Multi-County FSP Innovation Project
Siskiyou County Summary

Introduction

In January 2020, Siskiyou Behavioral Health Services (BHS) joined a 4.5-year Multi-County Full Service Partnership (FSP) Innovation Project designed to improve their FSP programs and increase their capacity to use FSP data to drive decision-making. In Siskiyou, FSPs provide intensive, comprehensive mental health and social assistance services for approximately 250 individuals living with serious mental illness each year. As a result of the project, BHS implemented improvements to their FSP data and services that will advance Siskiyou's vision of providing data-driven, person-centered care that effectively serves individuals with the greatest needs and improves outcomes for all FSP participants. This summary provides an overview of the FSP improvements developed during the project's first phase, which ended in November 2021.

Project Overview & Timeline

During the first phase of the project, Siskiyou partnered with Third Sector (a national advisory organization), the Mental Health Services Oversight and Accountability Commission, the California Mental Health Services Authority, and a diverse cohort of five other counties including Fresno, Sacramento, San Bernardino, San Mateo, and Ventura ('project counties'). Lake and Stanislaus counties also joined the project in the fall of 2021.

- **Jan 2020 – Sept 2020**: BHS and Third Sector developed a comprehensive assessment of Siskiyou's FSP programs, strengths, and gaps through staff meetings, a focus group with 28 BHS service providers, and interviews with 9 FSP participants. This assessment was used to select innovative initiatives to focus on over the next 12 months.
- **Oct 2020 – Nov 2021:** BHS and Third Sector met biweekly to design and operationalize improvements to Siskiyou's FSPs, guided by additional input from three focus groups with 15 BHS service providers and interviews with 14 FSP participants. During this time, the six project counties also selected three initiatives to work on together during structured, recurring cross-county meetings.
- **Dec 2021 – June 2024:** Over the next 2.5 years, the RAND Corporation (RAND) will evaluate the impact of all project improvements on county practices and, more importantly, on FSP participants.

Project Results: Local & Cross-County FSP Improvements

Local Initiatives: Siskiyou worked on: (i) service guidelines and (ii) graduation from FSP to less intensive levels of care.

Cross-County Initiatives: In partnership with the five other project counties, Siskiyou also worked on: (i) creating shared outcomes measures, (ii) standardized population definitions, and (iii) developing recommendations for changes to the state FSP data system, the Data Collection and Reporting (DCR) System.

As a result of the project, Siskiyou is now equipped with:

01 **New approaches to collecting and using data** to guide both program-wide FSP improvements and individual care decisions

02 **Clarified vision** for the ultimate goals and philosophy of care at BHS

03 **More structure and guidance** to support staff in making care decisions

04 **Shared data tools, language, and sustainable processes** to support statewide advocacy and cross-county comparison and learning

The following pages summarize the project improvements that Siskiyou developed locally and the improvements that Siskiyou built in partnership with the five other project counties across the state.

Service Guidelines

Siskiyou County Local Initiative

Goals

Siskiyou sought to design FSP improvements that would increase consistency and continuity of care, address the wide variety of needs among FSP participants, and help staff more effectively serve participants with the greatest needs. Specifically, Siskiyou aimed to:

- ➔ Promote a shared, clear understanding of FSP service guidelines among BHS staff
- ➔ Create structures that help BHS staff tailor care to FSP participants with different levels of need
- ➔ Increase understanding of how to assess participants' progress through FSP among BHS staff

Local FSP Improvements

01 **Tiered FSP Services:** Siskiyou developed new tiered levels of care for their FSP programs, in which FSP participants are assigned internal tier designations – Tier I or Tier II – based on the level of care that they need. Tier assignments are used to help BHS staff assess FSP participant progress and make decisions on service intensity, care coordination, and staff caseloads. Program-wide trends in tier assignment data will be examined regularly and may inform resource allocation, staff caseload decisions, and service models.

02 **Weekly Tier I & Tier II Team Meetings**: Siskiyou created new weekly care team meetings to give case managers and clinicians space to discuss Tier I and Tier II individuals separately. Tier I meetings are focused on addressing key concerns and coordinating care for the highest need FSP participants. Tier II meetings, on the other hand, focus on participants who need less intensive care and include deeper discussions among case managers on FSP participants' challenges and progress on their goals.

03 **Written FSP Service Exhibits**: For the first time, Siskiyou codified new and existing guidelines on FSP eligibility, staffing and caseloads, housing supports, substance use services, and the tiering system for FSP in two documents – known as FSP Service Exhibits. These FSP Service Exhibits will be a resources for BHS staff on how to deliver FSP services to both adults and children.

Strengths Model Care Management

In an effort to improve engagement in services, increase progress in FSP, and promote recovery and eventual movement out of FSP, Siskiyou began implementing Strengths Model Care Management (SMCM) in August 2021, building off the Multi-County project improvements. SMCM is an evidence-based practice for serving people who receive behavioral health services that provides tools and processes to promote wellness and focus care on an individual's strengths and potential for recovery. BHS staff have already begun practicing peer learning methods and using the SMCM tools to help FSP participants set and take manageable steps towards their goals.

