

# FULL SERVICE PARTNERSHIP WRAPAROUND (FSPW):

## INTEGRATED, EQUITABLE, HIGH-INTENSITY CARE

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*A unified, family-driven model delivering the County's highest-intensity services for youth and families with complex needs.*



Department of Health Services  
*Division of Behavioral Health*

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# TODAY'S SESSION

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## INFORMATIONAL OVERVIEW

**Focuses on the highest intensity of services in our Children's Outpatient System of Care**

- Provides context on program changes, goals, and alignment
- Designed to support shared understanding across partners and programs

### **Not Covered Today**

- Procurement or RFA instructions
- Application or submission requirements
- Budget details

### **Upcoming Procurement Information**

Please subscribe to our contractors' bidders page to be notified when there is a new opportunity available:

<https://dhs.saccounty.gov/Pages/Contractor-Bidding-Opportunities.aspx>

# SACRAMENTO COUNTY PROCUREMENT PROCESS

## Why we use it and how it works



**Planning and Design**  
Identify service gaps, target populations, and program expectations based on community need, best practices, and applicable state and federal requirements



**Procurement Posted**  
Procurement is posted outlining program requirements, eligibility, and submission timelines



**Application Evaluation**  
Applications are evaluated by a selection committee, that may include County and community representatives, using pre-defined, written scoring criteria.

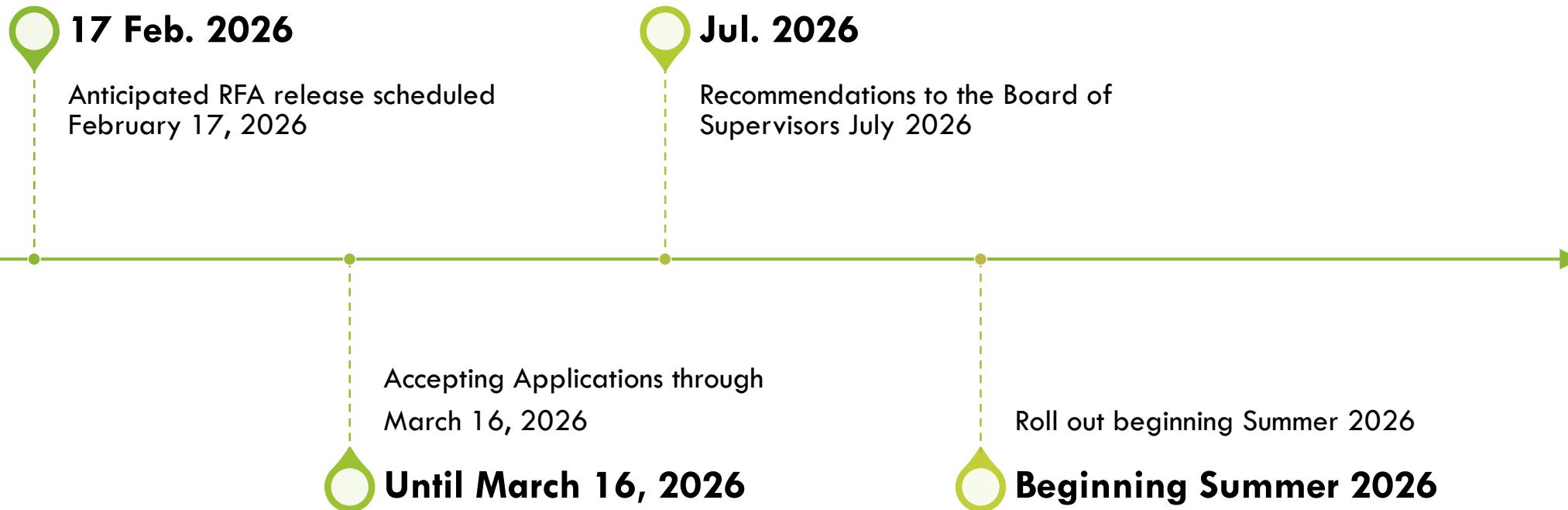


**Selection & Approval**  
Evaluation results inform award recommendations, which are subject to County review and Board approval



