Housing Initiative Taskforce Meeting #2
MHSARC Older Adult Committee Meeting – 4/7/21

Question & Answer

1. **Please define FSP – Full Service Partnership.**
   A: FSP programs provide a broad array of coordinated and intensive services for individuals with serious mental illness that can function in the community with adequate support. The Assertive Community Team model or Wrap-around model for youth provides full-scope service providers from peers, case managers to psychiatry. The FSP program philosophy is to do "whatever it takes" to help individuals achieve their recovery goals. The services provided may include, but are not limited to, mental health treatment, housing, medical care, and job or life-skills training.

2. **Will the funded FSP expenditure be for new or existing FSP Providers?**
   A: This is to be determined. FSP services go through a Request for Proposal (RFP) process to select the appropriate providers. The RFP process engages BHRS staff, clients/family members, peers and out-of-county representatives in evaluating proposals submitted.

3. **Can you describe the process for evaluation of quality and quantity of FSP services?**
   A: There are different parts to evaluating quality of FSPs: contract monitoring, ongoing annual reporting and point-in-time formal evaluations.
   - Contract monitoring: a BHRS Manager assigned as the contract monitor meets regularly with FSP providers to discuss services, challenges, status of clients and of the services.
   - Ongoing annual reporting: FSP providers collect ongoing data outcomes of clients at intake, every three months and at every key event related to housing status, psychiatric emergency visits, substance use, among other outcome measures. These annual reports are presented to the MHSA Steering Committee and the commission as part of the MHSA Annual Update and made available online. All annual outcome reports can be found on the MHSA Website, www.smchealth.org/MHSA, under the "Evaluation" tab.
   - Formal point-in-time evaluations: There have been two formal evaluations of FSPs. One was conducted in 2014, also available on the MHSA Website, under the "Evaluation" tab. Currently, we have a statewide Multi-County Full Service Partnership Project looking into the standards, quality and outcome reporting to make recommendations for FSP improvements. This process is being informed by BHRS staff, FSP providers, FSP clients and family members via workgroups, focus groups and key interviews. A Progress Report of this project can be found here, https://www.thirdsectorcap.org/wp-content/uploads/2021/03/Multi-County-FSP-INN-Progress-Report_March-2021.pdf

4. **Is FSP considered top of the line service?**
   Full Service Partnership (FSP) programs were designed under the leadership of the California Department of Mental Health (DMH) in collaboration with a wide range of stakeholders including the California Mental Health Directors Association, the California Mental Health Planning Council, the Mental Health Services Oversight and Accountability Commission, individual mental health clients and their family members, and mental health service providers. Mental Health Act (MHSA) core principles are integrated into the FSP model: client and family-driven mental health services within the context of a partnership between the client and provider; accessible, individualized services and supports tailored to a client's readiness for change that leverage community partnerships; delivery of services in a culturally competent manner, with a focus for wellness, outcomes and accountability.

5. **Have consumers been involved in development of standards?**
   A: Consumers and family members were involved in the development of FSP standards. Locally, we are engaging consumers and their family members in the statewide Multi-County Full-Service Partnership Project, which will be making recommendations to the State Department of Health Care Services for outcome reporting and will provide best practice recommendations to counties across the State.

6. **Do FSP Providers actually employ and utilize peer providers? What is the qualifying standard used for designating a person or provider as a 'peer'?**
   A: Yes, contracted FSPs employ and utilize peer providers. Telecare provides a career ladder for consumer staff up to management.

   Standards for peer employment: A peer must have personal lived experience and is at a level of recovery where they are need limited services for support for themselves. Peers have to demonstrate their ability to maintain their activities of daily living (ADLs) and are participating in personal mental health services, as these are skills that they will teach clients. Also, they need to be able to use their personal story as part of the engagement with clients.

7. **Do clients who secure housing through FSP services lose their housing when they no longer receive FSP services?**
   A: In general, a client is able to keep their housing as it is an integral part of their recovery and stability. Both Telecare and Caminar have step down levels of services for those who need less service. There may individual circumstances that affect a disenrolled clients' housing.

8. **It seems to me that making decisions based on 2019 information that is most likely outdated won't really reflect today's issues and gaps. Do we have more updated homeless data?**

A: The bi-annual homeless count scheduled for January 2021 has been put on hold due to COVID. We have reached out to the Center on Homelessness to see if there are other indicators of need in the homeless community.

9. **Could you repeat interventions where County commitment can make a difference?**
   A: The interventions that have been identified thus far via various input processes are included in the Taskforce Meeting #2 presentation slides, available on the MHSA website, www.smchealth.org/MHSA, under "Announcement" tab. Taskforce Meeting #3 will be focused on prioritizing evidence-based strategies.

10. **Some communities are using emergency housing (low cost tiny house villages) to engage individuals in wanting housing and into relationships that could be therapeutic, is this missing in our "Pre-Engagement" category?**
    Best practice that we can research for Taskforce Meeting #3.

11. **Since we know that individuals are reluctant to go to shelters, has there been any conversation internally about what prevents individuals from utilizing the shelters and how can we correct this?**
    A: The issue of not wanting to use shelters is an important discussion to have ongoing between BHRS and Human Services Agency (HSA), which runs the shelters. We have reached out to HSA to discuss the issue of safety and other challenges further. In the past, expanding transitional housing to get folks out of shelter has been one of the key strategies.

    Participant Comment: Many refuse to go to shelters because after going through a 90-day substance use recovery program, they weren't able to afford transitional housing or have to wait for their housing voucher or there wasn't enough sober living facilities and there is a lot of drug use in shelters and fear relapsing. There needs to be something after a 90-day program that supports sober living, especially for women.

12. **Do we have any idea of how many clients are in need but, invisible in our data because they do not meet the homeless criteria (for example, living with family and will likely be homeless)?**
    A: Data related to housing needs of individuals with mental illness is not readily available. We will need technical support to capture data about individuals housing needs.

    Participant Comment: In 2019 Solutions for Supportive Homes surveyed San Mateo County NAMI families, 54 families reported that they are caring for an adult child with mental illness who will become homeless.

13. **In addition to TAY and women with children, the regular adult population has a need for transitional housing. Can that be included in the slide?**
    A: Yes, that can be included. TAY and women with children are a special population.

14. **What happens to all the homeless currently housed due to COVID when that funding ends?**
    A: The county has expanded its capacity to serve the homeless by adding shelter beds and investing in transitional housing that the county will own after COVID-19 funding ends. The County will continue to operate the shelters and the transitional housing after the COVID restrictions end. The County's capacity to house the homeless will be greater than before COVID.

15. **Will there be any plans to purchase hotels and create housing as some other counties have done?**
    A: Yes. San Mateo County has purchased three motels to create transitional and permanent housing for a total of 221 units for formerly homeless.

16. **Could non-profits, such as MHA offer tax deductible donation status to landlords in lieu of a part of rents?**
    A: This depends upon the manner in which the donation is structured. It would have to meet tax requirements as well as benefit the nonprofit organization.

17. **How about tiny homes like they did in Redondo Beach?**
    A: Yes, as we move into development of activities and strategies to fund, Taskforce Meeting #3, best practices will be identified.

18. **Are we able to view the recording that happened in the other break out room? Could that be posted?**
    A: Yes, the full presentation, including a summary of the break out room input and the recording will be posted on the MHSA website, www.smchealth.org/MHSA, under the "Announcement" tabs.