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

Introduction

Fresno County, as one of the larger counties in California, is continuously striving to improve its mental health services and ensure that we are utilizing our Mental Health Services Act (MHSA) funding to support the best outcomes for the people we serve. Fresno County Department of Behavioral Health (DBH) strives to provide programs which are impactful, aligned with proven and promising practices and cost efficient. Full Service Partnerships (FSP) support the majority of services and funding under the Community Services and Support component of the MHSA and have been shown to have a positive impact on the lives of those living with a serious mental illness.

While we know that FSPs can result in improved lives for those served, to date there has been limited research to understand which components of the programs are most beneficial to overall outcome. Further, there have been no fidelity models developed to drive program design for any populations.

Early on, some toolkits were developed to help counties implement these services but they have not been examined or validated for best practice approaches.

Primary Problem

Fresno County currently has eight FSP programs, which vary in the target populations, such as by the age ranges, cultural groups and geographic locations of the people they serve. For example, different FSP programs are focused on co-occurring disorders, criminal justice involved populations, youth, etc. Fresno is a very large and diverse county, with varied service needs. It has been a challenge for counties, including Fresno, to establish through critical analysis of interventions and outcomes what the ideal effective model of care is for the FSP level of care. As noted above, while outcome evaluation has generally demonstrated that FSPs are effective, it is not known which particular clinical interventions, peer and social supports, flexible uses of funding, or other variables (singularly or in combination) within those programs actually contribute to improved levels of wellness and recovery for the persons served. Similarly, it is not known which of those variables have the greatest overall program impacts. Lastly, it is not evident which populations receive the greatest benefit of the FSP level of care or the distinct components of the FSP level of care. Counties do not currently have a blueprint on how to design FSP programs which are data driven, population specific and outcome focused.

Fresno County has strived to establish FSPs to address specific populations and specific underserved regions of our large county, but data collection has been limited and there have been few resources for a comprehensive analysis of that data. This has resulted in an approach to program development that is, in its most noble of intent, driven by a desire to serve the community, but based only on a best guess as to what will be effective. To our knowledge, there are no available, data driven models in California to guide the FSP program design, implementation, and evaluation process. Certainly within DBH we work diligently to create FSP programs that are as responsive and effective as possible; however, there is a significant need for data-informed designs to establish FSPs with fidelity. Since the FSP level of care is among the most costly outpatient programs that we deliver, it is imperative that we fulfill our commitment to be good stewards of public funds by fundamentally understanding the clinical, social, supportive, and other variables which actually drive improvements in wellness and recovery across life domains. In doing so, we will be able to design new FSP programs (and modify any existing ones which need enhancements) that maximize consumer outcomes while ensuring that we make the highest and best use of every MHSA dollar.

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) has 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, which has helped 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, Amador County, and Ventura County, are currently participating in an FSP Classification Study, an effort sponsored by the MHSOAC and Mental Health Data Alliance. This study, using a 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, serving as 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 four counties, it is only 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 with Third Sector Capital. Based on the outcomes for Los Angeles County

from their initial project, and leveraging the FSP Classification Project, participating counties can drive a system improvement process for FSPs statewide, to develop processes and systems for proper and meaningful data collection and analysis. Through this anticipated robust process, counties will be able to evaluate and validate best practices in FSP programs, and to make data-informed decisions on FSP program design, development and operation in the future.

Proposed Project

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

Fresno County DBH proposes to contract with Third Sector Capital, conditional on MSHOAC approval of a multi-county collaborative proposal currently under development with a cohort of ten or more counties and Third Sector Capital, to develop, implement and evaluate a performance-based, metric-driven model to enhance the delivery of FSP services over a period of three to four years. This project will include large, medium and small counties, from different regions, which operate various systems of care. The multicounty nature of this project is desired as it is anticipated to produce a more thorough analysis, resulting in recommendations which will be on a broader scale than a single county project could accomplish. For example, one county may have an FSP focused on Older Adults, whereas Fresno County currently does not; by joining many counties in this proposed project, the learning will be of wider benefit across the state.

Fresno County is supporting this multicounty effort to explore best options for FSP performance across several counties statewide through our request for the uses of INN funds and project participation. If approved, this 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 collection, service utilization, FSP design, FSP population targeting, outreach and new outcome incentives will not only allow for Fresno County and the participating counties to use a common approach 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***.