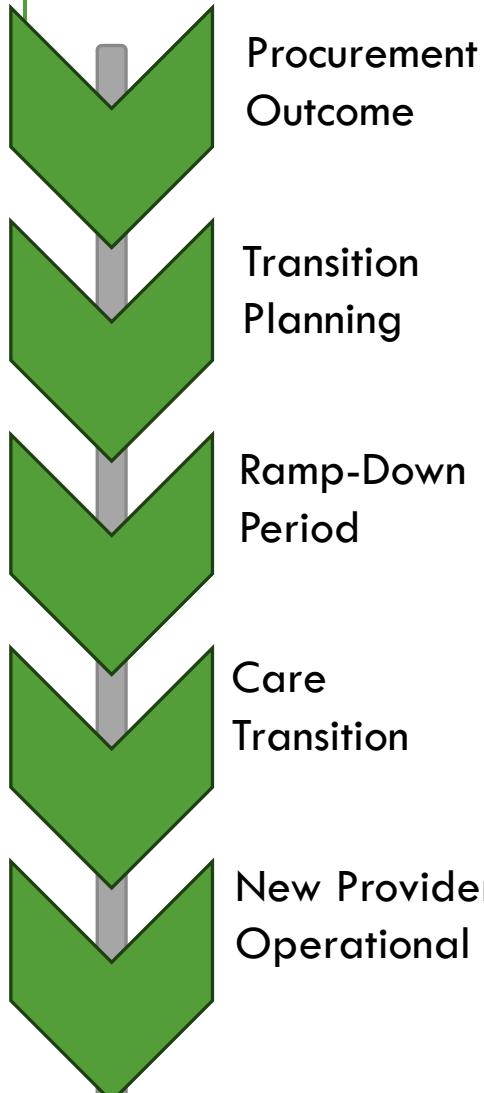
**Contract & Implementation**  
Following Board approval, agreements are executed and providers begin service delivery

# TIMELINE



# PLANNED PROVIDER TRANSITION TO SUPPORT CLIENT CONTINUITY OF CARE

This approach applies when new providers are onboarded and when existing providers transition out of services



## Procurement Outcome Identified

When a current provider is not selected through procurement, services do not end immediately and planning for client continuity of care begins.

## County-Led Transition Planning Begins

The County coordinates with newly selected providers (if applicable) and existing providers to plan a structured, time-limited transition that prioritizes client continuity of care and stability.

## Time-Limited Ramp-Down

Outgoing providers are given time to responsibly wind down services while supporting client continuity of care. We also connect closing providers with ongoing providers with staff vacancies.

## Coordinated Transfer of Client Care

Client information, service history, and care plans are coordinated to support a safe and seamless transfer of care.

## Services Fully Transitioned

Client services continue under their new provider, following a coordinated transition from the closing provider, with County oversight to ensure continuity, quality, and client safety.

# WHY WE ARE CHANGING



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Government entities are required to re-procurement every 3-5 years to maintain a fair, competitive, and compliant contracting process, so the County can validate performance, incorporate new requirements and best practices, and ensure the right provider capacity for current community needs.

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We regularly look at what families need and update our programs to make sure we are helping in the best way.

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We envision a Behavioral Health System built on a unified model that delivers the highest-intensity, integrated services for youth and families with the most complex needs.

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BHSA Community Conversations highlighted our grows and glows. People wanted wraparound for more families

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We heard from families, community members and system partners through surveys, leadership, BHSA listening sessions, outreach, and system partner meetings.

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## Proposition 1 BHSA

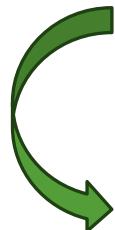
**BH-CONNECT** is **B**ehavioral **H**ealth **C**ommunity-Empowerment, **N**avigation, **N**eeds **E**valuation, **C**are **CT**reatment.