Moving Forward

Over the next two years, Siskiyou will continue to receive training on SMCM from the California Institute for Behavioral Health Solutions, who will work with Siskiyou to continue implementation of Tier I and Tier II team meetings, update the FSP Service Exhibits on an ongoing basis, and analyze trends in FSP Tier assignment data.

Graduation

Siskiyou County Local Initiative

Goals

Siskiyou wanted to develop a shared understanding of what it means for FSP participants to be ready to "graduate" from FSP to less intensive levels of care. In focusing on graduation, Siskiyou's goals were to:

- ➔ Align on a high-level vision for "recovery" and what FSP participants are ultimately working towards
- ➔ Define specific indicators of recovery to help BHS staff recognize progress towards graduation
- ➔ Improve BHS staff's ability to collect and examine recovery data to regularly assess whether the individuals they serve are ready to graduate and to identify recovery trends across all FSP participants

Local FSP Improvements

01 **Recovery Definition:** Siskiyou adopted the national Substance Abuse and Mental Health Agency's definition of recovery, but wrote an additional paragraph to clarify unique aspects of Siskiyou's approach to recovery.

02 **Recovery Indicators:** Siskiyou developed definitions for fourteen indicators of recovery and identified how the indicators are currently tracked, or could be tracked, through new or existing data reports. Six of the fourteen indicators were prioritized for regular data collection and analysis in the near term. Data on these recovery indicators will inform conversations among BHS staff and with FSP participants about graduation from FSP.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. BHS takes a whole-person approach to recovery that encompasses all aspects of an individual's life, including both mental and physical wellbeing. BHS emphasizes that recovery is a unique, individualized process in which individuals define their own "full potential" and what brings meaning and purpose to their lives. Recovery does not mean that an individual is cured of symptoms; rather, recovery is the process through which an individual learns to live with their symptoms.

Prioritized Indicators

1. Stably housed
2. Fewer recent justice interactions
3. No recent hospitalizations
4. Feels social connectedness
5. Involved in community
6. Employed

Other Indicators

7. Stable behaviors and symptoms
8. Has structure in daily life
9. No longer needs intensive services
10. Engaged in treatment
11. Keeps appointments without help
12. Has developed cultural or spiritual perspectives
13. Good school attendance and performance
14. Acceptance of adult guidance

Moving Forward

Siskiyou plans to integrate discussions about recovery indicator data into their staff meetings, including the new Tier I and Tier II team meetings. After examining recovery indicator trends across all FSP participants, Siskiyou may establish more specific targets for each indicator to inform FSP graduation decisions. For example, Siskiyou may determine a specific number of days that FSP participants should be stably housed before they graduate from FSP. These targets may be used to create more consistent graduation criteria for children, youth, and adults.

Shared Outcomes & Process Measures and Population Definitions

Cross-County Initiative

Goals

The six project counties aimed to develop shared language to describe key FSP populations and the outcomes those populations aim to achieve, as well as processes to regularly compare outcomes. Their specific goals were to:

- ➔ Improve counties' abilities to compare outcomes across each other's FSP programs in order to better understand relative strengths and areas of improvement
- ➔ Create a shared understanding of which outcomes (e.g. stable housing) and core services (e.g. group therapy) most align with the goals of FSP participants across the six counties
- ➔ Develop structures that allow counties to continuously share best practices and learnings with each other

Cross-County FSP Improvements

01 **Outcomes & Process Measures:** Guided by 70+ FSP participant interviews and recommendations from the project's evaluator, RAND, the counties selected and defined five measures to compare across counties for adult FSP participants.

02 **Population Definitions:** The counties created definitions for six key adult FSP populations so that they can look at the same populations when comparing outcomes across counties. Siskiyou can also use these definitions to determine FSP eligibility, assess enrollment trends, and examine local outcomes for specific populations.

Outcomes & Process Measures

1. Increased stable housing
2. Reduced justice involvement
3. Reduced utilization of psychiatric facilities
4. Increased social connectedness
5. Frequency and location of services (for individual therapy, group therapy, rehab services, medication management, case management, housing services)

Population Definitions

Individuals who...

1. Are experiencing homelessness
2. Are at risk of experiencing homelessness
3. Frequently utilize psychiatric facilities or urgent/crisis services
4. Are at risk of frequently utilizing psychiatric facilities or urgent/crisis services
5. Are justice involved
6. Are at risk of justice involvement

03 **Strategy for Collecting and Examining Data:** The counties developed a clear strategy and process for tracking the five outcomes measures via existing data sources and examining outcomes achievement for the key FSP populations on an ongoing basis. Siskiyou and the five other project counties will meet regularly to learn from each other and to share trends more broadly with other California counties.

