



WELLNESS • RECOVERY • RESILIENCE

Commission Teleconference Meeting June 11, 2020 PowerPoint Presentations and Handouts

- Tab 2:**
- **PowerPoint:** Governor's May 2020 Revise Briefing and the Commission's final 2019-20 Budget
- Tab 3:**
- **PowerPoint:** Tulare County Innovation Plans
- Tab 4:**
- **PowerPoint:** Mendocino County Innovation Plan
- Tab 5:**
- **PowerPoint:** Executive Director Report Out
 - **Handout:** Sponsored Legislation
 - **Handout:** Multi-County Full Service Partnership Staff Analysis
 - **Handout:** Multi-County Full Service Partnership Innovation Project Plan
 - **Handout:** Alameda County Community Program Planning Process Staff Analysis
 - **Handout:** Alameda County Community Program Planning Process Project Plan



Governor's May 2020 Revise Briefing and the Commission's final 2019-20 Budget

Norma Pate, Deputy Director,
MHSOAC

June 11, 2020



WELLNESS • RECOVERY • RESILIENCE

Commission Budget Update

Fiscal Year 2019-20

FY 2019-20 Total Budget: \$122,337,000	Budgeted (Jan. 2020)	Budgeted (Rev. June 2020)	Expenditures (as of June 2020)	Projected	Uncommitted
Personnel Services	\$6,458,500.00	\$6,283,500.00	\$4,240,985.92	\$1,933,829.09	\$108,684.99
Operations (OE & E)	\$2,573,216.00	\$2,590,992.92	\$937,128.29	\$1,653,864.63	
Information Technology	\$955,204.00	\$935,629.34	\$570,099.18	\$365,530.16	
Communications	\$353,990.00	\$525,490.00	\$141,106.88	\$384,383.12	
Evaluation	\$976,919.00	\$1,089,887.74	\$40,120.50	\$1,049,767.24	
Innovation Incubator	\$2,500,000.00	\$2,625,000.00	\$116,055.57	\$2,508,944.43	
Stakeholders	\$5,415,500.00	\$5,415,500.00	\$314,335.00	\$5,101,165.00	
Triage	\$20,000,000.00	\$20,000,000.00	\$0.00	\$20,000,000.00	
Mental Health Student Services Act	\$48,830,000.00	\$48,830,000.00	\$0.00	\$48,830,000.00	
Youth Drop-In Centers	\$14,589,000.00	\$14,589,000.00	\$0.00	\$14,589,000.00	
Early Psychosis Research and Treatment	\$19,452,000.00	\$19,452,000.00	\$0.00	\$19,452,000.00	
Remaining Balance	\$232,671.00	\$0.00			
Total	\$122,337,000.00	\$122,337,000.00	\$6,359,831.34	\$115,868,483.67	\$108,684.99



Local Assistance Update

Competitive Scoring Process Completed for the following:

- Stakeholder organizations representing Consumers, Diverse Communities, Families, LGBTQ communities, Parents, and Veterans – Approved by Commission in February 2020 - **Contracts will be executed by June 30, 2020.**
- Mental Health Student Services - Category 1 – Approved by the Commission in April 2020 – **Pending execution of contracts**
- Youth Drop-In Center grants – Presented to Commission for approval in May 2020 - **Pending execution of contracts**



Local Assistance Update (cont.)

Status of applications for remaining local assistance grants/contracts:

- MHSSA Category 2 applications -
 - due June 12, 2020
- EPI Plus applications –
 - due June 26, 2020



Governor's May Revise

No changes to the Commission's Budget as proposed in January 2020.

Governor's 2020-21 Budget for the Commission includes:

- Operations - \$15,876,000
- Local Assistance - \$29,156,000
- Total \$45,032,000

The Commission will be presented with a proposed expenditure plan in July 2020.



Proposed Motion

- The Commission approves Fiscal Year 2019-20 expenditures.





What is the problem you are trying to solve in your county?

- Identified Problem: Reduction of barriers which prevent access to services.
- Background:
 - Three-Year Plan CPP 2017-2020
 - 28 Focus Groups – 198 participants
 - 884 Survey responses
- 60% of respondents noted barriers to accessing services – Top 2:
 - Appointment availability
 - Lack of transportation
- 50% of respondents state homelessness is a top community need. Annual Point in Time reveals an increase in total homeless population over 40% (2013)
- As of 2018, 66% of our homeless population was unsheltered.





How does
the INN
project
address the
problem?

What is not
working?

- Partner with community settings/organizations
 - Increase access and services points in the community
- Increase quality of services
 - Compare utilization of community settings for mental health services delivery vs traditional clinical settings
- Learning best ways to engage target population
 - Evaluate if self-seeking consumers are more successful than those contacted through typical engagement efforts
- ABH will create new service processes not already in place, implementing a WPC approach while utilizing the MDT as a tool to ensure the highest quality of expansive services in a setting most comfortable for the consumer and most likely to encourage consumer engagement and continued participation.



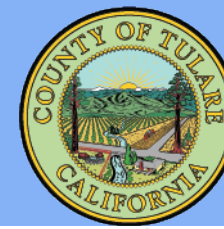


How does
INN project
meet
primary
purpose
and criteria
indicated?

- ABH was developed as an Innovative project to address this primary problem by **reducing barriers; determine a best practice for engagement to service delivery, advancing a Whole Person Care delivery system model, thereby increasing the quality of mental health services; as well as broadening integration with community partners.**
- With the ABH project, Tulare County will have the opportunity to collaborate with community partners in bringing resources and services to their sites.
- Also, through this project, resources and services will be in the field, with one of the target population groups being individuals experiencing homelessness.



Advancing Behavioral Health



HHSA

Mental Health

Budget

~ Total five-year budget: \$6,000,000

~ \$2,565,553 in AB 114 funds subject to reversion

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY						
EXPENDITURES						
PERSONNEL COSTS (salaries, wages, benefits)	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
1 Salaries	\$304,273	\$599,026	\$616,996	\$635,506	\$654,571	\$2,810,372
2 Direct Costs						
3 Indirect Costs (Benefits)	\$113,092	\$243,891	\$251,208	\$258,744	\$266,506	\$1,133,441
4 Total Personnel Costs	\$417,365	\$842,917	\$868,204	\$894,250	\$921,077	\$3,943,813
OPERATING COSTS	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
5 Direct Costs	\$94,397	\$107,397	\$123,397	\$123,398	\$123,398	\$571,987
6 Indirect Costs	\$9,440	\$10,740	\$12,340	\$12,340	\$12,340	\$57,200
7 Total Operating Costs	\$103,837	\$118,137	\$135,737	\$135,738	\$135,738	\$629,187
NON RECURRING COSTS (equipment, technology)	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
8 Laptops, iPads, etc. (6 devices x \$5,000)	\$30,000					\$30,000
9						
10 Total Non-recurring costs	\$30,000	\$0	\$0	\$0	\$0	\$30,000
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
11 Direct Costs	\$150,000	\$210,000	\$260,000	\$300,000	\$350,000	\$1,270,000
12 Indirect Costs	\$15,000	\$21,000	\$26,000	\$30,000	\$35,000	\$127,000
13 Total Consultant Costs	\$165,000	\$231,000	\$286,000	\$330,000	\$385,000	\$1,397,000
BUDGET TOTALS	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
Personnel Salaries (line 1)	\$304,273	\$599,026	\$616,996	\$635,506	\$654,571	\$2,810,372
Direct Costs (add lines 2,5, and 11 from above)	\$244,397	\$317,397	\$383,397	\$423,398	\$473,398	\$1,841,987
Indirect Costs (add lines 3, 6 and 12 from above)	\$137,532	\$275,631	\$289,548	\$301,084	\$313,846	\$1,317,641
Non-recurring costs (line 10)	\$30,000	\$0	\$0	\$0	\$0	\$30,000
TOTAL INNOVATION BUDGET	\$716,202	\$1,192,054	\$1,289,941	\$1,359,988	\$1,441,815	\$6,000,000





The Commission approves Tulare County's Innovation Plan as follows:

- Name: Advancing Behavioral Health
- Amount: Up to \$6,000,000 in MHSA INN funds
- Project Length: Five (5) Years

Motion Slide





What is the problem you are trying to solve in your county?

- Identified Problem: Stigma and discrimination around SMI preventing access to services.
- Background:
 - Three-Year Plan CPP 2017-2020
 - 28 Focus Groups – 198 participants
 - 884 Survey responses
- Of those surveyed, **9.14%** reported experiencing community stigma around mental illness that directly impacted access to services.
- **74%** of respondents felt people would access services more if they were more educated on the topic of mental illness.





How does
the INN
project
address the
problem?

What is not
working?

- Addresses problem within the community through technological resources not already being employed to further current efforts to reduce stigma and discrimination.
- Virtual/augmented reality scenarios will give the participant firsthand experience and perspective on an individual's experience living with SMI, thus building empathy, understanding, and awareness.
- Utilizes an Empath training team that will deliver the Innovation program as training in both CIT and FEP programs/trainings to both first responders and consumers and their family members.
- Current mental health practices addressing stigma and discrimination solely through outreach and education are not adequately solving problem.



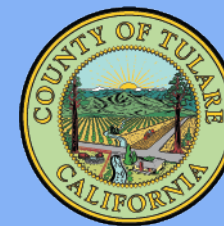


How does
INN project
meet
primary
purpose
and criteria
indicated?

- The primary purpose is to increase access to mental health services, by increasing knowledge of SMI, increasing knowledge of resources available to those with SMI, increasing empathy and attitude change for those with SMI, and improving the response from support systems and first responders toward those with SMI.
- By utilizing this Empath training team and employing virtual/augmented reality equipment with firsthand experience SMI scenarios, the County can provide an additional, near real-life, training tool for first responders, consumers, and their family members and will accomplish the identified primary purpose and criteria.



Project Empath



HHSA

Mental Health

Budget

~ Total three-year budget: \$1,400,000

~ All funds are AB 114 funds subject to reversion

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Salaries	\$28,000	\$28,700	\$269,800	\$326,500
2	Direct Costs				
3	Indirect Costs (Benefits)	\$10,900	\$11,200	\$105,200	\$127,300
4	Total Personnel Costs	\$38,900	\$39,900	\$375,000	\$453,800
OPERATING COSTS		FY 20/21	FY 21/22	FY 22/23	TOTAL
5	Direct Costs	\$12,000	\$12,000	\$12,000	\$36,000
6	Indirect Costs	\$1,200	\$1,200	\$1,200	\$3,600
7	Total Operating Costs	\$13,200	\$13,200	\$13,200	\$39,600
NON RECURRING COSTS (equipment, technology)		FY 20/21	FY 21/22	FY 22/23	TOTAL
8					\$0
9					
10	Total Non-recurring costs	\$0	\$0	\$0	\$0
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 20/21	FY 21/22	FY 22/23	TOTAL
11	Direct Costs				\$0
12	Indirect Costs				\$0
13	Total Consultant Costs	\$0	\$0	\$0	\$0
OTHER EXPENDITURES (please explain in budget narrative)		FY 20/21	FY 21/22	FY 22/23	TOTAL
14	Technology Costs	\$388,000	\$375,600	\$68,000	\$831,600
15	Evaluator	\$25,000	\$25,000	\$25,000	\$75,000
16	Total Other expenditures	\$413,000	\$400,600	\$93,000	\$906,600
BUDGET TOTALS		FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel Salaries (line 1)		\$28,000	\$28,700	\$269,800	\$326,500
Direct Costs (add lines 2,5, and 11 from above)		\$12,000	\$12,000	\$12,000	\$36,000
Indirect Costs (add lines 3, 6 and 12 from above)		\$12,100	\$12,400	\$106,400	\$130,900
Non-recurring costs (line 10)		\$0	\$0	\$0	\$0
Other Expenditures (line 16)		\$413,000	\$400,600	\$93,000	\$906,600
TOTAL INNOVATION BUDGET		\$465,100	\$453,700	\$481,200	\$1,400,000



The Commission approves Tulare County's Innovation Plan as follows:

PROPOSED MOTION:

Name:	Project Empath
Amount:	Up to \$1,400,000 in MHSA INN funds
Project Length:	Three (3) Years



behavioral
health &
recovery services
HHS&A of Mendocino County

HEALTHY LIVING COMMUNITY

PRIMARY PURPOSE

Primary Purpose to Increase Access and Quality of Mental Health Services.

- Healthy Living Community brings Wellness Center type activities to the home living environment. The Housing unit is Full Service Partnership Supported Housing for individuals that lived homeless prior to moving in. Most residents were previously chronically homeless.
- We anticipate that bringing health and wellness activities to the home setting will reduce barriers to accessing services.
- We anticipate that including social activities and peer advocates in the program will increase the likelihood of engagement and have an overall improvement on the quality of mental health outcomes for the participants.



behavioral
health &
recovery services
HHS&A of Mendocino County

HEALTHY LIVING COMMUNITY

THE PROBLEM

- High rates of homelessness per capita in Mendocino County contribute to difficulty connecting to services. Stakeholders reported challenges adapting to being housed after chronic homelessness, increasing barriers to wellness for the population in this housing unit.
- Individuals in the FSP Supported Housing units meet criteria for the highest levels of institutionalization and difficulty engaging in outpatient care prior to being housed including:
 - High rates of hospitalization and/or incarceration
 - Chronic homelessness
 - Recent step down from higher levels of care
- Chronically homeless individuals show reluctance toward leaving the place where they sleep and belongings are stored.





behavioral
health &
recovery services
HHS&A of Mendocino County

HEALTHY LIVING COMMUNITY

HOW THE PROJECT ADDRESSES THE PROBLEM

We expect that:

- Providing activities in the housing setting will reduce barriers such as transportation and concern for leaving the sleeping environment.
- Peer advocacy and programs have been shown to increase access to recovery oriented services, and the use of peer supports will decrease isolation of residents and increase quality of mental wellness.
- Blending social rehabilitative activities and peer advocacy in the home environment will reduce association of healthy behaviors activities with provider staff only and will encourage healthy activities in all environments (home/provider/community) and reduce isolation.
- Expanding the association of healthy activities beyond service provider environments will have a more significant impact on quality of mental wellbeing.



behavioral
health &
recovery services
HHSA of Mendocino County

HEALTHY LIVING COMMUNITY BUDGET

	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
Personnel Costs	\$125,146	\$131,403	\$137,973	\$144,872	\$152,116	\$691,511
Operating Costs	\$26,815	\$28,156	\$29,564	\$31,042	\$32,594	\$148,170
Non Recurring Costs	\$87,000	\$0	\$95,700	\$0	\$0	\$182,700
Consultant Costs	\$18,150	\$19,058	\$20,010	\$21,011	\$22,061	\$100,290
Other	\$19,425	\$20,396	\$21,416	\$22,487	\$23,605	\$107,329
Total	\$276,536	\$199,013	\$304,663	\$219,412	\$230,376	\$1,230,000

PROPOSED MOTION

- The Commission approves Mendocino County's Innovation Plan as follows:
- Name: Healthy Living Community
- Amount: Up to \$1,230,000 in MHSA INN funds
- Project Length: Five (5) Years



Executive Director Report Out

Toby Ewing
Executive Director, MHSOAC
June 11, 2020



WELLNESS • RECOVERY • RESILIENCE

■ COVID-19 Response

- Slowly opening office
- FEMA application with school mental health included
- Web mental health resources
- Digital State MH strategy

■ COVID-19 and Racial Equity

- Capitol Collaborative on Racial Equity
- Disparities Dashboard



■ Personnel

- New employees
 - ◆ Trisha Duchaine, Innovations
- Hiring – Six open positions
- Training
 - ◆ Recovery
 - ◆ LEAN
 - ◆ Mental Health First Aid

■ Budget

- Seeking Flexibility
 - ◆ Suicide Prevention
 - ◆ COVID-related innovation
 - ◆ Existing grants
- Stakeholder proposal on MHSA flexibility



■ Status of Grants

- Mental Health Student Services Act
 - ◆ Initial round \$45 million – June release
 - ◆ Second round \$30 million – applications due 6/12
- Stakeholder Contracts
 - ◆ \$12 million – June release
- EPI+
 - ◆ \$15.5 million – applications due 6/26
- Youth Drop-in
 - ◆ \$10 million – Awarded last month, June/July release
- Triage
 - ◆ Engaging counties on flexibility

■ Committees

- Research and Evaluation
 - ◆ applications out now
- CLCC
 - ◆ Disparities, CCORE, CRDP
- CFLC
 - ◆ Peer Strategy
- Innovation



■ Innovation Work

- Delegated Authority approvals
- Alameda: Community Program Planning Process. \$750,000
- Multi-County Collaborative – Full Service Partnerships
 - ◆ Sacramento, \$500,000
 - ◆ San Bernardino, \$979,634
 - ◆ Siskiyou, \$700,001
 - ◆ Ventura, \$979,634
 - ◆ (Joining Fresno and San Mateo Counties)
- Current queue – 18 Innovation Plans



- Innovation Work (cont.)
 - INN Incubator projects
 - ◆ Psychiatric Advance Directive
 - ◆ Full Service Partnership
 - ◆ Data Driven Recovery Project I/II
 - ◆ Crisis Now
 - ◆ Fiscal Sustainability
 - ◆ Systems Change Project



■ Transparency Tool

- Fiscal Update – meeting with DHCS and CBHDA
- Programs – Developing analytic tool
- Outcomes
 - ◆ Disparities
 - ◆ Criminal Justice
- New Data Visualizations

■ Projects

- Suicide Prevention
 - ◆ Budget flexibility, tax check-off
- School Mental Health
 - ◆ Report, data, funding, collaborative
- Criminal Justice
 - ◆ Innovation Incubator
 - ◆ Data
- Workplace Mental Health
 - ◆ May 27th Meeting
- Prevention and Early Intervention
 - ◆ Engagement, data analysis, draft report in Fall



■ State Agency Collaboration

- DHCS
 - ◆ FEMA and COVID Response
- CDPH
 - ◆ Partnered on suicide prevention grant
- Aging
 - ◆ Friendship Line and data
 - ◆ RRN
- First Five
 - ◆ RRN
 - ◆ School Mental Health collaboration
- Social Services
 - ◆ Child Welfare outcomes
 - ◆ Committee work with Commissioner Berrick
- EDD
 - ◆ Employment Outcomes
- DOJ
 - ◆ Updated data use agreement
- CDE
 - ◆ Data use agreement
 - ◆ Project support



COMMUNICATIONS



Well Beings



- **Partnership with WETA**

The public television station out of Washington, D.C., supporting a documentary series on mental health under the leadership of **Ken Burns**, the award-winning documentary filmmaker.

- **National Well Beings Initiative**

Officially launched in May with a digital phase focused on a new website wellbeings.org, publication of Well Beings social media channels and campaigns.

- **Initial Focus - Youth Mental Health**

During this critical time, providing information, community resources and new, digital-first content that will share personal accounts of young people around the country living with and managing mental health challenges during COVID.

- **Up Next: First in the Film Series, *Hidden in Plain Sight: Our Mental Health Crisis*, produced and directed by Ewers Brother Productions, and executive produced by Ken Burns.**

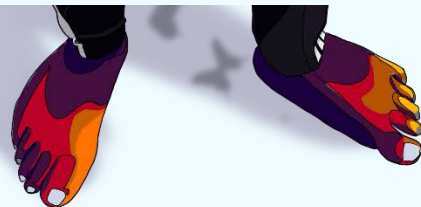




Art With Impact

Online Film Festival Premiere June 22 - 26

Voices With Impact is an online festival for films and ideas around underrepresented topics related to mental health. The festival is a year-long project that celebrates mental health stories told by filmmakers with unique perspectives and lived experience.



2020 Short Film Topics



- Mental health issues related to the culture of masculinity.



