

September 21, 2015

Invitation for Public Comment on Proposed Preliminary Statewide Full Service Partnership Classification System

About the Project

The purpose of this project by the Mental Health Services Oversight and Accountability Commission (MHSOAC) and Mental Health Data Alliance, LLC (MHDATA) is to assess Full Service Partnership (FSP) programs on a statewide level in order for stakeholders to classify them in a meaningful and useful fashion. The classification system should ultimately enable consumers, clients, family members, providers, counties, other stakeholders, and the State to further understand the diversity of FSP programs across California and to compare those which are comparable. The MHSOAC believes that this knowledge can be used to improve the overall quality of care provided in FSP programs.

The following report introduces a proposed Preliminary FSP Classification System, designed by MHDATA in collaboration with a variety of stakeholders who have influenced every stage of its development. Public feedback is highly valued and it is expected that comments received during this 30 day public comment period will help to further refine the system and ensure the realization of the project goals.

Invitation for Public Comment

The MHSOAC and MHDATA invite you to comment on the proposed Preliminary Statewide Full Service Partnership Classification System introduced in the following report. This comment period will open on September 21, 2015 and close on October 20, 2015. Please note that comments received by the closing date will be made available to the public. Commenters are requested to provide overall feedback on the project as well as comments for specific program elements defined in the FSP Classification System. We welcome feedback on all aspects of the project, and we have created a feedback survey in order to gather comments on specific sections of the proposed system.

How to comment

Please submit your comments via one of the following:

- Fill out the online survey (<https://www.surveymonkey.com/r/FSPClassificationSurvey>)
- Call Mental Health Data Alliance, LLC toll free at 844-4-MHDATA (844-464-3282) or email at info@mhdata.org to request a hard copy feedback form by mail or other accommodations if needed
- **Comments must be received in writing by October 20, 2015.**

Proposed Preliminary Statewide Full Service Partnership Classification System

Based on Stakeholder Feedback

Mental Health Data Alliance, LLC (MHDATA)

9/2/2015

This report is the Mental Health Services Oversight and Accountability Commission (MHSOAC),
Agreement 14MHSOAC008, Deliverable 2.

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Purpose of this Report

The purpose of this project by the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) is to assess Full Service Partnerships (FSPs) on a statewide level in order to classify them in a meaningful and useful fashion. The classification system should ultimately enable consumers, clients, family members, providers, counties, other stakeholders, and the State to further understand the diversity of FSPs across California and to compare those which are comparable. The MHSOAC believes that this knowledge can be used to improve the overall quality of care provided in FSPs.

This report introduces a proposed Preliminary FSP Classification System. The FSP Classification System is proposed to be constructed through a web-based survey administered to FSP programs, which will be updated annually; the details of the annual update process will be determined and defined in the next phase of the project. The survey questions will act to identify valuable and discerning program components, which will be used to classify FSP programs based on similarities and differences within survey responses. While the final survey will be administered electronically via the internet, the [FSP Classification System Survey Questions](#) presented in this report provide a text version of the survey questions and answers, exemplified for Fiscal Year 2015/2016. The first survey is scheduled to be conducted after July 1st, 2016 and survey data will be collected for FSP programs for the prior fiscal year (FY 2015/2016).

Background

FSPs evolved from Assembly Bills (AB) 34 and AB 2034, which provided comprehensive services for adults who had serious mental illness and were homeless, at risk of becoming homeless, recently released from a county jail or State prison, and others who were untreated, unstable, and at significant risk of incarceration or homelessness without treatment. Both the pilot and statewide implementation of AB 34 and AB 2034 focused on the Assertive Community Treatment (ACT) model, and included provisions of a comprehensive array of services to enrollees comprising outreach, supportive housing and other housing assistance, employment, substance abuse services, and mental and physical healthcare. These services were aimed at reducing homelessness, incarcerations, and psychiatric hospitalizations. The structure and goals of AB 34 and AB 2034 programs served as a foundation for the FSP programs, which eventually became part of the Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA or The Act).

FSPs make up the largest portion of funding in the CSS component. The programs are designed to provide comprehensive, recovery-based services to the highest-need clients in the system. The clients served in FSPs are living with serious mental illness or a serious emotional disturbance in addition to often having a history of homelessness, incarceration, and/or institutionalization. FSPs provide intensive case management on a 24/7 basis, doing “whatever it takes” for the client in order to promote progress on their road of recovery. Services may also focus on crisis response and de-escalation, medication evaluation, establishment of benefits, and preparation for education and/or employment.

FSPs are required to provide both mental health and non-mental health services, per the California Code of Regulations (CCR), Title 9 § 3620. Mental health treatment includes but is not limited to alternative and culturally specific treatments, peer support, wellness centers, supportive services to assist the client and, when appropriate, the client's family in obtaining and maintaining employment, housing, and/or education. The program includes personal service coordination/case management to assist the client and, when appropriate, the client's family to access needed medical, educational, social, vocational, rehabilitative, other community services, needs assessment, crisis intervention and stabilization services, and family education services. Non-mental health care includes but is not limited to food, clothing, housing, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, transitional and temporary housing, cost of health care treatment, cost of treatment of co-occurring conditions, and respite care.

Counties have been flexible in their implementation of FSPs within the constraints of the general guidelines established in the Act and regulations. As expected, models of service for children/youth (ages 0-15), transition aged youth (TAY, ages 16-25), and older adults (ages 60+) have diverged from the adult (ages 26-59) model because of different client needs and different service structures. The ability to easily compare FSPs across the state, with the end goal of increasing successful practices, is hindered by program variability, as well as by county-level differences. Without an established way to classify FSPs, comparisons have rightly been subject to criticism (due to the high level of variation across programs and program targets).

The purpose of this document is to describe the questions and data elements that have been identified for inclusion in the FSP Classification System Survey. The rationale used to identify and select survey data elements of the proposed classification system aimed at identifying elements which would be useful to address various needs of various groups. This stakeholder-driven data collection process is described in the [Development of Statewide FSP Classification System](#) section of this document.

Uses of the FSP Classification System

This MHSOAC evaluation represents another step toward continuous assessment of the MHSA and the broader, public, community-based mental health system, while focusing on quality improvement as guided by MHSA values and principles. The ultimate goal of this project is to increase the ability to understand and improve upon the quality of services offered by FSPs. This shall be achieved through the development and implementation of an FSP Classification System as a web-based application which will facilitate the collection of classification system survey data and allow various groups (i.e., State, counties, providers, clients, family members, and other stakeholders) to use the FSP classification system survey data in a meaningful and useful fashion for comparative purposes. Stakeholders may want to use the classification system information in order to categorize programs based on a specific purpose or evaluation question. It is expected that various stakeholders would be able to use the classification system to address their unique objectives.

The proposed Preliminary FSP Classification System includes program elements designed to describe FSP programs with the goals of: capturing variations and similarities between FSP programs; enabling better communication about FSP programs; facilitating the sharing of information between FSP programs; assisting public communication of program offerings; assisting consumers and families in finding FSP programs; assisting efforts to improve FSP program component availability and quality; and increasing the ability to understand what works and for whom. Further examples of how the classification system might be used are demonstrated in [Table 1](#). The FSP Classification System data would be both collected and utilized via an online FSP Classification System website.

Table 1: Example FSP Classification Use Cases

Stakeholder	Example FSP Classification System Use Cases
State	The State could use the system to tell the story of California’s FSP programs, detailing the broad diversity within the programs statewide as evidenced by the components identified through classification system data. This knowledge would allow for further data-driven descriptions of FSP programs with similar characteristics and could be combined with existing FSP client outcome and service data {e.g., FSP Data Collection and Reporting (DCR) data, Client and Services Information (CSI) data, etc.}, when available. For example, this classification system could be used to identify the statewide proportion of TAY programs with a specialty/focus on clients with legal or criminal justice involvement and which may embrace a behavioral/mental health court model or offer supported education or supported employment. Combining this information with the CSI service data and FSP DCR outcome data, if available, analysis could identify how many unserved or underserved TAY are reached along with the severity of needs for incoming TAY based on past 12 month histories. The story about reaching young adults with mental disorders at a critical developmental stage in order to potentially redirect legal involvement toward productive activities is only one of many stories which could be drawn from the classification system information.
County	Counties could use the system to share information about achieving program success or overcoming program barriers. For example, a county which is facing barriers to engaging clients and maintaining housing for a program focused on chronically homeless older adults could identify similarly focused older adult programs. Through the classification system data, the county could also identify within those similar programs: staff qualifications, models/philosophies embraced, field work capacities, methods for resourcing after hours 24/7 care, similar or different barriers and other program details. Further, the county facing barriers could use the classification system information to contact counties with similar programs and further exchange information regarding similar foci or barriers. The classification system facilitates networking between organizations for the purposes of sharing information, best practices, and outcomes.

Table 1: Example FSP Classification Use Cases (Continued)

Stakeholder	Example FSP Classification System Use Cases
Provider	Providers could use the system to share information in a similar fashion as described by counties. However, providers may want to focus on more detailed program operation activities, such as methods to assess, measure, and analyze outcomes. For example, a provider could determine how many other providers statewide are using specific client assessments {e.g., Milestones of Recovery (MORS) or Adult Needs and Strengths Assessment (ANSA)}, how their assessments are implemented and whether their assessment data are captured and stored electronically. Further, the provider could use the classification system to contact similar programs utilizing an assessment of interest and exchange information on methods to implement, capture, evaluate and present results from that assessment. The classification system could facilitate a provider's knowledge of how widely a particular program component is implemented across the state while improving their ability to network with providers of similar programs.
Advocacy Groups and Organizations	In a similar manner to the State's use case, advocacy groups and organizations could use the classification system tell the story of how FSP programs are serving targeted unserved or underserved populations. For example, an advocacy group advocating for clients with language barriers could use the system to identify the number of programs which have a focus/specialty to serve clients who speak a language other than English or Spanish. In this way, the classification system helps advocates to identify strengths and limitations of current FSP program offerings specific to a population of interest.
Clients, Consumers, Family Members and Community Members	Clients, consumers, family members, and community members could use the classification system to gain knowledge about the similarity or diversity of FSP programs within California. For example, a current or potential consumer may be considering a move to a different county in order to live with family members. The consumer could use the classification system information to identify whether program supports within the new county match the consumer's needs. Further, the consumer could work with staff within their current county to reach out and network with staff at an appropriate program in the new county in order to create a smooth transition between counties while maintaining continuity of care during the recovery process.
Evaluators and Researchers	Evaluators and researchers could use the classification system to perform targeted evaluation of program success in order to validate program models and determine what works for whom. For example, extending an earlier example at the State level (in which the classification system could be used to identify TAY programs with a specialty/focus on clients with legal or criminal justice involvement which may or may not embrace a behavioral/mental health court model or offer supported education or supported employment), information about programs meeting these criteria could be combined with CSI client services and FSP DCR client outcome data, if available, to evaluate the exposure/dose of services along with the improvement in education, employment and legal outcomes. Evaluators and researchers could use the classification system data in order to select comparable programs meeting evaluation criteria toward a specific evaluation question and hypothesis.

