for step-down into the least intensive level of care
  - In consultation with OAC, counties, providers, and other stakeholders.
- Outpatient behavioral health services, either clinic or field based, necessary for on-going evaluation and stabilization of an enrolled individual.
- Ongoing engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and non-clinical services, including services to support maintaining housing
- Transition from 51% of Community Services and Supports dedicated to FSP (76% under MHSA) to 35% of BHSA dedicated to FSP

[1] Legislative Reference: Part 4.1. Full-Service Partnership of SB 326, Section 5887 of the WIC

Strategic Alignment: EBPs



-Centers of Excellence will support training and fidelity monitoring for EBPs

-BH-CONNECT to provide $2.4 billion in BH workforce investments

Key

- Assertive Community Treatment (ACT)
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Multisystemic Therapy (MST)
- Family Functional Therapy (FFT)
- Parent-Child Interaction Therapy (PCIT)

Key Opportunities for OAC

- Consultation on FSP standards of care and levels of care
- Research and evaluate key submissions to promote transformational change for FSPs through analysis, identification of key policy issues, and best practices
  - County Integrated Plan for Behavioral Health Services and Outcomes
  - Behavioral Health Oversight, Accountability, Transparency Report
  - Performance and outcome measurement data
- Learning, diffusion, technical assistance, and training to counties, providers, and stakeholders to highlight and scale emerging FSP best practices and high-quality FSP programs
- Leverage Behavioral Health Services Act Innovation Partnership Fund to drive FSP innovation

Next Steps

- DHCS will consult with the BHSOAC on:
  - Development of biennial list of Early Intervention evidence-based practices
  - **Building FSP levels of care**
  - Developing statewide outcome metrics
  - Determining statewide BH goals and outcome measures

- Participate in upcoming and future engagement opportunities with DHCS:
  - Behavioral Health Stakeholders Advisory Group
  - Other stakeholder meetings coming soon on DHCS website

DHCS Lead Initial BH Transformation Milestones

Below outlines high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.

Starting Spring 2024

Stakeholder Engagement

Stakeholder Engagement including public **listening sessions** will be utilized through all milestones to inform policy creation.

Beginning Summer 2024

Bond Funding Availability Begins

Requests for application for bond funding will leverage the BHCIP and HomeKey models.

Beginning Early 2025

Integrated Plan Guidance and Policy

Policy and guidance will be **released in phases** beginning with policy and guidance for Integrated Plans.

Summer 2026

Integrated Plan

New Integrated Plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)

BHT Info Mailbox

The BHTinfo@dhcs.ca.gov mailbox has been created as a centralized point for all BHT-related information.

Questions:
Send questions to and share inquiries with BHTinfo@dhcs.ca.gov

Thank you!

DHCS

THIRD SECTOR

An Overview of FSPs in California

May 23, 2024

Third Sector Team

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About Third Sector

Third Sector is a national nonprofit helping to **reshape policies, systems, and services** to the benefit of the people and places our government, community-based, and philanthropic partners serve.

Our Commitment to Racial Equity

At Third Sector, our work to benefit all people requires that we commit to undoing the damage that structural and interpersonal racism has caused for all of us, so that we can build a shared future where we all can live out our dreams.

We do this by seeking out and elevating diverse local perspectives, collecting and disaggregating data, fostering an inclusive environment where those voices are centered in the decision making process, and embracing an equity-centered approach that uses our privileged position to meet the needs of everyone in our communities. This commitment ensures our government is working for all of us.

Project Background

Third Sector has been supporting the MHSOAC in learning more about **how to support full-service partnerships** across California

What's working well and what barriers exist?

What supports would help strengthen FSPs?