- Mental health issues specific to LGBTQIA+ people



Crossings TV

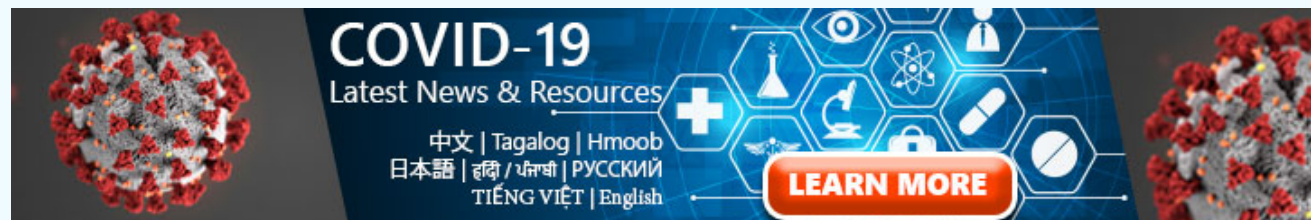
Challenge

One of the Asian Community's biggest mental health challenges right now is discrimination and an increase in hate crimes aimed toward the Asian Community, related to misconceptions about their relationship to the spread of COVID-19.



Solution

Seek input from our community partners around culturally competent, COVID-specific messaging for the Asian Community and use our partnership with Crossings TV to create high-quality, mental health resource related spots to air in 7 different languages in TV markets throughout California.



Branding

- ADA compliance issues with logo and website
- The challenge has afforded us an opportunity to clarify and focus our identity and align it with the Commission's strategic plan, its vision of wellbeing for all, and transformational change.
- A creative services agency was engaged to guide a core group of staff through a process commonly used to explore brands.
- A website optimization agency is mapping out a thoughtful redesign process to remediate existing content for compliance and to create new compliant content in partnership with stakeholders.
- Stakeholder and public engagement via Zoom being scheduled for this month.
- Progress to be shared at June 25 meeting.



Studio Sacramento



Fridays 7:30PM

Join the conversations that matter to our region with host Scott Syphax, who invites questions about the people and issues that are changing our communities. Get an in-depth look at the news – no soundbites or fluff, just balanced discussion.

If you have a comment or show idea for *Studio Sacramento*, contact us via email at studiosacramento@kvie.org.



Suicide Awareness During COVID-19

More than 47,000 Americans lose their life to suicide each year. What has been the impact of the pandemic and what can be done to support those in crisis? Joining Host Scott Syphax are Dr. Alan Berman from Johns Hopkins University School of Medicine, Ashley Mills from California's Mental Health Commission, and Liseanne Wick from WellSpace Health Suicide Prevention Program.

Studio Sacramento is sponsored by



Suicide Prevention Messaging on PBS

Ashley Mills, Research Supervisor and lead author of *Striving for Zero*, the Commission's strategic suicide prevention plan, was asked to appear as a guest on a televised episode of *Studio Sacramento*, the Emmy Award winning weekly public affairs program on PBS KVIE, Channel 6. Representing the Commission's important work, Ashley appeared as part of a panel discussing suicide prevention. Missed the episode? Watch it anytime online!

Thank You

Questions?



2020 Legislative Report to the Commission As of June 9, 2020

SPONSORED LEGISLATION

Assembly Bill 2112 (Ramos)

Title: Suicide Prevention

Summary: Would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department and would specify authorized responsibilities of the office if established, including, among other things, providing strategic guidance to statewide and regional partners regarding best practices on suicide prevention and reporting to the Legislature on progress to reduce rates of suicide. The bill would authorize the office to apply for and use federal grants.

Commission’s Position:

Assemblymember Ramos’s Staff and the Co-Sponsor of AB 2112, the California Alliance of Child and Family Services Staff presented AB 2112 to the Commission at the February 27, 2020 Commission Meeting. The Commission agreed to Sponsor the bill, if the bill was amended and consistent with the recommendations in the Commission’s 2019 report “Striving for Zero”.

On June 4, 2020, AB 2112 was amended.

As amended on June 4, 2020 AB 2112 supports the recommendation in the Commission’s 2019 report “Striving for Zero” and authorizes, but does not require, the establishment of the Office of Suicide Prevention within the Department of Public Health and supports the core recommendations in the report.

Status/Location: Assembly – Third Reading scheduled for June 10.

Co-Sponsors: California Alliance of Child and Family Services

SUPPORTED LEGISLATION

Senate Bill 803 (Beall)

Title: Mental health services: peer support specialist certification.

Summary: Requires the Department of Health Care Services to establish a program for certifying peer support specialists. The bill also requires DHCS to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program.

Commission's Position:

Executive Director Toby Ewing presented SB 803 to the Commission in January 2020, the Commission took a support position on this bill, with direction to staff to update the Commission as this bill evolves.

On March 26, 2020, SB 803 was amended.

As amended, the bill requires the Department of Health Care Services instead of the Department of Consumer Affairs to establish a program for certifying peer support specialists; requires Department of Health Care Services to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program.

Amendments to the bill will also allow the Department of Health Care Services to use Mental Health Services Act funds to develop and administer the peer support specialists program, subject to an express appropriation in the annual Budget Act, and for the purposes of claiming Federal financial participation.

Status/Location: Senate Appropriations – Suspense File.

Senate Bill 854 (Beall)

Title: Health care coverage: substance use disorders.

Summary: Prohibits a mental health plan or insurer from imposing any prior authorization requirements or any step therapy requirements before authorizing coverage for FDA-approved prescriptions. It will also place the FDA-approved medications for treatment of substance use disorders on the lowest cost-sharing tier.

Commission's Position:

Executive Director Toby Ewing presented SB 854 to the Commission in January 2020, the Commission took a support position on this bill, with direction to staff to update the Commission as this bill evolves.

On April 24, 2020, SB 854 was amended.

As amended, the bill modifies existing state and federal laws that are currently in place to ensure Californians struggling with mental illness, including substance use disorders, can receive appropriate treatment when they most need it.

Status/Location: Senate – Dead.

Senate Bill 855 (Wiener)

Title: Health coverage: mental health or substance abuse disorders.

Summary: The California Mental Health Parity Act requires every health care service plan contract or disability insurance policy issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions, as specified. Existing law requires those benefits to include, among other things, outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the plan contract or policy includes coverage for prescription drugs. This bill would revise and recast those provisions, and would instead require a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions.

Commission's Position:

Executive Director Toby Ewing presented SB 855 to the Commission in January 2020, the Commission took a support position on this bill, with direction to staff to update the Commission as this bill evolves.

On May 19, 2020, SB 855 was amended.

Amendments to Senate Bill 855 strengthens the California Parity Act to require that insurers cover medically necessary treatment for all mental health and substance use disorders, not just emergency care.

As recommended by the Senate Health Committee, the author amendments remove language within the jurisdiction of the Senate Judiciary Committee. Due to the COVID-19 pandemic, the timeline for the 2020 Legislative Session does not allow this bill to be referred and heard by more than one committee.

Status/Location: Senate Appropriations Committee – Suspense File.

TECHNICAL ASSISTANCE

Assembly Bill 2265 (Quirk-Silva)

Title: Mental Health Services Act: use of funds for substance use disorder treatment.

Summary: Authorizes funding from the Mental Health Services Act, to be used to treat a person with cooccurring mental health and substance use disorders when the person would be eligible for treatment of the mental health disorder as state in the MHSA. The bill also authorizes the use of MHSA funds to assess whether a person has cooccurring mental health and substance use disorders and to treat a person who is preliminarily assessed to have cooccurring mental health and substance use disorders, even when the person is later determined not to be eligible for services provided with MHSA funds. The bill would require a person being treated for cooccurring mental health and substance use disorders who is determined to not need the mental health services that are eligible for funding pursuant to the act, to be, as quickly as possible, referred to substance use disorder treatment services.

Commission's Position:

Staff from Assembly Member Quirk-Silva's Office presented AB 2265 to the Commission in January 2020. The Commission directed staff to work with Assembly Member Quirk-Silva to develop her proposal with guidance from Commissioner Danovitch and staff is to gauge interest and start to develop a proposal for the SMART/START initiative and bring the bills back for a future meeting.

On May 20, 2020, SB 855 was amended.

Amendments to AB 2265 are consistent with the direction from the Commission and the Executive Director worked with Commissioner Danovitch to develop the language for the amendments.

Status/Location: Senate – Desk.

Assembly Bill 3229 (Wicks)

Title: Maternal mental health

Summary: Would require each county to submit to the Mental Health Services Oversight and Accountability Commission by January 31 of each year a report describing how the county is using moneys allocated to the county from the Mental Health Services Fund to address maternal mental health issues. The bill would require the commission to post on its internet website the reports submitted by the counties. By imposing new duties on the counties, the bill would impose a state-mandated local program.

Commission's Position:

The Commission directed staff to gauge interest and start to develop a proposal for a maternal mental health pilot project, and bring bill back for a future meeting.

Status/Location: Assembly – Dead.



STAFF ANALYSIS FSP MULTI-COUNTY COLLABORATIVE

Innovation (INN) Project Name:	Full-Service Partnership Multi-County Collaborative
Collaborating Counties:	Sacramento, San Bernardino, Siskiyou, Ventura, <i>Fresno*</i>, <i>San Mateo**</i>
Total INN Funding Requested:	\$3,159,269
Duration of INN Project:	4.5 years***
MHSOAC consideration of INN Project:	TBD

** Fresno has already been approved by the Commission in June 2019 to utilize \$950,000 in INN funding for this project and are not seeking additional funding at this time. **With Fresno’s approved funding, the total INN funding for the Multi-County FSP Project is \$4,109,269.***

*** San Mateo is also a collaborating County; however, they will be utilizing a combination of CSS/PEI funding as opposed to utilizing INN funding. As San Mateo is not utilizing INN funding for their contribution towards this project, their funding is not captured as part of the total INN funding. The use of their CSS/PEI funding will be discussed in detail in the Budget Section.*

**** Fresno County’s duration for this project is 4 years.*

Primary Purpose of INN Project:	
<input checked="" type="checkbox"/>	Increases the quality of mental health services, including measured outcomes
<input checked="" type="checkbox"/>	Promotes interagency and community collaboration related to Mental Health Services, supports or outcomes
This Proposed Project meets one of the following criteria:	
<input checked="" type="checkbox"/>	Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention

Review History:

COUNTY	Fresno	Sacramento	San Bernardino	Siskiyou	Ventura
Total INN Funding Requested	\$950,000 Approved June 2019	\$500,000	\$979,634	\$700,001	\$979,634
Duration of INN Project	4 Years	4.5 Years	4.5 Years	4.5 Years	4.5 Years
County Submitted INN Project	5/30/2019	2/7/2020	2/7/2020	2/7/2020	2/7/2020
Date Posted for 30-Day Public Comment	6/18/2019	11/18/2019	11/27/2019	12/10/2019	12/17/2019
Approved by BOS	6/18/2019	1/14/2020	June 9, 2020	2/4/2020	3/10/2020

The county of San Mateo will not be contributing innovation funding to the project, and instead will utilize CSS and other one-time use funds to the project totaling \$750,000. The designated and approved one-time funds are to be utilized to meet a similar purpose and set of objectives such as The Multi-County FSP Innovation Project, as well as any ongoing needs related to FSP program improvements.

Introduction:

A total of six Counties will be participating in the Full-Service Partnership (FSP) Multi-County Collaborative. The Counties of Sacramento, San Bernardino, Siskiyou, and Ventura are seeking innovation spending authority to develop standardization practices for FSP service programs by utilizing data driven strategies and evaluation to better coordinate, improve, and implement FSP services statewide. **Fresno County received Commission approval to participate in this Full Service (FSP) Multi-County Collaborative on June 24, 2019.** San Mateo will utilize unspent CSS funds and - additional CSS funding to participate in the goals and activities of this Multi-County Collaborative alongside the other counties.

Third Sector (the Contractor) will work collaboratively with the above Counties by administratively guiding counties through development and implementation of sharing data driven strategies and providing critical technical assistance. This project is aimed at improving service delivery, operations, data collection, and FSP service evaluation. There will NOT be a disruption in FSP services; each contractor—Third Sector and the California Mental Health Services Authority (CalMHSA), and selected evaluators—will act in an administrative advisory capacity only. Participating counties will continue to provide FSP services throughout the duration of this project.

The value of the project will be examined through a statewide evaluation that will enhance meaningful outcomes and improve client experiences. The data-driven project goals will help with consistent implementation of FSP programs service eligibility, enrichment of client experiences and service delivery; moreover, providing structure to share newly created data-driven opportunities and learning to promote ongoing program improvements. The project will allow shared data-driven criteria to be evaluated, standardized, and implemented to provide consistency of FSP services for all counties in California.

Identified Need:

Full-Service Partnerships are designed to support individuals requiring services with the most severe mental health needs and co-occurring disorders. The FSP model serves this most severe population, for all age groups, and mandates a doing “whatever it takes” approach to provide services to those in need to help individuals on their path to recovery and wellness.

According to *The National Institute of Mental Health*, Serious Mental Illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. Nearly one in five U.S. adults live with a mental illness (46.6 million, in 2017).

The FSP’s are designed to serve those who have been diagnosed with a severe mental illness and would benefit from an intensive service program.

FSP programs have encountered two significant barriers in the facilitation and delivery of the “whatever it takes” model, interfering with the delivery of the FSP promise. (1) Specific FSP programs are difficult to establish, support and treat underserved populations, (2) data collection coordination has not been established and/or consistently implemented. Delivering on the promise requires defining what components are essential and establish standardization for statewide FSP services. Service coordination to evaluate essential components of FSP service programs is limited by the lack of data collection, sharing and evaluation for establishing best practice service deliverables from the results.

The participating counties expressed that they would like to further improve, standardize, and implement FSP best practices while also utilizing ongoing data sharing strategies for continuous service improvements and implementation. This includes clearly defined eligibility criteria, referrals, and graduation. San Bernardino County stated, “consumers have expressed interest in a standardized format for eligibility criteria and (seek) consistency in services that are offered and/or provided.” This Multi-County Collaborative will evaluate data across counties and better define FSP *best practices*. **As a result of the learning and evaluation, standardization for FSP programs will improve client services and outcomes, ultimately, delivering on the FSP promise.**

Discussion:

The proposed project is county-driven and seeks to address two main barriers to meeting the “whatever it takes” model through FSP programs: (1) a lack of information about FSP programs and their components that are found to deliver the greatest impact; and (2) inconsistent FSP implementation. Counties report that while there have been attempts to overcome these barriers, there is still a need for further innovation.

While all counties participating in this collaborative provide FSP services, the program implementation and components of this project are specific to each counties’ identified needs (**see pgs. 31-52 for individual county plans**). **This Innovation projects seeks to define, and measure county identified FSP outcomes, and consistent methods of data collection, data sharing, and data usage. Additionally, this project seeks to standardize essential components of FSP programs, service guidelines, as well as ongoing FSP performance management and improvement processes.**

This project is informed by two FSP projects. The first is a multi-county collaboration of four counties that are taking part in a classification study sponsored by the Commission. One limitation of this study, however, is the scope of the study. This project does not evaluate the full range of FSP programs, such as its exclusion of FSP programs that serve children. A second project is being conducted by the Los Angeles Department of Mental Health with support from Third Sector Capital Partners and UCLA. This study examines components of FSP programs that are associated with outcomes—namely early exits. While this study has led to the development of strategies that will help to overcome the identified barriers, this project does not propose ways in which these strategies may be applied to FSP programs. Additionally, the changes implemented in Los Angeles County may not be appropriate in meeting the needs of smaller, more rural counties, and the general makeup of other counties overall.

The proposed multi-county project seeks to build on lessons learned from the above-mentioned projects. This project takes on the multi-county approach that the FSP classification pilot study has taken, and the development of learning collaboratives that has been taken by the FSP project being headed by Los Angeles County. Doing so will allow for county-specific needs to be addressed, but also contribute to statewide learning that non-participating counties can also benefit from.

The FSP Multi-County Collaboration project will have five distinct areas of focus:

1. **Defining and Tracking Priority Outcomes:** there is a strong need for FSP service program improvement through data collection and evaluation to help define and track past and current performance measures as well as outcomes. The data will assist in establishing a *best practice* approach to track, standardize, and apply measures consistently between counties and across programs for statewide consistency.
2. **Develop and/or Strengthen Processes:** establish new processes including supporting shared learning collaborations, accountability, develop and strengthen existing processes for continuous improvements, support meaningful comparisons, and utilize data to provide continuous improvements of FSP services for clients statewide.

3. Strategy to Track and Streamline Performance Measures: evaluate state-level and county-specific reporting tools to develop strategies for best tracking performance measures and outcomes.
4. Develop a Consistent FSP Framework: develop a *best practice* FSP framework and consistent interpretation of core components that allow adaptations for county specific needs.
5. Define Program Criteria: define clear and consistent eligibility, enrollment, referral and graduation criteria. Develop county and provider guidelines for dissemination of information and implementation protocols.

The Commission has supported the development of this proposal through a contract with Third Sector to lead this project through administration and technical assistance. Third Sector has also assisted in identifying the counties that will take part in this project—both through their partnership in this Innovation project as well as through the learning community that will be developed.

The approach that is being proposed by this project is justified and supported by current research, legislation, and local need. Commission staff were unable to identify any other existing multi-county projects that (1) are county-driven, (2) provide technical assistance to help providers improve both system-level and consumer-level outcomes, and (3) seek to develop a best practice for FSP program implementation.

Learning Objectives and Evaluation:

Participating counties are seeking to implement a project that will help to develop new data-informed strategies to improve and coordinate FSP service delivery, operations, data collection, and evaluation. The proposed project will increase the quality of mental health services, including measured outcomes as well as promote interagency collaboration. Though not service-oriented, this project's main goal is to improve FSP client outcomes through its attempt at transforming the delivery and management of FSP programs—or its systems-level impact.

To guide their project, the counties have identified several learning questions that are centered on both systems-level and client-level outcomes. These learning questions include:

1. What was the process that each participating county and Third Sector took to identify and refine FSP program practices?
2. What changes to counties' original FSP program practices were made and piloted?
3. Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collections and reporting for FSP programs?
4. Has this project improved how data is shared and used to inform discussions within each county on FSP program performance and strategies for continuous improvement?

5. How have staff learnings through participation in this FSP-focused project led to shared learning across other programs and services within each participating county?
6. What was the process that participating counties and Third Sector took to create and sustain a collaborative, multi-county approach?
7. What concrete, transferrable learnings, tools, and/or recommendations for state-level change have resulted from the outcomes-driven FSP learning community and collective group of participating counties?
8. Which types of collaborative forums and topics have yielded the greatest value for county participants?
9. What impacts has this project and related changes created for clients' outcomes and clients' experiences in FSP?

With the assistance of Third Sector and CalMHSa, the counties will work to procure an outside evaluator to finalize the overall evaluation for the project within the first year of implementation. The Counties have identified the RAND Corporation as a potential evaluator for the FSP project. In addition to finalizing the overall goals and learning questions for the project, counties will also finalize the measures, data sources, and baseline data that will be used to evaluate system- and client-level impacts. The counties propose utilizing both quantitative and qualitative data to evaluate the project.

System-Level Impacts

Data that will be used to evaluate system-level impacts will be gathered from surveys and qualitative interviews that will be completed by participating counties and state agencies.. Some system-level measures may include (**see pgs. 11-12 of plan**):

- Number of policy changes made by DHCS or the Commission
- Number of counties implementing a new FSP services approach
- Number of counties adopting improvements or changes to FSP practices
- Overall staff and clinician satisfaction with outcomes measures selected
- Increased stakeholder engagement and representation in decision-making and FSP program discussions

Outcome-Level Impacts

Data that will be used to evaluate client-level impacts will gathered from local data collection systems, such as those from local housing agencies, local jails, billing records from local hospitals, as well as FSP provider data, among others. Some client-level measures may include (**see pgs. 12-14 of plan**):

- Percentage of “housing insecure” FSP clients connected with housing support
- Changes in recidivism levels for “justice involved” FSP clients
- Changes in utilization of emergency psychiatric facilities
- Percentage of clients graduating FSP successfully
- Percentage of FSP clients reporting trust and satisfaction with their FSP provider

Because the counties have identified accessing individual data as part of the evaluation plan, the counties have stated that steps will be taken by the outside evaluator to

ensure data protections are in place when accessing Personally Identifiable Information (PII) or Protected Health Information (PHI).