Guiding Questions

Throughout the project, the following questions were used to guide and prioritize the collection of information.

1. What are the most meaningful ways to classify FSP programs across the state that would be beneficial to clients, family members, providers, the State and other stakeholders?
2. What characteristics/factors should the classification system be based upon? What data is needed to measure those characteristics/factors?
3. What is the best method for various stakeholders throughout the state to view and utilize a classification system to improve quality and services provided by FSPs?

Project Milestones

The final culmination of this project will be the development and implementation of an online interface to operationalize an FSP classification system. The website will support the collection and viewing of information for FSP programs statewide. To reach this goal, the FSP Classification System project includes the following five (5) milestones.

1. Propose a Preliminary Statewide FSP Classification System Based on Stakeholder Input
2. Report a Final Statewide FSP Classification System Based on Public Comment
3. Develop an Online Statewide FSP Classification System Website Design Specification
4. Develop and Deploy an Online Statewide FSP Classification System Website
5. Provide Statewide FSP Classification System Website Administrator and User Training and Technical Assistance

This report presents the results of the first milestone of the project. The proposed Preliminary FSP Classification System in this report is presented for public feedback, the results of which will be used to complete the second milestone in the project: Report a Final Statewide FSP Classification System Schema Based on Public Comment.

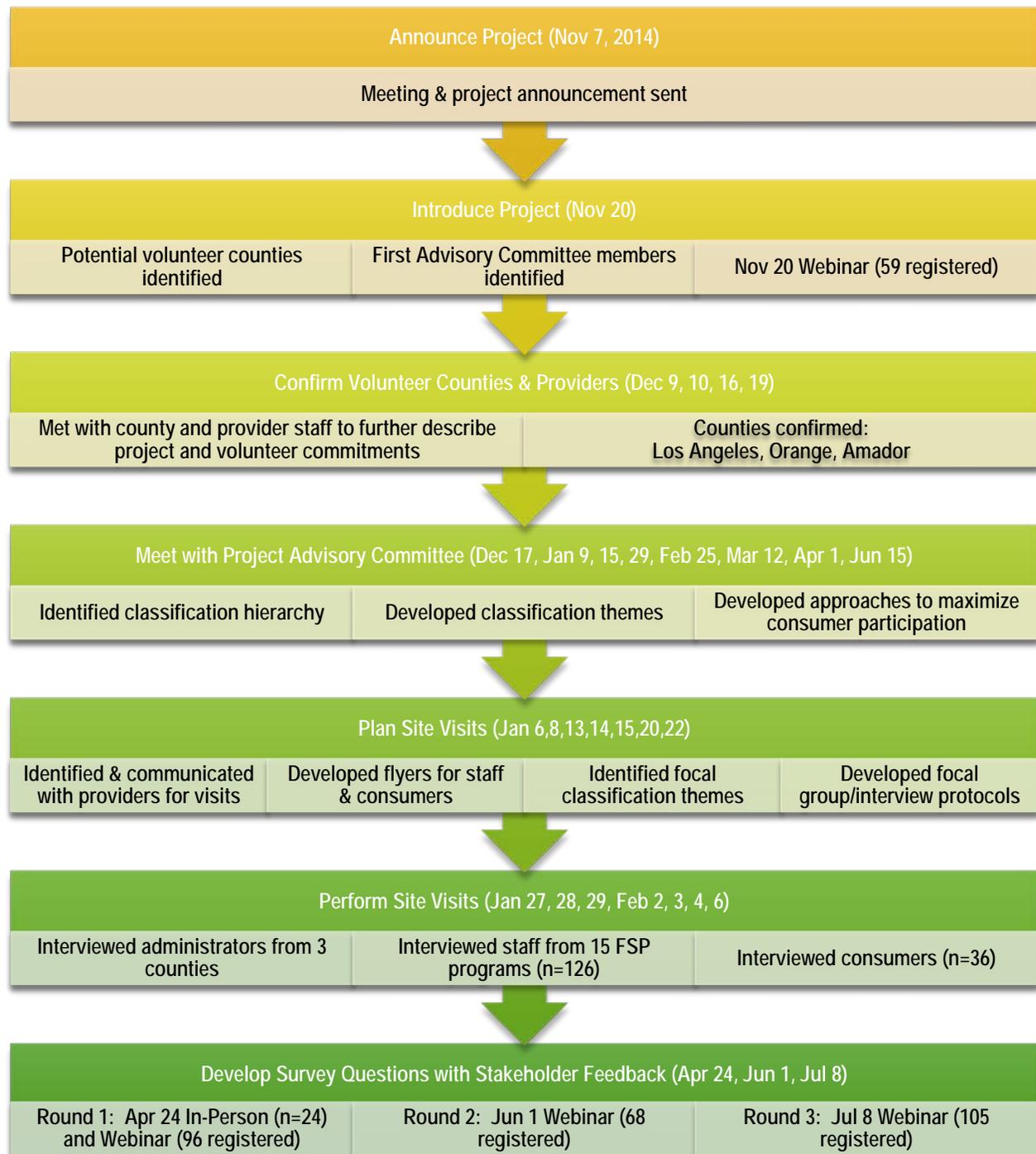
Development of Statewide FSP Classification System

Within the first milestones of the project, the following processes and procedures diagramed in [Figure 1](#) were used to develop the proposed Preliminary FSP Classification System within this report.

Announce Project:

The project was first announced on November 7, 2014. Notification efforts throughout the project included emails to MHSOAC's "Counties Stay Connected" email notification group, MHSA County Coordinators, site visit participants, and the California Council of Community Mental Health Agencies. In addition, a project calendar was maintained on the www.mhdata.org website.

Figure 1: Timeline of the Development of Proposed Preliminary FSP Classification System



Introduce Project:

The project was first introduced on November 20, 2014 via webinar, which was recorded and posted for those who could not attend live. There were 59 participants registered for the webinar. Through the webinar, five potential volunteer counties were identified.

Confirm Volunteer Counties and Providers:

Through meetings in December with potential volunteer county and provider staff, three final volunteer counties were confirmed, including Los Angeles, serving ~11,000 FSP clients annually; Orange, serving ~2,000 FSP clients annually; and Amador, serving ~ 60 FSP clients annually.

Meet with Project Advisory Committee:

A Project Advisory Committee was developed and implemented as a method to obtain feedback throughout the stages of planning and procedure development. The Project Advisory Committee consisted of 24 members, representing county staff, provider staff, consumers, individuals, community organizations, and MHSOAC staff. The Project Advisory Committee met eight times throughout the development of the proposed Preliminary FSP Classification System. All meetings were hosted through webinar, with four meetings also including an option to attend in-person.

Plan Site Visits:

Planning for the site visits proceeded through weekly meetings with counties and their providers in December of 2014 and January of 2015 to develop agenda and interview formats. Invitations to participate in each site visit were extended to the county mental/behavioral health directors, MHSA Coordinators, other relevant county and FSP provider staff who had knowledge about FSPs (e.g., division and program managers, researchers/evaluators, and providers) as well as clients/consumers, family members, and other stakeholders as deemed appropriate by program staff. Flyers were constructed in conjunction with the Project Advisory Committee to facilitate communication with county staff, provider staff, and consumers. Consumer artwork was utilized in print materials, and specialized flyers were created for staff and consumers. The flyers were presented to county and provider staff for feedback and distribution. Mental Health Data Alliance (MHDATA) project staff met with a consumer advocate to identify additional ways to encourage consumer participation, and a process to include consumers was developed.

During site visit planning, each program identified focal themes of their FSP program with which to guide focus interviews. Initial lists of potential focal themes were developed in conjunction with the Project Advisory Committee. Preliminary lists of focal themes were presented to county and provider staff, who were asked to select from or add to the list of available topics. MHDATA project staff developed questions around the customized sets of focal themes in order to guide focus group interviews.

Perform Site Visits:

Site visits covering six programs proceeded in Orange County from January 27-29; visits covering eight programs proceeded in Los Angeles from February 2-4, and a visit on February 6 covered all of Amador

County's FSP programs. In-depth focus groups and/or interviews were conducted with a total of 126 staff and 36 consumers with the goals of identifying possible characteristics/factors on which to base the FSP classification system and identifying how those characteristics/factors might allow various groups to make use of the system. Information was gathered via notes from focus group interviews. All interviews with FSP program staff were recorded, and data was further analyzed utilizing recording transcripts.

Develop Survey Questions with Stakeholder Feedback:

Information gathered from site visit focus groups was merged with information extracted from existing documents, including MHSA 3-Year Plans and annual updates, the FSP Practice Scale, FSP Toolkits, and the National Alliance on Mental Illness (NAMI) MHSA Programs 2013 Report. MHDATA project staff analyzed various elements of FSP programs which could possibly be used within the classification system, such as client to staff ratio, number of individuals served, client and staff turnover, target population(s) served, program components, descriptions/definitions of services, staffing, resources, costs, support, technology employed, communication, organization, workflow processes/procedures, use of fidelity models, desired outcomes, actual outcomes, funding, and client feedback.