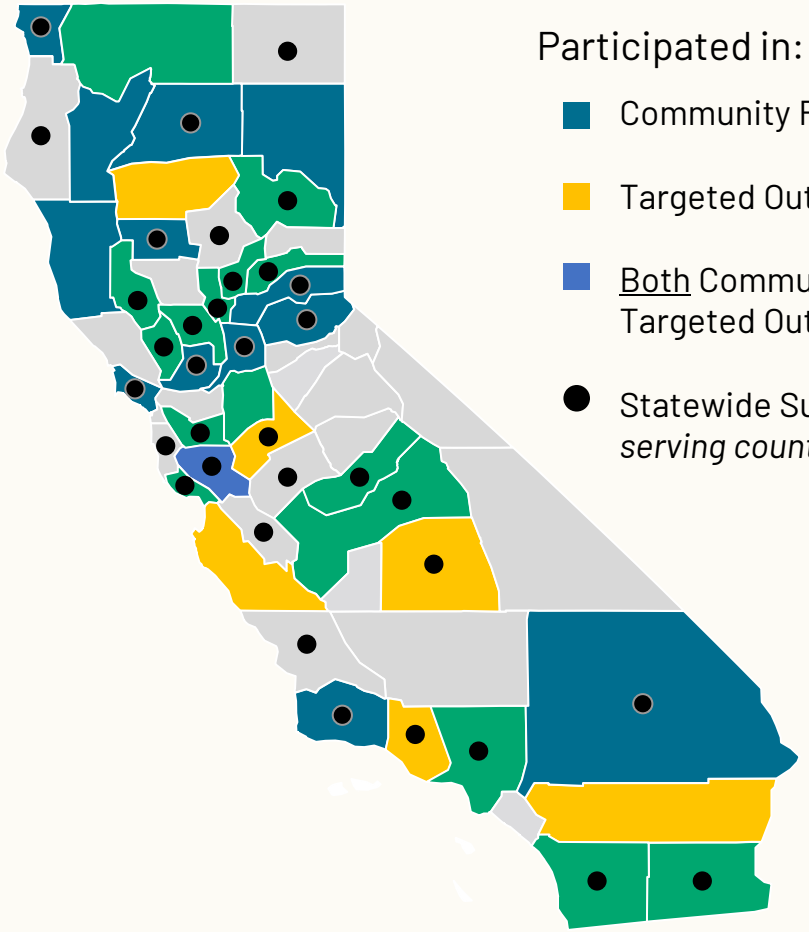
What outcomes are important to focus on?

Methodology

We conducted three types of stakeholder engagement:

1. **Community forums: 3** large-group discussions of **40-70** people, each focused on a different facet of FSPs: **strengths, opportunities for capacity building,** and **data & outcomes**
2. **Targeted outreach: 28** 1-on-1 and small-group interviews with FSP staff, consumers, and experts to hear individual perspectives, best practices, and challenges
3. **Statewide survey:** completed by **224** contracted and county FSP providers. Questions focused on the FSP landscape, including FSP programs' clients, staffing, and service model

Who We Engaged



Participated in:

- Community Forums
- Targeted Outreach
- Both Community Forms & Targeted Outreach
- Statewide Survey *(providers serving county responded)*

Counties: We engaged **43** California counties (74%) as part of our assessment process.

Organizations: We spoke to individuals from a variety of organizations that interact with FSP.

- FSP provider staff *(contracted & county-run)*
- County level staff *(incl. MHSA coordinators & data analysts)*
- Statewide agencies *(e.g. CBHDA, DHCS, CALBHBC)*
- Current FSP clients
- Peers
- Representatives from law enforcement agencies, hospital associations, & housing entities

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Participant Demographics

Community Forums

- **145** participants
- **76** different organizations
- **28** counties
- **43%** identified as people of color*
- **44%** shared they had personal or family experience of behavioral health issues*

Targeted Outreach

- **87** participants
- **40** different organizations
- **22** counties
- **28%** identified as people of color**
- **24%** shared they had personal or family experience of behavioral health issues**

Statewide Survey

- **224** FSP program responses
- **35** counties
- **57%** identified as people of color***
- **46%** shared they had personal or family experience of behavioral health issues***
- Average of **10 years of experience** in FSP*

*Of the 145 community forums participants, 90 people participated in our demographic survey.

