# **Full Service Partnership Multi-County Evaluation (Third Sector Project) Innovation Project Brief** Introduction

Fresno County is one of the larger counties in California, and is continuously striving to bring its Mental Health Services Act (MHSA) services in alignment with the expectation of a large county and also enhance its services to best serve those in its system of care. Fresno County Department of Behavioral Health (DBH) strives to maximize its MHSA programs and also to provide such programs in a manner that are most effective, most efficient, most impactful and aligned with the most current trends or proven practices.   
  
Full Service Partnerships (FSP) support the majority of services and funding under the Community Services and Support component of the MHSA and can have the greatest positive impact on the lives of those living with a serious mental illness.

To date there have been limited resources or research driven by data for best practices for FSP programs statewide, how to get the greatest yield out of such programs and how to best improve the wellness and recovery of FSP participants based on data.

There have been some toolkits developed early on, but over the years there has been limited data driven efforts to provide current models and guidelines for having the most effective FSP programs for counties throughout California (and all counties have FSP programs).

# Primary Problem

Fresno County currently has eight FSP programs, which vary in the age ranges, cultural populations and geographic locations of the people they serve. Some are focused on co-occurring disorders, some are focused on criminal justice involved populations, etc. Fresno is a very large and diverse county, with varied service needs. It has been a challenge for counties, including Fresno, to be able to establish what the ideal effective model of care is when using an FSP. While some evaluations have been done which demonstrate the FSP’s are effective, it is not known which variables have the greatest impact or which populations receive the greatest benefit. Counties do not have a blueprint on how to create FSP programs which are data driven, outcomes focused and evaluated through data analysis. In dialog with our fellow counties, Fresno County has found that it faces limited standards or models for what is the best approach for FSPs, and limited options, from a data perspective, on what is the most effective implementation model.

Fresno County has strived to establish FSPs to address specific populations, and rural vs metro locations, as well as levels of care, but there has been limited data collection nor data driven models available in developing FSP services. While considerations are made to create FSP programs to be as responsive and effective as possible, there is a need for more informed designs to establish FSPs.

What has been done elsewhere to address the primary problem  
Previously, in Los Angeles (LA) County, the Ballmer Group’s catalytic investment in the LA County Department of Mental Health (DMH), leveraged landscape assessments of current FSP data practices and service regulations.

There has been some statewide work by the University of California Los Angeles (UCLA) around FSP data and outcomes and the cross-sector partnership between LA County DMH, UCLA, and Third Sector to define and confirm key data sources and metrics that help counties understand and improve the core adult FSP outcomes, inclusive of improving stable housing, reducing emergency services utilization, and reducing criminal justice involvement. There has also been an effort to integrate client and community feedback into the learning process.

Fresno County along with Orange County and Amador County are currently participating in a FSP Classification Study, an effort sponsored by the MHSOAC and Mental Health Data Alliance. This study, using survey of specific programs, seeks to identify valuable components of FSP programs to assist consumer engagement towards successful outcomes. This project is a small scale examination. The project is a “proof of concept” to test whether the survey and the client linkage to FSP provider profiles will enable the researchers to gain traction on analytical questions of broad interest across counties.

This current project only focuses on a select number and/or types of FSP and does not look at the entire range of FSP services. The scope of the FSP Classification project is limited in that it only has three counties, it is looking at the data and providers for TAY, Adult and Older Adult FSP, and does not include children’s FSPs.

The Classification Study can, however, support the broader effort being proposed as the FSP Innovation Project involving MHSOAC and Third Sector Capital. Based on the outcomes for Los Angeles County from their initial project, and leveraging the FSP Classification Project, the MHSOAC and participating counties can drive a system improvement process for FSPs statewide, to develop processes and systems for proper data collection to measure FSPs, and to make decisions on how to develop and operate FSPs based on data.

# Proposed Project

Fresno County DBH is seeking to join a cohort of ten or more counties that will participate in an MHSOAC Innovation Project using Third Sector Capital to develop a performance metric to enhance the rendering of FSP Projects over three to four years. This project will include large, medium and small counties, it will include counties from different regions, and different systems of care and so will be more thorough in its efforts, than a single county project could accomplish.

Fresno County is supporting the MHSOAC effort to explore best options for FSP performance across several counties statewide through its participation, which will leverage the work already begun by Third Sector Capital in Los Angeles, as well as some of the findings which will result from the FSP Classification Project.

Combining these outcomes into a broader statewide effort for improving FSP data, utilization, FSP design, FSP population targeting, outreach and new outcome incentives will not only allow for Fresno County and the participating counties to use common data to devise ways to establish the most impactful FSP programs, but the information can serve as a blueprint for such a shift in the performance of FSPs statewide.