MHDATA project staff developed FSP classification survey questions around all identified program elements. The set of proposed survey questions were presented and refined through an intensive public stakeholder feedback process. The stakeholder feedback process included three rounds of feedback. Each round of feedback began with a webinar presentation of the current draft of FSP classification survey questions. The first webinar included an in-person attendance option and was held on April 24; the webinar for the second round was held on June 1, and the webinar for the third round was held on July 8 of 2015. Feedback was collected in three ways, based on preference of the participant: 1) direct verbal or written comments were gathered during the webinars, 2) hand written comments on printed surveys which were handed, faxed, scanned and emailed, or postal mailed to MHDATA project staff, or 3) written feedback entered into an electronic survey via an online survey website (<http://surveymonkey.com>).

Five criteria were suggested as rationale for whether each FSP program characteristic would be included within the final FSP classification system. As applicable, stakeholders were asked to consider to what extent each element selected for inclusion in the proposed Preliminary FSP Classification System was differentiating, impactful, collectable with minimal burden, reliable and low risk of having unintended consequences, as defined in the following.

1. **Differentiating:** Not all programs should contain the element in the same way. There should be something about the element which can be asked to help differentiate one program from another.
2. **Impactful:** For a program element to be impactful, it must be hypothesized that the existence or characteristics of the element could potentially affect the client or program outcomes.
3. **Minimal burden:** The burden for reporting the existence or characteristics of the element should not cause unnecessary difficulty or strain to the county and program staff or to clients/consumers.

4. **Reliable:** Questions about program elements included in the final classification system should be able to reliably gather information about the element in a way that is consistent across programs and over time.
5. **Low Risk of Unintended Consequences or Misuse:** Asking questions about the program element should not result in pressures which could potentially negatively impact the program or clients/consumers, and the resulting information should have low risk of misinterpretation leading to its potential misuse.

The feedback process included the involvement of at least 269 registered participants, representing 38 counties, 3 state entities, and 35 stakeholder organizations or individuals. Within the webinar process, a registered participant may hold a single webinar phone/internet line, but additional unregistered participants often attend by sitting in to view the registered participants' line (e.g., in a conference room setting with multiple participants). Therefore, these numbers represent minimum participation interest as the process also included additional unregistered participants. The rounds of the feedback process were open to all stakeholders, and some of the participants did participate in all rounds of feedback. Details of stakeholder representation during each round of feedback are detailed in [Appendix A](#).

During a round of feedback, a webinar and/or in person meeting was used to introduce each question of the current version of the survey. Questions were systematically read aloud and feedback was solicited via interactive verbal discussion, online survey responses or notes via scan/fax/email/mail. The opportunity to respond was left open for at least 1.5 weeks after the webinar/meeting. After each round of feedback closed, MHDATA project staff reviewed responses and updated survey questions based on a prevalence of opinions received via the structured communication format. Through an iterative process, the updated survey questions were then introduced for further refinement during the next round of feedback. After three rounds of feedback, the FSP Classification System described in this document represents the culmination of this process. During each round of feedback a project assessment was conducted to assess progress toward the final set of FSP Classification System Survey Questions. Participants were able to answer that they strongly agreed, agreed, neither agreed nor disagreed, disagreed or strongly disagreed to the following statements, as appropriately applicable.

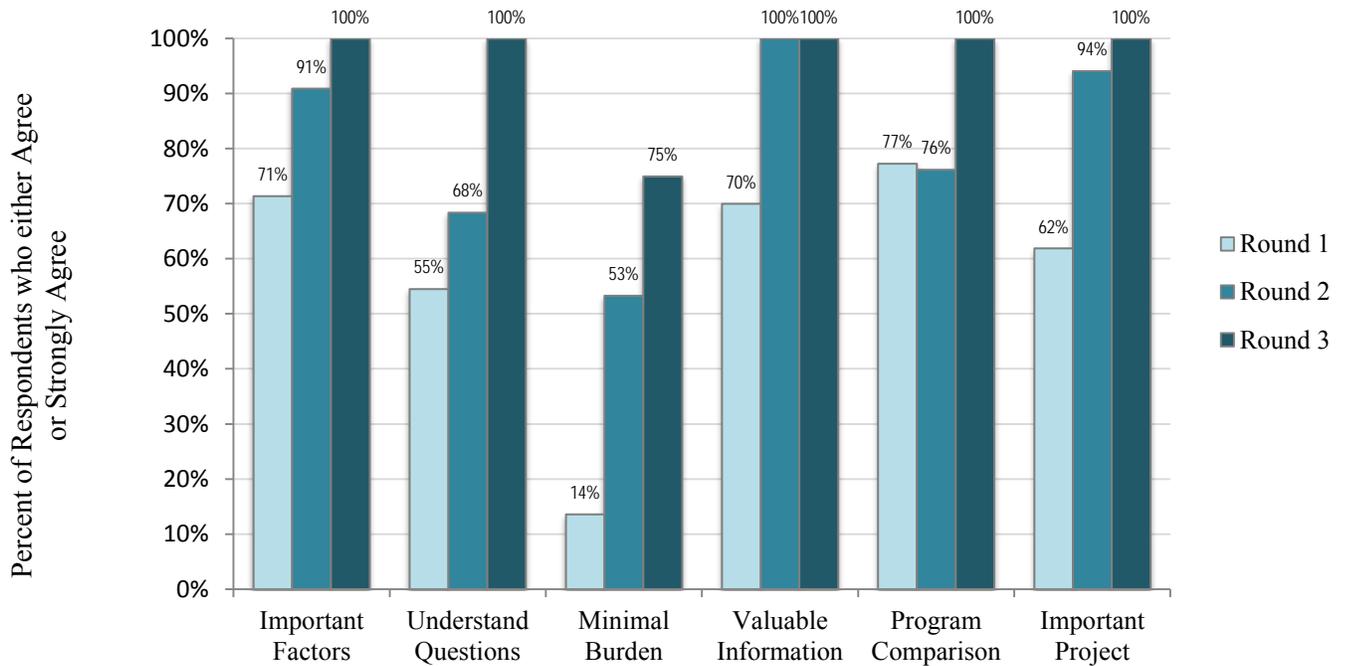
1. Important Factors: These questions allow me to describe important factors of my program.
2. Understand Questions: These questions are easy to understand and interpret.
3. Minimal Burden: I could complete this survey with minimal burden.
4. Valuable Information: I believe that this information is valuable to collect.
5. Program Comparison: These questions would allow me to compare my program with other programs within the state.
6. Important Project: This is an important and meaningful project.

As seen in [Figure 2](#), positive results of this survey improved with each round of feedback. All stakeholders in the process were encouraged to complete this survey. Respondents in the different rounds included some of the same and some different individuals. [Figure 2](#) represents the percentage of

respondents that agreed or strongly agreed as compared to those that disagreed or strongly disagreed. With each successive round of feedback, increasing percentages of respondents agreed or strongly agreed, and by round three of the feedback process, 100% of respondents either strongly agreed or agreed for five out of the six project survey assessment statements, demonstrating that the stakeholder feedback process strengthened the preliminary system proposed within [Project Milestone 1](#) of the project.

While a simple classification system for distinctly modeled programming might include a few varieties of programs in a succinct system, the diversity of FSP programs along with the “whatever it takes” approach to service clearly necessitated a more multidimensional classification system. The development process of the proposed Preliminary FSP Classification System began with the consideration of thousands of possible elements. The proposed Preliminary FSP Classification System presented in this report represents 22 FSP program components described by 276 elements identified through the stakeholder feedback process. As the survey suggests, there was agreement by participants that these final components describe important factors of FSP programs, are valuable to collect and valuable in comparing FSP programs across the state, and further the aims of an important and meaningful classification system.

Figure 2: Project Assessment Results for Feedback Round 1 – Round 3



Description of Preliminary FSP Classification System

The proposed Preliminary FSP Classification System includes program components and elements designed to describe FSP programs with the goal of capturing impactful variations and similarities between FSP programs.

FSP Program Definition:

The proposed Preliminary FSP Classification System intends to gather program classification information via an annual survey of FSP programs; however, FSP programs within a county can be defined in multiple ways. For data reporting purposes, FSP programs are defined at the discretion of each county. FSP client outcome data is maintained in the FSP Data Collection and Reporting (DCR) System hosted by the Department of Health Care Services (DHCS) where each county has one or more FSP programs defined at their discretion. For example, within the DCR, some counties define FSP programs based solely on the age group served (children/families, TAY, adult, or older adult), regardless of the number of [legal entity](#)¹ providers or specialized foci of included sub-programs. Other counties define FSP programs based on a specialized focus of the program, which could span across multiple age groups. Still, other counties define an FSP program for each legal entity provider due to differences in their service offering capabilities. One challenge of this project, and of describing FSP programs in general, is identifying the definition of an FSP program.

Based on stakeholder input, it was determined that the FSP programs currently defined within the FSP DCR system did not support the goals of this project, since the DCR-defined FSP programs were, for many counties, broadly encompassing of a variety of sub-programs requiring further classification. To this end, the proposed Preliminary FSP Classification System allows counties the flexibility to create one or more ‘FSP Profiles’ for each of their DCR-defined FSP programs. Thus, one or more FSP Profiles may be assigned to the same FSP DCR Program, and one survey shall be completed for each FSP Profile defined within the system. The flexibility to create one or more FSP Profiles within each DCR-defined FSP program reduces the burden for larger counties by allowing a number of FSP programs operated by multiple providers that share common characteristics to provide one set of answers for the survey. Counties are encouraged to define an FSP Profile for each legal entity provider, but an FSP Profile may be associated with one or more legal entity providers who perform similar services, as determined at the discretion of the county. Additional information on FSP Profile definitions can be found in [Section D-2](#) of the [Preliminary FSP Classification System Survey Questions](#).

¹ A legal entity provider is an established corporation, partnership, association or individual who has the capacity to enter into contracts or agreements to provide services and be held accountable for those services in its own right. See further definition at https://simple.wikipedia.org/wiki/Legal_entity.

The Preliminary FSP Classification System includes the following key features.

- A proposed survey, updated annually
- The flexibility to define one or more FSP Profiles for each FSP DCR Program at the discretion of each county
- A structure to assign one or more providers to an FSP Profile

FSP Classification System Categories, Components and Elements:

The proposed Preliminary FSP Classification System classifies FSP Profiles based on their program components and elements. In [Figure 3](#), the 276 proposed elements which were arrived at via the stakeholder feedback process are organized into categories based on logic model concepts. The logic model framework organizes program elements into five categories: FSP Profile Information, FSP Assets, FSP Targets & Inflow, FSP Client-Directed Activities and FSP Outcomes & Assessments. A sixth category, the FSP Profile Definition, provides a description of the current program definitions for each county, as described in the previous section, [FSP Program Definition](#).