**Of the 87 targeted outreach, 53 people participated in our demographic survey

***Of the 224 respondents to the statewide survey, 100 participated in our demographic survey.

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Key Findings

FSP Service Delivery

Observations

- **FSPs are effective** at improving key outcomes
- Lack of clarity about **what is included in FSP and who qualifies** creates challenges for referring partners, providers, and consumers
- Concerns about **insufficient supports outside of FSP** can delay step-down

Recommendations

- **Provide increased guidance on a common set of FSP service requirements**
- **Support communities to increase availability & access to lower-tier supports** for people with behavioral health needs who may be ready to step down from FSP

> ***"While no-wrong-door is a wonderful idea, FSPs are getting hit pretty hard…you're responsible for the linkage until there is a right fit. That reduces our ability to act for folks that are long term." -- FSP Provider***
>
> ***"The groups and excursions, as well as helping me organize my paperwork to apply for benefits, was very helpful." -- FSP consumer***

Disparities & Equity

Observations

- **Culturally responsive services can greatly improve consumers' experience** with FSP; there is broad appetite to improve the ability to provide this
- **There is a need to consistently disaggregate data** to better understand the impact of services
- FSP services are **not always accessible** to people with disabilities

Recommendations

- **Support FSPs to build partnerships with local cultural and community organizations,** provide education on culturally responsive care, and hire diverse staff
- **Support FSP providers to address challenges with data entry systems**
- **Provide guidance and resources to improve ADA compliance** & accessibility of FSP

> ***"Disparities exist, especially when there are language barriers and different cultural backgrounds. Sometimes they may be misdiagnosed or not get the same quality care." - FSP Provider***
>
> ***"It's bordering discriminatory when the response is 'if you can't walk, you can't come here"' - FSP provider***

Data & Outcomes

Observations

- **Duplicative and clunky data systems** create challenges for FSPs
- **Unreliable data quality** makes it difficult to track outcomes within and across programs
- **Lack of guidance around common metrics** across counties inhibits shared understanding of FSP success & identification of best practices
- **Most current outcome metrics focus on a lack of negative events,** not on positive recovery and life milestones

Recommendations

- **Streamline data collection and usage for FSP,** including identifying shared metrics, providing guidance on data usage, and strengthening common and user-friendly data systems.
- **Align on five common outcomes to track,** including ones focused on positive events in consumers' lives.

> ***"If the state wants to say anything about FSP, they need to overhaul the data system." – FSP provider***

Funding & Statewide Changes

Observations

- **Recent billing and funding changes are confusing and stressful.** Many providers report trouble covering the cost of essential FSP activities or anticipate sunsetting programs
- **Counties are overwhelmed by the volume of concurrent changes** to behavioral health policies
- Providers need support navigating the **multiple funding streams** that could support FSP consumers.

Recommendations

- **Provide support and guidance to counties as they navigate funding and billing changes,** including clarification around what services FSP programs can bill for
- **Help counties understand and adapt to statewide changes,** including CalAIM, MHSA Modernization, Care Court, & Prop 1

> ***"I went to school to become a social worker and now I feel like I need to be an accountant."***
> ***- FSP provider***

Suggestions for implementing technical assistance (TA):

- **Create spaces for cross-county peer learning**
- **Ensure that TA is concrete,** specific, and provides promptly actionable tools or guidance
- **Pace TA with sensitivity to counties' limited capacities,** so that they are able to meaningfully engage

2024 - 2025: MHSOAC and Third Sector are currently planning additional community engagement to collect and share best practices in FSP service delivery

THIRD SECTOR

Thank you!

Third Sector Capital Partners, Inc.
info@thirdsectorcap.org | www.thirdsectorcap.org

HBGI
Healthy Brains Global Initiative

Full Service Partnerships: contracting for outcomes and managing for performance in a system that maximizes impact

HBGI's report, current work and future vision for the Mental Health Services Oversight and Accountability Commission (MHSOAC) of the State of California

May 2024

A Quick Update

HBGI was commissioned last year by the OAC to review FSPs and make recommendations for how to increase the impact of these programs for the state's most vulnerable populations by drawing upon our global experience reengineering government contracting. In California, this entailed three months of desk-based research and, over the summer of 2023, three weeks of 'deep dives' in six counties (from Nevada County to Orange), meeting in person with behavioral health leadership (both county and provider), FSP front line staff, clients and families. A draft of the report was presented back to the same people in the Fall and feedback from the stakeholders taken to shape the final version.