# Innovative Component

This multi-county innovation funded project meets the following criteria for INN Projects;

***Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population***.

FSP are an existing service model in California counties. However, outside several set of regulations there is no model for FSP programs data collection or analysis statewide. Each County and FSP program is operated differently. FSP programs are not established or based on a best practice model at this time, they are not driven by or bases on thorough standardize data analysis or evaluation, and when they are they are most likely conducted at the local level, not statewide where a best practice can be established.

FSP programs are not driven by multicounty shared data sets, nor guided by standard data utilization. Nor are there shared definitive outcome targets and these program and services are not driven by any type of outcome incentive model.

This FSP project with the MHSOAC and Third Sector is innovative in that it will bring a positive change to the practice of mental health, specifically to how FSP programs are designed, operated and evaluated to ensure maximum performance.

In the end this project will not only establish a process for utilizing data for FSP program, but it will move this key component of MHSA services to be a data informed approach that improves client outcomes, and allows for incentive based services which can transform the quality of care in the state.

The evaluation for this program will be developed through consensus process of all participating counties as well as the MHSOAC, which is also providing funding to ensure small county participation. The development of an agreed upon evaluation for a statewide project like this, which include counties, a state agency, and an independent provider will also be an innovative new endeavor which may provide some learning on how to improve consensus making on statewide efforts in the future.

# Learning Goals/Project Aims

The learning goals of this project are fairly direct and will have a tremendously positive impact across the state and for those individuals who access care through FSP programs. There are two key goals that this program will support.

1. *This project can establish the model for data collection and analysis for all FPS programs that improve the outcomes for the individual participants.*
2. *This project can produce a models for most effective FSP programs throughout the state for different target ages, settings (rural or metro), county size, and resources based on data.*

FSPs receive the majority of the funding in the MHSA Plans (through CSS) and can have the greatest impact in terms of wellness and recovery. However, this largest part of the MHSA is not driven by any type of a standardize model that has been proven to be most effective in improving participant outcomes. This poses challenges for counties and providers to replicate proven outcomes and to ensure that individuals in the programs receive the most effective care possible.

# Envisioning activities

Under this MHSOAC sponsored multi-county innovation project, Third Sector will develop the project plan for the participating counties including a timeline for the project to clearly identify deliverables over the next three to four years.

* The project willsupport counties in establishing an FSP framework for data collection and evaluation that demonstrates a consistent FSP service model across all counties;
* This project shall assist counties in planning for the implementation and piloting of outcomes, focused changes to FSP data practices (e.g., changes to data reporting requirements, new continuous improvement processes, service design improvements, outcomes-oriented contracting, and outcomes measurement);
* Facilitating ongoing cross-county collaboration and learning through training, workshops, and webinars;
* Exploring opportunities to connect and validate FSP outcomes using data from state agencies with databases and/or oversight of criminal justice, homelessness and health;
* Creating a cohesive vision for recommended changes to state-wide FSP data requirements that will better support counties in understanding who FSP services, what services they receive, and the outcomes that the clients ultimately achieve.

# Evaluation/Learning Plan

This portion is still to be developed through a joint effort with other participating counties as well as the MHSOAC to thoroughly evaluate the program. The evaluation will be developed through consensus with the participating counties to ensure a uniformed outcome for the project.

Some aspects of the evaluation should ensure completion of deliverables, establishment of a detailed blueprint for data collection and analysis for informed decision making around FSP. Formal criterion for best practices/most effective FSP models should be a learning objective as well as support for program fidelity checks for counties.

Development of a formal strategy for data-based incentive model of care, shall be an outcome of this project, which can then be tested in a separate effort.

Beyond this general desired outcomes, it will be challenging to state the evaluation outcomes without dialogue and agreement from other participating counties and the MHSOAC, which is also providing funding to the project.

# Community Planning

In January of 2019 there was discussion among counties about the development of a cohort of Counties who may be interested in participating in a multi-county FSP project sponsored by the MHSOAC to conduct a research/evaluation project similar to what Third Sector Capital has been undertaking with LA County.

There was discussion that counties who had funds subject to reversion on June 30, 2019 could possibly join this project/cohort as Third Sector Capital will develop the written plan for the project, which will be sponsored by the MHSOAC and could possibly be approved before the end of June 2019.

Fresno County’s leadership team evaluated the possible project in late January 2019, with the understanding that if the program was a realistic option, it would need to either have to be included in 30-day public comment process and/or be included in its annual update which would be due before June 30, 2019.

On March 8, 2019 Fresno County DBH’s Director submitted a letter of support to the MHSOAC expressing Fresno’s support of the project, and noted of Fresno County’s interest in participating in the project.

At a March Behavioral Health Board (BHB) meeting, Fresno County’s Director Dawan Utecht, informed the BHB that Fresno County did have over a million dollars which were subject to reversion on June 30, 2019 and with the time and the process it was not likely that the County would be able to have a new Innovation plan approved before the end of the Fiscal Year. However there was an opportunity to participate in this multi-county FSP project, which could both benefit the county in developing more outcomes driven FSPs, and joining the project could allow for the county to allocate the funds subject to reversion to this statewide project.