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Evidence Based Practices

High Fidelity Wraparound

Activities and Immediate Needs Funding and Service Levels



# WHAT'S NEW

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## **Unified Model vs. Separate Programs**

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### **Integrated Caregiver Behavioral Health Services**

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### **High-intensity programming with flexible service and funding pathways**

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### **Flexible levels of services**

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### **Evidence-Based Practices Integration**

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# Current BHS High Intensity Services

Full Service Partnership (FSP)

Wraparound  
Requires with CPS or Probation involvement



# Updated BHS High Intensity Services

Full Service Partnership-Wraparound (FSPW)

# WHAT IS FULL SERVICE PARTNERSHIP- WRAPAROUND (FSPW)?

FSPW is a team approach to help youth and families with complex needs.

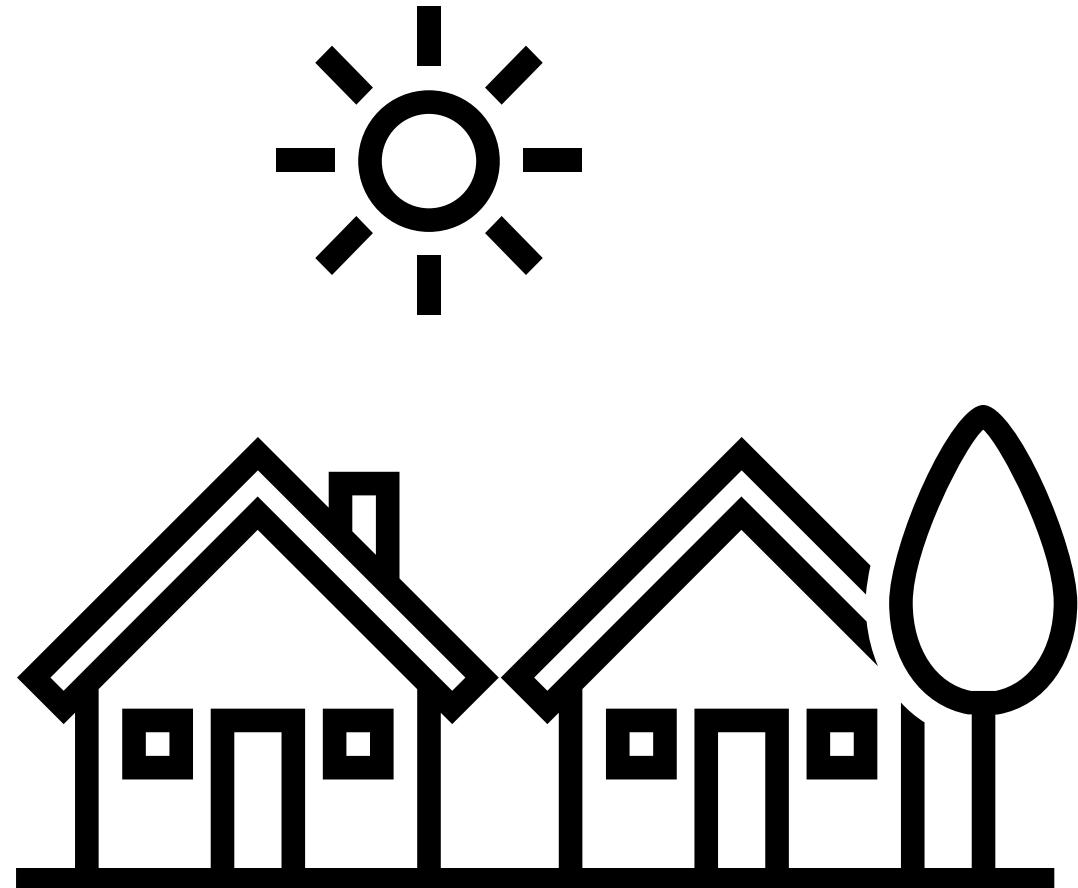
Coordinate across systems like CPS, probation, DHA, homeless services, courts, tribes, education, Alta Regional Center etc.

Services include therapy, crisis support, housing help, evidence based practices, and family support.

Families help make decisions and choose what works best for them.

Services are available 24/7 for mental health emergencies.

Any youth who meets a CANS scoring threshold will be eligible.