Figure 3: FSP Classification System Categories



FSP Classification System categories are defined in the following way.

- **FSP Profile Information:** Profile information includes attributes of a program which help define the program profile and provide important context for programming components. These attributes include the type of operating agency for the program (e.g., direct county-operated or contracted agency), the program capacity (i.e., the number of average daily targeted FSP client slots), the program service area characteristics, and other profile defining elements.
- **FSP Assets:** Assets are factors of the program which are generally in place before the enrollment of FSP partners. However, as FSP programs evolve, assets may emerge, change, or develop while partners are enrolled in the FSP program. Assets of a program can be fiscal (e.g., funding sources), material (e.g., office locations or equipment), human resource (e.g., team structure) or procedural {e.g., community relationships, evidence-based practice (EBP) models, or procedure manuals}.

- **FSP Targets & Inflow:** Targets of a program define who the program is trying to reach. The target includes program factors such as the inclusionary and exclusionary limits for FSP enrollment. The inflow of a program is defined as the factors, beyond the intended target criteria, which affect who are enrolled into the program. It includes things like referral pathways, outreach activities, enrollment processes and barriers.
- **FSP Client-Directed Activities:** Client-directed activities are the services, supports and auxiliary actions which are performed during an FSP. Client-directed activities include things like providing transportation services, linking clients to housing, offering supported employment, providing referrals and linkages at discharge, and all other client-directed actions which support the success of an active partnership.
- **FSP Outcomes and Assessments:** FSP assessments allow measurement of client and program related effects and processes. FSP outcomes are the results of evaluating data which was gathered from assessments, clients, staff, stakeholders or other resources. FSP outcomes include things like changes in situations of homelessness, client graduation rates, recovery orientation levels of staff, and other program and process-related results.

Within these categories, program elements were further grouped. Program elements which could be surveyed using the same structure and language were organized into ‘question blocks’, allowing many questions to be answered utilizing similar instructions, reducing burden on data reporting staff and thereby increasing the efficiency, consistency, and reliability of the information reported. Groupings according to question blocks are referred to as program components.

[Table 2](#) displays the total numbers of elements within the proposed Preliminary FSP Classification system, organized within categories and components. In addition to options to define ‘other’ elements within each component, there are a total of 276 pre-defined elements within the proposed Preliminary FSP Classification System.

Data Needed to Develop the System:

It is proposed that an annually updated survey would be used to collect information for all 276 elements of the classification system. Due to the ambiguity of program definitions, as previously described in the [FSP Program Definition](#) section of this report, information regarding the FSP programs available in other data repositories may not directly relate to the program profile definitions within the proposed Preliminary FSP Classification System, and cannot initially be relied upon to contribute to the final classification system. Information reported in the FSP DCR, three-year plans and via annual financial updates contain a broader definition and terminology of FSP programs than could be supported through the efforts to classify FSP programs in a meaningful way to meet the goals of this project. If, for example, counties modified the FSP DCR program definitions to match their more flexibly defined FSP Profiles within the FSP Classification System, then additional information from the FSP DCR could be combined

to further classify FSP programs. However, the initial proposed Preliminary FSP Classification System relies solely upon the 276 elements defined for the FSP Profiles identified within the system.

Table 2: Overview of Preliminary FSP Classification System Categories, Components & Elements

<u>Category</u>	<u>Component</u>	<u>Number of Elements</u>
FSP Profile Definition (D)	D-1: Fiscal Year of Survey	1
	D-2: Profile Definition	3
FSP Profile Information (I)	I-1: Profile Description	1
	I-2: FSP Service Providers & Area	3
	I-3: FSP Clients Served	3
	I-4: FSP Funding	2
	I-5: FSP Staff & Team	4
FSP Assets (A)	A-1: Staff Qualifications & Roles	35
	A-2: Field-based Work Capacity	13
	A-3: Resourcing 24/7 Care	6
	A-4: FSP Formats	9
	A-5: Standardized Models Embraced	26
FSP Targets & Inflow (T)	T-1: Specialty or Focus	14
	T-2: Referrals, Outreach & Enrollment	8
	T-3: Enrollment Barriers & Challenges	10
FSP Client-Directed Activities (C)	C-1: Usage of MHSA Flex Funds	30
	C-2: Promoting Meaningful Use of Time	15
	C-3: Graduation and Discharge Options	9
FSP Outcomes & Assessments (O)	O-1: Client Assessments	40
	O-2: Client Outcome Goals	25
	O-3: Program Quality Assurance	7
	O-4: Program Process Metrics	12

Availability of the FSP Classification System:

Broadly, the FSP Classification System website would consist of both a secure and non-secure area. The secure area would be accessed by authorized county and/or provider staff who are able to log in to create FSP Profile definitions, complete the FSP Classification System annual survey, view information in the FSP Classification System and perform other functions related to the FSP Classification System and data. A non-secure area would be accessed by the public, including State, counties, providers, clients/family members, and/or other stakeholders, and would allow for the use of the FSP Classification System to perform tasks such as: viewing of survey data of FSP programs, searching FSP program survey information to locate programs by survey results, performing an automated comparison between two FSP programs to identify differences, and utilizing other functionality which shall be subsequently designed as

the project progresses. The FSP Classification System website will be further defined in the forthcoming Online Statewide FSP Classification System Website Design Specification identified as [Project Milestone 3](#).

FSP Classification System Survey Questions

The FSP Classification System is proposed to be constructed through a web-based survey administered annually. After the initial year of the survey to collect baseline answers, counties and their providers will be asked to update the FSP program profile definitions and survey answers annually, to reflect any changes in program definitions or program content in the prior year. While the final survey will be administered electronically via the internet, the following questions provide a text version of the survey questions and answers, exemplified for Fiscal Year 2015/2016, which is targeted as the first year of the survey. The version of the survey presented in this report reflects the proposed *content* of the survey questions and response options to be included in the final version of the FSP Classification System, but the *format* (including the content layout, workflow and efficiency) will be greatly enhanced through the implementation of this content in the web-based programming environment at a later milestone in the project.

It is proposed that definitions and links to definitions included with following survey questions in this document would be included in the final survey, although the format to display definitions will be greatly enhanced through the implementation of this content in the web-based programming environment. In the following survey questions, links, denoted by the symbol “(?)”, have been added to facilitate the display of definitions for the questions of the survey. The links provide either hover-over, pop-up text boxes or hyperlinks to external website pages. Depending on the software application used to view this document, alternative symbols or icons may be displayed. For full functionality, this document should be opened in the free Adobe Reader 11.0 or later (<http://www.adobe.com/>) or in Adobe Acrobat Pro 10.0 or later. For readers using this document in an alternative PDF document viewer, such as a web application, which does not support the full Adobe technology for the links, a table of definitions and webpage addresses has been provided in the [Appendix B](#) of this document.

FSP Profile Definition

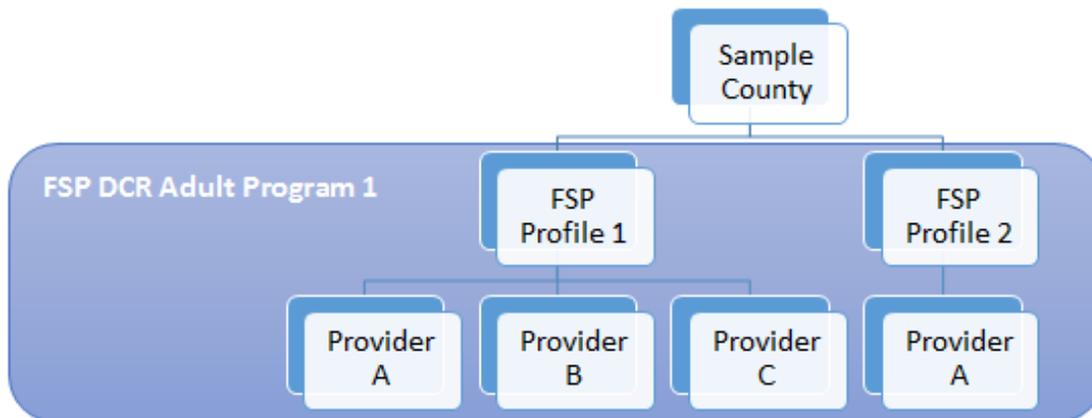
County: Sample County

D-1 Fiscal Year of Survey

1) Please select the fiscal year for which this survey is being completed:

D-2 Profile Definition

Full-Service Partnership (FSP) Profiles are defined in this section. The flexibility of this classification system allows users to define the number of surveys to be completed within a county by creating FSP Profiles. For the fiscal year selected, one survey will be completed for each FSP Profile defined here. An FSP Profile represents one or more FSP programs which perform similar services for FSP clients. An FSP Profile may be associated with one or more Providers. *(Note: A Provider is a legal entity which provides FSP services and can be either county-operated or operated by a contracted provider.)* However, an FSP Profile must be assigned to only one of the 'programs' defined within the FSP Data Collection and Reporting System (DCR) maintained by the Department of Health Care Services (DHCS). These 'programs' are referred to as FSP DCR Programs. *(Note: For data reporting purposes, FSP DCR Programs have historically been defined at the discretion of each county. In the FSP DCR System, each county has one or more FSP DCR Programs defined.)*



In the example above, the Sample County has two FSP Profiles defined (named FSP Profile 1 and FSP Profile 2). Both FSP Profiles are associated with the same FSP DCR Adult Program. FSP Profile 1 is associated with 3 Providers operating similar FSPs: Provider A, Provider B and Provider C. These Providers may be either county-operated or operated by a contractor. FSP Profile 2 is associated with a single Provider, Provider A.

The fields below define the FSP Profile. In Question 1 you will provide a unique name for the FSP Profile. *(Note: If there is only one profile for an FSP DCR Program, then the Profile may be named the same as the FSP DCR Program.)* In Question 2, you will assign your FSP Profile to one of the existing FSP DCR Programs. Lastly, in Question 3, you will assign one or more Providers to the FSP Profile.

