

DRAFT INNOVATION WORK PLAN

Participating Counties: Fresno¹; Sacramento; San Mateo²; San Bernardino; Siskiyou; Ventura (Lead County)

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 MHSOAC INN funds available to commit to this project, but instead intends to use a combination of PEI and CSS funds to participate in the goals and activities of this project, alongside other counties. Some of this funding is currently available, while the remainder will require additional stakeholder input and approval in the spring (March to April 2020). These are one-time funds that have been designated and approved to meet a similar purpose and set of objectives as the INN 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 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 avoid the negative 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. Counties desire metrics that paint a more complete picture of how FSP clients are faring on an ongoing basis, are closely aligned with clients’ needs and goals, and allow comparison across programs, providers, and geographies. These metrics might move beyond the current state-required elements and allow the actionable use of data for more effective learning and continuous improvement. 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. 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.

Proposed Project

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county 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 Mental Health Services Oversight and Accountability Commission (MHSOAC) has identified Ventura as a lead county in this project.

The MHSOAC has supported Third Sector 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 FSPs. A San Francisco-based nonprofit, Third Sector has helped behavioral and mental health programs nationwide create an 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 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 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 programs. The overall purpose and goals of the 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 better 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 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 FSP Outcomes-Driven 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, developing tools to elevate FSP participant voice, and attending sessions at local FSP sites. Third Sector will synthesize and disseminate learnings between counties participating in this Innovation Plan and the 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 just those 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 / continuous improvement processes, and (ii) an initial, shared plan for implementing outcomes-focused FSP improvements. The activities and goals proposed by this project are directly informed by these efforts, designed to respond to common challenges, capacity needs, and shared opportunities for FSP program improvements cited by counties. This approach is also inspired by the Los Angeles (LA) County Department of Mental Health's journey to similarly focus their FSP programs on meaningful outcomes. This Innovation Project will build off LA County's early successes, implementing adjusted strategies and approaches that are appropriate for a statewide context.

Number & 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 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 LA County's Department of Mental Health 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 Learning Community designed to help increase *statewide* consensus on FSP's core components and develop shared recommendations for state-level changes to FSP data requirements and guidelines.

3. Introducing New Practices for Encouraging Continuous Improvement & Learning

This project proposes to introduce new data-driven practices for managing FSP programs that center on improving clients' experiences, client life outcomes, and aim to increase consistency in how FSP's are administered within and across different counties. This project will build on tools and learnings emerging from Third Sector's existing work with the Los Angeles County Department of Mental Health's FSP transformation, which centered on understanding and improving core child, adult, and older adult FSP outcomes, inclusive of improving stable housing, reducing emergency services utilization, and reducing criminal justice involvement.

Importantly, the project will also contribute to these learnings and tools, creating new approaches and strategies intended to achieve similar and further results. 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. 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 state-wide FSP data requirements that better prioritize and streamline their use. Ultimately, these recommendations and any changes aim to better support counties in understanding who FSP services, what services they receive, and the outcomes that clients ultimately achieve.

Stakeholder Input

Through individual discussions and group convenings, Third Sector and participating counties have discussed several strategies to ensure that the 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 into this plan. Currently, all participating counties have either shared or scheduled near-term dates for sharing this project as a part of their three-year plan, annual update, or standalone proposal for public comment and county Board of Supervisors' review.

Once the MHSOAC has reviewed this draft Innovation Plan is approved and all counties have posted it for public comment, Third Sector will work with counties to incorporate feedback. Based on this feedback, counties may make adjustments to specific focus areas and priorities addressed within the Innovation Plan before sharing it with their local mental health board and Board of Supervisors for review and final approval.

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 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 & Timeline* section below.

Learning Goals & Project Aims

This project expects to contribute new learnings and capacities for participating counties throughout the county-specific technical assistance and evaluation activities involved. Guiding research questions that this project aims to further explore include, but are not limited to, the following:

1. What was the process that each participating county and Third Sector took to identify and refine FSP program practices?
2. What changes were made and piloted?
3. What impacts did they generate following implementation, both for FSP clients and FSP program providers?
 - a. 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?
 - b. To what extent has this project helped to streamline data collection/reporting within participating counties (e.g. improved satisfaction with reporting forms; reduced paperwork)? Has this project improved how data is shared and used to inform discussions on FSP program performance and strategies for continuous improvement?
 - c. What impacts has this project and related changes create for clients' outcomes and clients' experiences in FSP?