# HIGH-INTENSITY SERVICES AND SUPPORTS WITH FLEXIBLE PATHWAYS

Phased, high-intensity programming

- stabilization → treatment → step down

Using Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS)\* assessment and discussion with the Child and Family Team (CFT) will help determine the level of care, types of services and funding<sup>1</sup>.

\*State guidance regarding the IP-CANS: <https://cdss.ca.gov/inforesources/foster-care/cans/the-cans-tool/cans-resources> State Guidance regarding use of CANS: <https://www.dhcs.ca.gov/Documents/BHIN-25-XXX-ACL-25-XX-Alignment-of-CANS-Tool.pdf>

<sup>1</sup>State guidance regarding activities fund initiative:

<https://www.dhcs.ca.gov/Documents/Final-Activity-Funds-BHIN-25-037.pdf>

# WHAT ARE TIERED SERVICES BASED ON?

## **Key Takeaways**

Youth needs fall into different groups based on IP-CANS results. It is not one-size-fits-all.

These groups show clear differences in symptoms, safety risks, caregiver needs, and daily functioning.

We will use these patterns to help make consistent decisions about service levels and how intensive care should be.

## **Youth and families with higher needs often show more of these concerns:**

Mood and behavior challenges (anxiety, depression, anger, trouble controlling impulses, trauma reactions)

Trouble functioning day-to-day (school behavior, attendance, grades, decision-making, unstable living situation)

Safety risks (suicidal thoughts, self-harm, running away, danger to others)

Caregiver and family barriers (low supervision, caregiver mental health needs, limited resources or instability)

# HIGH FIDELITY WRAPAROUND

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**Family-driven team planning:** Youth, caregivers, natural supports, and professionals meet as a Child and Family Team (CFT) to build a plan based on the youth's goals and strengths.

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**Community-based support:** Helps youth with serious behavioral health needs stay safely at home and in the community by coordinating services across key systems.

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**High-fidelity wraparound quality:** Services follow wraparound standards with structured phases, routine review, and fidelity monitoring to support consistent, effective care.

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**Tiering supports funding decisions:** HFW tier designation help determine eligibility based on CANS, but it does not replace Medi-Cal medical necessity.

# MULTISYSTEMIC THERAPY (MST)

**Evidence-Based Family Intervention:** An intensive, home- and community-based treatment for youth with serious behavioral issues, focusing on empowering caregivers to address challenges effectively.

**Multi-System Approach:** Targets the interconnected systems influencing the youth—family, peers, school, and community—to reduce delinquency, improve functioning, and prevent out-of-home placement.

**Time-Limited, Goal-Oriented Model:** Typically delivered over 3–5 months with 24/7 therapist availability, using structured assessments and measurable outcomes to ensure lasting change.

# APPLYING THE WRAPAROUND MODEL

What we want to see in Full Service Partnership Wraparound proposals

## Whatever It Takes

- Care coordination and treatment
- Behavioral Health for the whole family
- Flexible intensity over time

## CFT & System Integration

- CPS, Probation, Education, Alta, DHA, Tribes etc.
- Clear roles in CFTs
- Intensive communication

## Family Voice & Choice

- Youth and caregiver driven planning
- Cultural humility
- Strength-based practice

## Engagement Across Phases

- Engagement during crises and transitions
- Collaboration with supports
- Continuity during housing or provider transitions

## Staffing for FSP Intensity

- 24/7 availability expectations
- Low Caseloads
- Supervision and backup coverage

## Fidelity & Outcomes

- Wraparound fidelity
- Data informed outcome tracking
- Continuous quality improvement

# OUR PATH FORWARD

## Goals:

Deliver the highest-intensity, integrated behavioral health services for youth and families with the most complex needs.

Reduce fragmentation by unifying Full Service Partnership and Wraparound into one coordinated model.

Embed evidence-based practices like MST to improve outcomes and family stability.

Ensure culturally responsive, family-driven care across all phases of treatment.

Use data and family voice to guide continuous quality improvement.



# THANK YOU

For information about BHS Procurements please visit the Department of Health Services [Contractor Bidding Opportunities page](#).