Overall, the evaluation plan proposed by the counties meets the learning objectives and primary purposes of the project. At the conclusion of the project, Third Sector will assist counties in developing a communication plan to share lessons learned and accomplishments gained through this project. Additionally, any recommendations that result from this project may be used to make recommendations to state-level data collection and reporting requirements.

The Community Program Planning Process

Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou and Ventura Counties each demonstrated that this project was reviewed and supported by their communities through a local community planning process.

This project was shared initially on the Commission’s listserv and with its six stakeholder contractors on December 17, 2019 and the final proposal was shared on February 18, 2020. During this period, **one letter of support** from a member of the Commission’s Client and Family Leadership Committee was received (see comments below) and **no letters of opposition** were received.

“I think this is an excellent Innovation Project opportunity to use a multi-county approach to solve the FSP challenge. The two barriers presented, ‘lack of information’ and ‘inconsistent FSP implementation’ are in my opinion the main reasons for skewed data. It appears that the six counties selected for the study shall present the MHSOAC with enough diversity to take this matter to the next level.”

- CFLC Member

Fresno

Fresno County leadership discussed the possibility of developing this plan to evaluate FSP programs and contract with Third Sector and other counties in January 2019. Fresno County submitted a letter of support advising the Commission of its interest in joining the FSP Multi-County collaborative on March 8, 2019.

On April 30, 2019, this project was included in a Summary of Changes to the Annual Update, which had originally been posted for public comment on April 15, 2019. The County then held a public hearing of its Behavioral Health Board on the Annual Update, including the FSP Multi-County Collaborative project, on May 15, 2019. There were no public comments or objections to the intent to use Innovation funds on this project. The Fresno County Board of Supervisors final approval and adoption was completed on June 18, 2019. The Commission approved the project in the amount of \$950,000 on June 24, 2019.

This project was shared with the Commission list serve for public comment and stakeholder contractors on June 3, 2019. There were no letters of support or opposition received.

Sacramento

On May 16, 2019, the FSP Innovation Project was introduced to stakeholders at the Mental Health Services Steering Committee. The FSP Project was presented and discussed at the MHSA Steering Committee on October 17, 2019. The Steering Committee meeting held on October 17, 2019, included 24 committee members and 17 members of the public. The Sacramento County Division of Behavioral Health Services received full support of the Steering Committee in favor of participating in the FSP Project utilizing Innovation funding. Members of the committee volunteered to represent other multiple stakeholder interests including Veterans and Faith-based/Spirituality communities.

Sacramento County's Multi-County FSP Innovation Project was posted as an attachment in the Annual Update (FY 2019-2020) from November 18, 2019 through December 18, 2020. No public comments were received regarding this project. The Board of Supervisors approved the project on January 14, 2020.

Sacramento will be using funds subject to reversion in the amount of \$500,000.

San Bernardino

The FSP Multi-County Collaborative was shared with stakeholders at several local meetings between July 2019 and October 2019. Some of the meetings included: Community Advisory Policy Committee (CPAC), July 18, 2019; Asian Pacific Islander Awareness Subcommittee, September 13, 2019; Santa Fe Social Club, September 16, 2019; African American Awareness Subcommittee, September 16, 2019; Yucca Valley One Stop TAY Center, September 16, 2019; Native American Awareness Subcommittee, September 17, 2019; Transitional Age Youth (TAY) Subcommittee, September 18, 2019 (see full list on pgs. 36-37 of plan).

Most of the stakeholder feedback was in favor of San Bernardino County Department of Behavioral Health participating in the Multi-County FSP Innovation project with 96% of the stakeholders in support of the project, 4% neutral, and 0% opposed. On November 27, 2019, a draft of the plan was posted for 30-day public comment. No feedback was received. On January 2, 2020, the plan was presented before the San Bernardino County Behavioral Health Commission and is set to be reviewed and submitted for approval by the Board of Supervisors in February or March 2020.

San Bernardino requests to contribute \$979,634 in MHSA Innovation funds. A portion of the funds (\$386,222) will cover specific expenditures for San Bernardino and the remainder (\$593,412) towards shared pool of resources the county will utilize to cover shared projects costs (i.e. Third Sector TA; CalMHSA; third-party evaluation).

San Bernardino reported that they are not using funds subject to reversion for this project.

San Mateo

The county of San Mateo is utilizing unspent CSS funding for this project. San Mateo will be utilizing \$750,000 in unspent CSS funds. The designated and approved one-time

funds are to be utilized to meet a similar purpose and set of objectives such as The Multi-County FSP Innovation Project, and ongoing efforts to improve FSP programs.

Siskiyou

The Multi-County FSP Innovation Project was shared with stakeholder groups in March 2019 and the proposed use of Innovation funds was well-received. On December 10, 2019, a draft of the plan was posted for public comment. No comments were received. The plan was also presented at a public hearing with the Local Mental Health Board on January 21, 2020. The Board of Supervisors reviewed and approved the plan on February 4, 2020.

Siskiyou is not using funds subject to reversion.

Ventura

The Multi-County Collaborative FSP Project was shared at the Behavioral Health Advisory Board subcommittee meetings including the Adult Committee, November 7, 2019; Executive Meeting, November 12, 2019; Prevention Committee, November 12, 2019; Youth & Family Committee, November 13, 2019; TAY committee, November 21, 2019; and the General Meeting, November 18, 2019.

Ventura County is using funds subject to reversion in the amount of \$979,634.

The Budget

County	Total INN Funding Requested	Third Sector (Direct Costs)	CalMHSA (Direct Costs)	Evaluator (Direct Costs)	Personnel Costs	Operating Costs
Sacramento	\$500,000	\$409,718 (82 %)	\$48,614 (10%)	\$41,668 (12%)	\$0	\$0
San Bernardino	\$979,634	\$498,494 (51%)	\$53,250 (5%)	\$41,668 (12%)	\$349,272 (36%)	\$36,950 (4%)
Siskiyou	\$700,001	\$220,336 (31%)	\$53,252 (8%)	\$231,668 (64%)	\$178,745 (26%)	\$16,000 (2%)
Ventura	\$979,634	\$498,494 (51%)	\$53,250 (5%)	\$41,668 (12%)	\$246,264 (25%)	\$139,958 (14%)
Total	\$3,159,269	\$1,627,042	\$208,336	\$356,672	\$953,375	\$192,908
County	Total INN Funding APPROVED	Total Other Expenditures		Personnel Costs	Operating Costs	
Fresno	\$950,000	\$840,037 (89%)		\$69,963 (7%)	\$40,000 (4%)	
Total INN Funding	\$4,109,269	\$840,037		\$69,963	\$40,000	
County		Third Sector (Direct Costs)	CalMHSA (Direct Costs)	Evaluator		

	Utilization of Unspent CSS Funds			(Direct Costs)
San Mateo	\$750,000	\$498,494 (66%)	\$53,250 (7%)	\$198,256 (26%)
Total	\$750,000	\$498,494	\$53,250	\$198,256
Total INN Funding for Multi-County FSP Project (including CSS & PEI funding components):				\$4,859,269

Fresno, Sacramento, San Bernardino, Siskiyou, and Ventura counties are collectively contributing \$4,109,269 of innovation dollars to fund the FSP Multi-County Collaborative for the next 4.5 years. San Mateo is contributing \$750,000 dollars of CSS unspent funding. for a project total of \$4,859,269.

Evaluation Costs

The current budget projects a total of \$596,596 for evaluation costs for all six counties, with Fresno County also contributing \$41,668. Third Sector and CalMHSA will assist counties in procuring an outside evaluator. Counties have identified the RAND Corporation as a potential evaluator for the project.

Personnel Costs

For all six counties total personnel cost including county staff salaries and benefits, are approximately \$1,023,338 for the duration of the project.

Operating Costs

Total operating expenses for all counties, including travel costs for site visits and administrative assistance, participating in this project are \$232,000 for the duration of the project. The budget table identifies specific operating costs for each participating county.

Non-Recurring Costs

No recurring costs are required or identified.

Additional Contractor Costs

Both Fresno County and San Bernardino County are contributing additional “in kind” funding to support the project.

Sustainability Plan

While most of the sustainability planning will take place during the final two months of the project, Third Sector will provide sustainability guidance throughout each stage of

the project. It is important to note that Third Sector will **not** provide FSP services to clients from participating counties, they are providing administrative services only. FSP services **will** continue to be provided by each participating county throughout the duration of the project.

Third Sector will work with each county to develop a sustainability plan and make corrections and adjustments from learnings throughout each project stage, which will be amended and refined accordingly.

All individual counties seeking to join this project appear to have met the minimum regulatory requirements listed under MHSA Innovation regulations, and once the Innovation Project is approved, the County must receive and inform the MHSOAC of their certification of approval from the San Bernardino County Board of Supervisors before any Innovation Funds can be spent.

Comments:

Given the evaluation plan for this multi-county project may change when an evaluator is procured, the counties should provide an update to the Commission once the evaluation plan is finalized.

References:

Mental Illness: Serious Mental Illness Definition and prevalence of SMI (2017). National Institute of Mental Health (NIMH). Retrieved from <http://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

INNOVATION PROJECT PLAN

Participating Counties: Fresno¹; Sacramento; San Mateo²; San Bernardino; Siskiyou; Ventura

Project Title: Multi-County Full Service Partnership (FSP) Innovation Project

Duration of Project: January 1, 2020 through June 30, 2024 (4.5 years)

Section 1: Innovation Regulations Requirements Categories

General Requirement: An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

Primary Purpose: An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

¹ Fresno County has already submitted an Innovation Project plan to the MHSOAC detailing its plans to participate in this project; this plan was approved by the MHSOAC in June 2019.

² San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use unspent MHSA CSS funds to participate in the goals and activities of this project, alongside other counties. These are one-time funds that have been designated and approved through a local community program planning process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but intends to participate in the broader effort and, thus, is included here and in the Multi-County FSP Innovation Project plan.

Section 2: Project Overview

Primary Challenge

Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. In particular, Full Service Partnerships (FSP) support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a “whatever it takes” approach to serving and partnering with individuals living with severe mental illness. In many counties, FSP programs are effectively improving life outcomes and staff can point to success stories, highlighting dedicated staff and programs tailored to specific cultural groups and ages.

Despite the positive impact of FSP, the program has yet to reach its full potential. Many Californians with serious mental illness still struggle to achieve fuller, more independent lives and achieve the outcomes that MHSA prioritizes (i.e., reduced criminal justice involvement, incarceration, unnecessary hospitalizations, in-patient stays, and homelessness).

Counties and FSP providers have identified two barriers to improving and delivering on the “whatever it takes” promise of FSP:

The first is a *lack of information* about which components of FSP programs deliver the greatest impact. To date, several counties have strived to establish FSP programs to address specific populations and specific underserved regions, but data collection has been limited or inconsistently implemented. Additionally, there have been few coordinated efforts or comprehensive analyses of this 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 often only on a best guess as to what will be effective. Counties desire a more data-driven approach to program development and continuous improvement, one rooted in shared metrics that paints a more complete picture of how FSP clients are faring on an ongoing basis, is closely aligned with clients’ needs and goals, and allows comparison across programs, providers, and geographies. As one participating county (San Bernardino) described during an early planning meeting for this project, “Community members, FSP staff, and clinicians have identified an opportunity for data collection [and metrics] to be better integrated with assessment and therapeutic activities.” These metrics might move beyond the current state-required elements and allow the actionable use of data for more effective learning and ongoing program refinement. Several counties and their provider staff, for example, indicate that FSP data is collected for state-mandated compliance and does not inform decision-making or service quality improvements. In addition, data is collected within one system, typically by FSP providers; however, meaningful FSP outcomes are designed to be measured with cross-agency data (such as health care, criminal justice, etc.), meaning many counties are reliant on self-reported progress toward outcomes rather than verified sources.

The second barrier is *inconsistent FSP implementation*. FSP’s “whatever it takes” spirit has allowed necessary flexibility to adapt the FSP model for a wide variety of populations and unique local contexts. At the same time, this flexibility inhibits meaningful comparison and a unified standard of care across the state. During early planning conversations for this project, several counties indicated the need to improve how their county collects and uses FSP program data, particularly as it relates to creating

consistent and meaningful criteria for eligibility, referral, and graduation. As one participating county (San Bernardino) described, “consumers have expressed interest in a standardized format for eligibility criteria and [seek] consistency in services that are offered and/or provided.” While some variation to account for local context is to be expected, standardizing these processes using data, evidence, and best practices from across California offers the promise of significant performance improvements and better client outcomes.

To-date, several initiatives have worked on related challenges but have not identified solutions that are directly applicable to this dual-natured problem, or they have not attempted to apply solutions in a statewide context. Specifically:

- While Los Angeles (LA) County’s Department of Mental Health has attempted to address these two primary challenges via their FSP transformation pilot, it remains to be seen whether the metrics, strategies, and data-driven continuous improvement approach is directly applicable to other California counties, or whether their solutions need further customization and refinement in order to be used as a statewide model. Through this Multi-County FSP Innovation Project, counties will also seek to compare and leverage needs and solutions from Los Angeles County, determining how their metrics and processes can be adapted to be relevant to California counties of all geographies and sizes.
- In 2011 and 2014, the Mental Health Services Oversight and Accountability Commission (MHSOAC) supported two efforts³ that, at a high level, worked to develop priority indicators of both consumer- and system-level mental health outcomes through leveraging existing data, develop templates and reports that would improve understanding of FSP impact on these outcomes, and identify gaps and redundancies in existing county data collection and system indicators. However, these efforts did not work to implement these changes in a collective, consistent multi-county manner, nor did they focus on additional FSP elements such as eligibility and graduation criteria. This effort also did not focus on creating actionable continuous improvement strategies that would improve the quality and consistency of FSP programs.

Proposed Project

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This Multi-County FSP Innovation Project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

The MHSOAC has supported Third Sector in leading counties through the process of developing and implementing this Multi-County FSP Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSP programs. A San Francisco-based nonprofit, Third Sector has helped behavioral and mental health programs nationwide create an

³ The 2011 effort was undertaken by the UCLA Center for Healthier Children, Families, and Communities and EMT Associates. The 2014 effort was undertaken by the UCLA Center for Healthier Children, Families, and Communities and Trylon.

improved focus on outcomes, guiding government agencies through the process of implementing and sustaining outcomes-oriented, data-driven services focused on improved meaningful life outcomes. *Section 4: INN Project Budget and Source of Expenditures* below further describes Third Sector's experience and approach to transitioning social services programs to an outcomes orientation. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with each participating county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and adjusting responsively to any challenges.

Through participation in this Multi-County FSP Innovation Project, participating counties will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance. Staff will examine what matters in improving individual wellness and recovery and take a data-informed approach to program design, evaluation, and continuous improvement, leading to more effective and responsive FSP programs. The overall purpose and goals of the Multi-County FSP Innovation Project are to:

1. **Improve how counties define and track priority outcomes** and related performance measures, as well as counties' ability to apply these measures consistently across FSP programs
2. **Develop new and/or strengthen existing processes for continuous improvement** with the goals of improving outcomes, fostering shared learning and accountability, supporting meaningful program comparison, and effectively using qualitative and quantitative data to inform potential FSP program modifications
3. **Develop a clear strategy for how outcomes and performance measures can best be tracked and streamlined** through various state-level and county-specific reporting tools
4. **Develop a shared understanding and more consistent interpretation of the core FSP components** across counties, creating a common FSP framework that both reflects service design best practices and is adaptive to local context
5. **Increase the clarity and consistency of enrollment criteria, referral, and graduation processes** through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners

Collaboration with a Statewide FSP Outcomes-Driven FSP Learning Community: In addition to the county-specific implementation technical assistance (TA) proposed in this Innovation Project, counties participating in this Innovation Project have co-developed and will participate in a concurrent, statewide Outcomes-Driven FSP Learning Community that Third Sector is leading with funding from the MHSOAC. County MHSA and FSP staff, FSP providers, FSP clients, and other community stakeholders will engage in an interactive learning process that includes hearing and sharing lived experiences and developing tools to elevate FSP participant voice. Third Sector will synthesize and disseminate learnings between counties participating in this Innovation Plan and the Outcomes-Driven FSP Learning Community, helping each group build upon the work of the other, and develop a set of recommendations for any state-level changes to FSP requirements and/or data collection practices that are supported by a broad coalition of participating California counties.

Rationale for Using the Proposed Approach

Over the past several months, a broad group of counties (beyond the six counties participating in this Innovation Project) and Third Sector have convened to further unpack these challenges in a collective setting. Specifically, counties and Third Sector have collaborated in several virtual and in-person convenings to develop (i) an initial baseline understanding of counties' current FSP programs, including unique assets and challenges as it relates to defining and measuring important FSP client outcomes; data collection, data sharing, and data use; FSP services and population guidelines; and ongoing FSP performance management and continuous improvement processes, and (ii) an initial, shared plan for implementing outcomes-focused FSP improvements. Counties have expressed interest in developing a consistent and understandable framework for data collection and reporting across counties that better encourages actionable analysis of outcomes data and helps counties track the adoption of evidence-based practices.

The activities and goals proposed by this project are directly informed by these efforts and designed to respond to common challenges, capacity needs, and shared opportunities for FSP program improvements cited by counties.

This approach is also inspired by Los Angeles County Department of Mental Health's (LACDMH) journey to similarly focus their FSP programs on meaningful outcomes. This Innovation Project will build off LACDMH's early successes, implement adjusted strategies and approaches that are appropriate for a statewide context, and facilitate broader statewide exchange of collective learning and shared opportunities for improving FSP programs.

Number and Description of Population(s) Served

This project focuses on transforming the data and processes counties use to manage their FSP programs to improve performance at scale; it does not entail direct services for FSP clients. Accordingly, we have not estimated the number of individuals that will be served or identified specific subpopulations of focus. This project will build outcomes-focused approaches across a variety of age-specific and population-specific FSP programs statewide, exploring and identifying key commonalities and relevant differences by population of focus, and building a flexible, scalable set of strategies that can be further implemented statewide.

Research on the Innovative Component

This Innovation Project presents a new opportunity and innovative practice for participating counties in several ways:

1. Systems-Level Changes to Accelerate Performance

Instead of piloting a new FSP service or intervention, this project will reduce barriers that prevent counties from leveraging data and evidence to deliver better outcomes in FSP programs. While piloting and testing new service interventions remains a key tool for driving mental health services innovation, far too often promising innovations are expected to take root in systems that lack the infrastructure or capacity to support them—leading to suboptimal replication, challenges disseminating learnings, or failure to scale. This Innovation Project seeks to address those structural barriers by accelerating counties’ ongoing efforts to use data and shared outcome goals to continuously improve their FSP programs, and do so in a manner that centers on increasing statewide learning.

2. County-Driven Origins with Statewide Impacts

This project also represents an opportunity for counties to drive state progress on reporting requirements, data collection, and data use. Many counties have individually struggled to track FSP client outcomes and make meaningful use of the existing data, but have to-date approached this problem alone. Recognizing these gaps and the power of a collective effort, counties themselves took the initiative to form this project as a response to their individual FSP program challenges and after hearing reflections on Los Angeles County Department of Mental Health’s FSP transformation.

The county-driven origins of this project, paired with support from the MHSOAC, present a unique opportunity for participating counties to both (i) pursue county-specific implementation efforts that will drive lasting improvements within their *individual* FSP programs, and (ii) exchange learnings from these implementation efforts with other counties via a structured Outcomes-Driven FSP Learning Community designed to help increase *statewide* consensus on core FSP components and develop shared recommendations for state-level changes to FSP data requirements and guidelines.