Our report was published in December 2023 (with a focus on adult FSPs):

https://www.hbgi.org/reports

HBGI and the report

HBGI uniquely brings together deep experience from behavioral health in the USA (in particular in California) with global expertise in how to use contracting and performance management to maximize impact. Our report on FSPs and our subsequent Technical Assistance in California is led by:

- Dr Jon Sherin, HBGI's Chief Medical Officer, former Director of Los Angeles Dept. of Mental Health. Dr Sherin previously led mental health services for over ten years in Volunteers for America and the Department of Veteran Affairs (VA). He is a Volunteer Clinical Professor at UCLA & USC.
- Richard Johnson, HBGI's Chief Executive Officer, with over 25 years of experience in outcomes-based contracting at the World Bank, Global Fund, and for the UK and Australian public services. In the UK, over 500,000 long-term unemployed people secured and sustained jobs through the programs he ran. His work at the World Bank included revising the contracting of all basic and essential health services in Afghanistan. He has chaired 11 Impact Bonds, including programs on homelessness, school exclusion and refugee integration.

A Quick Update: Overall Observations

- FSPs are highly professional and operated by hugely dedicated staff who save lives each year;
- FSPs are running at ~70% capacity, in large part because of staffing morale issues (including morale), and also because there is a lack of drive/incentive/systems to maximize performance;
- FSPs are often inaccessible to new clients because program graduation is not emphasized as one of the keys to promoting and supporting an ongoing recovery journey for clients;
- Reports on annual impact focus on population level metrics that largely ignore individual outcomes, particularly in relation to clients establishing healthy relationships ('people') and community participation ('purpose');
- The current system is focused on 'billing' as its performance focus, not outcomes;
- With limited performance reporting/management, it is difficult to determine which organizations are providing the best care and achieving the best outcomes (there is weak accountability);
- Previous attempts at outcomes-focused contracts have been largely unsuccessful.

HBGI
Healthy Brains Global Initiative

Next Steps to Advance the FSP Program

HBGI has now been commissioned by the OAC to partner with Nevada County and Sacramento County to build a new performance management system – as a demonstration of the tool and its potential for counties across the State..

Starting In August 2024, HBGI will facilitate a year of monthly performance reviews with six FSP contracts considering: what did you do last month; what did/didn't work; what are you going to do differently **next** month. These reviews will be both quantitative and qualitative.

We are co-creating the 'performance packs' for these reviews. We are asking:

- What does good look like?
- What happens under the hood that drives this 'good'?
- What three questions can we ask our service users every month to ascertain if it is working for **them**?

In October 2024, HBGI will start work with Orange County on piloting new outcomes contracts truly incentivizing outcomes around 'purpose'.

HBGI
Healthy Brains Global Initiative

What Makes Up the Blue Sky View?

What features might we see in an enhanced FSP (and wider behavioral health) system?

- A pan-county **performance management system** (tracking, reporting, reviewing and driving performance) , with monthly reports from contracts collated for a State-wide view, to ensure a high level of accountability (also with regular, best practice sharing between counties and providers).
- A responsive, **outcomes-focused service**, with a proactive **billing system** run state-wide to liberate a frontline culture that focuses on what matters to clients (shift from 'whatever it takes to bill', to 'whatever it takes to achieve meaningful outcomes').
- An IT system that facilitates both the above, and supports the frontline work (using AI), with the necessary reporting functionalities as well as 'nudges' for staff and resources for service users.
- Payments to providers linked to the achievement of outcomes – outcomes for individual clients that are defined by those individuals – across all the domains of 'people, place and purpose'.