- 1) **Create an FSP Profile Name:** One survey will be completed for each FSP Profile. An FSP Profile may be associated with one or more Providers who perform similar services.

- 2) **Select an FSP DCR Program:** Please assign the FSP Profile to one of the existing FSP DCR Programs defined by the county in the FSP DCR system. One or more FSP Profiles may be assigned to the same FSP DCR Program.

- 3) **Define the FSP Profile's Provider(s):** Please assign one or more Provider(s) to this FSP Profile. One survey will be completed for the FSP Profile. Therefore, answers for the survey will be the same for all Providers assigned to the FSP Profile.

List of Added Providers:

- + *Provider A*
- + *Provider B*
- + *Provider C*

FSP Profile Information

Please answer the following questions in reference to the FSP Profile as defined in the FSP Profile Definition. All answers in this survey should apply to all providers assigned to this FSP Profile. All answers apply to the fiscal year selected: FY-2015/2016.

I-1 FSP Profile Description

- 1) **Written Overview:** Please provide a written overview of the FSP Profile, focusing on factors which might differentiate this FSP Profile from other possible profiles. Please include an overview of (1) who is served by the FSP (including criteria for enrollment), (2) goals of the FSP (including what the program tries to achieve), and (3) any components which are thought to contribute to the FSP's success with clients served.

I-2 FSP Service Providers & Area

- 1) **Provider Type(s):** Please identify whether the FSP was County-operated or operated by a contracted provider in FY-2015/2016. (Check all that apply)
- County-Operated
 Contracted Provider
- 2) **Service Area Type(s):** In FY-2015/2016, this FSP focused on providing services to populations living in these types of areas. (Check all that apply) [\(?\)](#)
- Urban
 Suburban
 Rural
- 3) **Service Area:** Please identify the FSP's geographic service area for FY-2015/2016. (Select one)
- Entire County
 Subsection of County

I-3 FSP Clients Served

- 1) **Targeted Slots:** Please identify the combined number of targeted slots for this FSP for FY-2015/2016. This includes the total number of slots for this FSP among all providers assigned to the FSP Profile. If the targeted number is a range, please enter the middle value of the range. For instance, if an FSP was contracted to one or more Providers to serve a total of 400-500 clients, please enter 450. [\(?\)](#)

- 2) **FSP Age Group(s):** In FY-2015/2016, this FSP provided services to these age groups. (Check all that apply)
- Children (0-15) and Families
 Transition Age Youth (TAY, 16-25)
 Adults (26-59)
 Older Adults (60+)
- 3) **Targeted Age Range:** Please enter the specific age range targeted by the FSP in FY-2015/2016.

Minimum age:

Maximum age:

I-4 FSP Funding

- 1) **MHSA-Funded Budget:** Please provide the approximate percentage of the total MHSA-funded FSP operating budget which was allocated for the following categories in FY-2015/2016. (Note: this is not expected to total 100%) [\(?\)](#)

	%	
Non-Mental Health Services & Supports (except housing)	<input type="text"/>	(?)
Housing (optional)	<input type="text"/>	(?)
Outreach or Engagement (optional)	<input type="text"/>	(?) (?)

- 2) **Non-MHSA Funding:** Excluding MHSA funding, in FY-2015/2016, did your FSP utilize funding from any other funding sources? (Check all that apply)

- Donations from non-profits, private citizens, or other donations
- Grants from public or private institutions
- Medi-Cal
- Medi-Care
- Private Health Insurance
- Veteran Affairs
- General Funds, other than Full Service Partnership
- HUD
- Unknown
- Other

If Other, please specify:

I-5 FSP Staff & Team

- 1) **Direct Staff Ratio:** What was the estimated daily direct service staff full time equivalent (FTE) to client ratio in FY-2015/2016? For example, if the daily ratio was 1 staff to 5 clients with a ratio of 1:5, enter "5" in the area below. [\(?\)](#)

- 2) **Non-Direct Staff Ratio:** What was the estimated daily non-direct service staff FTE to client ratio in FY-2015/2016? For example, if the daily ratio is 1 staff to 5 clients with a ratio of 1:5, enter "5" in the area below. [\(?\)](#)

- 3) **PSC Caseload:** What was the estimated daily case load per Personal Service Coordinator (PSC) or Case Manager in FY-2015/2016? For example, if the daily ratio is 1 PSC to 10 clients with a case load of 1:10, enter "10" in the area below. [\(?\)](#) [\(?\)](#)

- 4) **Team Meeting Frequency:** What was the expected or estimated frequency of FSP service team meetings in FY-2015/2016? Service team meetings are meetings where staff got together at regularly scheduled times to discuss each client's progress and services. These meetings may have occurred with or without the client(s) present. (Select one) [\(?\)](#)

- Daily
- Weekly
- Several Times per Month
- Once per Month
- Less than Monthly
- No Expectation for Team Meetings

Please answer the following questions in reference to the FSP Profile as defined in the FSP Profile Definition. All answers in this survey should apply to all providers assigned to this FSP Profile. All answers apply to the fiscal year selected: FY-2015/2016.

A-1 Staff Qualifications & Roles

When needed, clients in this FSP had access to workforce personnel with these qualifications or roles in FY-2015/2016. Access to workforce personnel is defined as access to personnel who were directly staffed by the FSP, who were subcontracted, or who were accessed via program-facilitated linkage to an external resource.

(Note: One workforce personnel member may have multiple qualifications and/or roles.)

Qualification or Role	Yes	No	Not Applicable	Comments
1) Clinical Psychologist, Doctoral Level Psychologist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) Psychiatrist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) Psychiatric or Mental Health Nurse Practitioner (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) Licensed Psychiatric Nurse (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) Psychiatric Technicians (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) Mental Health or Behavioral Health Counselor/Therapist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) Mental Health or Behavioral Health Social Worker (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) Certified Alcohol and Drug or Substance Abuse Counselor/Therapist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) Licensed Occupational Therapist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10) Physical Health or Primary Care Physician (non-Psychiatric) (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11) Physical Health Nurse Practitioner (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12) Licensed Physical Health Nurse (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13) Certified Nursing Assistant (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14) Clinical Case Manager or Service Coordinator (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15) Transition Coordinator (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16) Life Skills Coach (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17) Social Rehabilitation Specialist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18) Employment/Education Specialist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
19) Resource and/or Benefits Acquisition Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20) Support Group or Activity Leader/Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21) Recovery Support Specialist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22) Housing Specialist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23) Billing Specialist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24) Probation or Legal Involvement Specialist (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25) Lawyer or Legal Counsel (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26) Outreach Specialist (Pre-Enrollment) (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27) Community Liaison or Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28) Cultural Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29) Language Capacity to Serve Non-English Speaking Clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30) Language Capacity to Serve Non-English & Non-Spanish Speaking Clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31) Parent Advocate (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32) Family Facilitator or Family Support Partner (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33) Peer Specialist or Advocate (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34) Client Leadership Role (Opportunities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35) Staff with Lived Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
36) Other (please specify)				

A-2 Field-based Work Capacity

In FY-2015/2016, staff in this FSP were available to provide these services in the field (at the community location of the client).

Field-based Activity	Yes	No	Not Applicable	Comments
1) Pre-Enrollment Outreach Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) Case Management (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) Accompanied Linkage to Other Services, Supports or Resources (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) Counseling or Therapy (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) Medication Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) Health Care Treatment Services (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) Crisis Response or Crisis Intervention (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) Life Skills/Coaching (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) Housing Search	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10) Independent Living Skills (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11) On the Job or In-Class Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12) Recreational Activities (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13) Transportation Support or Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14) Other (please specify)				

A-3 Resourcing 24/7 Care

In FY-2015/2016, this FSP resourced 24/7 after-hours care in this way. (Note: "Resourcing" 24/7 care includes [\(?\)](#) after-hour services which were provided through direct FSP staff, subcontracted staff, or via a program-facilitated linkage to an external resource.)

Method of Resourcing After-Hours Care	Usually	Sometimes	Usually Not	Comments
1) Phone support by persons known to the client (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) Phone support by persons not known to the client (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) Direct contact support by persons known to the client (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) Direct contact support by persons not known to the client (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) Warmline (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) Hotline (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) Other (please specify)				

A-4 FSP Formats

In FY-2015/2016, this FSP incorporated the following formats for clients, when appropriate.

FSP Format	Yes	No	Not Applicable	Comments
1) The FSP had distinct stages or phases which helped define the intensity of services for the client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) The FSP had systematically adjusted or titrated services in accordance with client needs using a protocol or measurement tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) The FSP had non-systematically adjusted or titrated services in accordance to client needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) The FSP provided a uniform intensity of services throughout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) Services which were best suited for the client were chosen by the provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) The client was given options to modify the FSP format or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) Clients were required to participate in a certain set of activities (beyond weekly contact)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) The client chose the types of services best suited for themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) The FSP provided direct services and supports for family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10) Other (please specify)				

A-5 Standardized Models Embraced

In FY-2015/2016, this FSP utilized or conformed to concepts guided by these evidence based practices, models or philosophies, when appropriate.

Best Practice, Model or Philosophy		Yes	No	Not Applicable	Comments
1)	Housing First (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2)	Assertive Community Treatment (ACT) (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3)	Cognitive Behavioral Therapy (CBT) (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4)	Wraparound (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5)	Drug-Court or Behavioral/Mental Health Court (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6)	Seeking Safety (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7)	Recovery Model (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8)	Wellness and Recovery Action Plan (WRAP) (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9)	Whole Health Action Model (WHAM) (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10)	Trauma Informed Care (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11)	Strengths-based treatment (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12)	Client-centered Recovery (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13)	Harm Reduction (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14)	Thinking for a Change (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15)	Intensive Case Management (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16)	Dialectic Behavioral Therapy (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17)	Supported Employment (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18)	Supported Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
19)	Family Psychoeducation (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20)	Illness Management and Recovery (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21)	Functional Family Therapy (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22)	Critical Time Intervention (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23)	Motivational Interviewing (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24)	Dual Disorder/Diagnosis Treatment (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25)	Multi-Disciplinary Family Therapy (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26)	Multisystemic Therapy (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27)	Other (please specify)				

Please answer the following questions in reference to the FSP Profile as defined in the FSP Profile Definition. All answers in this survey should apply to all providers assigned to this FSP Profile. All answers apply to the fiscal year selected: FY-2015/2016.