The Fresno County MHSA Annual Update Draft that was posted for public comment on April 15th, 2019 included a paragraph about the possibility of the county joining the MHSOAC Sponsored FSP Project with Third Sector Capital. During the time it was posted, the county, based on discussion with the MHSOAC and other counties decided they would participate in the program if it was approved before June 30, 2019. The formal participation in the project was thus included Summary of Changes of the MHSA Annual Update on April 30, 2019. The project was then discussed at the May 15th Public Hearing and the subsequent BHB meeting. There were no public comments or objections to the intent to use a portion or all of the possible Innovation funds reverting on June 30, 2019 on this project.

The draft of the MHSA Annual Update has been updated to include the summary of changes and public comments. The draft is scheduled to go before the Fresno County Board of Supervisors for final approval and adoption on June 18, 2019. This will complete the planning process.

# Budget

Fresno County is submitting a program budget of up to **$950,000** for four years to provide support to this statewide project. Fresno County has allocated $950,000 of funds subject to reversion June 30, 2019 to this program. Fresno will commit $ 237,500 per year for each of the four years.

Other than budgeting for staff travel necessary to actively participate in project development, meetings and training for Fresno County DBH staff, and for general administrative costs for the project, Fresno County will allocate the remaining funding for this program to the project directly to be used for its implementation. The remaining funds will be used for evaluation once that process is determined by all cohort members.

*Travel-*Fresno County anticipates travel costs up to $10,000 a year (which can vary based on number of staff traveling, the number of days and locations, etc.). To ensure it can sufficiently participate in all aspects of the program, Fresno County is allocating up to $40,000 of the total budget for travel over the four years.

*Admin Cost*-Based on current rates for admin costs, Fresno County is allocating $69,963 for four years of personnel/admin costs.

Remaining Funds- Fresno County seeks to allocated the remaining project fund $840,037 will be allocated to the project and evaluation.

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| **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY**\* | | | | | | | | |
| **EXPENDITURES** | | | | | | | | |
| **PERSONNEL COSTS (salaries, wages, benefits)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** |  | **TOTAL** |
| 1. | Salaries | **$11,375** | **$11,944** | **$12,541** | **$13,168** |  | **$49,028** |
| 2. | Direct Costs | **$4,857** | **$5,100** | **$5,355** | **$5,623** |  | **$20,935** |
| 3. | Indirect Costs |  |  |  |  |  |  |
| 4. | Total Personnel Costs | **$16,232** | **$17,044** | **$17,896** | **$18,791** |  | **$68,963** |
|  | |  |  |  |  |  |  |
| **OPERATING COSTS** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 23/23** |  | **TOTAL** |
| 5. | Direct Costs | **$10,000** | **$10,00** | **$10,000** | **$10,000** |  | **$40,000** |
| 6. | Indirect Costs |  |  |  |  |  |  |
| 7. | Total Operating Costs | **$10,000** | **$10,000** | **$10,000** | **$10,000** |  | **$40,000** |
|  |  |  |  |  |  |  |  |
| **NON RECURRING COSTS (equipment, technology)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** |  |  | **TOTAL** |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. | Total Non-recurring costs |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** |  |  | **TOTAL** |
| 11. | Direct Costs |  |  |  |  |  |  |
| 12. | Indirect Costs |  |  |  |  |  |  |
| 13. | Total Consultant Costs |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **OTHER EXPENDITURES (please explain in budget narrative)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** |  | **TOTAL** |
| 14. | **Program/Project Cost** | **$211,268** | **$210,456** | **$209,604** | **$208,709** |  | **$840,037** |
| 15. |  |  |  |  |  |  |  |
| 16. | Total Other Expenditures | **$211,268** | **$210,456** | **$209,604** | **$208,709** |  | **$840,037** |
|  |  |  |  |  |  |  |  |
| **BUDGET TOTALS** | |  |  |  |  |  |  |
| Personnel (line 1) | | **$11,375** | **$11,994** | **$12,541** | **$13,168** |  | **$49,028** |
| Direct Costs (add lines 2, 5 and 11 from above) | | **$14,857** | **$15,100** | **$15,355** | **$15,623** |  | **$60,935** |
| Indirect Costs (add lines 3, 6 and 12 from above) | |  |  |  |  |  |  |
| Non-recurring costs (line 10) | |  |  |  |  |  |  |
| Other Expenditures (line 16) | | **$211,268** | **$210,456** | **$209,604** | **$208,709** |  | **$840,037** |
| **TOTAL INNOVATION BUDGET** | | **$237,500** | **$237,500** | **$237,500** | **$237,500** |  | **$950,000** |