HBGI
Healthy Brains Global Initiative

HBGI
Healthy Brains Global Initiative

For further information, please contact:

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Fresno County
Department of Behavioral Health

Susan Holt, LMFT, Director

Department of Behavioral Health

Our Mission, Vision and Goals

Vision:

- Health and well-being for our community

Mission:

- DBH, in partnership with our diverse community, is dedicated to providing quality culturally responsive behavioral health services to promote wellness, recovery and resiliency for individuals and families in our community

Goals – Quadruple Aim:

- Delivery quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

Full Service Partnership (FSP) - Fresno County

- FSPs are the highest level of care for outpatient community-based services in Fresno
  - Persons served in FSPs have the highest acuity and greatest need for supports beyond traditional mental health services
  - High frequency of service encounters
  - 24/7 availability of a multi-disciplinary treatment team member
  - Meeting the person where they are at… literally and figuratively… requires a mobile workforce providing services in the field

Fresno County and Third Sector Project

- Fresno County recognized the opportunity presented by the MHSOAC to learn and strengthen our approach to FSP care in collaboration with Third Sector; Fresno joined early!
- Themes of opportunity included
  - Standardization
  - Monitoring
  - Data
  - Step-downs to lower levels of care
  - Housing

Standardization and Step-downs

- As we focused on standardization, we learned we must also ensure flexibility for population-specific needs to be addressed
- Fresno has created FSPs for specific populations – a total of 9 FSPs
  - Population-specific FSP programs include Rural, Southeast Asian, Children, Transition Aged Youth, Justice Involved, Co-occurring MH and SUD
- Population-specific FSPs increase access and promote retention in care - persons connect within context of culture, age, and shared life experiences
- Standards and metrics must be population focused

Standardization and Step-downs

- Our programs operating multiple levels of care benefit from ability to retain persons served throughout their recovery journey
- Providers without multiple levels of care had considerable challenges to ensure smooth step-down from FSP; impacted length of stay at FSP
- We expanded our strategy of Continuums of Care in FSP contracted program
- FSPs have a separate budget and scope of work for FSP, Intensive Case Management and Outpatient levels of care (and separate data collection)
- Creates continuity of care, improves accessibility, improves transitions, and reduces risks inherent in care transitions
- Encourages graduation from higher levels of care

Monitoring FSP Level of Care and Contracts

- Identified opportunities to improve how we monitor care provided through contracts for FSP services
- Increased number and focus of Utilization Review Specialist positions specifically for Contracts
  - Reduced barriers to care coordination, information sharing, and clinical management
  - Ensured persons served are in the right level of care
  - Assisted with communication and collaboration across clinical business lines

Monitoring FSP Level of Care and Contracts

- Navigating commitment to a collaborative partnership with contracted providers, while also ensuring accountable care
  - Topic of great conversation and learning during Third Sector project
  - Remains top priority (payment reform, BHSA, and other initiatives)

- Reorganizing of our department influenced by input from people we serve, providers, department staff, community, AND assessments/evaluations, including FSP evaluation work
  - Focused resources on quality management
  - Focused resources on contracts governance
  - Integration of clinical care business lines

Data

- Data Collection and Reporting (DCR) system challenges
  - Data not easily accessible to County and Providers for process improvement
  - Data reports received long after data is submitted; limits utility of data
  - Counties need access to raw data to run analysis; working from generated reports limits our ability to work with our data
- Not all counties have same resources at local level to do deep data analysis – leveraging Joint Powers Authority is a great opportunity for shared resources and expertise
- Learning collaboratives provide a great strategy for increasing quality improvement capacity

Data

- The DCR data-set, while valuable for understanding some indicators, does not focus on information that directly improves clinical outcomes for persons served
- Providers of FSP services noted that the DCR system is not very helpful for informing provider FSP care decisions
  - One FSP provider in our Third Sector work noted, “We use the DCR because we have to, not because it is the best tool”