Full Service Partnerships are an existing service model in California counties. However, outside current regulations there is limited FSP program data collection or analysis statewide. Further, to our knowledge, there is no industry agreed upon gold standard or evidence-based FSP program design. Each County and each FSP program is operated differently. FSP programs are not consistently established or based on a best practice model at this time and they are not driven by or based on thorough standardized data analysis or evaluation. To date, there has been no statewide effort to determine a fidelity measurement or best practice with regard to FSPs.

FSP programs are not driven by multicounty shared data sets, nor guided by standard data utilization. In addition, currently there are no shared definitive outcome targets and these program and services are not driven by any type of outcome incentive model.

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

At its conclusion, this project will help to create a data-informed approach to FSP design which can improve client outcomes, standardize evaluation across counties and will allow for incentive-based services with the opportunity to transform the quality of care in the state.

The evaluation for this program will be developed through a consensus process of all participating counties. Through the MHSOAC, funding will be made available to ensure small county participation.

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 identify model components to design effective FSP programs throughout the state for different target ages, settings (rural or metro), county size, and resources, based on data analysis.*

Envisioning activities

Under this 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 will support counties in establishing an FSP framework for data collection and evaluation that informs the components and/or variables which contribute to positive outcomes and allow for 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 and Third Sector to thoroughly evaluate the program. The evaluation will be developed through consensus with the participating counties.

The evaluation will include a timeline for defined deliverables and will establish a detailed blueprint for data collection analysis, and informed decision-making around FSP. Formal criterion for best practices/most effective FSP models will be a learning objective as well as support for program fidelity checks for counties.

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

Beyond these general desired outcomes, additional evaluation outcomes will be developed as the project proceeds.

Community Planning

In January of 2019 counties were invited to express interest in joining a cohort of Counties to participate in a multi-county FSP project to conduct a research/evaluation project similar to what Third Sector Capital has been undertaking with LA County.

Fresno County's leadership team evaluated the possible project in late January 2019, with the understanding that it would need to be included in the annual update process for stakeholder input.

On March 8, 2019 Fresno County DBH's Director submitted a letter of support expressing Fresno's support of the project, and noted 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 and the public of the opportunity to participate in this multi-county FSP project, which could both benefit the county in developing more outcomes-driven FSPs and help to develop improved statewide approaches to improved care. In keeping with standard BHB procedures, this presentation included opportunity for public comment.

The Fresno County MHSA Annual Update Draft was posted for public comment on April 15th, 2019 and this project with Third Sector Capital was described in the Plan. Continued review of the project occurred during the 30-day comment period and the statement of intent to request formal participation in the project was included in the Summary of Changes of the MHSA Annual Update on April 30, 2019. The project was discussed again at the May 15th Public Hearing and the BHB meeting which immediately followed that hearing. There were no public comments or objections to the intent to use Innovation funds for 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 will commit $ 237,500 per year for each of the four years.

As detailed below, other than budgeting a small portion of funds 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 bulk of the funding for this program to the project directly to be used for its implementation, including data review and analysis. 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 allocate the remaining project fund of $840,037 to the project and evaluation.

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
Salaries	$11,375	$11,944	$12,541	$13,168	$49,028
Direct Costs	$4,857	$5,100	$5,355	$5,623	$20,935
Indirect Costs					
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 22/23	TOTAL
Direct Costs	$10,000	$10,00	$10,000	$10,000	$40,000
Indirect Costs					
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	FY 22/23	TOTAL
Total Non-recurring costs					

CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
Direct Costs					
Indirect Costs					
Total Consultant Costs					

OTHER EXPENDITURES (please explain in budget narrative)	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
Program/Project Cost	$211,268	$210,456	$209,604	$208,709	$840,037
Total Other Expenditures	$211,268	$210,456	$209,604	$208,709	$840,037

BUDGET TOTALS	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel	$11,375	$11,994	$12,541	$13,168	$49,028
Direct Costs	$14,857	$15,100	$15,355	$15,623	$60,935
Indirect Costs					
Non-recurring costs					
Other Expenditures	$211,268	$210,456	$209,604	$208,709	$840,037
TOTAL INNOVATION BUDGET	$237,500	$237,500	$237,500	$237,500	$950,000