3. Introducing New Practices for Encouraging Continuous Improvement and Learning

This project proposes to introduce new data-driven practices for managing FSP programs that center on improving clients’ experiences and life outcomes and aim to increase consistency in how FSP programs are administered within and *across* different counties. It aims to develop and pilot continuous improvement processes and actionable data use strategies that are tailored to each participating county’s specific context, and to generate new learning and shared consensus around FSP program and performance management best practices, alongside other participating counties. For example, a county may implement a new data dashboard that helps better illustrate client utilization of emergency services over time. This dashboard could be used to understand the relationship between an incoming client’s needs, FSP services delivered, and changes in emergency services utilization over time. With this newly clarified data, county staff and/or providers would be able to understand and collaboratively discuss how different clients’ needs should determine the services they receive, based on the historical success of other, similar clients.

4. Building on Individual County Progress to Create a Statewide Innovative Vision

This project will build on the continuous improvement tools and learnings emerging from Third Sector’s existing work with the Los Angeles County Department of Mental Health’s (LACDMH) FSP

transformation, which centered on understanding and improving core FSP outcomes across all age groups, inclusive of improving stable housing, reducing emergency services utilization, and reducing criminal justice involvement. LACDMH's FSP transformation efforts have led to the development of new continuous improvement-focused "Learning Collaboratives" (regular meetings for providers and LACDMH to review outcomes data and discuss new service approaches), have surfaced new learnings and questions (e.g., how to define and measure positive FSP life outcomes like "meaningful use of time"), and have better standardized FSP programs via clarified enrollment and graduation criteria. This project presents an opportunity to deeply explore these learnings and tools at a statewide level in a collaborative manner, bringing counties together to explore and identify which FSP changes and innovations that LACDMH pursued (or purposefully did not pursue) might be most relevant and applicable across counties and, importantly, what modifications are necessary to implement these learnings at a state-level. More specifically, counties will explore how these changes may need to be adopted to meet the needs of counties with a variety of different attributes (e.g., smaller counties, more rural counties, counties with fewer program staff, counties with fewer contracted FSP programs, counties with different ethnic and racial makeups), balancing the desire for increased consistency with the spirit of meeting local context and needs.

5. Building Upon Existing Data-Focused Multi-County Collaborations

In addition, this project differs from existing, data-focused multi-county Innovation Projects in its focus on *implementing and applying* data insights to refine current learning and continuous improvement practices within FSP programs.

Four California counties are currently participating in an FSP "classification" pilot study sponsored by the MHSOAC and in partnership with the Mental Health Data Alliance. Through surveys of specific programs, this "classification" pilot seeks to identify specific components of FSP programs that are associated with high-value outcomes, namely early exits. The "classification" study can create and already has produced valuable learning on how counties can define outcomes like early exit and what FSP program characteristics map to a specified outcome. Moreover, it is an important demonstration of the value of collecting, maintaining, and sharing descriptive information about FSP program profiles that counties can correlate to FSP client outcomes.

However, the "classification" pilot does not propose to support counties in *applying* such learnings to their FSP programs, or in creating sustainable data feedback loops that leverage existing data to drive more real-time, continuous program improvements. Additionally, as a pilot, it is limited to the four participating counties and to a select few FSP programs and types (TAY, Adult, and Older Adult). Counties participating in this Multi-County FSP Innovation Project may look at the entire range of FSP services (including Child). Finally, this project will regularly connect with a larger group of counties than the scope of the "classification" pilot allows, leveraging the statewide Outcomes-Driven FSP Learning Community that is open to all counties (beyond the six counties contributing funds in this Innovation Project proposal) and that will encourage broader statewide input and collaboration.

In 2011, the UCLA Center for Healthier Children, Families, and Communities and EMT Associates, with support from the MHSOAC, developed templates and reports on statewide and county-specific data that would improve understanding of MHSA's impact, as well as evaluated existing statewide data on FSP

impact. While this effort worked to identify current data collection practices and develop data templates, it did not suggest new outcomes domains, data collection, or metrics. Moreover, this effort did not focus on creating actionable continuous improvement strategies that would improve the quality and consistency of FSP programs and services.

Similarly, in 2014, the UCLA Center for Healthier Children, Families, and Communities and Trylon, with support from the MHSOAC, reviewed existing data to develop priority indicators of both consumer- and system-level mental health outcomes and understand trends and movement in these indicators over time. This effort also identified gaps and redundancies in existing county data collection and system indicators. However, it did not attempt to *implement* new and consistent outcomes and metrics across multiple counties, nor did it develop regular continuous improvement processes that would leverage these specific measures in an action-oriented, data-informed manner.

This Innovation Project will go beyond both the 2011 and 2014 UCLA-led projects by focusing on both the implementation of new data collection and data use strategies, improving consistency and clarity of program guidelines (especially those around cultural or other specific types of services, eligibility, and graduation), and better understanding the connection between FSP services and outcomes. In this manner, this proposed Multi-County FSP Innovation Project proposes a new approach by expanding the extent to which counties attempt to align and create consistency.

5. Proposing Changes to State-level FSP Data Requirements

Building from the above, this project also intends to surface specific data collection and data use elements that counties can use to track their FSP outcome goals in a more streamlined, consistent fashion that can be feasibly applied across the state. Through this project, counties will develop a more cohesive vision around which data elements and metrics are most relevant and recommend changes to statewide FSP data requirements that better prioritize and streamline their use. Ultimately, these recommendations will aim to better support counties in understanding who FSP serves, what services it provides, and which outcomes clients ultimately achieve.

Stakeholder Input

Through individual discussions and group convenings, Third Sector and participating counties have discussed several strategies to ensure that the Multi-County FSP Innovation Project aligns with each county's goals, including priorities expressed in stakeholder forums. The Appendix includes more detail about each county's specific stakeholder needs, how this project addresses these needs, and how community planning processes in each county have impacted the overall project vision.

To date, Third Sector has supported counties in sharing the project with local stakeholders by providing summary materials (i.e. project descriptions and talking points) and answers to frequently asked questions. These materials were requested by counties and designed to be accessible to a broad audience. Counties such as Sacramento and San Bernardino have already used and adapted these for community planning meetings, soliciting feedback that has helped to inform this plan. Currently, all participating counties have shared this project as a part of their three-year plan, annual update, or standalone proposal for public comment and county Board of Supervisors' review.

Furthermore, this project intends to engage county stakeholders—including program participants, frontline staff, and other key community partners—throughout its duration. In the implementation stage, engagement activities may include consulting and soliciting feedback from stakeholders when defining the outcome goals, metrics, service components, and referral and graduation criteria. Counties may choose to do this through focus groups, interviews, and working group discussions. Counties may also invite participants or community representatives to participate in statewide Outcomes-Driven FSP Learning Community events. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future county meetings that are open to the public. Additional description of these activities can be found in the *Work Plan and Timeline* section below.

Learning Goals and Project Aims

This project expects to contribute new learnings and capacities for participating counties throughout the county-specific TA and evaluation activities involved. Specifically, this project will seek to assess two types of impacts: (A) the overall impact and influence of the project activities and intended changes to current FSP practices and program administration (“systems-level impacts”), and (B) the overall improvements for FSP client outcomes (“client-level impacts”). These two types of measures will help determine whether the practices developed by this project simplify and improve the usefulness of data collection and management and cross-county collaboration, and whether these practices support the project’s ultimate goal of improving FSP client outcomes. Guiding evaluation questions that this project aims to explore include, but are not limited to, the following, as divided by each type of impact:

A) Systems-Level Impacts

Systems-level impacts will be assessed both within each county to understand local administration changes, as well as across counties to assess the impact of the multi-county, collaborative approach. Guiding evaluation questions to understand changes to individual county FSP administration are:

1. What was the process that each participating county and Third Sector took to identify and refine FSP program practices?
2. What changes to counties’ original FSP program practices were made and piloted?
3. Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collection and reporting for FSP programs?
4. Has this project improved how data is shared and used to inform discussions within each county on FSP program performance and strategies for continuous improvement?
5. How have staff learnings through participation in this FSP-focused project led to shared learning across other programs and services within each participating county?

Beyond the above county-level learning goals, the project also aims to understand the value of a collaborative, multi-county approach via understanding the level of county collaboration, the quality of it, and its ultimate impact. Guiding evaluation questions to assess the collaborative nature of this project include, but are not limited to:

6. What was the process that participating counties and Third Sector took to create and sustain a collaborative, multi-county approach?

7. What concrete, transferrable learnings, tools, and/or recommendations for state-level change have resulted from the Outcomes-Driven FSP Learning Community and collective group of participating counties?
8. Which types of collaboration forums and topics have yielded the greatest value for county participants?

B) Client-Level Impacts

9. What impacts has this project and related changes created for clients' outcomes and clients' experiences in FSP?

Evaluation and Learning Plan

This project will include two types of learning and evaluation.

First, Third Sector and the counties will pursue a number of evaluation and data analysis activities throughout the duration of the project (as described in the *Work Plan and Timeline* section below) to better understand and measure current FSP outcomes and identify appropriate strategies for improving these outcomes.

Second, Third Sector and the California Mental Health Services Authority ("CalMHSA") will support counties in identifying, procuring, and establishing an ongoing governance structure for partnering with a third-party evaluator. This third-party evaluator ("evaluator") will provide an independent assessment of the project's impacts and meaningfully assess the above learning goals via an evaluation. These efforts will support counties in articulating a meaningful, data-informed impact story to share across the state about the specific actions pursued through this project and the resulting learnings.

Counties have expressed a desire to prioritize onboarding this evaluator in the early stages of the project. The counties have emphasized the importance of having this partner involved in any initial efforts to approximate counties' baseline FSP practices and performance, as well as provide appropriate time to execute any data-sharing agreements required for the evaluator to gather and assess outcomes data across each of the participating counties. Currently, counties have identified RAND Corporation as a potential evaluation partner, given that RAND has previously partnered with counties through CalMHSA and brings previous experience evaluating FSP programs in LA County. Participating counties, Third Sector,⁴ and CalMHSA are currently taking steps to contract and onboard this evaluation partner.

A description and example measures for each of the nine evaluation questions follows below. Counties, with support from Third Sector and the evaluator, will develop and finalize these measures after contracting with the evaluator. The evaluation plan will include a timeline for defined deliverables and will crystallize these evaluation questions, outcome measures, data-sharing requirements and resulting evaluation activities. Evaluation planning activities will also include developing and confirming a strategy

⁴ Third Sector will support counties in identifying and onboarding an evaluation partner, developing an ongoing governance structure for collaborating with the evaluator, and finalizing outcome measures and required data collection strategies through Third Sector's TA period (i.e., through November 2021). Third Sector does not plan to have an ongoing role in the Evaluation period (December 2021 through June 2024).

for each county to gather and collect data consistently, both for the purposes of creating a baseline understanding of current FSP program practices and performance, as well as for gathering data required for the evaluation.

The table below proposes potential qualitative and quantitative measures to assess both systems-level and client-level impacts. As described above, these system-level impacts will assess the positive value and changes experienced by participating counties and community stakeholders. These systems-level measures will be tracked during and following the initial 23-month implementation TA period, and directly answer guiding evaluation questions 1-8 above. Additionally, this project proposes to measure overall improvements in FSP client outcomes that may occur during the project timeframe (client-level impacts), to better understand evaluation question 9 above.

<i>Example Measures</i>	<i>Example Data Source</i>	<i>Relevant Evaluation Questions</i>
<i>Systems-Level Impacts</i>		
Policy changes that a county, the Department of Health Care Services (DHCS), or the MHSOAC implemented as a result of the project	Qualitative interviews of participating counties, state agencies	2, 5, 7
New FSP service approach as a result of the project	Qualitative interviews of participating counties, observational data from local FSP programs	2, 4, 5, 7
New data sharing mechanisms and/or agreements created to support ongoing evaluation, feedback, and analysis of disparities	Qualitative interviews of participating counties	3, 4, 7
Improvements or changes to FSP continuous improvement practices	Qualitative interviews of participating counties	2, 3, 4, 5, 7
New FSP metrics or data elements measured in each county	Qualitative interviews of participating counties	2, 3, 4, 5, 7
FSP metrics or data elements removed by each county due to lack of relevance or usefulness	Qualitative interviews of participating counties	2, 3, 4, 5, 7

<i>Example Measures</i>		<i>Example Data Source</i>	<i>Relevant Evaluation Questions</i>
	Overall staff and clinician satisfaction with quality and impact of outcome measures selected, changes to data collection practices and service guidelines	Survey and/or qualitative interviews of participating counties	2, 3, 4, 8
	Increased confidence from staff and clinicians that measures tracked are meaningful for participants and/or are regularly reviewed and used to inform programs	Survey and/or qualitative interviews of participating counties	3, 4, 8
	Increased understanding across providers and/or county staff of how priority outcomes are defined and the corresponding data collection and reporting requirements	Survey and/or qualitative interviews of participating counties and local staff	3, 4, 8
<i>Client- and Program Level Impacts</i>			
<i>Changes in cross-system outcomes, such as:</i>			
	Increased percentage of housing-insecure FSP clients connected with housing supports	Self-report via existing outcomes collections systems; data from local housing agencies	9
	Decreased recidivism for justice-involved FSP clients	Self-report via existing outcomes collections systems; data from local jails, and state prisons	9
	Decreased use of emergency psychiatric facilities	Self-report via existing outcomes collections systems; billing records from local hospitals via the county Mental Health Plan	9
	Increased percentage of clients engaging in recreational activities, employment, and/or other forms of meaningful use of time	Self-report via existing outcomes collections systems; additional	9

<i>Example Measures</i>		<i>Example Data Source</i>	<i>Relevant Evaluation Questions</i>
		new state and local data sharing agreements targeting tax and employment data	
	Increased percentage of clients graduating FSP successfully	Enrollment and retention data from county FSP providers	9
	Increased program graduation rates for clients due to increased capacity (i.e., exits because clients are stable and re-integrated into the community)	Enrollment and retention data from county FSP providers	9
<i>Additional client-level outcomes, such as:</i>			
	Reduced FSP outcome disparities (i.e. disparities by race, ethnicity, and language)	Comparison of pre- and post-outcomes on existing outcomes collections systems	9
	Timely access to programs and services aligned with individuals' long-term goals	FSP provider services and billing records	9
	Decreased utilization of crisis services in counties (e.g., emergency rooms, mental health, justice) due to increased emphasis on prevention and wellbeing	Data from county hospitals, jails, FSP providers	9

Note that the time period for observing and evaluating changes in outcomes and metrics may end sooner (e.g., end of 2023), so as to provide sufficient time for the evaluator to measure and synthesize evaluation findings and to share this information with counties. Third Sector, the evaluator, and participating counties will determine the exact measures and an appropriate evaluation methodology for assessing client-level impacts during the project.

Participating counties will identify and finalize these measures, data sources, and associated learning goals during the first year of the project, memorialized in a shared evaluation plan, with advisory support from Third Sector and the evaluator. As mentioned above, it will be beneficial to the overall project and the project's evaluation plan to identify and partner with an evaluator prior to finalizing the specific learning metrics, given the complex and systems-level nature of these changes. While the

measures listed above are preliminary ideas and priorities identified by participating counties, Third Sector, the evaluator, and the counties will work to refine these measures in the first year of this project.

The evaluation plan will include a timeline for defined deliverables and will crystallize these evaluation questions, outcome measures, data-sharing requirements and resulting evaluation activities. Third Sector, participating counties, and the evaluator will also carefully consider and discuss strategies for mitigating possible unintended consequences when designing the evaluation and selecting measures to be tracked (e.g., any perverse incentives to graduate clients from FSP before they are ready). During the first year of the project, the evaluator and Third Sector will also support counties in identifying the appropriate method and steps to develop an accurate baseline of these measures.

See the *Budget Narrative* section below for additional detail on the evaluation activities.

Section 3: Additional Information for Regulatory Requirements

Contracting

Participating counties intend to contract with a technical assistance provider to support counties with project implementation activities. As described above in the *Proposed Project* section, the MHSOAC has supported Third Sector (a San Francisco-based nonprofit) in leading counties through the process of developing and implementing this Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSP programs. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with each county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and responding to any challenges.

Participating counties will also identify and contract with an evaluation partner during the first year of the project. The evaluation partner will support counties in designing and implementing a shared strategy for assessing the project impact.

Counties plan to contract with Third Sector and the evaluation partner through the existing Joint Powers Agreement (JPA) via CalMHSA. The JPA sets forward specific governance standards to guide county relationships with one another, Third Sector, and the evaluator and ensure appropriate regulatory compliance. CalMHSA will also develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties. As further detailed in Section 4, counties intend to use a portion of the Multi-County FSP Innovation Project budget to pay CalMHSA for this support.

Community Program Planning

The Appendix to the Innovation Plan includes more detail about each participating county's specific stakeholder needs, how this project addresses these needs, and what the overall community planning process has involved in each county. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input throughout the duration of this project, including participation via specific focus group and stakeholder interview activities outlined in the project work plan.

Alignment with Mental Health Services Act General Standards

This project meets MHS Act General Standards in the following ways:

- It is a **multi-county collaboration** between Fresno, Ventura, Sacramento, Siskiyou, San Bernardino, and San Mateo to address FSP program challenges and opportunities
- It is **client-driven**, as it seeks to reframe FSP programs around meaningful outcomes for the individual, centering on holistic client **wellness and recovery**
- It seeks to create a coordinated approach to program design and service delivery, leading to an **integrated service experience for clients and family**

- It will establish a shared understanding of the core components of FSP programs and create a common framework that reflects best practices while adapting for local context and **cultural competency**
- **Diverse stakeholders** will be meaningfully engaged throughout the development and implementation of the project

Cultural Competence and Stakeholder Involvement in Evaluation

This project intends to engage each county’s stakeholders (i.e., program participants, frontline staff, other key community partners) throughout its duration, including in evaluation activities. Example engagement activities may include, but are not limited to:

- Asking for input from FSP provider staff, clients or client representatives, partner agencies, and other stakeholders (via focus groups, interviews, surveys, and/or working group discussions) as counties identify and define outcome goals, develop meaningful metrics for tracking these goals over time, identify key FSP service components, and surface opportunities to clarify and streamline referral and graduation criteria
- Sharing and reviewing data gathered and analyzed throughout this project—including in the Evaluation period—with community members to gather additional input and insight in interpreting trends
- Inviting clients and/or client representatives to participate in statewide Outcomes-Driven FSP Learning Community events
- Soliciting qualitative feedback from stakeholders on how this project has helped (or hindered) FSP service delivery in each county and opportunities for further improvement
- Sharing learnings and regular updates from this project with stakeholders at MHSA community planning meetings and county-specific stakeholder committees

Innovation Project Sustainability and Continuity of Care

This Innovation Project does not propose to provide direct services to FSP clients. Each contractor (Third Sector; the third-party evaluator; CalMHSA) will operate in an advisory or administrative capacity and will not provide services to FSP clients. Throughout project implementation, participating counties will ensure continuity of FSP services, without disruption as result of this project.

Participating counties are strongly interested in sustaining any learnings, practices, and/or new statewide collaborative structures developed through this Innovation Project that demonstrate effectiveness in meeting the project goals. The Multi-County FSP Innovation Project work plan includes dedicated time and resources for sustainability planning among counties and Third Sector throughout each phase of the project. During the first two phases of the Implementation TA period (Landscape Assessment and Implementation), Third Sector will work closely with each participating county to ensure sustainability and transition considerations are identified and prioritized in developing new strategies for implementation, and that, by the conclusion of the project, county staff have the capacity to continue any such new strategies and practices piloted through this project.

In addition, the final two months of the Implementation TA period provide additional time and dedicated focus for sustainability planning, whereby Third Sector will work with participating counties to

understand the success of the changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Participating counties may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. These plans are further described below in the *Work Plan and Timeline* section). Counties will also use findings from the evaluation to identify which specific practices or changes were most effective for achieving the different client- and systems-level impacts that the project will measure, prioritizing these for continuation in future years.