Data - Opportunities of the future

- Data with clinical significance and meaning to the person served - Individuals are capable of data-informed discussions about their own strengths and can reflect on their own treatment progress and goals during data-informed care
- Data is most clinically actionable when it is part of the clinical workflow, rather than add on tasks that are not integrated into the care
- Data reporting structures and processes must be mindful of clinical workflows – practitioners often cite the burden of paperwork as reason for leaving public behavioral health, even after documentation reform
- Technology across systems can be leveraged; rather than clinicians tracking jail admissions, let's make the data systems connect

Data - Opportunities of the future

- Streamline outcomes data across programs and levels of care to tell recovery story over time, by population, across programs
- Data systems to account for clinical interventions and non-claimable “whatever it takes” efforts integrated
- Analysis of behavioral health system outcomes must include services provided or services that were lacking before connection to FSP to add value in an integrated system, including Commercial Plans and Medi-Cal Managed Care Plans
- Analysis of co-occurring Mental Health and Substance Use Disorder services would promote opportunities to streamline care and would improve health outcomes and integration of care

Final Thoughts

- Standardization works best when grounded in research
- Balance standardization with flexibility to address culture, geographic differences, population-specific needs, and innovation - An equity lens to address health disparities
- Incentivize quality of care and well-trained workforce … while ensuring appropriate monitoring, controls and fiscal sustainability
- Sufficient housing inventory with adequate array of housing options remains a critical need in nearly all communities
- Rates must be sufficient to support intensive engagement activities
- Disentangling funding for housing from FSP services is a great opportunity – people should not lose their housing because they get better

Final Thoughts

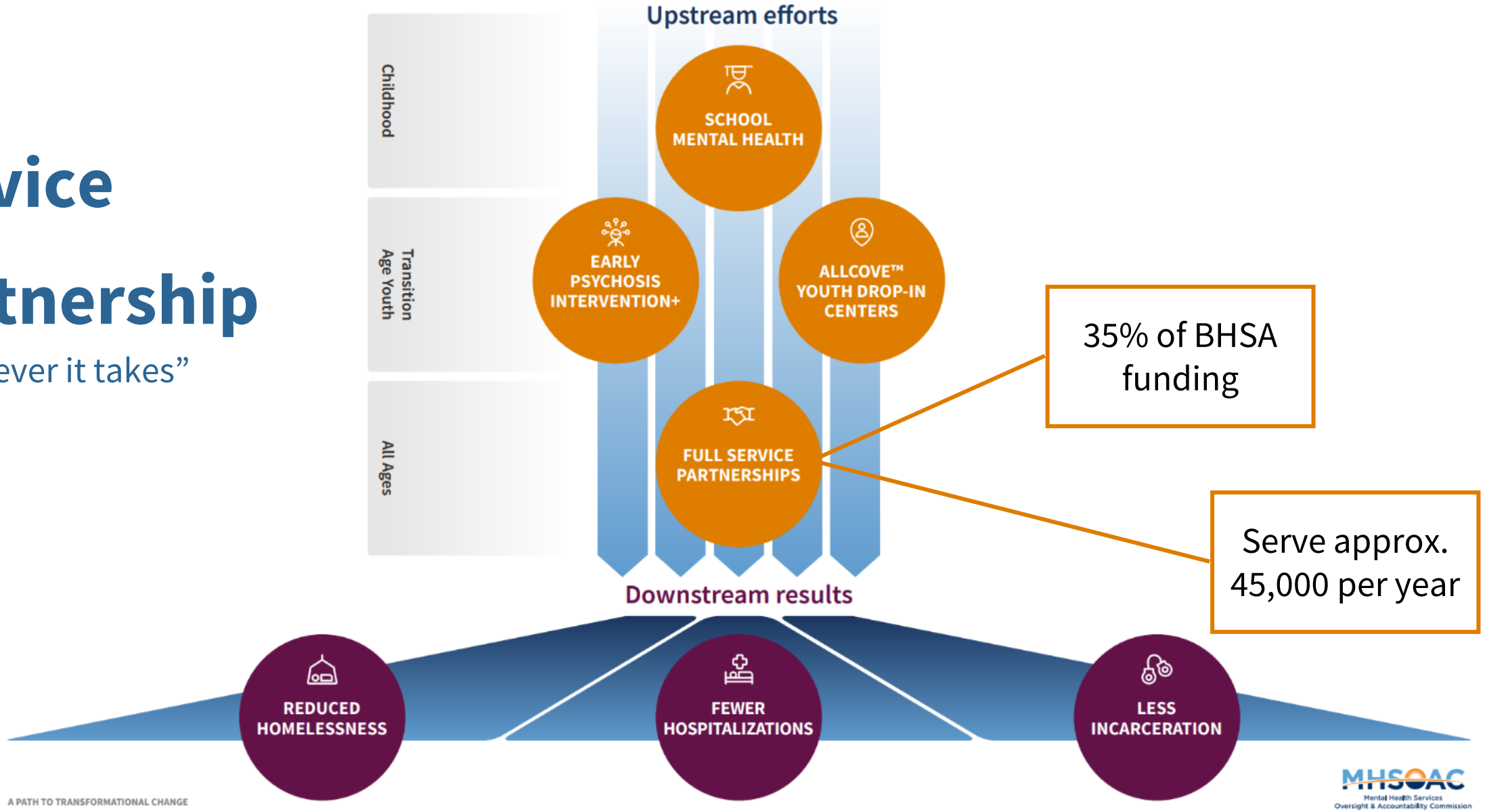
- Analysis of outcomes is bigger than just looking within the FSP; many persons participate in numerous services, claimable and non-claimable, across FSP and non-FSP programs
- Effective outreach and engagement is critical for a person who needs FSP level of care
- Retaining well-trained and qualified service providers is a challenge that we must continue to address
- Counties and Providers are delivering meaningful services and demonstrate unrelenting dedication to our persons served; we remain commited to continuing to advance improvements across California

