Advancing Data-Driven Full Service Partnerships (FSPs)

Multi-County FSP Innovation Project

October 27, 2020

Welcome & Introductions

Presenters	Response Panel

Presenters

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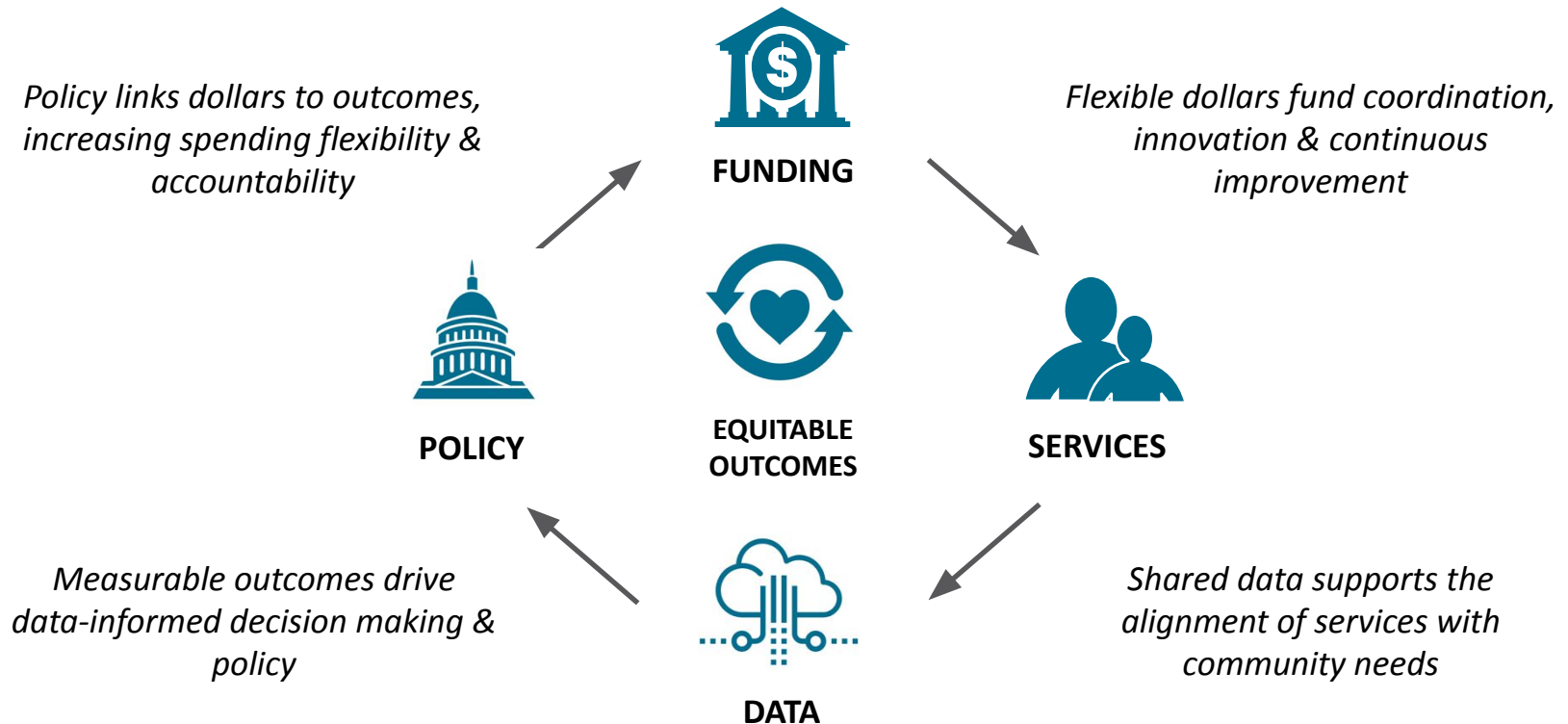Turning Point

Brian Sala
Deputy Director
MHSOAC

Commissioner Ken Berrick
CEO
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Today's agenda

1:00 PM   **Introduction & Project Overview**
                     Third Sector introduces project goals and history

1:15 PM   **Current FSP Data Collection Practices**
                     San Bernardino County presents a comparison of counties' current
                     practices for data collection and outcomes management;
                     Consumer perspective from Consumer Evaluation Council (CEC)

1:30 PM   **Path Forward for FSP Data and Outcomes**
                     Fresno County presents project implementation activities planned for
                     the year ahead;
                     Provider perspective from David Tan, Program Director of Turning Point

1:45 PM   **Response Panel & Public Comment**

THIRD SECTOR

Third Sector is a 501(c)3 non-profit organization that helps government and communities leverage data and lived experience to improve outcomes

Data-Driven Feedback Loop

Policy links dollars to outcomes, increasing spending flexibility & accountability

Flexible dollars fund coordination, innovation & continuous improvement

FUNDING

EQUITABLE OUTCOMES

POLICY

SERVICES

Measurable outcomes drive data-informed decision making & policy

Shared data supports the alignment of services with community needs

DATA

INTERNAL CULTURE
drives and empowers outcomes orientation

EXTERNAL RELATIONSHIPS
shape how outcomes orientation is implemented

Full Service Partnerships (FSPs) continue to play a crucial role in increasing positive outcomes for the most vulnerable Californians