T-1 Specialty or Focus

Does this FSP have a developed strength, knowledge or specific programming it used to serve clients with any of these characteristics or circumstances? [\(?\)](#)

Characteristic or Circumstance	Yes	No	Not Applicable	Comments
1) Veteran (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ) (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) Refugee (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) Undocumented Immigrant (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) First or Second Generation Immigrant (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) Gang Involved (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) Clients with Legal or Criminal Justice Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) Homeless (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) Chronically Homeless (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10) Clients who are both Non-English and Non-Spanish Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11) Long-term Inpatient Care Transitioning (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12) Clients with Special Medical Needs (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13) Clients with Physical or Mobility Impairment (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14) Clients with Co-occurring or Co-morbid Disorders (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15) Other (please specify)				

T-2 Referrals, Outreach & Enrollment

In FY-2015/2016, did this FSP utilize any of these referral, outreach or enrollment processes, when appropriate?

Referral, Outreach or Enrollment Process	Yes	No	Not Applicable	Comments
1) This FSP used a scoring system to determine if FSP clients were eligible for enrollment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) This FSP used a case review process within a team to determine FSP client eligibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) Potential clients were first identified by referral to the FSP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) Potential clients were first located through our FSP's outreach process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) Potential clients were tracked and re-contacted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) FSP staff first met with potential clients in the field/community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) FSP staff first met with potential clients in the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) FSP staff actively went into the community to identify and perform outreach to potential clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) Other (please specify)				

T-3 Enrollment Barriers & Challenges

In FY-2015/2016, did this FSP face any of these enrollment barriers or challenges?

Enrollment Barrier or Challenge	Yes	No	Not Applicable	Comments
1) The FSP was at full client capacity and could not enroll any new eligible clients in the fiscal year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) The FSP was not at full client capacity but there were not enough program resources to enroll new eligible clients in the fiscal year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) This FSP had to maintain a waiting list for eligible clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) There was difficulty finding eligible clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) There was difficulty engaging eligible clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) There was difficulty with language barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) There was difficulty finding appropriate housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) There was difficulty locating funding to assist clients' housing needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) There was difficulty with clients maintaining housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10) There were insufficient staffing levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11) Other (please specify)				

Please answer the following questions in reference to the FSP Profile as defined in the FSP Profile Definition. All answers in this survey should apply to all providers assigned to this FSP Profile. All answers apply to the fiscal year selected: FY-2015/2016.

C-1 Usage of MHPA Flex Funds

In FY-2015/2016, this FSP was able to utilize MHPA flexible funds for these client-related ancillary services or supports, when appropriate.

Client-Related Ancillary Service or Support	Yes	No	Not Applicable	Comments
1) To Purchase Permanent Housing for Clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) To Purchase Temporary Housing Leased to Clients While in Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) To Pay for Short-term Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) To Subsidize Rent or Moving Costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) To Make a Loan to a Client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) To Purchase Home Appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) To Purchase Home Décor or Furnishings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) To Improve Home Organization or Cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) To Pay for Transportation Options or Car Repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10) To Pay Home Utility Bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11) To Purchase Cell Phones (for Clients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12) To Purchase Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13) To Purchase Clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14) To Pay for Medical Expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15) To Pay for Dental Expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16) To Pay for Optical Expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17) To Purchase Hygiene-Related Items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18) To Address Pest or Other Abatement Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
19) To Pay Client Employment Wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20) To Pay Education Tuition/Costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21) To Pay for Respite Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22) To Pay for Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23) To Pay for Recreation or Hobby Costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24) To Pay for Gym Memberships or Fitness Supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25) To Provide Behavioral Modification Rewards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26) To Pay for Language Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27) To Pay for Obtaining Public Records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28) To Provide Strength-based Services when not Covered by Other Sources (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29) To Provide Services within the Wraparound when not Covered by Other Sources (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30) To Pay for Services Provided by another Entity/Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31) Other (please specify)				

C-2 Promoting Meaningful Use of Time

In FY-2015/2016, this FSP directly provided, subcontracted to provide, or facilitated linkage to these services or supports for clients, when appropriate.

Service or Support	Yes	No	Not Applicable	Comments
1) Competitive Employment Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) Competitive Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) Supported Employment (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) Vocational Skill Development (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) Education Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) Supported Education (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) Volunteer within the Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) Volunteer within the Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) Peer Leadership within the Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10) Peer Leadership within the Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11) Time Management and Daily Structure Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12) Religious or Faith-based Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13) Community Integration Activities (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14) Exercise, Health or Wellness Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15) Hobbies, Personal Interests or Recreational Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16) Other (please specify)				

C-3 Graduation and Discharge Options

In FY-2015/2016, clients graduating or discharging from the FSP had these options, when appropriate.

Graduation or Discharge Option	Yes	No	Not Applicable	Comments
1) A graduation ceremony or celebration, when desired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) A step-down program or a lower level of care with some of the same program staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) A step-down program or a lower level of care within the same agency, but with different staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) Linkage or referral to a step-down program or lower level of care at another agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) Linkage, referral, or transfer to a non-FSP program of the same level of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) There was a wellness center available to clients after discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) This FSP discharges clients who are hospitalized after a certain length of time (e.g., 90 Days)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) This FSP discharges clients who are incarcerated after a certain length of time (e.g., 90 Days)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) This FSP attempts to locate and re-engage clients after loss of contact before discharging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please answer the following questions in reference to the FSP Profile as defined in the FSP Profile Definition. All answers in this survey should apply to all providers assigned to this FSP Profile. All answers apply to the fiscal year selected: FY-2015/2016.

O-1 Client Assessments

This FSP utilized these client assessments in FY-2015/2016, when appropriate.

Client Assessment	(If Yes, answer blue section)		If Yes, in FY-2015/2016, the following qualities best describe this assessment. (check all that apply)				Comments
	Yes	No or Not Applicable	Assessment data was stored in an Electronic Health Record (EHR)	The client provided his/her own answers for the assessment questions	Assessment results and/or progress were shared with the client	This assessment was often given more than one time during a client's partnership	
1) 24-item Behavior and Symptom Identification Scale (BASIS-24)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) 40 Developmental Assets for Adolescents	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Adult Needs and Strengths Assessment (ANSA)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) AUDIT-C	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Behavioral Health Assessment	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Brief Psychiatric Rating Scale (BPRS)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) Brief Symptoms Inventory (BSI)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) Calgary Depression Scale for Schizophrenia	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9) Child and Adolescent Needs and Strengths (CANS)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10) Child Behavior Checklist (CBCL)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11) Child Depression Inventory (CDI)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12) Client Satisfaction Questionnaire (CSQ)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13) Clinical Global Impression-Schizophrenia (CGI-SCH) Scale	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14) Columbia Suicide Severity Rating Scale (C-SSRS)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15) CRAFFT Screening Test	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16) Family Advocacy and Support Tool (FAST)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17) Generalized Anxiety Disorder Scale 2-items (GAD2)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18) Generalized Anxiety Disorder Scale 7-items (GAD7)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19) Geriatric Depression Scale (GDS)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20) Global Appraisal of Individual Needs (GAIN)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21) Global Assessment of Functioning (GAF)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22) Herth Hope Index	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23) LOCUS/CA-LOCUS	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24) Milestones of Recovery (MORS)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25) Partners for Change Outcome Management System (PCOMS)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26) Patient Health Questionnaire (PHQ-2 & PHQ-9)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27) A Recovery Assessment Scale	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28) Recovery Checklist	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29) Regulatory Mode Questionnaire (RMQ)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30) Schizophrenia Quality of Life Scale (SQLS)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31) Screening, Brief Intervention, and Referral to Treatment (SBIRT)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32) Spielberger State Trait Anxiety Inventory (STAI)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33) Strengths Assessment	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34) Structured Clinical Interview for DSM (SCID)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35) Structured Interview for Prodromal Syndromes (SIPS)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36) The Assessment of Children's Emotional Skills (ACES)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37) Trauma Symptom Checklist for Children (TSCC)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38) UNCOPE	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39) WHO Disability Assessment Schedule (WHO-DAS)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40) Wraparound Fidelity Index (WFI)	(?)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41) Other (please specify)	(?)	<input type="radio"/>	<input type="radio"/>				

O-2 Client Outcome Goals

In FY-2015/2016, success of this FSP program was determined by averages of these client outcomes, when appropriate. (Note: This question asks whether the FSP evaluated averages of client outcomes across groups of clients or across all clients within the FSP.)

Client Outcome Goal	Yes	No	Not Applicable	Comments
1) A target for the amount of clients discharged after successful completion of the FSP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) A target for average client length of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) A target or increase in overall consumer satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) A target or increase in the average personal goals identified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) A target or increase in the average personal goals achieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) An average decrease in clients' homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) A average decrease in clients' psychiatric hospitalizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) An average decrease in clients' mental health or substance abuse emergencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9) An average decrease in clients' physical emergencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10) An average decrease in clients' justice involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11) An average decrease in clients' medical hospitalizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12) An average decrease in clients with alcohol and substances abuse adverse events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13) An average decrease in clients' level or intensity of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14) An average increase in achievement of clients' employment/education goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15) An average increase in clients' school grades (Children/TAY, when applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16) An average increase in clients' school attendance (Children/TAY, when applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17) An average increase in clients' meaningful activity or productive use of time (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18) An average increase in clients' housing stability or independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
19) An average increase in clients' social and community supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20) An average increase in clients' community integration (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21) An average increase in clients' smoking cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22) An average increase in clients with primary care physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23) An average increase in clients' transportation independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24) An average increase in clients' wellness and recovery measures (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25) An average increase in clients' functioning or self management abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26) Other (please specify)				

O-3 Program Quality Assurance

In FY-2015/2016, this FSP utilized these tools or methods to evaluate overall program quality or program success, when appropriate.