4. What broader learning did the project produce?
 - a. How have staff learnings through participation in this FSP-focused project lead to shared learning across other programs and services within each participating county?
 - b. How has the statewide FSP Learning Community helped to drive collective learning and fostered a unified county voice for potential state-level change? Specifically, which types of forums and topics have yielded the greatest value for county participants?

Evaluation & Learning Plan

The Innovation Project includes a significant learning and evaluation component. 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 & Timeline* section below) to better understand and measure current FSP outcomes and identify appropriate strategies for improving these outcomes. Third Sector will also support counties in identifying, procuring, and establishing an ongoing governance structure for partnering with a third-party evaluator that can provide an independent assessment of the project's impacts and meaningfully assess the above learning goals via a post-implementation evaluation.

This post-implementation evaluation will aim to assess two types of impacts: (A) the overall impact and influence of the project activities and intended changes to 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 effectively simplify and improve the usefulness of data collection and management, *and* whether these practices supported the project's ultimate goal of improving FSP client outcomes.

A description and example measures for each of the client-level and system-level impacts follows below. Counties, Third Sector, and the evaluator will develop and finalize these measures after procuring the third-party evaluator (i.e. 2021) via a written evaluation plan. The evaluation plan will include a timeline for defined deliverables and will crystallize these research questions, outcome measures, data-sharing requirements and resulting evaluation activities.

A. System-Level Impacts: In order to better understand the systems-level impacts, this project proposes to capture both quantitative and qualitative data to assess the positive value and changes experienced by participating counties and community stakeholders. These measures will be tracked during and following the initial 23-month implementation TA period, and directly answer Learning Goals 1, 2, and 4 above. Example quantitative process measures include:

- Number of county policy changes that a county, the Department of Health Care Services (DHCS), or the MHSOAC implemented as a result of the Project
- Number of counties implementing a new FSP service approach as a result of the project
- Total FSP dollars tied to measurable achievement of outcome goals, including racial equity goals, that are embedded in contracts and/or program performance plans
- Number of new data sharing mechanisms and/or agreements created to support ongoing evaluation, feedback, and analysis of disparities
- Number of counties adopting improvements or changes to FSP continuous improvement practices
- Number of new FSP metrics or data elements measured in each county

- Number of FSP metrics or data elements removed by each county due to lack of relevance/usefulness

Additionally, the project will gather qualitative feedback (based on stakeholder interviews, surveys, and focus groups). These qualitative measures may include:

- Overall satisfaction with quality/impact of outcome measures selected, changes to data collection practices and service guidelines
- Increased confidence that measures tracked are meaningful for participants and/or are regularly reviewed and used to inform programs
- Increased understanding across providers and/or county staff of how priority outcome are defined and corresponding data collection/reporting requirements
- Increased stakeholder engagement and representation in decision-making and FSP program discussions that increase trust, collaboration, and transparency
- Sustainable continuous improvement processes that focus on regular review and discussion of performance data & community feedback
- Better coordinated continuum of care facilitates transitions across programs and services

B. Client-Level Impacts: This project proposes to measure overall improvements in FSP client outcomes that may occur during the project timeframe. 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 third-party evaluator to measure and synthesize evaluation findings and to share this information with counties. Third Sector, the evaluator, and the counties will determine the exact measures and an appropriate evaluation methodology for assessing client-level impacts during the project. These measures will address Learning Goal 3 above and may include:

- Changes in cross-system outcomes, such as:
 - Increased percentage of housing-insecure FSP clients connected with housing supports
 - Decreased recidivism for justice-involved FSP clients
 - Decreased use of emergency psychiatric facilities
 - Increased percentage of clients engaging in recreational activities, employment, and/or other forms of meaningful use of time, including employment
 - Increased percentage of clients graduating FSP successfully
- Reduced FSP outcome disparities (i.e. disparities by race/ethnicity; language)
- Increased percentage FSP clients reporting trust and satisfaction with their FSP provider
- Timely access to programs and services aligned with individuals' long-term goals
- Increased sense of agency for people served
- Increased program graduation rates for clients due to increased capacity (i.e., exits because clients are stable and re-integrated into the community)
- Decreased utilization of crisis services (e.g., emergency rooms, mental health, justice) due to increased emphasis on prevention and wellbeing

Third Sector, participating counties, and the evaluator will jointly develop an evaluation plan during the first year of the project. The evaluation plan will include a timeline for defined deliverables and will crystallize these research questions, outcome measures, data-sharing requirements and resulting evaluation activities. Third Sector, participating counties, and the evaluation partner(s) 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).