Moving Forward

Throughout 2022, Siskiyou will continue to meet with the five other project counties to plan for ongoing collaboration; share, analyze, and discuss outcomes; and identify best practices and strategize service changes. Counties will also discuss evaluation needs and examine the results of RAND's evaluation as they come out. Finally, Siskiyou will participate in ongoing statewide learning communities to share and discuss learnings across California.

Data Collection and Reporting System Recommendations

Cross-County Initiative

Goals

The six project counties sought to develop actionable recommendations for changes to the statewide FSP data system, the Data Collection and Reporting (DCR) System. Ultimately, the recommendations aimed to:

- ➔ Reduce the burden of data entry so that staff can spend more time caring for FSP participants
- ➔ Increase the utility of DCR data so that counties can use the data to better understand FSP participant outcomes and to inform changes to their FSP programs
- ➔ Transform the DCR into a more user-friendly, flexible system

Cross-County FSP Improvements

DCR Memo: Siskiyou worked with the five other project counties and the County Behavioral Health Directors Association of California (CBHDA) to develop a DCR Recommendations Memorandum to use as a resource in conversations with the California Department of Healthcare Services (DHCS), which oversees the DCR. This memorandum articulates the challenges that counties and their service providers face when using the DCR and proposes specific recommendations for enhancing the DCR based on feedback from the six project counties, the service providers in their systems, and from other counties across California.

Examples of specific recommendations include:

01 **Communications Support:** Creating a public DHCS directory and new county support policy so that counties know who to contact at DHCS with questions and can access support quickly

02 **Training Materials:** Developing a comprehensive guide that addresses all potential FSP data needs, which Siskiyou and other counties may use as a resource to improve their staff training on the DCR

03 **Short-Term System Enhancements:** Changing the language in the DCR forms to be more culturally inclusive and recovery-oriented, which will align with Siskiyou's philosophy of care

04 **Long-Term System Enhancements:** Combining separate DCR forms into one regular assessment to reduce the reporting burden that Siskiyou staff and other counties' service providers experience

Moving Forward

The County Behavioral Health Directors Association (CBHDA) will represent Siskiyou and other California counties in conversations with DHCS. In November 2021, CBHDA will present short-term recommendations to DHCS that address communication, training, and technical assistance challenges. Longer-term system enhancement recommendations will be considered during quarterly data meetings between CBHDA and DHCS and/or in conjunction with discussions on broader statewide data modernization efforts.

The Big Picture

Vignettes

David is a 45-year-old multiracial man who has rotated between living in a motel and street homelessness in Yreka since his daughter kicked him out of her house. David used to enjoy working on old cars and had hoped to reconnect with his daughter, but his depression has made it challenging for him to engage with the activities and people he finds meaningful over the past few years. David recently landed in the emergency room, which is how he got connected to Siskiyou BHS.

Before the Multi-County Project, David and his care team focus exclusively on finding stable housing and avoiding future visits to the emergency room. David enjoys working with his care team and relies on them for social support, but he does notice moments where they seem uncoordinated and overworked. David wants to feel independent, but without a job, he can't pay for his apartment himself.

If the Multi-County Project is successful, David will work with his care team to find a job so that he can pay a portion of his rent. He'll still focus on addressing his symptoms, but he'll also work on reconciling with his daughter, so that BHS isn't his sole social support. David's care team will help him recognize his progress, which will lead him to feel more empowered, independent, and proud of his recovery journey.

Sarah has been a Case Manager in BHS' Adult System of Care for three years. She recently added David to her 27-person caseload, and like many of her other clients, David seems to need frequent, intensive contact. Sarah feels fulfilled when she can help clients make progress on goals that are meaningful to them, and hopes she can do this with David.

Before the Multi-County Project, Sarah might only have the time and support to focus on meeting David's basic needs and responding to crises. She might find it challenging to proactively focus on David's recovery journey and eventual graduation from FSP, to communicate with David's other care team members, and to access the data that would help her regularly assess David's progress. This might lead Sarah to feel burnt out at work.

If the Multi-County Project is successful, Sarah will have a better understanding of how to assess David's progress and the data to help her do so. Sarah will still address David's basic needs, but she'll also have tools to help him identify strengths and focus on his goals, like getting a job working with cars. Weekly opportunities to coordinate with the rest of David's care team will lead Sarah to feel more supported at and excited about BHS.

Conclusion

Through the Multi-County Project, Siskiyou built FSP improvements that will advance BHS' shift to a more data-driven, person-centered system of care. These system-wide changes – including a clarified vision for FSP, new data approaches, and increased structure and guidance – will enhance the experiences of individuals receiving and delivering care at BHS. Siskiyou will continue to leverage the cross-county data tools, language, and processes developed through the project to learn from other counties and share insights from Siskiyou's FSP improvements across California. Ultimately, Siskiyou will continue to refine and build upon FSP improvements to better serve individuals with the greatest needs and improve outcomes for all FSP participants.