THANK YOU

Department of Behavioral Health

Full Service Partnership

"whatever it takes"



35% of BHSA funding

Serve approx. 45,000 per year

MHSOAC
Mental Health Services Oversight & Accountability Commission

A Community Informed Path to Solutions

Focus Groups

Listening Sessions

Interviews

Research

Site Visits

Statewide Survey

County Deep Dives

We can and must:

Meet the clear and urgent behavioral health needs of Californians

Move beyond excuses to solutions

Listen and learn

Think scalable and long term

Be bold and act

TRANSFORMATIONAL CHANGE

Report to the Legislature

Mental Health Services
Oversight & Accountability Commission

Report to the legislature in November will include findings from:

- Third Sector
- HBGI
- Results of MHSOAC internal evaluation

SB 465 requires biennial reporting to the legislature on:

- An assessment of whether those individuals most in need are accessing and maintaining participation in an FSP.
- Criminal justice involvement; homelessness; hospitalization, emergency room utilization, and crisis service utilization for individuals eligible for FSPs.
- Analyses of separation from FSPs including consumer outcomes for the 12-months following separation.
- Identification of barriers to receiving the data relevant to the report requirements.
- Recommendations to strengthen California's use of FSPs to reduce incarceration, hospitalization, and homelessness.

Mental Health Services
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Next Steps
Immediate supports to counties
$400k annually tied to legislative report

Third Sector- FSP Provider Toolkit

Service provider and county collaborative resource to share best practices

Healthy Brains Global Initiative- Performance management pilot (Sacramento and Nevada counties)

Intensive capacity building to strengthen data collection, reporting, goal setting and quality improvement efforts between service providers and counties

Mental Health Services
Oversight & Accountability Commission

Next Steps

Multi-year Statewide Initiative

$20 million MHWA funds (previously set aside)

Research and Evaluation Division is developing a request for applications/proposals to address the following workstreams:

- **Sustainable funding**: restructure current funding models to increase efficiency and impact
- **Workforce and capabilities**: Supporting innovative workforce development solutions
- **Accountability**: Define success, develop metrics, and identify key client outcomes; and improve data collection and standardize reporting statewide
- **Infrastructure:** Strengthen current service delivery models connected to the broader continuum of care

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