See the *Budget Narrative* section below for additional detail on the post-implementation 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 FSPs. 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 adjusting responsively 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 intend to directly contract with Third Sector and/or the evaluation consultant for this project, while other counties may choose to contract through the existing Joint Powers Agreement (JPA) via the California Mental Health Services Authority (CalMHSA). The JPA sets forward specific governance standards to guide county relationships with one another and Third Sector/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 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 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 MHSOAC 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 FSP's core components 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 / 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/graduation criteria
- Sharing and reviewing data gathered and analyzed throughout this project--including in the post-implementation evaluation phase--with community members to gather additional input and insight in interpreting trends
- Inviting clients and/or client representatives to participate in statewide FSP Learning Community events
- Soliciting qualitative feedback from stakeholders on how this project has helped (or hindered) improved 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

Given this Innovation Project does not propose to provide direct services to FSP clients, protecting continuity of client care is not applicable.

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 Innovation Project work plan includes dedicated time and resources for sustainability planning among counties and Third Sector. Specifically, Third Sector will support counties during the final two months of the implementation technical assistance period to develop a clear transition plan and ensure participating staff have the capacity to continue these new strategies through the end of the Innovation Project period (these plans are further described below in the *Work Plan & Timeline* section). Counties will then use findings from the post-implementation 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 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.

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 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 even 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 & Timeline

Project Activities and Deliverables and Timeline

The 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 technical assistance (TA) period and an evaluation period.

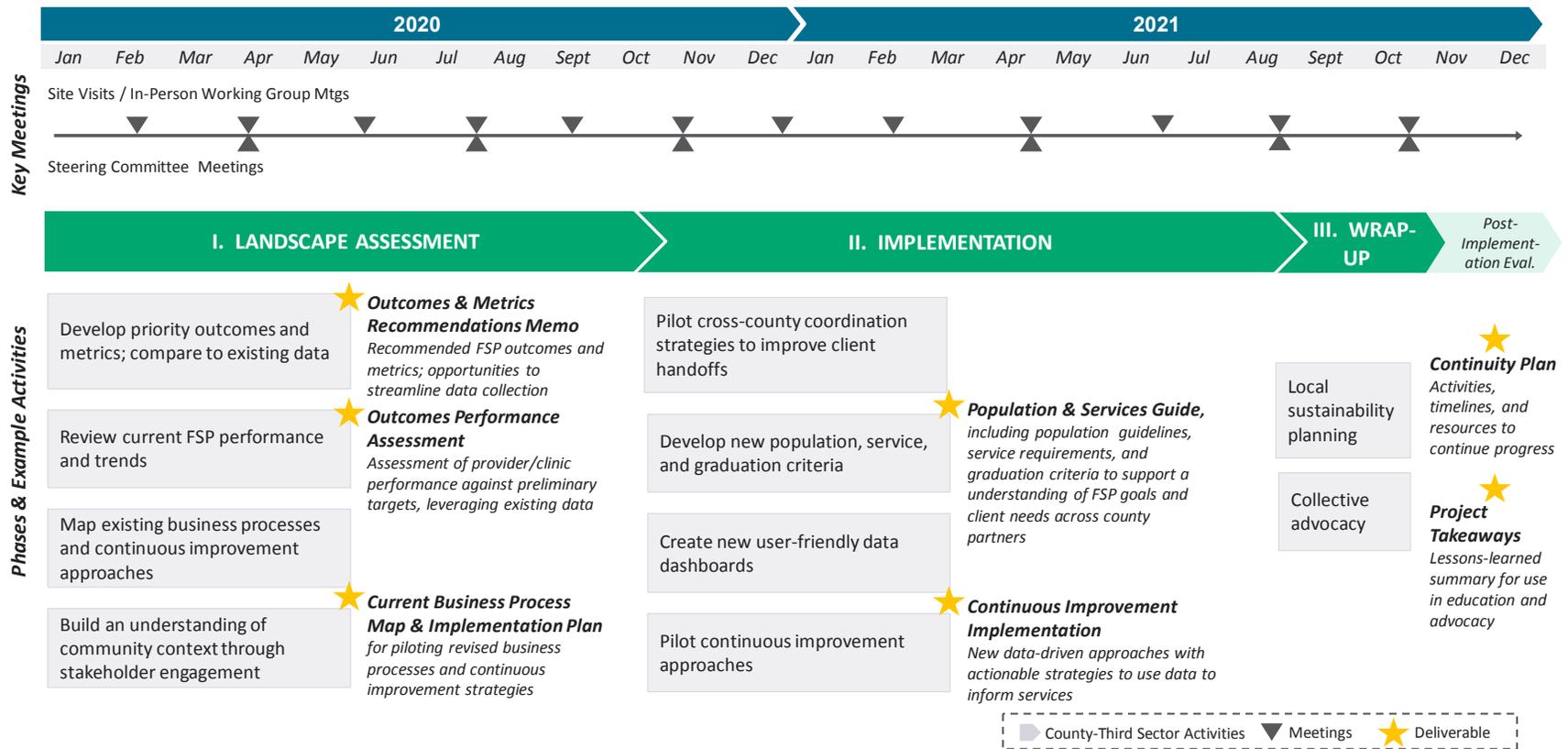
In the first 23-month implementation technical assistance (TA) period, Third Sector will work directly with each participating county to understand each county's local FSP context and provide targeted, county-specific technical assistance in implementing outcomes-focused improvements. Third Sector will leverage a combination of regular (weekly to biweekly) virtual meetings/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 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 a post-implementation evaluation, conducted by a third-party evaluator, with the goal of assessing the impacts and learning that this project produces. This post-implementation evaluation and the overall 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/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 FSP's desired 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 & 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/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/program teams) and external (i.e., creating improved feedback loops between county teams and contracted providers).