Similarly, while Third Sector will organize and facilitate the statewide Outcomes-Driven FSP Learning Community in 2020, the counties and Third Sector intend for the Learning Community to be largely county-driven and county-led. The counties and Third Sector will gather feedback on the efficacy of the Learning Community at various points throughout the first year of the project (2020) and will develop a plan for continuing prioritized activities in an ongoing fashion, whether through county-led facilitation, ongoing Third Sector support, and/or another strategy. The counties and Third Sector welcome and hope to solicit the MHSOAC's input in these conversations.

Data Use and Protection

Third Sector does not intend to request, collect, or hold client-level Personally Identifiable Information (PII) and/or Protected Health Information (PHI) during this Innovation Project. Participating counties may only provide Third Sector with de-identified and/or aggregate data related to their FSP programs. Any such de-identified and/or aggregate data provided will be stored electronically within secure file-sharing systems and made available only to employees with a valid need to access.

Should the third-party evaluator require access to individual level data and/or PII/PHI, CalMHSA, the evaluator and counties will take steps to ensure appropriate data protections are put in place and necessary data use agreements are established.

Communication and Dissemination Plan

Throughout the ideation and development of this Innovation Project, Third Sector has maintained ongoing conversation with the MHSOAC to share updates on county convenings, submit contract deliverables, solicit feedback about project decisions, discuss areas of further collaboration, and generally ensure alignment of interests, goals, and expectations. As the project progresses and moves into a phase of county-specific landscaping and implementation TA, Third Sector will continue to share regular updates, questions, and deliverables with Commission staff. These updates may include summaries of common challenges that participating counties experience on their FSP programs, from state-level data collection and reporting to performance management and continuous improvement practices. Based on these common challenges, participating counties intend to develop a set of shared recommendations for changes to state-level data requirements. Through the statewide Outcomes-Driven FSP Learning Community, these recommendations will be co-created and informed by counties across the state. Third Sector will share regular updates on Learning Community workshops and may invite Commission staff to attend select events. Additionally, Third Sector and the counties will collaborate with the MHSOAC to determine if and when presentations to the Commission may be valuable for further disseminating project learnings.

As the implementation phase of work comes to a close, Third Sector will work with participating counties to develop a plan for sustaining new outcomes-focused, data-driven strategies. This will include developing a communication plan for sharing project activities, accomplishments, and takeaways with the MHSOAC and DHCS. Third Sector will share counties' recommended revisions to state data requirements, and it will initiate discussions about opportunities for the MHSOAC and DHCS to streamline and clarify guidelines and requirements, supporting more effective and responsive FSP programs. Third Sector will also share insights about the process itself, from Innovation Plan development to implementation TA, and reflect on the successes and challenges of these efforts, promoting a discussion about the sustainability and scalability of future Innovation Projects.

Work Plan and Timeline

Project Activities and Deliverables and Timeline

The Multi-County FSP Innovation Project will begin in January 2020 and end in June 2024 for a total project duration of 4.5 years. The project will be divided into two periods: an Implementation TA period and an Evaluation period. Throughout project implementation, counties will ensure continuity of FSP services.

In the first 23-month Implementation TA period, Third Sector will work directly with each participating county to understand each county's local FSP context and provide targeted, county-specific assistance in implementing outcomes-focused improvements. Third Sector will leverage a combination of regular (weekly to biweekly) virtual meetings or calls with counties' core project staff, regular site visits and in-person working groups, and in-person stakeholder meetings, in order to advance the project objectives. These efforts will build on learnings and tools developed in Third Sector's work with the Los Angeles County Department of Mental Health, as well as Third Sector's previous partnerships with other California and national behavioral health, human services, justice, and housing agencies. Each county will receive dedicated technical support with a combination of activities and deliverables tailored for their unique county context, while also having access to shared resources and tools applicable across all FSP programs and counties.

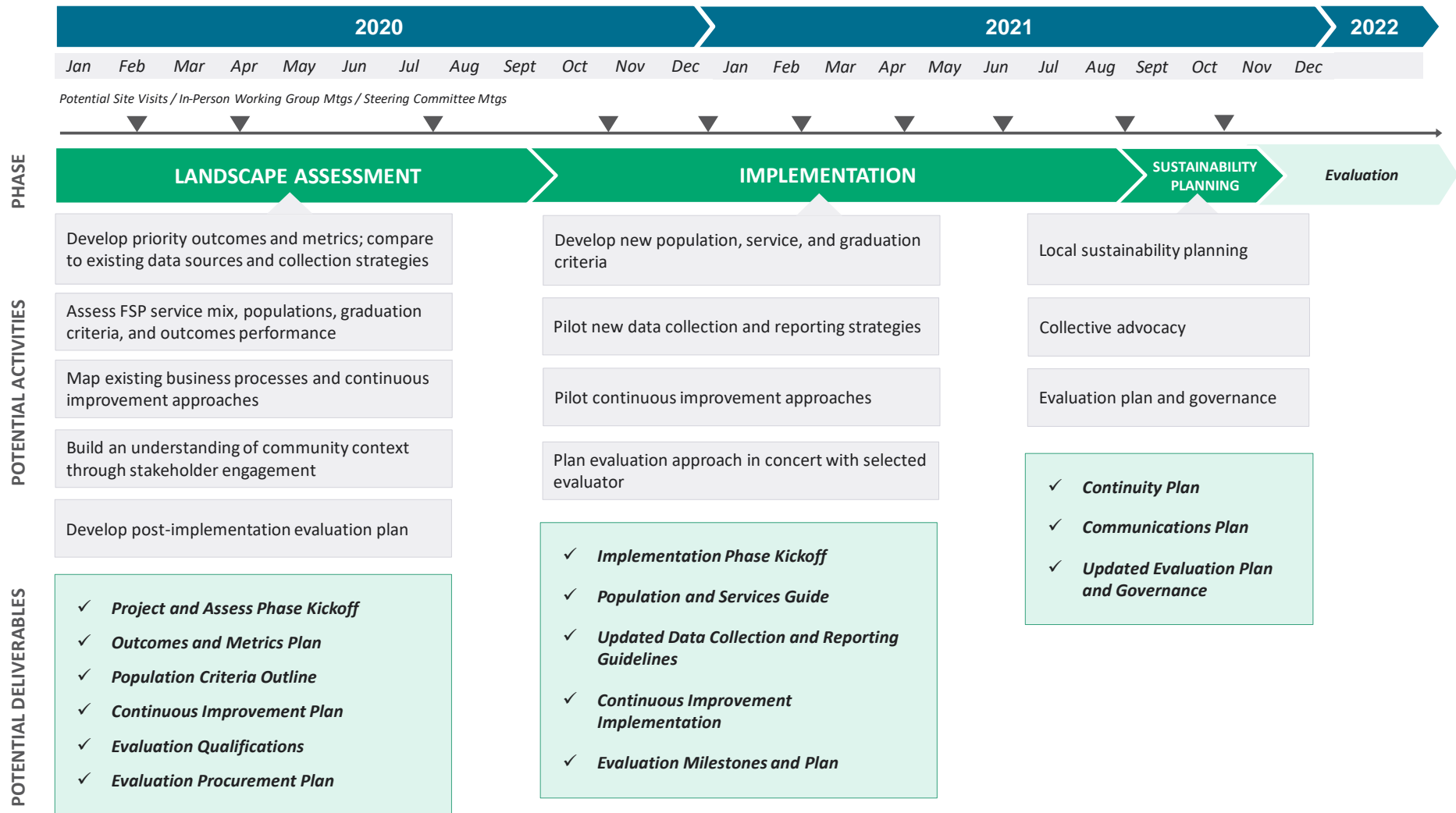
This Implementation TA period will be divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning). The activities and deliverables outlined below are illustrative, as exact phase dates, content, and sequencing of deliverables will depend on each county's needs and goals. County staff and Third Sector will collaborate over the next several months to identify each county's most priority activities and goals and to create a unique scope of work to meet these needs. See **Figure 1** below for an illustrative Implementation TA work plan and timeline by phase.

In the second period of the project, participating counties will pursue an evaluation, conducted by a third-party evaluator, with the goal of assessing the impacts and learning that this project produces.⁵

⁵ Note that this evaluator will also be a part of the Implementation TA period, given the importance of having this partner involved in any initial efforts to approximate counties' baseline FSP practices and performance, as well as to provide appropriate time to execute any data use agreements required for the evaluator to gather and assess outcomes data across each of the participating counties. Additional details on the timeline and plan for onboarding an evaluation partner follow in the sections below.

This Evaluation Period and the overall Multi-County FSP Innovation Project will conclude at the end of June 2024.

Figure 1: Illustrative Implementation TA Work Plan



Phase 1: Landscape Assessment

The Landscape Assessment phase will act as a ramp-up period and an opportunity for Third Sector to learn about each county's context in further detail, including local community assets, resources, and opportunities, existing FSP program practices, and performance on existing outcomes measures. Building off of templates from national mental and behavioral health projects, Third Sector will customize deliverables and activities for each county's local FSP context. During this phase, Third Sector will work with county staff to lead working groups and interviews, analyze county data, and facilitate meetings with local stakeholders to identify opportunities for improvement. County staff will share data and documents with Third Sector and provide guidance on local priorities and past experiences. Other example activities may include conducting logic models and root cause analyses to create consensus around desired FSP outcomes, reviewing current outcomes and performance data to understand trends, and gathering qualitative data about the client journey and staff challenges. By the end of this phase, each participating county will have an understanding of the current state of its FSP programs, customized recommendations to create a more data-driven, outcomes-oriented FSP program, and a realistic work plan for piloting new improvements during the Implementation phase.

Third Sector will produce a selection of the following illustrative deliverables, as appropriate for each county's unique context and needs:

- *Outcomes and Metrics Plan*: Recommended improved FSP outcomes and metrics to understand model fidelity and client success, including recommended areas of commonality, alignment, and consistency across counties
- *Population to Program Map*: A map of current FSP sub-populations, FSP programs, and community need, to illuminate any potential gaps or opportunities
- *Population Criteria Outline*: Recommended changes to population eligibility criteria, service requirements, and graduation criteria
- *Current State to Opportunity Map*: A map of metrics and existing data sources, including identification of any gaps and opportunities for improved linkages and continuity (e.g., auto-population of fields, removal of duplicate metrics, linking services or billing data to understand trends, opportunities to use additional administrative data sources to validate self-reported data)
- *Outcomes Performance Assessment*: An assessment of provider and clinic performance against preliminary performance targets, leveraging existing data and metrics
- *Process Map*: A process map identifying current continuous improvement and data-sharing processes and opportunities for improvement
- *Implementation Plan*: An implementation plan for new continuous improvement processes, both internal (i.e., creating improved feedback loops and coordination between county data, funding, and clinical or program teams) and external (i.e., creating improved feedback loops between county teams and contracted providers)

During this phase, Third Sector and the counties will develop a set of qualifications and work plan for procuring a third-party evaluator. Example evaluator-led activities and deliverables include:

- Recommended evaluation methodology (e.g., randomized control trial, quasi-experimental method, etc.)
- Work plan for executing any required data-use agreements and/or Institutional Review Board (IRB) approvals that may be necessary to implement the evaluation
- Evaluation plan that identifies specific outcomes, metrics, data sources and timeline for measuring client- and systems-level impacts
- Final impact report

Counties will select an evaluator based upon the qualifications and work plan described above. Following procurement and/or onboarding as appropriate, Third Sector, counties, and the evaluator will develop a scope of work detailing the exact deliverables and activities that the evaluator will lead as part of the evaluation, and any associated planning and preparing (e.g. validation of baseline FSP practices and performance) that should occur during the Implementation phase.

Phase 2: Implementation

Third Sector will provide individualized guidance and support to each county through the Phase 2 Implementation process, piloting new strategies that were developed during Phase 1. Understanding limitations on staff capacity, Third Sector will support county staff by preparing materials, analyzing and benchmarking performance data, helping execute on data-sharing agreements, and leading working group or project governance meetings. County staff will assist with local and internal coordination in order to meet project milestones. Additional activities in Phase 2 may include the following: improving coordination across county agencies to create a human-centered approach to client handoffs and transfers, completing data feedback loops, and developing new referral approaches for equitable access across client FSP populations. As a result of this phase, county staff will have piloted and begun implementing new outcomes-oriented, data-driven strategies.

With Third Sector's implementation support, participating counties may achieve a selection of the following deliverables in Phase 2:

- *Referral Strategies*: Piloted strategies to improve coordination with referral partners and the flow of clients through the system
- *Population and Services Guide*: New and/or revised population guidelines, service requirements, and graduation criteria
- *Updated Data Collection and Reporting Guidelines*: Streamlined data reporting and submission requirements
- *Data Dashboards*: User-friendly data dashboards displaying performance against priority FSP metrics
- *Continuous Improvement Process Implementation*: Piloted continuous improvement and business processes to create clear data feedback loops to improve services and outcomes
- *Staff Training*: Staff trained on continuous improvement best practices
- *FSP Framework*: Synthesized learnings and recommendations for the FSP framework that counties and Third Sector can share with the broader statewide Outcomes-Driven FSP Learning Community for further refinement

- *FSP Outcomes and Metrics Advocacy Packet*: Recommendations on improved FSP outcomes, metrics, and data collection and sharing practices for use in conversations and advocacy in stakeholder forums and with policy makers.

Phase 3: Sustainability Planning

Throughout Phases 1 and 2, Third Sector will work closely with each participating to ensure sustainability and transition considerations are identified and prioritized during implementation, and that, by the conclusion of the project, county staff have the capacity to continue any new strategies and practices piloted through this project. Phase 3 will provide additional time and dedicated focus for sustainability planning, whereby Third Sector will work with participating counties to understand the success of the changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Participating counties may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. Specific Phase 3 activities may include articulating lessons learned, applying lessons learned to other mental health and social service efforts, creating ongoing county work plans, and developing an FSP impact story. As a result of Phase 3, each participating county will have a clear path forward to continue building on the accomplishments of the project.

Third Sector will produce a selection of the following deliverables for each county:

- *Project Case Study*: A project case study highlighting the specific implementation approach, concrete changes, and lessons learned
- *Continuity Plan*: A continuity plan that identifies specific activities, timelines and resources required to continue to implement additional outcomes-oriented, data-driven approaches
- *Project Toolkit*: A project toolkit articulating the specific approaches and strategies that were successful in the local FSP transformation for use in similarly shifting other mental health and related services to an outcomes orientation
- *Communications Plan*: A communications strategy articulating communications activities, timelines, and messaging
- *Project Takeaways*: Summary documents articulating major takeaways for educating statewide stakeholders on the value of the new approach
- *Evaluation Work Plan and Governance*: An evaluation work plan to assist the counties and the evaluation partner in project managing the Evaluation period

Expected Outcomes

At the end of this project, each participating county will have clearly defined FSP outcome goals that relate to program and beneficiary priorities, well-defined performance measures to track progress towards these outcome goals, and a clarified strategy for tracking and sharing outcomes data to support meaningful comparison, learning, and evaluation. The specific implementation activities may vary based on the results of each county's landscape assessment, but may include the following: piloting new referral processes, updating service guidelines and graduation criteria, using qualitative and quantitative data to identify program gaps, sharing data across providers, agencies, and counties, streamlining data

practices, improving data-reporting formats, implementing data-driven continuous improvement processes, and recommending changes to state-level data requirements.

Section 4: INN Project Budget and Source of Expenditures

Overview of Project Budget and Sources of Expenditures: All Counties

The total proposed budget supporting six counties in pursuing this Innovation Project is approximately \$4.85M over 4.5-years. This includes project expenditures for four different primary purposes: Third Sector implementation TA (\$2.87M), fiscal and contract management through CalMHSA (\$.314M), third-party evaluation (\$0.596M), as well as additional expenditures for county-specific needs (“County-Specific Costs”) (\$1.07M).

All costs will be funded using county MHSAs Innovation funds, with the exception of San Mateo County which will contribute available one-time CSS funding. Counties will contribute varying levels of funding towards a collective pool of resources that will support the project expenditures (excluding County-Specific Costs, which counties will manage and administer directly). This pooled funding approach will streamline counties’ funding contributions and drawdowns, reduce individual project overhead, and increase coordination across counties in the use of these funds. See *Figure 2* below for the estimated total sources and uses of the project budget over the 4.5-year project duration across all six participating counties. The Appendix includes additional detail on each county’s specific contributions and planned expenditures.

Budget Narrative for Shared Project Costs

Consultant Costs and Contracts: Each county is contributing funding to a shared pool of resources that will support the different contractor and consultant costs associated with the project. These costs include support from Third Sector (implementation TA), CalMHSA (fiscal and contract management), and the third-party evaluator (evaluation). These consultants and contractors will operate across the group of participating counties, in addition to supporting each individual county with its own unique support needs.

The total amount of consultant and contractor costs is approximately \$3.78M across all six counties over the 4.5 year timeline. A description of each of these three cost categories follows below.

Third Sector Costs

As described in the *Project Activities and Deliverables* section above, Third Sector will lead counties through individualized implementation TA over a 23-month timeframe (January 2020 through November 2021). The total budget for Third Sector’s TA across all six counties is \$2.87M over the full 23-month TA period. These costs will fund Third Sector teams who will provide a wide range of dedicated technical assistance services and subject matter experience to each individual county, as they pursue the goals of this Innovation Plan. Third Sector staff will leverage regular site visits to each county, in addition to leading weekly to biweekly virtual meetings with different working groups, developing recommendations for the project Steering Committee, and supporting county staff throughout each of the three implementation TA phases.

Based in San Francisco and Boston, Third Sector is one of the leading implementers of outcomes-oriented strategies in America. Third Sector has supported over 20 communities to redirect over \$800M in public funds to data-informed, outcomes-oriented services and programs. Third Sector's experience includes working with the Los Angeles County Department of Mental Health to align over \$350M in annual MHSA FSP and PEI funding and services with the achievement of meaningful life outcomes for well over 25,000 Angelenos; transforming \$81M in recurring mental health services in King County, WA to include new performance reporting and continuous improvement processes that enable the county and providers to better track each providers' monthly performance relative to others and against specific, county-wide performance goals; and advising the County of Santa Clara in the development of a six-year, \$32M outcomes-oriented contract intended to support individuals with serious mental illness and complex needs through the provision of community-based behavioral health services.

CalMHSA Costs

Six counties (San Mateo, Sacramento, San Bernardino, Ventura, Siskiyou, and Fresno) have selected to contract using the existing Joint Powers Agreement (JPA) via CalMHSA. CalMHSA will act as the fiscal and contract manager for this shared pool of resources through the existing JPA. The JPA sets forward specific governance standards to guide county relationships with one another, Third Sector, and the evaluator. CalMHSA will develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties.

CalMHSA charges an estimated 9% for its services. Rates are based on the specific activities and responsibilities CalMHSA assumes. The total estimated cost of CalMHSA's services across all six counties, assuming a 9% rate, are \$.314M over the total duration of the project.

Evaluation Costs

Third Sector and the counties will determine the appropriate procurement approach and qualifications for a third-party evaluator during the first nine months of the project. Counties have expressed a desire to prioritize onboarding an evaluator in the early stages of the project. Currently, counties have identified RAND Corporation as a potential evaluation partner, as RAND has previously partnered with counties through CalMHSA and brings previous experience evaluating FSP programs in Los Angeles County. Once selected, counties intend to contract with the evaluator via the JPA administered through CalMHSA. Third Sector and CalMHSA will support counties in determining the appropriate statement of work, budget, and funding plan for the third-party evaluator.

The current budget projects a total evaluation cost of approximately \$.596M. The evaluator will be responsible for developing a formal evaluation plan, conducting evaluation activities, and producing an evaluation report. Estimated costs assume that the counties, Third Sector, and the to-be-determined third-party evaluator will collaborate to develop a uniform evaluation approach and set of performance metrics, with corresponding metric definitions that can be applied consistently across all counties. Costs are estimates and subject to change. Additional charges, such as academic overhead rates and/or the costs for completing any required data sharing agreements, may apply. If any additional information

emerges that will increase costs beyond the initially budgeted amounts, the counties, CalMHSA and Third Sector will work in partnership with the MHSOAC to identify appropriate additional funding.