Evaluation Tool or Method	Yes	No	Not Applicable	Comments
1) Planned Experimental or Quasi-Experimental Program Evaluation (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) Plan, Do, Study, Act (PDSA) (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) Recovery Orientation Assessments for Staff (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4) Cultural Competency Assessments for Staff or Organization (?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5) Fidelity Assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) Staff Surveys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) Client/Consumer Satisfaction Surveys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) Other (please specify)				

O-4 Program Process Metrics

In FY-2015/2016, this FSP utilized the following metrics to evaluate program processes.

Program Metric	Yes	No	Not Applicable	Comments
1) Ability to Serve a Targeted Number of Clients	○	○	○	
2) Amount or Type of Newly Enrolled Clients	○	○	○	
3) Client Admission or Graduation Rate	○	○	○	
4) FSP Assessment Data Completeness or Data Quality	○	○	○	
5) Service Delivery Rates for Clients	○	○	○	
6) Successful Completion of Linkages or Referrals for Clients	○	○	○	
7) Level of Shared Decision Making (?)	○	○	○	
8) Staff Training Rates	○	○	○	
9) Cultural Competency/Diversity of Staff	○	○	○	
10) Staff Satisfaction Levels	○	○	○	
11) Staff Turnover Levels	○	○	○	
12) Staff Productivity (?)	○	○	○	
13) Other (please specify)				

Appendix A: Stakeholder Feedback Process Registered Participants

Participant	Round 1	Round 2	Round 3	Total
Total Registered Participants	96	68	105	269
County Behavioral/Mental Health Agency Participants	70	58	50	178
Alameda County	1		1	2
Behavioral Health Care Services - Alameda County		2	1	3
Butte County	1	1	1	3
Contra Costa County Health Services	1	2	2	5
El Dorado County	2	2		4
Fresno County	1	6	2	9
Humboldt County		1	2	3
Inyo County		1		1
Kern County	1	1		2
Kings County	2		1	3
LA County Department of Mental Health	2	3	2	7
Lake County	1	2	2	5
Lassen County	2	1	2	5
Madera County	3	2	2	7
Marin County	2	2	3	7
Mendocino County	1		1	2
Napa County	2		1	3
Nevada County			1	1
Placer County	1	1	3	5
Riverside County Department of Mental Health	3	1	1	5
Sacramento County	5	1	2	8
San Bernardino County	7	8	4	19
San Diego County	3	1	1	5
San Francisco County Department of Public Health	1		1	2
San Mateo County		2	1	3
Santa Cruz County		1		1
Santa-Barbara County	1		3	4
Shasta County	1	1		2
Solano County	1	1		2
Sonoma County		1		1
Stanislaus County - Behavioral Health & Recovery Services	3	1	1	5
Sutter County		2		2
Tehama County Health Services Agency	2		1	3
Tulare County Children's Mental Health			1	1
Tulare County Health & Human Services Agency	2	2	2	6
Tuolumne County	1	7	1	9
Yolo County	2	1		3
San Luis Obispo County	1			1
Orange County Health Care Agency	2		2	4
San Joaquin County - Behavioral Health Services	7	1	1	9

Participant	Round 1	Round 2	Round 3	Total
Education Institution Participants	5	0	4	9
University of California, San Diego	4			4
University of California, San Francisco	1		1	2
University of Southern California, Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy			3	3
Individual Participants	2	1	4	7
Individual	2	1	4	7
Organization Participants	2	0	3	5
Alameda Council of Community Mental Health Agencies			1	1
California Association of Social Rehabilitation Agencies	1		2	3
Racial and Ethnic Mental Health Disparities Coalition	1			1
Provider Organization Participants	22	9	45	76
Telecare Corporation	3		4	7
Stars Behavioral Health Group	2			2
Providence Service Corporation	1			1
Mental Health America	1			1
Santa Clara Valley Health & Hospital Systems	1	6	1	8
Victor Treatment Centers	1		1	2
El Hogar Community Services Inc.			1	1
Tarzana Treatment Centers			1	1
Momentum for Mental Health			4	4
The Village Family Services			2	2
Didi Hirsch Mental Health Services			1	1
Family and Children Services of Silicon Valley			1	1
TLCS - Transitional Living & Community Support			1	1
EMQ Families First			3	3
Hume Center			5	5
Bay Area Community Services			1	1
Mental Health Systems			1	1
Fred Finch Youth Center			1	1
Bonita House - Alameda County	1	1	2	4
Kings View Behavioral Health Systems	1		2	3
Pacific Clinics	2		1	3
California Hospital Association	1		1	2
Turning Point Community Programs	1			1
Interim Incorporated	1			1
Community Solutions	2		3	5
Felton Institute - Family Service Agency of San Francisco			1	1
Southern California Health & Rehabilitation Program			2	2
Marin Housing - Marin County	1			1
State Entity Participants	3	2	5	10
California Department of Health Care Services	2	1	1	4
California Department of Corrections and Rehabilitation			3	3
Mental Health Services Oversight & Accountability Commission	1	1	1	3

Appendix B: Element Descriptions

Many of the FSP Classification System Survey Question elements are annotated with the symbol “(?)” to indicate the availability of further element definition or information which include mouse-over definitions and internet links to webpages with additional resources. This annotation functionality may not function as designed in PDF readers other than Adobe Acrobat XI and are therefore listed below. Element ‘Q’ corresponds to additional information regarding the Component question.

Component	Element	Definition
I-2	2	http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html
I-3	1	Slots are the number of FSP clients who could be served on any one day. In other words, this is the capacity of the FSP. FSPs often target serving a specific number of clients at one time, but not all slots may be filled at a given time due to inflow and outflow of clients for the program. Therefore, the number of targeted slots is the maximum number of clients an FSP could serve on a given day. For Example, if Provider A has 10 slots allotted for this FSP, Provider B has 20 slots, and Provider C has 30-40 slots, then the number of targeted slots would be a total of 60-70 slots. In this case, enter 65.
I-4	1	<i>MHSA-Funding</i> <i>Budget:</i> https://govt.westlaw.com/calregs/Document/I7A2458B0D45311DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)
I-4	1	<i>Non-Mental Health Services & Supports:</i> CCR Title 9, 3620: "Example of non-mental health services and supports from CCR include: (i) Food. (ii) Clothing. (iv) Cost of health care treatment. (v) Cost of treatment of co-occurring conditions, such as substance abuse. (vi) Respite care"
I-4	1	<i>Housing:</i> CCR Title 9, 3620: "iii) Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing."
I-4	1	<i>Outreach or Engagement:</i> CCR Title 9, 3620: "(a) The County may develop and operate outreach programs/activities for the purpose of identifying unserved individuals who meet the criteria of Welfare and Institutions Code Sections 5600.3 (a), (b) or (c) in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services. (b) Outreach and Engagement funds may be used to pay for: (1) Strategies to reduce ethnic/racial disparities. (2) Food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system. (3) Outreach to entities such as: (A) Community based organizations. (B) Schools. (C) Tribal communities. (D) Primary care providers. (E) Faith-based organizations. (4) Outreach to individuals such as: (A) Community leaders. (B) Those who are homeless. (C) Those who are incarcerated in county facilities."

Component	Element	Definition
I-4	1	https://govt.westlaw.com/calregs/Document/I7B36DA20D45311DEB97CF67CD0B99467?originationContext=document&transitionType=DocumentItem&needToInjectTerms=False&viewType=FullText&contextData=(sc.Default)
I-5	1	Direct service staff of the FSP interact directly with any client for the purposes of providing mental health or non-mental health services and/or supports. This includes those staff directly assigned to particular clients as well as those who support clients in a more general role such as greeters/receptionists, wellness center coordinators, and other supportive staff who interact with the client and are considered staff of the FSP. Daily estimates reflect the ratio of staff to clients on any given day in the program.
I-5	2	Non-direct service staff include FSP staff who do not interact directly with FSP clients, yet support the FSP through clerical and/or administrative roles. Daily estimates reflect the ratio of staff to clients on any given day in the program.
I-5	3	CCR Title § 3620: "The County shall designate a Personal Service Coordinator/Case Manager for each client, and when appropriate the client's family, to be the single point of responsibility for that client/family. (1) The County shall provide a sufficient number of Personal Service Coordinators/Case Managers to ensure that: (A) Availability is appropriate to the service needs of the client/family. (B) Individualized attention is provided to the client/family. (C) Intensive services and supports are provided, as needed."
I-5	3	Daily estimates reflect the ratio of staff to clients on any given day in the program.
I-5	4	Service team meetings allow for the planning or review of person-centered services and supports. Service team meetings may also be referred to as treatment team meetings.
A-1	1	https://en.wikipedia.org/wiki/Training_and_licensing_of_clinical_psychologists
A-1	2	https://en.wikipedia.org/wiki/Psychiatrist
A-1	3	https://en.wikipedia.org/wiki/Psychiatric-mental_health_nurse_practitioner
A-1	4	https://en.wikipedia.org/wiki/Psychiatric_and_mental_health_nursing
A-1	5	https://en.wikipedia.org/wiki/Psychiatric_technician
A-1	6	https://en.wikipedia.org/wiki/Mental_health_counselor