Included in 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-sharing agreements and/or research board approvals that may be necessary to implement the post-implementation evaluation
- Post-implementation evaluation plan that identifies specific outcomes, metrics, data sources and timeline for measuring client and systems level impacts
- Final impact report

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 & 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 Learning Community for further refinement.

- *FSP Outcomes & 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.

Further, in this phase, a third-party evaluator will be selected based upon the qualifications and work plan developed in Phase 1. 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 post-implementation evaluation.

Phase 3: Sustainability Planning

In Phase 3, Third Sector will work with participating counties to understand the success of the changes to-date and develop strategies to sustain and build on these new data-driven approaches. Third Sector will work closely with county staff to ensure that there is a transition plan in place and that county staff have the capacity to continue these new strategies. 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 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 plan/strategy articulating communications activities, timelines, and messaging.
- *Project Takeaways*: Summary documents articulating major takeaways for use educating statewide stakeholders on the value of the new approach.
- *Evaluation Work Plan & Governance*: An evaluation work plan to assist the counties and the evaluation partner in project managing the post-Implementation evaluation phase.

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 & Source of Expenditures³

Overview of Project Budget & Sources of Expenditures: All Counties

The total proposed budget supporting six counties in pursuing this Innovation Project is approximately \$5.08M over 4.5-years.³ This includes project expenditures for four different primary purposes: Third Sector Implementation TA (\$3.18M); Fiscal and Contract Management through CalMHSA (\$.314M); Third-Party Evaluation (\$.25M); as well as additional expenditures for county-specific needs (“County-Specific Costs”) (\$1.34M).

All costs will be funded using county MHSAs Innovation funds, with the exception of San Mateo County which will contribute available one-time CSS & PEI 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/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 (post-implementation 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.

CalMHSA will act as the fiscal and contract manager for this shared pool of resources through the existing Joint Powers Agreement (JPA). The pooled funding approach intends to streamline counties’ funding contributions and drawdowns through sharing resources, reduce individual project overhead, and increase coordination across counties in the use of these funds.

³ As mentioned above, Marin County informed Third Sector on November 27, 2019 that they will no longer participate in the Innovation Project. Marin will remain an active participant in the state-wide FSP learning community (more details on learning community goals and activities below). Given this information, budget details in the Innovation Plan are subject to change as Third Sector and the six participating counties determine appropriate budget adjustments moving forward. Given these adjustments have not yet been determined, This Section 4 does not reflect updates that account for Marin County’s withdrawal from the project.

The total amount of consultant and contractor costs is approximately \$3.74M 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 & 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 \$3.18M 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 LA 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. The JPA sets forward specific governance standards to guide county relationships with one another and Third Sector/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. Note that rates have not yet been finalized with CalMHSA at the time of this draft Innovation Plan proposal submission. Counties will update this plan based on any changes to these costs, prior to submitting this plan to their local Mental Health Board, the MHSOAC, and their Board of Supervisors for approval.

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. Once selected, the third-party

evaluator will contract with counties either individually or collectively via the JPA administered through CalMHSA. Third Sector 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 \$250,000 (combined across all counties, excluding Marin). 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 set of performance metrics, and 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, during the evaluator selection phase, it becomes apparent that costs will need to exceed initially budgeted amounts, the counties and Third Sector will work in partnership with the OAC 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 thru a pooled funding approach. A summary of the total \$1.34M in County-Specific Costs across all seven 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 seven counties. Each county's appendix, attached, details the specific personnel that this will support.