Budget Narrative for County-Specific Costs

The remaining project costs are intended to support additional, county-specific expenditures. Counties will fund these costs directly, rather than through a pooled funding approach. A summary of the total \$1.07M in County-Specific Costs across all six counties follows below. The Appendix includes additional detail of each county's specific expenditures within these categories:

Personnel Costs

Total personnel costs (county staff salaries, benefits) for all counties are approximately \$844,000 over 4.5 years and across six counties. Each county's appendix, attached, details the specific personnel that this will support.

Operating Costs

Total operating costs for counties are approximately \$233,000 over 4.5 years and across six counties. Operating costs support anticipated travel costs for each county and requisite county-specific administrative costs. Each county's appendix, attached, details their specific operating costs.

Non-Recurring Costs

This project will not require any technology, equipment, or other forms of non-recurring costs.

FIGURE 2: BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1	Salaries	\$116,271	\$181,117	\$187,502	\$137,735	\$128,071	\$750,696
2	Direct Costs	\$15,454	\$26,614	\$27,945	\$10,323	\$4,700	\$85,036
3	Indirect Costs	\$1,409	\$2,856	\$2,999	\$624	\$624	\$8,512
4	Total Personnel Costs	\$133,134	\$210,587	\$218,446	\$148,682	\$133,395	\$844,244
Operating Costs (travel, hotel)		FY 19/20	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
5	Direct Costs	\$20,390	\$24,390	\$24,390	\$24,390	\$12,390	\$105,950
6	Indirect Costs	\$9,785	\$29,293	\$29,293	\$29,293	\$29,294	\$126,958
7	Total Operating Costs	\$30,175	\$53,683	\$53,683	\$53,683	\$41,684	\$232,908
Non-Recurring Costs (technology, equipment)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
Consultant Costs/Contracts (training, facilitation, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
11a	Direct Costs (Third Sector)	\$487,424	\$1,515,954	\$681,278	\$186,000	\$0	\$2,870,655
11b	Direct Costs (CalMHSA)	\$34,502	\$197,029	\$72,085	\$6,564	\$4,687	\$314,866
11c	Direct Costs (3rd Party Evaluator)	\$10,417	\$101,649	\$101,649	\$196,649	\$186,232	\$596,596
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$532,343	\$1,814,632	\$855,012	\$389,213	\$190,919	\$3,782,117
Other Expenditures (explain in budget narrative)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
BUDGET TOTALS							
Personnel		\$133,134	\$210,587	\$218,446	\$148,682	\$133,395	\$844,244
Direct Costs		\$552,733	\$1,839,022	\$879,402	\$413,603	\$203,309	\$3,888,067
Indirect Costs		\$9,785	\$29,293	\$29,293	\$29,293	\$29,294	\$126,958
Total Innovation Project Budget		\$695,652	\$2,078,902	\$1,127,141	\$591,578	\$365,998	\$4,859,269

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1.	Innovative MHSAs Funds	\$621,032	\$1,617,209	\$899,869	\$393,991	\$178,828	\$3,710,929
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	\$64,203	\$360,044	\$125,623	\$938	\$938	\$551,744
6.	Total Proposed Administration	\$685,235	\$1,977,253	\$1,025,492	\$394,929	\$179,766	\$4,262,673

EVALUATION:

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1.	Innovative MHSAs Funds	\$10,417	\$52,085	\$52,085	\$147,085	\$136,668	\$398,340
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	\$0	\$49,564	\$49,564	\$49,564	\$49,564	\$198,256
6.	Total Proposed Evaluation	\$10,417	\$101,649	\$101,649	\$196,649	\$186,232	\$596,596

TOTAL:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1.	Innovative MHSAs Funds	\$631,449	\$1,669,294	\$951,954	\$541,076	\$315,496	\$4,109,269
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	\$64,203	\$409,608	\$175,187	\$50,502	\$50,502	\$750,000
6.	Total Proposed Expenditures	\$695,652	\$2,078,902	\$1,127,141	\$591,578	\$365,998	\$4,859,269

*If "Other funding" is included, please explain.

*San Mateo County does not have MHSAs INN funds available to commit to this project, but instead intends to use unspent MHSAs CSS funds to participate in the goals and activities of this project, alongside other counties.. Estimated amounts are provided in the table above. These are one-time funds that have been designated and approved through a local community program planning process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but is committed to participating in the broader effort and, thus, is included here and in the Multi-County FSP Innovation Project plan.

Innovation Plan Appendix

Appendix Overview

The following appendix contains specific details on the local context, local community planning process (including local review dates), and budget details for four of the six counties participating in the Multi-County FSP Innovation Project:

1. Sacramento County
2. San Bernardino County
3. Siskiyou County
4. Ventura County

The other two participating counties, Fresno County and San Mateo County, are not included in this appendix for the following reasons:

5. Fresno County has already submitted an Innovation Project plan to the MHSOAC detailing its plans to participate in this project. This plan was approved by the MHSOAC.
6. San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use unspent MHSA CSS funds to participate in the goals and activities of this project, alongside other counties. These are one-time funds that have been designated and approved through a local community program planning process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but is participating in the broader effort and thus is included here.

Budget summaries for both Fresno and San Mateo, however, are included for additional reference regarding the total budget across all counties.

Each county appendix describes the county-specific local need for this Multi-County FSP Innovation Project. Though there are slight differences among participating counties' in terms of highest priority and/or specificity of local need, the response to this local need will be similar among counties through the execution of the Innovation Plan.

Through this Innovation Project proposal, participating counties seek to engage in a statewide initiative seeking to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Multi-County FSP Innovation Project plan (i.e., improve how counties define and track priority outcomes, develop processes for continuous improvement, develop a clear strategy for tracking outcomes and performance measures, updating and disseminating clear FSP service guidelines, improving enrollment and referral process implementation consistency) will allow each participating county to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable participating counties to:

- Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation
- Explore how appropriate goals and metrics may vary based on population (e.g., age, acuity, etc.)
- Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices
- Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning
- Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified)

This project will also provide participating counties the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community. This learning will not only contribute to improved participant outcomes and program efficiency, but may also help facilitate statewide changes to data requirements.

In addition to outlining county-specific local need and community planning processes, each county appendix outlines a budget narrative and county budget request by fiscal year, with detail on specific budget categories.

Appendix: Sacramento County

County Contact and Specific Dates

- Primary County Contact: Julie Leung; leungj@saccounty.net; (916) 875-4044
- Date Proposal was posted for 30-day Public Review: November 18, 2019
- Date of Local Mental Health Board hearing: December 18, 2019
- Date of Board of Supervisors (BOS) approval: January 14, 2020

Description of the Local Need

Sacramento County has eight (8) FSP programs serving over 2,100 individuals annually. Each FSP serves a specific age range or focuses on a specific life domain. While a majority of the FSP programs serve transition-aged youth (18+), adults and older adults, one FSP serves older adults only, another one serves TAY only, and two serve all ages. Further, one serves Asian-Pacific Islanders, one serves pre-adjudicated youth and TAY, and two support individuals experiencing or at risk of homelessness. A new FSP serving TAY (18+), adults and older adults will be added to Sacramento County's FSP service array this fiscal year. This new FSP will utilize the evidence-based Strengths case management model.

While FSP programs provide the opportunity to better serve specific age and cultural groups who need a higher level of care, Sacramento County seeks to establish consistent FSP service guidelines, evaluate outcomes, and disseminate best practices across all FSP programs. Community members, staff, and clinicians have identified opportunities to strengthen the connection between client outcome goals and actual services received and provided by FSP programs. Providers and county department staff do not share a consistent, clear understanding of FSP service guidelines, and providers and peer agencies do not currently have a forum to meet regularly and share learnings and best practices or discuss opportunities. Overall, stakeholders would like to see FSP data used in an effective, responsive way that informs decision-making and improves service quality. Additionally, county staff would like to update inconsistent or outdated standards for referral, enrollment, and graduation.

Description of the Response to Local Need

Through this Innovation proposal, Sacramento County seeks to participate in the statewide initiative for the purpose of increasing counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan (i.e., improve how counties define and track priority outcomes, develop processes for continuous improvement, develop a clear strategy for tracking outcomes and performance measures, updating and disseminating clear FSP service guidelines, improving enrollment and referral process implementation consistency) will allow Sacramento County to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable Sacramento County to:

- Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation

- Explore how appropriate goals and metrics may vary based on population (e.g., age, acuity, life domain example: homelessness, unemployment, etc.)
- Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices
- Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning
- Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified)

In addition, this project will provide Sacramento County the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community. This learning will not only contribute to improved participant outcomes and program efficiency, but may also help facilitate statewide changes to data requirements.

Description of the Local Community Planning Process

The community planning process includes participation from the Sacramento County Mental Health Steering Act (MHSA) Steering Committee, Mental Health Board, Board of Supervisors, community based organizations, consumers and family members and community members. The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of the community. Since this process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The Multi-County FSP Innovation Project was introduced to stakeholders at the May 16, 2019 Mental Health Services Act Steering Committee meeting. Further, at the October 17, 2019 MHSA Steering Committee meeting, the Multi-County FSP Innovation Project was presented and discussed. The Steering Committee voted in full support of Sacramento County Division of Behavioral Health Services, opting into this project with Innovation funding.

At the October 17, 2019 MHSA Steering Committee meeting, 24 committee members were in attendance and 17 public members attended. The MHSA Steering Committee is comprised of one primary member and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County's Behavioral Health Director; three (3) Service Providers (Child, Adult, and Older Adult); Law Enforcement; Adult Protective Services/Senior and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Welfare; Primary Health; Public Health; Juvenile Court; Probation; Veterans; two (2) Transition Age Youth (TAY) Consumers; two (2) Adult Consumers; two (2) Older Adult Consumers; two (2) Family Members/Caregivers of Children age 0 – 17; two (2) Family Members/Caregivers of Adults age 18 – 59; two (2) Family Members/Caregivers of Older Adults age 60+; and one (1) Consumer At-large. Some members of the committee have volunteered to represent other multiple stakeholder interests including Veterans and Faith-based/Spirituality.

The Multi-County FSP Innovation Project was posted as an attachment to the MHSA Fiscal Year 2019-20 Annual Update from November 18 through December 18, 2019. The Mental Health Board conducted a Public Hearing on December 18, 2019, beginning at 6.00 p.m. at the Grantland L. Johnson Center for

Health and Human Services located at 7001A East Parkway, Sacramento, California 95823. No public comments regarding this Innovation Project were received. The plan was presented for Board of Supervisors approval on January 14, 2020.

County Budget Narrative

Sacramento County will contribute up to \$500,000 over the 4.5-year project period to support this statewide project. As of this time, Sacramento County intends to use MHSAs Innovation funding subject to reversion at the end of FY19-20 for the entirety of this contribution.

As detailed below, Sacramento County will pool funding with other counties to support consultant and contracting costs. This \$500,000 will support project management and technical assistance (e.g. Third Sector’s technical assistance in project implementation), fiscal intermediary costs, and evaluation.

Budget and Funding Contribution by Fiscal Year and Specific Budget Category

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1	Salaries	\$0	\$0	\$0	\$0	\$0	\$0
2	Direct Costs	\$0	\$0	\$0	\$0	\$0	
3	Indirect Costs	\$0	\$0	\$0	\$0	\$0	
4	Total Personnel Costs	\$0	\$0	\$0	\$0	\$0	\$0
Operating Costs (travel, hotel)		FY 19/20	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
5	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$0	\$0	\$0	\$0	\$0	\$0
Non-Recurring Costs (technology, equipment)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
Consultant Costs/Contracts (training, facilitation, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
11a	Direct Costs (Third Sector)	\$48,594	\$269,134	\$91,990	\$0	\$0	\$409,718
11b	Direct Costs (CalMHSA)	\$5,252	\$30,341	\$11,147	\$938	\$936	\$48,614
11c	Direct Costs (Evaluator)	\$-	\$10,417	\$10,417	\$10,417	\$10,417	\$41,668
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0

13	Total Consultant Costs	\$53,846	\$309,892	\$113,554	\$11,355	\$11,353	\$500,000
Other Expenditures (explain in budget narrative)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
BUDGET TOTALS							
Personnel		\$0	\$0	\$0	\$0	\$0	\$0
Direct Costs		\$53,846	\$309,892	\$113,554	\$11,355	\$11,353	\$500,000
Indirect Costs		\$0	\$0	\$0	\$0	\$0	\$0
Total Individual County Innovation Budget*		\$53,846	\$309,892	\$113,554	\$11,355	\$11,353	\$500,000
CONTRIBUTION TOTALS							
Individual County Contribution		\$54,849	\$312,943	\$114,455	\$8,876	\$8,876	\$500,000
Additional Funding for County-Specific Project Costs		\$0	\$0	\$0	\$0	\$0	\$0
Total County Funding Contribution		\$54,849	\$312,943	\$114,455	\$8,876	\$8,876	\$500,000

Appendix: San Bernardino County

County Contact and Specific Dates

- Primary County Contacts: Francesca Michaels Francesca.michaels@dbh.sbcounty.gov, 909-252-4018; Karen Cervantes, kcervantes@dbh.sbcounty.gov, 909-252-4068
- Date Proposal was posted for 30-day Public Review: November 27, 2019
- Date of Local Mental Health Board hearing: January 2, 2020
- Calendared date to appear before Board of Supervisors: June 9, 2020

Description of the Local Need

San Bernardino County Department of Behavioral Health is dedicated to including diverse consumers, family members, stakeholders, and community members in the planning and implementation of MHSA programs and services. The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. It empowers community members to generate ideas, contribute to decision making, and partner with the county to improve behavioral health outcomes for all San Bernardino County residents. San Bernardino is committed to incorporating best practices in the planning processes that allow consumer and stakeholder partners to participate in meaningful discussions around critical behavioral health issues. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

San Bernardino County has eight (8) FSP programs serving an estimated three thousand-four hundred-fifty-eight (3,458) individuals annually. Two (2) of these assist underserved children and youth living with serious emotional disturbance; one (1) serves Transitional Age Youth (TAY); four (4) serve adults with serious mental illness, and one (1) program specifically focuses on older adult populations. In addition to San Bernardino County FSP programs targeting specific age ranges, the programs are designed to serve unique populations such as those experiencing homelessness, who may be involved in criminal or juvenile justice, individuals transitioning from institutional care facilities, and high frequency users of emergency psychiatric services and hospitalizations, however all programs provide full wraparound services to the consumer. The specificity and number of these FSP programs are both an asset and a challenge. While they enable our county to better serve specific age, cultural, and geographic groups, our county stakeholders express the desire to establish consistency in FSP service guidelines or disseminate best practices across county regions, programs, or while transferring FSP services from one county to another. San Bernardino County intends to focus this project on Adult Full Service Partnership programs.

Through public forums, community members have identified the need for consistency in FSP services across regions, programs, and counties to better serve and stabilize consumers moving from one geographic region or program to another. Consumers have also expressed interest in a standardized format for eligibility criteria and consistency in services that are offered and/or provided. Community members, FSP staff, and clinicians have also identified an opportunity for data collection to be better integrated with assessment and therapeutic activities.

Description of the Response to Local Need

Through this Innovation proposal, San Bernardino County seeks to participate in the statewide initiative seeking to increase counties' collective capacity to gather and use data to better design, implement, and manage Adult FSP programs and services. The key priorities outlined in the Innovation Plan (i.e., improve how counties define and track priority outcomes, develop processes for continuous improvement, develop a clear strategy for tracking outcomes and performance measures, updating and disseminating clear FSP service guidelines, improving enrollment and referral process implementation consistency) will allow San Bernardino County to address current challenges and center FSP programs and services around meaningful outcomes for participants. Specifically, participating in this project and aligning with the identified priorities will enable San Bernardino County to:

- Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation
- Explore how appropriate goals and metrics may vary based on population (e.g., age, acuity, etc.)
- Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices
- Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning
- Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified)

In addition, this project will provide San Bernardino County the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community. This learning will not only contribute to improved participant outcomes and program efficiency, but may also help facilitate statewide changes to data requirements.

Description of the Local Community Planning Process

The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests including the Board of Supervisors, and the Behavioral Health Commission. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared with stakeholders during the following:

- Community Advisory Policy Committee (CPAC), July 18, 2019
- Asian Pacific Islander Awareness Subcommittee, September 13, 2019
- Santa Fe Social Club, September 16, 2019
- African American Awareness Subcommittee, September 16, 2019

- Yucca Valley One Stop TAY Center, September 16, 2019
- Native American Awareness Subcommittee, September 17, 2019
- Transitional Age Youth (TAY) Subcommittee, September 18, 2019
- Serenity Clubhouse, September 19, 2019
- Co-Occurring and Substance Abuse Subcommittee, September 19, 2019
- Consumer and Family Member Awareness Subcommittee, September 23, 2019
- Central Valley FUN Clubhouse, September 24, 2019
- Ontario One Stop TAY Center, September 25, 2019
- Latino Awareness Subcommittee, September 26, 2019
- Older Adult Awareness Subcommittee, September 26, 2019
- A Place to Go Clubhouse, September 26, 2019
- Amazing Place Clubhouse, September 27, 2019
- Victorville One Stop TAY Center, September 27, 2019
- 2nd and 4th District Advisory Committee, October 10, 2019
- Disability Awareness Subcommittee, October 15, 2019
- 1st District Advisory Committee, October 16, 2019
- Community Advisory Policy Committee, October 17, 2019
- LGBTQ Awareness Subcommittee, October 22, 2019
- Women Awareness Subcommittee, October 23, 2019

Stakeholder feedback received was in favor of the Multi-County FSP Innovation Project with **96% of stakeholders in support** of the project, 4% neutral, and 0% opposed. A draft plan will be publicly posted for a 30-day comment period tentatively beginning on November 27, 2019. No feedback was received. The Plan was presented before the San Bernardino County Behavioral Health Commission on January 2, 2020. San Bernardino County will request Board of Supervisors review and final approval in February or March of 2020 (following the MHSOAC's review and approval process).

County Budget Narrative

San Bernardino County requests to contribute a total of \$979,634 in MHSO Innovation funds to support this project over the 4.5-year project duration. This funding is not currently subject to reversion. A portion of these funds (\$386,222) will cover San Bernardino County-specific expenditures, while the remainder (\$593,412) will go towards the shared pool of resources that counties will use to cover shared project costs (i.e. Third Sector TA; CalMHSA; third-party evaluation):

- **Personnel Costs:** Costs in this category include salaries and benefits for the time spent by .10 of the Innovation Program Manager as well .5 of the Program Specialist II who will be the lead on this project. Salaries and benefits include a 3% increase to allow for cost of living increases each year. Based on current rates for administrative costs, San Bernardino County will allocate \$349,272 for 4.5 years of personnel costs.
- **Operating Costs:** Costs in this category include travel and administrative costs that will be incurred by staff traveling to meetings for this project. Additional operating costs anticipated include printing materials for community stakeholder meetings, meeting space costs, as well as incentives to encourage stakeholder participation is consistent and ongoing. San Bernardino County anticipates

operating costs, including travel, up to \$36,950 over the 4.5 years, or \$7,390 per year, which may vary based on the number of staff traveling and the number of in-person meetings. Costs will also vary on the number of additional stakeholder meetings held.

- **Consultant Costs:** The remaining amount, \$588,778, will support project management and technical assistance (e.g. Third Sector’s technical assistance in project implementation), fiscal intermediary costs (CalMHSA), and evaluation. The evaluation total for San Bernardino County’s contribution is \$41,668 or 4% of the allocated budget.