Component	Element	Definition
A-1	7	http://www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-2
A-1	8	http://www.bls.gov/ooh/community-and-social-service/substance-abuse-and-behavioral-disorder-counselors.htm#tab-2
A-1	9	http://www.bls.gov/ooh/healthcare/occupational-therapists.htm#tab-2
A-1	10	https://en.wikipedia.org/wiki/Primary_care_physician
A-1	11	https://en.wikipedia.org/wiki/Nurse_practitioner
A-1	12	https://en.wikipedia.org/wiki/Registered_nurse
A-1	13	http://www.cnalicense.org/articles/what-is-a-cna/
A-1	14	https://en.wikipedia.org/wiki/Case_management_(mental_health)
A-1	15	https://en.wikipedia.org/wiki/Transitional_care
A-1	16	https://en.wikipedia.org/wiki/Coaching
A-1	17	https://en.wikipedia.org/wiki/Rehabilitation_counseling
A-1	18	https://en.wikipedia.org/wiki/Educational_specialist
A-1	21	https://en.wikipedia.org/wiki/Recovery_coaching
A-1	22	Staff who develop a wide array of housing opportunities to meet the needs of consumers at various stages along the continuum of recovery.
A-1	23	Staff who are responsible for billing and resolving errors for payment for program supports and services.
A-1	24	Staff who specialize in handling, coordinating, and facilitating justice-related needs with clients.
A-1	25	http://www.parecovery.org/documents/HFW_Facilitator.pdf
A-1	26	https://en.wikipedia.org/wiki/Outreach
A-1	31	https://en.wikipedia.org/wiki/Health_advocacy
A-1	32	http://www.parecovery.org/documents/HFW_Facilitator.pdf
A-1	33	http://www.integration.samhsa.gov/workforce/peer-providers
A-2	2	https://en.wikipedia.org/wiki/Case_management_(mental_health)
A-2	3	Staff member acts as a liaison to accompany the client to external supports, services or resources.
A-2	4	https://en.wikipedia.org/wiki/Mental_health_counselor
A-2	6	https://en.wikipedia.org/wiki/Health_care
A-2	7	https://en.wikipedia.org/wiki/Crisis_intervention
A-2	8	https://en.wikipedia.org/wiki/Coaching
A-2	10	https://en.wikipedia.org/wiki/Independent_living
A-2	12	https://en.wikipedia.org/wiki/Recreation

Component	Element	Definition
A-3	Q	CCR Title § 3620: "(i) The County shall ensure that a Personal Service Coordinator/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention. (1) In the event of an emergency when a Personal Service Coordinator/Case Manager or other qualified individual known to the client/family is not available, the County shall ensure that another qualified individual is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.(2) Small Counties may meet this requirement through the use of peers or community partners, such as community-based organizations, who are known to the client/family."
A-3	1	Personnel known to the client may be directly staffed by the FSP, subcontracted or available through a facilitated linked resource. Linked resources may include family or other natural supports.
A-3	2	Personnel known to the client may be directly staffed by the FSP, subcontracted or available through a facilitated linked resource. Linked resources may include family or other natural supports.
A-3	3	Personnel known to the client may be directly staffed by the FSP, subcontracted or available through a facilitated linked resource. Linked resources may include family or other natural supports.
A-3	4	Personnel known to the client may be directly staffed by the FSP, subcontracted or available through a facilitated linked resource. Linked resources may include family or other natural supports.
A-3	5	https://en.wiktionary.org/wiki/warmline
A-3	6	http://dictionary.reference.com/browse/hot_line
A-5	1	https://en.wikipedia.org/wiki/Housing_First
A-5	2	https://en.wikipedia.org/wiki/Assertive_community_treatment
A-5	3	https://en.wikipedia.org/wiki/Cognitive_behavioral_therapy
A-5	4	https://en.wikipedia.org/wiki/Wraparound_(childcare)
A-5	5	https://en.wikipedia.org/wiki/Drug_court
A-5	6	http://www.treatment-innovations.org/seeking-safety.html
A-5	7	https://en.wikipedia.org/wiki/Recovery_approach
A-5	8	https://en.wikipedia.org/wiki/Wellness_Recovery_Action_Plan
A-5	9	http://www.integration.samhsa.gov/health-wellness/wham
A-5	10	http://www.samhsa.gov/nctic/trauma-interventions
A-5	11	https://en.wikipedia.org/wiki/Strength-based_practice
A-5	12	https://en.wikipedia.org/wiki/Person-centered_therapy
A-5	13	https://en.wikipedia.org/wiki/Harm_reduction
A-5	14	http://static.nicic.gov/Library/025057/default.html
A-5	15	https://en.wikipedia.org/wiki/Case_management_(mental_health)
A-5	16	https://en.wikipedia.org/wiki/Dialectical_behavior_therapy
A-5	17	https://en.wikipedia.org/wiki/Supported_employment
A-5	19	https://en.wikipedia.org/wiki/Psychoeducation

Component	Element	Definition
A-5	20	http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463
A-5	21	http://www.functionalfamilytherapy.com/
A-5	22	http://usich.gov/usich_resources/solutions/explore/critical_time_intervention_cti
A-5	23	https://en.wikipedia.org/wiki/Motivational_interviewing
A-5	24	https://en.wikipedia.org/wiki/Dual_diagnosis
A-5	25	https://en.wikipedia.org/wiki/Family_therapy
A-5	26	https://en.wikipedia.org/wiki/Multisystemic_therapy
T-1	Q	Examples of having a developed strength, knowledge or specific programming to serve clients with these characteristics or circumstances would include but are not limited to: a) actively creating relationships with organizations within the community which provide additional supports for clients with these characteristics or circumstances; b) creating program components which specifically address specialized needs for these clients; c) developing workforce staff with specialized skills or knowledge to serve clients with these characteristics or circumstances; and d) other efforts to address specialized needs of these clients.
T-1	1	https://en.wikipedia.org/wiki/Veteran
T-1	2	https://en.wikipedia.org/wiki/LGBT
T-1	3	https://en.wikipedia.org/wiki/Refugee
T-1	4	http://definitions.uslegal.com/u/undocumented-immigrant/
T-1	5	https://en.wikipedia.org/wiki/Immigration
T-1	6	https://en.wikipedia.org/wiki/Gang
T-1	8	http://www.endhomelessness.org/library/entry/changes-in-the-hud-definition-of-homeless
T-1	9	http://definitions.uslegal.com/c/chronically-homeless-person-hud/
T-1	11	https://en.wikipedia.org/wiki/Transitional_care
T-1	12	https://en.wikipedia.org/wiki/Special_needs
T-1	13	http://definitions.uslegal.com/p/physically-impaired/
T-1	14	http://www.dpt.samhsa.gov/comor/co-occurring.aspx
C-1	28	https://en.wikipedia.org/wiki/Strength-based_practice
C-1	29	https://en.wikipedia.org/wiki/Wraparound_(childcare)
C-2	3	https://en.wikipedia.org/wiki/Supported_employment
C-2	4	https://en.wikipedia.org/wiki/Vocational_education
C-2	6	https://store.samhsa.gov/shin/content/SMA11-4654CD-ROM/BuildingYourProgram-SEd.pdf
C-2	13	https://en.wikipedia.org/wiki/Community_integration
O-1	1	http://www.ebasis.org/basis24.php
O-1	2	http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18
O-1	3	http://praedfoundation.org/tools/the-adult-needs-and-strengths-assessment-ansa/

Component	Element	Definition
O-1	4	http://www.integration.samhsa.gov/images/res/tool_auditc.pdf
O-1	5	http://www.integration.samhsa.gov/clinical-practice/screening-tools
O-1	6	http://uwaims.org/files/measures/BPRS.pdf
O-1	7	http://www.pearsonclinical.com/psychology/products/100000450/brief-symptom-inventory-bsi.html
O-1	8	http://www.ucalgary.ca/cdss/node/9
O-1	9	http://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/
O-1	10	http://knowledgex.camh.net/amhspecialists/Screening_Assessment/screening/screen_CD_youth/Pages/CBCL.aspx
O-1	11	http://www.pearsonclinical.com/psychology/products/100000636/childrens-depression-inventory-2-cdi-2.html#tab-pricing
O-1	12	http://www.ncbi.nlm.nih.gov/pubmed/12755850
O-1	13	http://www.ncbi.nlm.nih.gov/pubmed/12755850
O-1	14	http://www.cssrs.columbia.edu/
O-1	15	https://en.wikipedia.org/wiki/CRAFFT_Screening_Test
O-1	16	http://praedfoundation.org/tools/the-family-advocacy-and-support-tool-fast/
O-1	17	http://ebm.bmj.com/content/12/5/149.full
O-1	18	http://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf
O-1	19	http://consultgerirn.org/uploads/File/trythis/try_this_4.pdf
O-1	20	http://www.gaincc.org/about-gain/
O-1	21	https://en.wikipedia.org/wiki/Global_Assessment_of_Functioning
O-1	22	http://www.npcrc.org/files/news/herth_hope_index.pdf
O-1	23	http://www.communitypsychiatry.org/pages.aspx?PageName=Level_of_Care_Utilization_System_for_Psychiatric_and_Addiction_Services
O-1	24	http://www.milestonesofrecovery.com/faq/what_is_mors2/
O-1	25	http://nrepp.samhsa.gov/ViewIntervention.aspx?id=250
O-1	26	http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx
O-1	28	http://www.samhsa.gov/recovery
O-1	29	http://www.sjdm.org/dmidi/Regulatory_Mode_Questionnaire.html
O-1	30	http://www.ncbi.nlm.nih.gov/pubmed/10945087
O-1	31	http://www.samhsa.gov/sbirt
O-1	32	http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/trait-state.aspx
O-1	33	https://en.wikipedia.org/wiki/Strength-based_practice
O-1	34	http://www.appi.org/products/structured-clinical-interview-for-dsm-5-scid-5
O-1	35	http://schizophreniabulletin.oxfordjournals.org/content/29/4/703.full.pdf
O-1	36	http://socialdevelopmentlab.umbc.edu/available-measures/the-assessment-of-childrens-emotional-skills-aces/
O-1	37	http://www4.parinc.com/Products/Product.aspx?ProductID=TSCC

Component	Element	Definition
O-1	38	http://www.cffutures.org/files/webinar-handouts/UNCOPE_0.pdf
O-1	39	http://www.who.int/classifications/icf/whodasii/en/
O-1	40	http://www.nwi.pdx.edu/NWI-book/Chapters/Bruns-5e.1-(measuring-fidelity).pdf
O-2	17	http://www.mentalhealth.gov/basics/recovery/index.html
O-2	20	https://en.wikipedia.org/wiki/Community_integration
O-2	24	http://www.mentalhealth.gov/basics/recovery/index.html
O-3	1	https://en.wikipedia.org/wiki/Quasi-experiment
O-3	2	http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx
O-3	3	http://www.mentalhealth.gov/basics/recovery/index.html
O-3	4	http://www.hrsa.gov/culturalcompetence/healthdlvr.pdf
O-4	7	http://store.samhsa.gov/product/Shared-Decision-Making-in-Mental-Health-Care/SMA09-4371
O-4	12	Staff productivity refers to a measure of efficiency of production. It can be defined in terms of billable services provided by a staff member or by other program-defined measures of efficiency.