Operating Costs

Total operating costs for counties are approximately \$308,000 over 4.5 years and across seven counties. Operating costs support anticipated travel costs for each county (\$91,000) and requisite County-specific administrative costs (\$217,000). 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.

Additional Contractor Costs

Siskiyou County intends to commit \$190,000 for additional evaluation and data analysis support for Siskiyou County, specifically. Additional detail on these costs can be found in Siskiyou's appendix.

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	\$24,390	\$39,390	\$30,390	\$24,390	\$12,390	\$130,950
6	Indirect Costs	\$16,368	\$61,507	\$40,602	\$29,293	\$29,294	\$177,064
7	Total Operating Costs	\$40,758	\$100,897	\$70,992	\$53,683	\$41,684	\$308,014
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)	\$527,309	\$1,715,715	\$750,669	\$186,000	\$0	\$3,179,693
11b.	Direct Costs (CalMHSA)	\$34,502	\$197,029	\$72,085	\$6,564	\$4,687	\$314,866
11c.	Direct Costs (3rd Party Evaluator)	\$0	\$62,502	\$62,502	\$72,919	\$52,085	\$250,008
12	Direct Costs (Additional County Evaluation)	\$0	\$0	\$0	\$95,000	\$95,000	\$190,000
13	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
14	Total Consultant Costs	\$561,811	\$1,975,246	\$885,256	\$360,483	\$151,772	\$3,934,567
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

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Direct Costs	\$586,201	\$2,014,636	\$915,646	\$384,873	\$164,162	\$4,065,517
Indirect Costs	\$16,368	\$61,507	\$40,602	\$29,293	\$29,294	\$177,064
Total Innovation Project Budget	\$735,703	\$2,286,730	\$1,174,693	\$562,848	\$326,851	\$5,086,825

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 MHSA Funds	\$672,503	\$1,919,321	\$1,039,555	\$549,014	\$313,019	\$4,493,413
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	\$100,000	\$200,000	\$200,000	\$93,412	\$0	\$593,412
6.	Total Proposed Administration	\$772,503	\$2,119,321	\$1,239,555	\$642,426	\$313,019	\$5,086,825

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 MHSA Funds						
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation						

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 MHSA Funds	\$672,503	\$1,919,321	\$1,039,555	\$549,014	\$313,019	\$4,493,413
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	\$100,000	\$200,000	\$200,000	\$93,412	\$0	\$593,412
6.	Total Proposed Expenditures	\$772,503	\$2,119,321	\$1,239,555	\$642,426	\$313,019	\$5,086,825

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

*San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use a combination of PEI and CSS funds to participate in the goals and activities of this project, alongside other counties. Some of this funding is currently available, while the remainder will require additional stakeholder input and approval in the Spring (March to April 2020). These are one-time funds that have been designated and approved to meet a similar purpose and set of objectives as the INN project. San Mateo County is not submitting a proposal to use INN funds but is committed to participating in the broader effort and, thus, are included here and in the Innovation Project plan.

Innovation Plan Appendix

Appendix Overview

The following appendix contains specific details on the local context, local community planning process (including upcoming local review dates), and budget details for Ventura County

Participating Counties and their proposed contributing funds:

Participating Counties	Proposed Funding Contribution
Sacramento	\$500,000
San Bernardino	\$979,634
Ventura	\$979,634
Siskiyou	\$700,000
Fresno	\$950,000
San Matteo	\$593,412

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 upcoming 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, 2019
Board of Supervisors (BOS) approval, or calendared date to appear before BOS	February 5, 2019

Dates are proposed and subject to change, especially BOS calendar date of Feb 5, which is the earliest that the project could be calendared.

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 case manager/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.

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. 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 learning community.

Local Community Planning Process

The community planning process helps Ventura 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 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
- Community Input Session January 15, 2020
- Community Input Session January 21, 2020
- Community Input Session January 23, 2020

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 will be publically posted for a 30-day comment period beginning on December 17 2019. The Behavioral Health Advisory Board will hold a public hearing on the proposed plan January 27 2019. The plan will be revised based on feedback received, after which it is scheduled to go before the Ventura County Board of Supervisors for review and final approval in early February.

County Budget Narrative

Ventura County will contribute \$979,634 amount over the 4.5-year project period to support this statewide project. 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 Innovation Project.

County Budget Request & 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

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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