The budget totals includes 36% of the budget for personnel costs with the remaining 64% going to direct costs associated with the project including county operating costs and the consultant costs. Note that all of San Bernardino’s funding contributions would come from MHSA Innovation funding. See the below tables for an estimated breakdown of budget expenditures and requested funds by fiscal year.

Budget and Funding Contribution by Fiscal Year and Specific Budget Category

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1	Salaries	\$65,787	\$67,760	\$69,794	\$71,887	\$74,044	\$349,272
2	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
3	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
4	Total Personnel Costs	\$65,787	\$67,760	\$69,794	\$71,887	\$74,044	\$349,272
Operating Costs (travel, hotel)		FY 19/20	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
5	Direct Costs	\$7,390	\$7,390	\$7,390	\$7,390	\$7,390	\$36,950
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$7,390	\$7,390	\$7,390	\$7,390	\$7,390	\$36,950
Non-Recurring Costs (technology, equipment)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
Consultant Costs/Contracts (training, facilitation, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
11a	Direct Costs (Third Sector)	\$58,353	\$326,706	\$113,435	\$0	\$0	\$498,494
11b	Direct Costs (CalMHSA)	\$5,850	\$33,338	\$12,188	\$938	\$938	\$53,250
11c	Direct Costs (Evaluator)	\$0	\$10,417	\$10,417	\$10,417	\$10,417	\$41,668

12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$64,203	\$370,461	\$136,040	\$11,355	\$11,355	\$593,412
Other Expenditures (explain in budget narrative)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURE TOTALS							
	Personnel	\$65,787	\$67,760	\$69,794	\$71,887	\$74,044	\$349,272
	Direct Costs	\$71,593	\$377,851	\$143,430	\$18,745	\$18,745	\$630,362
	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
	Total Individual County Innovation Budget*	\$137,380	\$445,611	\$213,224	\$90,632	\$92,789	\$979,634
CONTRIBUTION TOTALS							
	Individual County Contribution	\$64,203	\$370,461	\$136,040	\$11,355	\$11,355	\$593,412
	Additional Funding for County- Specific Project Costs	\$73,177	\$75,150	\$77,184	\$79,277	\$81,434	\$386,222
	Total County Funding Contribution	\$137,380	\$445,611	\$213,224	\$90,632	\$92,789	\$979,634

Appendix: Siskiyou County

County Contact and Specific Dates

The primary contact for Siskiyou County is:

Camy Rightmier
Email: crightmier@co.siskiyou.ca.us
Tel: 530-841-4281

Siskiyou County’s local review dates are listed in the table below. More detail on Siskiyou’s stakeholder engagement process can be found in the “Local Community Planning Process” section.

Local Review Process	Date
Innovation Plan posted for 30-day Public Review	December 10, 2019
Local Mental Health Board Hearing	January 21, 2020
Board of Supervisors (BOS) approval	February 4, 2020

Description of Local Need

Siskiyou County operates two FSP programs, a Children’s System of Care (CSOC) and an Adult System of Care (ASOC) program that combined serve approximately 230 individuals annually. Program eligibility is determined by diagnosis and risk factors pursuant to the MHSA regulations for FSP criteria. Each Partner is assigned a clinician and case manager that work in the appropriate system of care as determined by the Partner’s age. FSP programs may also receive psychiatric services and/or peer support services upon referral by the primary service provider. Many Partners also receive services through the county Wellness Center.

Due to the specificity and flexibility of the FSP program, the county has encountered difficulty developing consistent FSP service guidelines, evaluating outcomes, and disseminating best practices. Siskiyou County utilizes the Data Collection Reporting (DCR) database developed by the State to track outcomes, however, this tool has not been useful with regard to informing treatment or promoting quality improvements.

Community stakeholders have consistently identified the need for clear, consistent and reliable data and outcomes to assist programs in identifying goals, measuring success and pinpointing areas that may need improvement. Throughout numerous focus groups where outcomes have been shared, the Department has recognized that consumers are not interested in the measurement of progress, rather they are solely focused on the amelioration of the problem. Therefore, Siskiyou County Behavioral Health rarely receives feedback on outcome data and is evaluating the program in order to find a meaningful way in which to share the data that will encourage collaborative feedback.

Conversations with Siskiyou County FSP staff and clinicians have revealed that outcome goals and metrics are not regularly reassessed or informed by community input, nor are they well-connected to actual services received and provided by FSP programs. There is not a shared, clear understanding of FSP service guidelines among providers and county department staff, and interpretation and implementation of these guidelines varies widely. Data is collected for compliance and does not inform decision-making or service quality improvements, and data is collected within one system, with limited knowledge of cross-agency outcomes. Further, standards for referral, enrollment, and graduation are inconsistent, outdated, or non-existent.

Response to Local Need

Through this Innovation proposal, Siskiyou County Behavioral Health seeks to participate in the statewide initiative to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Siskiyou County Behavioral Health to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation.
2. Explore how appropriate goals and metrics may vary based on population.
3. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
4. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
5. Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified).

In addition, this project will provide Siskiyou County Behavioral Health the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community.

Local Community Planning Process

The community planning process helps Siskiyou County determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Board, providers, consumers, community members and partners. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared in stakeholder groups in March 2019, where the proposed use of Innovation funds was well-received. A draft plan was posted for a 30-day comment period beginning on December 10, 2019. No comments were received during the public comment period. Siskiyou presented this plan

at a public hearing with the local mental health board on January 21, 2020. Siskiyou County submitted a final plan (incorporating any additional feedback received) to its Board of Supervisors for review and approval on February 4, 2020.

County Budget Narrative

Siskiyou County will contribute up to \$700,000 of MHPA Innovation Funds over the 4.5-year project period to support this statewide project. As of this time, Siskiyou County does not intend to use funding subject to reversion for this contribution. As detailed below, Siskiyou County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Siskiyou County’s funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs:* Siskiyou County anticipates travel costs up to \$16,000 over the 4.5 years, or approximately \$3,500 per year, which may vary based on the number of staff traveling and the number of in-person convenings. Including estimated administrative costs, Siskiyou County will allocate approximately \$178,000 for 4.5 years of personnel costs.
- *Shared Project Costs:* The remaining amount, \$506,000, will support project management and technical assistance (e.g. Third Sector’s technical assistance in project implementation), fiscal intermediary costs, and third-party evaluation support

Siskiyou County Budget Request and Expenditures by Fiscal Year

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1	Salaries	\$17,578	\$35,616	\$37,396	\$7,771	\$7,771	\$106,132
2	Direct Costs	\$10,597	\$21,514	\$22,590	\$4,700	\$4,700	\$64,101
3	Indirect Costs	\$1,409	\$2,856	\$2,999	\$624	\$624	\$8,512
4	Total Personnel Costs	\$29,584	\$59,986	\$62,985	\$13,095	\$13,095	\$178,745
Operating Costs (travel, hotel)		FY 19/20	FY 19/20	FY 20/21	FY 21/22	FY 22/23	Total
5	Direct Costs	\$2,000	\$4,000	\$4,000	\$4,000	\$2,000	\$16,000
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$2,000	\$4,000	\$4,000	\$4,000	\$2,000	\$16,000
Non-Recurring Costs (technology, equipment)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0

Consultant Costs/Contracts (training, facilitation, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
11a	Direct Costs (Third Sector)*	\$58,353	\$100,000	\$61,983	\$0	\$0	\$220,336
11b	Direct Costs (CalMHSA)	\$5,850	\$33,338	\$12,188	\$938	\$938	\$53,252
11c	Direct Costs (Evaluator)	\$0	\$10,417	\$10,417	\$105,417	\$105,417	\$231,668
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$64,203	\$143,755	\$84,588	\$106,355	\$106,355	\$505,256
Other Expenditures (explain in budget narrative)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURE TOTALS							
Personnel		\$29,584	\$59,986	\$62,985	\$13,095	\$13,095	\$178,745
Direct Costs		\$64,203	\$143,755	\$84,588	\$106,355	\$106,355	\$505,256
Indirect Costs		\$2,000	\$4,000	\$4,000	\$4,000	\$2,000	\$16,000
Total Individual County Innovation Budget*		\$95,787	\$207,741	\$151,573	\$123,450	\$121,450	\$700,001
CONTRIBUTION TOTALS							
Individual County Contribution		\$64,203	\$143,755	\$84,588	\$106,355	\$106,355	\$505,256
Additional Funding for County-Specific Project Costs		\$31,584	\$63,986	\$66,985	\$17,095	\$15,095	\$194,745
Total County Funding Contribution		\$95,787	\$207,741	\$151,573	\$123,450	\$121,450	\$700,001

* Third Sector will provide additional support and capacity to Siskiyou County, beyond the amount Siskiyou is able to contribute using county Innovation dollars alone. This is intended to support the objectives of Third Sector's contract with the Commission, i.e. that this Multi-County FSP Innovation Project make effort to support and provide meaningful capacity to counties with limited financial resources to participate in the project.

Appendix: Ventura County

County Contact and Specific Dates

The primary contacts for Ventura County are:

Kiran Sahota
Email: kiran.sahota@ventura.org
Tel: (805) 981-2262

Hilary Carson
Email: hilary.carson@ventura.org
Tel: (805) 981-8496

Ventura County’s local review dates are listed in the table below. More detail on Ventura’s stakeholder engagement process can be found in the “Local Community Planning Process” section.

Local Review Process	Date
Innovation Plan posted for 30-day Public Review	December 17, 2019
Local Mental Health Board Hearing	January 27, 2020
Board of Supervisors (BOS) approval	March 10, 2020

Description of Local Need

Ventura County has 7 FSP programs serving 619 individuals in the 2018/19 fiscal year. Each of these programs has a specific focus, yet they overlap in the age groupings as compared to age groupings as prescribed by MHSA regulations. One (1) of these serves juveniles currently on probation, 1 of these programs serves transition age youth, 4 serve adults age 18 years and older, and another serves older adults. The majority of these programs focus on individuals who are currently experiencing or at risk of experiencing incarceration, substance abuse, or homelessness. Eligibility is determined by the following factors: experience or at risk of incarceration, substance abuse, homelessness, hospitalization, or removal from the home, as well as the individual’s age and a case manager or clinician recommendation.

The specificity and number of these FSP programs is both an asset and a challenge. While they enable our county to better serve specific age, cultural, and geographical groups, our county often struggles to establish consistent FSP service guidelines, evaluate outcomes, or disseminate best practices.

A common, recurring theme at community engagement gatherings has resonated toward offering more concentrated care for the seriously and persistently mentally ill homeless population. Along this line, Ventura County conducted a Mental Health Needs Assessment recently that indicated a need to address issues of homelessness and dual diagnosis as priority populations. Ventura County FSP services are fewer for those under 18 years of age and with respect to ethnicity. There has been consistent communication in Santa Paula and Oxnard community meetings to stress the need to increase services in breadth and depth to the Latinx community. A more cohesive suite of services for step up and step

down crisis aversion. To this end, Ventura County has opened up two Crisis Stabilization Units in the past two years however the feedback continues to be that there is need for more to be done.

Conversations with Ventura County FSP staff and clinicians have revealed that outcome goals and metrics are not regularly reassessed or informed by community input, nor are they well-connected to actual services received and provided by FSP programs. There is not a shared, clear understanding of FSP service guidelines among providers and county department staff—interpretation and implementation of these guidelines varies widely. Further, there is not a standard documented model of care designed for each FSP age grouping (Youth, TAY, Adult, Older Adult). FSP has a different meaning and objectives within each group, but is not formally documented. As age categories are further documented, identifying the idiosyncratic challenges particular to each target group due to the needs being very different.

Staff and clinicians have also indicated that data is collected for state mandated compliance and does not inform decision-making or service quality improvements. In addition, data is collected within one system, but outcomes are designed to be measured with cross-agency data collection systems (such as health care, criminal justice, etc.) meaning many counties are reliant on self-reported progress toward outcomes rather than verified sources. Providers and peer agencies do not have a forum to meet regularly and share learnings and best practices or discuss opportunities. Standards for referral, enrollment, and graduation are inconsistent or outdated. Finally, there is a need for more clarity in the understanding of FSP funding allowances. The “whatever it takes” category is especially open to interpretation and there’s no standard across counties to compare approved expenditures or to know what resources are available through FSP funds

Response to Local Need

Through this Innovation proposal, Ventura County seeks to participate in the statewide initiative to increase counties’ collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Ventura County Behavioral Health to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation.
2. Explore how appropriate goals and metrics may vary based on population.
3. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
4. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
5. Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified).

In addition, this project will provide Ventura County Behavioral Health the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community.

Local Community Planning Process

The community planning process helps Ventura County determine where to focus resources and effectively utilize MHSAs funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, and community members. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared in the following Behavioral Health Advisory Board subcommittee meetings:

- Adult Committee on Thursday, November 7, 2019
- Executive Meeting on Tuesday, November 12, 2019
- Prevention Committee on Tuesday, November 12, 2019
- Youth & Family Committee on Wednesday, November 13, 2019
- TAY Committee on Thursday, November 21, 2019
- General Meeting on Monday, November 18, 2019

This project was shared as a part of the 3 year-plan update in the section of proposed use of Innovation funds. A more detailed draft plan proposal was posted for a 30-day public comment period beginning on December 16, 2019. The Behavioral Health Advisory Board held a public hearing on the proposed plan on January 27, 2020. The plan will be revised based on any feedback received, after which it is scheduled to go before the Ventura County Board of Supervisors for review and final approval on March 10, 2020.

County Budget Narrative

Ventura County will contribute \$979,634 using MHSAs Innovation funds over the 4.5-year project period to support this statewide project. As of this time, Ventura County intends to use funding subject to reversion at the end of FY 19-20 for the entirety of this contribution.

As detailed below, Ventura County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Ventura County's funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs:* Ventura County anticipates travel costs up to \$13,000 over the 4 years, or \$3,000 per year, which may vary based on the number of staff traveling and the number of in-person convening's. Based on current rates for administrative costs, Ventura County will allocate \$296,801 for 4 years of personnel costs. The following positions have been allocated at a few hours annually over the next few years in order to achieve the project goals of system change.
 - Senior Project Manager
 - Program Administrator
 - Quality Assurance Administrator

- Electronic Health Record System Coordinator
- Behavioral Health Clinician
- *Shared Project Costs:* The remaining amount, \$593,412 will support project management and technical assistance (e.g., Third Sector’s technical assistance in project implementation), fiscal intermediary costs, and evaluation.

County Budget Request by Fiscal Year

The table below depicts Ventura County’s year-over-year contribution to the Multi-County FSP Innovation Project.

County Budget Request and Expenditures by Fiscal Year and Budget Category

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1	Salaries	\$21,531	\$65,797	\$67,771	\$44,909	\$46,256	\$246,264
2	Direct Costs						
3	Indirect Costs						
4	Total Personnel Costs	\$21,531	\$65,797	\$67,771	\$44,909	\$46,256	\$246,264
Operating Costs (travel, hotel)		FY 19/20	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
5	Direct Costs	\$1,000	\$3,000	\$3,000	\$3,000	\$3,000	\$13,000
6	Indirect Costs	\$9,785	\$29,293	\$29,293	\$29,293	\$29,294	\$126,958
7	Total Operating Costs	\$10,785	\$32,293	\$32,293	\$32,293	\$32,294	\$139,958
Non-Recurring Costs (technology, equipment)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
Consultant Costs/Contracts (training, facilitation, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
11a	Direct Costs (Third Sector)	\$58,353	\$326,706	\$113,435	\$0	\$0	\$498,494
11b	Direct Costs (CalMHSA)	\$5,850	\$33,338	\$12,188	\$938	\$938	\$53,250
11c	Direct Costs (Evaluator)	\$0	\$10,417	\$10,417	\$10,417	\$10,417	\$41,668
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$64,203	\$370,461	\$136,040	\$11,355	\$11,355	\$593,412

	Other Expenditures (explain in budget narrative)	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURE TOTALS							
	Personnel	\$21,531	\$65,797	\$67,771	\$44,909	\$46,256	\$246,264
	Direct Costs	\$65,203	\$373,461	\$139,040	\$14,355	\$14,355	\$606,412
	Indirect Costs	\$9,785	\$29,293	\$29,293	\$29,293	\$29,294	\$126,958
	Total Individual County Innovation Budget*	\$96,519	\$468,551	\$236,104	\$88,557	\$89,905	\$979,634
CONTRIBUTION TOTALS							
	Individual County Contribution	\$64,203	\$370,461	\$136,040	\$11,355	\$11,355	\$593,412
	Additional Funding for County- Specific Project Costs	\$32,316	\$98,090	\$100,064	\$77,202	\$78,550	\$386,222
	Total County Funding Contribution	\$96,519	\$468,551	\$236,104	\$88,557	\$89,905	\$979,634

Appendix: Fresno County Budget Tables

As mentioned above, Fresno County submitted an Innovation Project proposal to the MHSOAC in June 2019, detailing Fresno’s participation in this project. This plan has been approved by the commission and thus. Additional appendix detail on local need is not included here as this information is more comprehensively outlined in Fresno’s Innovation Plan proposal.

A summary of Fresno’s approved budget follows below. Note that the approved Fresno County budget includes costs for Third Sector, CalMHSA and the third-party evaluation in a single total under “Other Project Expenditures”), approximately \$840,000 total over the 4.5 years.

COUNTY BUDGET REQUEST BY YEAR						
	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
Fresno County Funding Contribution	\$237,500	\$237,500	\$237,500	\$237,500	\$0	\$950,000

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1	Salaries	\$11,375	\$11,944	\$12,541	\$13,168	\$0	\$49,028
2	Direct Costs	\$4,857	\$5,100	\$5,355	\$5,623	\$0	\$20,935
3	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
4	Total Personnel Costs	\$16,232	\$17,044	\$17,896	\$18,791	\$0	\$69,963
Operating Costs (travel, hotel)		FY 19/20	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
5	Direct Costs	\$10,000	\$10,000	\$10,000	\$10,000	\$0	\$40,000
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$10,000	\$10,000	\$10,000	\$10,000	\$0	\$40,000
Non-Recurring Costs (technology, equipment)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
Consultant Costs/Contracts (training, facilitation, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
11	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$0	\$0	\$0	\$0	\$0	\$0

	Other Expenditures (explain in budget narrative)	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
14	Program/Project Cost	\$221,685	\$210,456	\$209,604	\$198,292	\$0	\$840,037
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$221,685	\$210,456	\$209,604	\$198,292	\$0	\$840,037
BUDGET TOTALS							
	Personnel	\$11,375	\$11,944	\$12,541	\$13,168	\$0	\$49,028
	Direct Costs	\$14,857	\$15,100	\$15,355	\$15,623	\$0	\$60,935
	Indirect Costs	\$221,685	\$210,456	\$209,604	\$198,292	\$0	\$840,037
	Total Individual County Innovation Budget*	\$247,917	\$237,500	\$237,500	\$227,083	\$0	\$950,000

Appendix: San Mateo County Budget Tables

As noted above, San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use unspent MHSA CSS funds to participate in the goals and activities of this project, alongside other counties. These are one-time funds that have been designated and approved through a local Community Program Planning (CPP) process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project.

Local Community Planning Process

On October 2, 2019, the San Mateo County MHSA Steering Committee reviewed a “Plan to Spend” one-time available funds, developed from input received through the following:

- The previous MHSA Three-Year Plan CPP process - 32 community input sessions
- Behavioral Health and Recovery Services budget planning - 3 stakeholder meetings
- Additional targeted input sessions to further involve community-based agencies, peers, clients and family members in the development of the Plan to Spend including:
 - MHSARC Older Adult Committee – June 5, 2019
 - MHSARC Adult Committee – June 19, 2019
 - MHSARC Youth Committee – June 19, 2019
 - Contractor’s Association – June 20, 2019
 - Office of Consumer and Family Affairs/Lived Experience Workgroup – July 2, 2019
 - Peer Recovery Collaborative – August 26, 2019

The Plan to Spend included \$500,000 to better align San Mateo’s San Mateo’s FSP programming with BHRS goals/values and improve data collection and reporting. The proposed Multi-County FSP Innovation Project was brought forward as the means to accomplish this goal. San Mateo’s local mental health board, the Mental Health and Substance Abuse and Recovery Commission (MHSARC), reviewed the Plan to Spend and on November 6, 2019 held a public hearing, reviewed comments received and voted to close the 30-day public comment period. The Plan to Spend was subsequently approved by the San Mateo County Board of Supervisors on April 7, 2020. The Plan to Spend also included \$250,000 for any ongoing needs related to FSP program improvements. San Mateo has brought forward the proposed Multi-County FSP Innovation Project as the means to accomplish this longer-term goal. The update to the Plan to Spend will be included in the current San Mateo County FY 2020-2023 Three-Year Plan and Annual Update, which will be brought to the San Mateo County Board of Supervisors for approval, likely in August 2020. San Mateo is not submitting a proposal to use INN funds. Detailed appendix information is thus not included below, though a summary of San Mateo’s intended funding amounts and expenditures follows below. Note that, like other counties, these amounts are subject to change and further local input and approval.

COUNTY BUDGET REQUEST BY YEAR						
	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
San Mateo County Funding Contribution	\$500,000	\$250,000	\$0	\$0	\$0	\$750,000

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
1	Salaries	\$0	\$0	\$0	\$0	\$0	\$0
2	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
3	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
4	Total Personnel Costs	\$0	\$0	\$0	\$0	\$0	\$0
Operating Costs (travel, hotel)		FY 19/20	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
5	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$0	\$0	\$0	\$0	\$0	\$0
Non-Recurring Costs (technology, equipment)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
8	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
9	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
10	Total Non-Recurring Costs	\$0	\$0	\$0	\$0	\$0	\$0
Consultant Costs/Contracts (training, facilitation, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
11a	Direct Costs (Third Sector)	\$58,353	\$326,706	\$113,435	\$0	\$0	\$498,494
11b	Direct Costs (CalMHSA)	\$5,850	\$33,338	\$12,188	\$938	\$938	\$53,250
11c	Direct Costs (Evaluator)	\$0	\$49,564	\$49,564	\$49,564	\$49,564	\$198,256
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$64,203	\$409,608	\$175,187	\$50,502	\$50,502	\$750,000
Other Expenditures (explain in budget narrative)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
14	Program/Project Cost	\$0	\$0	\$0	\$0	\$0	\$0
15		\$0	\$0	\$0	\$0	\$0	\$0
16	Total Other Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
BUDGET TOTALS							
Personnel		\$0	\$0	\$0	\$0	\$0	\$0
Direct Costs		\$64,203	\$409,608	\$175,187	\$50,502	\$50,502	\$750,000
Indirect Costs		\$0	\$0	\$0	\$0	\$0	\$0
Total Individual County Budget*		\$64,203	\$409,608	\$175,187	\$50,502	\$50,502	\$750,000



STAFF ANALYSIS - ALAMEDA COUNTY

Innovation (INN) Project Name: Community Program Planning Process
Total INN Funding Requested: \$750,000
Duration of Innovative Project: 5 Years

Review History:

County submitted INN Project:	3/20/2020
Local Mental Health Board Hearing:	1/13/2020
Approved by the County Board of Supervisors:	April 2020
MHSOAC consideration of INN Project:	Delegated Authority

Project Introduction:

Alameda County requests authorization to use up to \$750,000 of Innovation funding over 5 years (\$150,000 per year) to support the Innovation-related Community Program Planning Process (CPPP). Alameda County has clearly stated in their proposal that, they continue to conduct Innovation related community planning events and believe that stakeholder and community input are vital to the development of new and innovative ideas. This process requires ongoing support at the county level, and in order to bring those ideas to fruition, the county is proposing to utilize dedicated staffing to design, develop and implement a more robust, streamlined and revitalized community planning process.

The County is proposing to continue contracting with a local organization that has success in reaching the community through technology. They will also work more collaboratively with their Consumer group, (Pool of Consumer Champions-POCC) to help test these new methods, and target the following populations; Older Adults, Asian/Pacific Islanders, Spanish Speaking adults, LGBTQ TAY and adults, African American, family members of consumers, and the Faith community. Finally, the County intends to conduct ongoing evaluation of the INN-related CPPP in order to draw from and apply lessons to improve the INN planning process.

Summary

The Mental Health Services Act specifies that each county may spend up to 5 percent of their respective, total MHSA allocations on the CPP process. The Act and regulations further *require* every County to ensure that the CPP process is adequately staffed, that a diverse set of stakeholders participate in the process - including persons with lived experience, and that appropriate training is provided to participants to enable more meaningful participation. Additionally, authority to spend INN funds on INN-related CPPP has precedence. The California Department of Mental Health's Information Notice 08-36 previously advised counties as to the maximum amount (25%) of INN funds they could ask for and apply to INN-related CPPP during the initial (2008-09 and 2009-10) roll-out of the Innovation Component. The Department of Health Care Services is not opposed to counties using INN funds for the CPPP if the Commission approves budget authority for that purpose.

Alameda County has a large and diverse community and have struggled in reaching and engaging with the unserved, underserved, and specific groups, such as the Latino community and those from the communities of Faith; populations that Alameda County needs more input from.

Alameda's annual INN funding for 2020-21 and future years is approximately \$3.6 million; \$150,000 per year equates to approximately 4.2 percent of that annual INN revenue.

Community Program Planning for Innovation is more difficult than community planning in other areas. Budgeting between 4-5 percent can be justified.

The County reports that they will reflect these expenditures for their Community Program Planning Process in their next annual revenue and expenditure report

Alameda County proposed this project plan in their 19-20 Annual Update, and it was shared during their 30-day public comment period 12/11/19 through 1/13/2020. Alameda County also presented this request to their BOS Health Committee on 2/24/2020 and there were no public comments or opposition received. Full approval by the Alameda County Board of Supervisors is expected April 2020.

This proposal was shared with the Commission list serve and stakeholder contractors on March 20, 2020. One email was received from a member of the Commission's Client and Family Leadership committee raising the following issues which were shared with Alameda County (The county addressed each issue below):

Issue #1

"Since the proposal mainly involves funding of one position (PY?), and I understand that CPP is typically funded from the 5% of the total county funding, and as per CalVoices/MHA has reported that most counties have egregiously underspent on the 5% directive, then should the personnel cost funding from the Innovation Funds be permitted? This proposal appears to duplicate the 5% directive".

County Response:

This project is looking to specifically revive and enhance the INN portion of our CPPP through the funding of our INN Coordinator position which will allow Alameda to utilize INN funds as part of the CPPP. Under Section 3905(a) of the MHSIA Innovation Regulations, “The County shall expend Innovation Funds for a specific Innovative Project only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project.” This includes CPPP. Also, by including the use of INN funds in our CPPP this reduces the amount of other funds such as CSS and PEI to be used. This will allow our county to utilize as much funding as possible for treatment and prevention services in this time of COVID-19 and the homelessness crisis. Additionally, Alameda is wanting to utilize a very small portion of its INN allocation (5%) for CPPP and mitigate the potential for reversion.

Issue #2

“I support this program’s proposal for Asian Pacific Islanders. However, I strongly suggest that API’s data be more specific for the Islanders insomuch that PI’s have over 100 lingual identities”.

County Response:

The County acknowledges that the Pacific Islander population is made up of many distinct groups and languages. Currently, the county has a Pacific Islander prevention program that collects data on the following groups by ethnicity:

Guamanian/Chommoro	Samoan
Fijian	Tongan
Native Hawaiian	

We will be updating our data collection to add:

Marshallese	Belaun/Palauan	Kosraean
Yapese	Indo-Fijian	
Chuukese	Pohnpeian	

Issue #3

“I support this program’s focus for the elderly (“55+”). For elderly over 65, I advise that technology outreach may be inappropriate as many seniors are unable or untrained on some technology and online applications”.

County Response:

The County is aware that technology outreach may be inappropriate for many seniors. However, the county’s Pool of Consumer Champions (POCC) has many seniors in their membership and the County will be looking to them for guidance on what may or may not be the best outreach methods.

Issue #4

“I also support this proposed program’s efforts for Faith-based organizations and family members. Too often, family members are uninformed and excluded about loved one’s support, needs, and treatments”.

County Response:

Alameda County recognizes the importance of including family members and loved ones regarding a consumer’s mental health, recovery and wellness. Faith based organizations support their communities in many ways including mental health. The county appreciates these organizations and will continue to include them for their contributions towards community wellness.

Issue #5

“I suggest this proposal, if adopted, add outreach efforts for the hearing and vision challenged because typical media cannot reach them, or be understood. This effort would necessitate specialty communication devices”.

County Response:

The County greatly appreciates this suggestion of inclusion. The hope is that using technology in ways that the County has not done before will open new avenues of outreach to people that the County has struggled to reach in the past. This includes the hearing and vision challenged.

Learning and Evaluation

As part of their ongoing learning and commitment to transparency and transformation from this new, and rejuvenated Community Program Planning Process, Alameda County will be tracking the following outcomes with input from their local communities:

- what CPP efforts were utilized each year
- number of community events planned
- number of community members participated
- target populations for those events
- projects that were supported
- efforts that ultimately yielded INN projects

The County will disseminate their learnings and apply them to their CPPP process overall.

Additional Regulatory Requirements

The proposed project appears to meet the minimum requirements listed under MHSAs Innovation regulations; however, once the Innovation Project is approved by the Commission, the County must inform Commission Staff in writing of approval from the Alameda County Board of Supervisors before any Innovation Funds can be spent.

Funding for Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation

Introduction

Alameda County Behavioral Health (ACBH) continues to be fully invested in having a dynamic and robust Community Planning Process (CPP). The community involvement from the residents of Alameda County is *essential to Innovation (INN) planning and program development*. Alameda County began a comprehensive CPP that spanned several years after Prop 63, Mental Health Services Act (MHSA), was passed by voters in 2004. Alameda has continued to conduct CPPs, however, as a large and diverse county, Alameda has had challenges in its outreach to many of its diverse populations. These challenges include outreach and engagement to the unserved and the underserved individuals in both urban and rural areas. The County is dedicated to developing a revitalized and improved approach to ensure more meaningful input from all **individuals living in the county**.

What Has Been Done

ACBH has engaged in CPPs for years to ensure the County's diverse communities' needs are provided for and addressed in the Mental Health Services Act (MHSA) Three Year Plans and Annual Updates. Examples of this engagement process include partnering with an experienced and local community-based organization (CBO) called Health and Human Resource Education Center (HHREC) as well as partnering with the Alameda County's Pool of Consumer Champions (Alameda's consumer run volunteer advocacy and leadership group) for outreach and marketing. These partnerships have included outreach to stakeholders through: community forums across the county; paper and online surveys; obtaining feedback at meetings where stakeholders are present; and enlistment of providers to provide feedback forums/focus groups at their locations. However, without dedicated staff capacity Alameda County struggles to reach significant population levels and specific groups due to the current political climate and lack of community connections, i.e. during the last CPP the data show the Latino community was under represented and there was limited input from the faith community, two populations that Alameda needs to hear from. The County is regularly looking to add new approaches. Most recently the County launched an MHSA Outreach Campaign which included placing billboards on buses and bus shelters. This campaign has resulted in an 88% increase in direct traffic to the County's MHSA website, which resulted in a number of community members expressing interest in joining committees. However the County continues to get feedback about the following:

- The locations and/or times of meetings not being convenient;
- Targeted populations are not suitable or target populations in need are omitted;
- Opportunities to give feedback or provide input are too few;
- The posted MHSA plans are too big to review;
- Information on how to give feedback or provide input is lacking; and
- The input received for the plan, outreach proposals, marketing, etc. was not sufficient.

The County wishes to revitalize and improve its community planning process in order to develop a more comprehensive plan to address these concerns. Moreover, while the County has shepherded a variety of undertakings around maintaining a robust CPP, the County, as a general matter, has not consistently calculated or tracked the cost of these efforts in the Annual Revenue and Expenditure Report (ARER).

Why the Need

During the course of 2018-2019, ACBH brought five innovation plans to the commission for approval. The CPPs for each of these projects was between two (2) to five (5) years ago. The conclusion of these planning processes from several years ago, and the subsequent approval for funding, currently leaves the County absent of viable Innovations ideas.

ACBH has begun community planning for its next MHSAs Three Year Plan FY 20/21-22/23. The County is acutely aware that INN Planning requires a committed amount of time and effort, as well as stakeholder input, to develop and implement projects versus other MHSAs components. All Alameda County INN projects have been developed through the CPP. The process of taking stakeholder and community ideas to fruition of a completed project, requires ongoing input from stakeholders in the target populations, as well as other community members, especially those members who have lived experience and are working directly with the targeted population. These efforts require a more robust, streamlined, and continuous planning process with *dedicated staffing* than other MHSAs components.

The importance of a robust CPP was recognized by the DHCS when the MHSAs Innovation component was introduced in 2008-2009. Notice 08-36 states that counties could dedicate up to 25 percent of their combined 2008-2009 and 2009-2010 community program planning for Innovation. Such a percentage implies the importance of stakeholder input and reflects a higher planning burden for creating Innovation projects as compared to the other MHSAs components.

The County is mindful of the importance of including stakeholders and maintaining their input for the application of developing effective INN projects. Alameda County would like to revitalize its stakeholder process to be more robust, especially in the area of seeking new INN ideas. Moreover, the County wants to be able to demonstrate that meaningful community planning has occurred and safeguard that it is representative of all of our community's needs.

The Plan

Alameda County is requesting Commission approval to earmark use of INN funds for a fixed annual allocation for community planning activities involving stakeholders, most directly, individuals in the unserved and underserved communities of Alameda County. This annual allocation will be specific in its support of design, development and implementation of new INN ideas brought forth through the CPP. Presently, under MHSAs regulations, counties may use up to 5% of their total MHSAs allocation to fund community program planning, and designate positions for oversight and support.

Prior to October 2017, the DHCS Annual Revenue and Expenditure Report forms did not provide a method for reporting administrative costs for a county's CPP. Additionally, Alameda County has not detailed

separate community program planning expenditures from its administrative costs. ACBH strives to be in alignment with MHSA regulations, and therefore seeks appropriate Commission approval to use Innovation funds for its CPP.

Alameda County is seeking approval from the MHSOAC to utilize a total of \$750,000 (\$150,000 per year, which is the cost of a program specialist/Innovations Coordinator) over the next five years to conduct INN-related community planning. These funds will be dedicated to redesigning a more informed, CPP that will allow the County to revitalize its current process and have a specific focus on Innovation and innovative ideas. It should be noted that Alameda currently receives approximately \$3.6 million/year in INN funding; so this request is to utilize slightly less than 5% of our annual INN allocation to increase capacity and strengthen the County's CPP, with a particular emphasis on generating new Innovation ideas.

Dedicated funding for staffing to revitalize the County's INN CPP will allow the County to breathe new life into its planning processes for all areas of MHSA, but especially for INN. A revitalization will give assurances that the County is committed to bringing meaningful support in developing INN ideas and projects that are important to the community. Moreover, these dedicated funds demonstrate the County is recommitting itself to the mental health of all individuals living in Alameda County.

Alameda County will continue to use its current contractor (HHREC), along with further strengthening its relationship with the Pool of Consumer Champions for testing new stakeholder outreach methods. Additionally, Alameda will reach out to other Bay Area counties to better understand their CPP processes and how they empower the community to bring forth new INN ideas. HHREC has proven success in reaching stakeholders particularly using pathways of technology. The County hopes to tap into new methods of outreach using technology and social media as well as other ideas from our neighboring counties. The POCC will also be vital to these new increased efforts as they have their finger on the pulse of community needs. They are, to use a phrase, boots on the ground. By utilizing these resources in combination with dedicated staff capacity it's our goal to increase the CPP process and bring forward truly innovative ideas.

The County's Senior Planner for MHSA, along with the INN Coordinator will be coordinating with HHREC and the POCC to create outreach for stakeholders in a few targeted populations to ascertain which outreach models are viable and can be replicated across other populations. The targeted populations will begin with:

- Older adults (55+)
- Asian/Pacific Islanders
- Spanish speaking adults
- LGBTQ transitional age youth and adults
- African American adults and youth
- Family members of consumers
- Faith Community

The CPP design will be used to apply suggestions by the community to preserve outreach target groups for inclusion in the process. Data collected during the initial planning process will be used to determine if the

model is successful and can be replicated across other targeted populations or if the model needs adaptations in accordance to the targeted population's needs.

As the outreach model is refined, ACBH will pursue an increase in outreach to the county's more challenging populations, such as monolingual communities who do not meet the threshold language criteria but should be targeted to better understand needs and INN project ideas. Alameda County is the seventh largest county in California, and is the fourth most diverse county in the United States with thirty-two percent (32%) foreign born individuals, meaning one in ten residents is not a citizen of the United States. These factors on their own are difficult to traverse. Collectively, these factors have proven to be even more challenging when reaching rural communities, non-US citizens, and individuals with English is a second language. There are sixty-one (61)¹ different languages spoken in the county. A rather large, disparate number beyond the County's threshold languages.

ACBH is additionally seeking to gain more connections with faith based organizations. ACBH has traditionally had a strong connection, but these connections historically have been with African-American organizations. The County wishes to expand its faith based organizations to include the most recent influx of residents from Asia. Other groups the County will be attempting to engage are advocacy organizations and first responders. The county is interested in how the inclusion of these latter groups can be beneficial to the stakeholder process.

Since the Bay Area is a breeding ground of technology, ACBH is exploring how to utilize technology to enhance its outreach models. These models will be a means to engage non-mobile, isolated individuals who want to have a voice in the County's system of community input and INN design. Furthermore, technology continues to be a promising method of engagement for youth, TAY, and monolingual residents because of the prevalence of smartphones.

Budget

ACBH is requesting Commission approval and authorization to use \$750,000 of INN funds for INN-related community planning over the next five years for an annual amount of \$150,000/yr. This requested budget is less than 5% of ACBH's INN funding per year. As part of ACBH's plan, a dedicated INN Coordinator has been added to the County's MHSA division. This addition of a dedicated staffer brings the County more in line with MHSA regulations. Furthermore, the requested amount is the cost of 1 FTE at the program specialist level which is \$100,006, plus benefits calculated at 50% for a total of \$150,000. If approved these INN funds will be earmarked in the ARER for community planning.

The funds earmarked for the CPP proposal are not from AB114 which would have made the funds subject to revert July 1, 2020. However, these earmarked funds are subject to reversion because they are from the County's MHSA FY17/18 distribution. California Welfare and Institution Code requires counties to spend their MHSA funds within three years of receipt, with certain exceptions. Under WIC Section 5892(h), funds

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http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_02_05_19/GENERAL%20ADMINISTRATION/Regular%20Calendar/CAO_276039.pdf

are subject to reversion unless “...placed in a reserve in accordance with an approved plan, any funds allocated to a county which have not been spent for their authorized purpose within three years shall revert to the state to be deposited into the (Mental Health Services) Fund and available for other counties in future years...” Therefore, these FY17/18 earmarked funds, as long as they are in an approved plan, will not be subject to revert July 1, 2020.

Outcomes

ACBH is committed to its stakeholders. ACBH is also committed to observing all regulations, with transparency and transformation. The County, with a reinvigorated, robust CPP, will be able to track specific efforts more easily. The efforts to be tracked will include, but not limited to:

- What efforts were utilized each year in community planning;
- Types of advertising utilized;
- How many community members participated;
- How many community planning events were held and when;
- Event target population(s);
- What INN projects arose through these events and activities; and
- How the County’s efforts produced an INN plan that resulted in a successful approval by the Commission.

Conclusion

Alameda County has added this request to the County’s MHPA Annual Update Fiscal Year 19/20. There were no public comments for support or opposition during the public comment period or from the board of supervisors’ health committee. An approval by the full Alameda County Board of Supervisors is expected April, 2020.