FSP Populations	FSP Services	FSP Outcomes
Current State		
FSP serves almost 50,0000 individuals and families across California experiencing severe emotional disturbances or serious mental illness.	**FSP providers deliver a diverse range of evidence-based services** including therapy, psychiatric services, peer supportive services, housing services, and a wide range of case management services geared towards developing life skills and coping mechanisms.	As stipulated in the Mental Health Services Act (MHSA) Regulations, FSPs provide **consumer-centric services to achieve goals** identified in individuals' Individual Services and Supports Plans (ISSP).
Opportunity		
FSPs do not share consistent processes for defining sub-populations (e.g., houseless, justice-involved, etc.) or tracking enrollment and outcomes achievement by sub-population, leading to disparities in access to care.	**FSP services and operations can differ significantly** between programs and counties, which can create disparities in service access and outcomes.	While FSPs regularly report on a number of outcomes, **the methods and metrics that counties use to track outcomes can differ greatly.** This can inhibit county and statewide efforts to assess performance and use data to improve services.

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Third Sector partnered with LA County's Department of Mental Health to transition their Full Service Partnership (FSP) to an outcomes orientation

LA Department of Mental Health (DMH) Project Overview

SYSTEMS IMPACT

100+ CBOs and directly-operated clinics will deliver services with continuous improvement

100+ CBOs and directly-operated will receive data influencing outcomes & goals

$300M+ in outcomes-oriented contracts and services to be deployed annually

SERVICE IMPACT

16,500+ individuals receiving outcomes-oriented mental health services

New team-based, client-centered services incorporating evidence-based practices

Updated client engagement and referral processes

COMMUNITY IMPACT

Increased focus on highest-acuity clients

Improved Outcomes:

- Housing stability
- Recovery
- Wellbeing
- Recidivism
- Emergency services utilization

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In 2019, the Multi-County FSP Innovation Project was launched to expand upon LA DMH's work and transform FSP across California

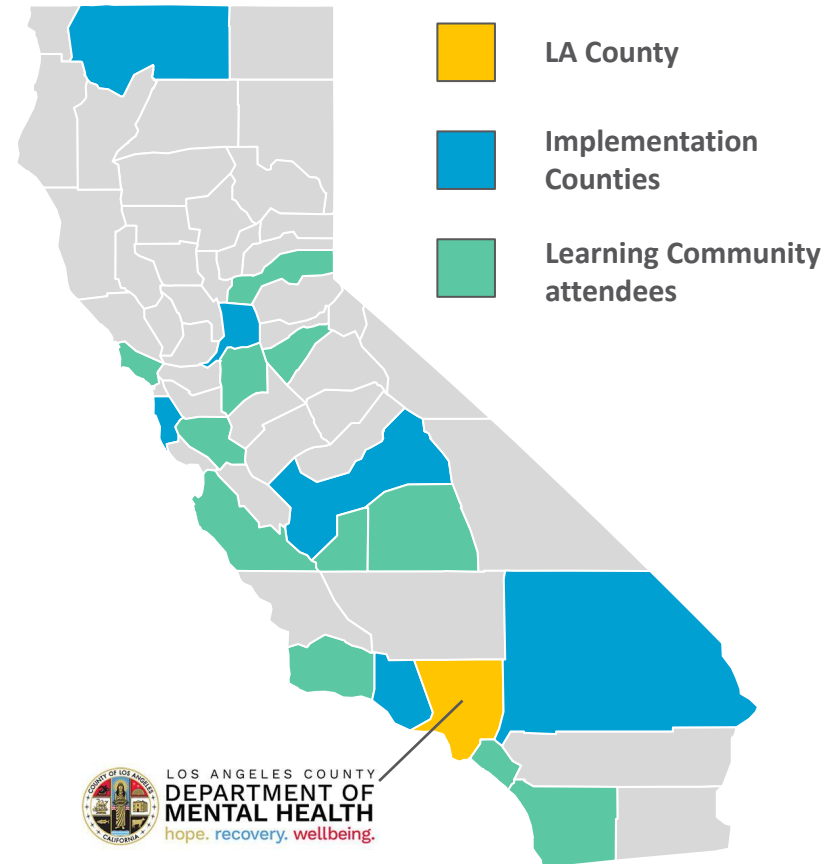## Multi-County FSP Innovation Project Vision

1 **Develop a multi-county Innovation Plan** with a shared vision and goals for enhanced FSP services and outcomes

2 **Implement an outcomes-oriented, data-driven strategy** across six counties, building on LA DMH's work

3 **Build capacity of counties** to regularly collaborate on designing, administering, and evaluating FSPs

- LA County
- Implementation Counties
- Learning Community attendees

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

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The Multi-County FSP Innovation Project's 5 goals will build counties' capacity to collect and use data to improve outcomes

## Multi-County FSP Innovation Project Goals

When the Multi-County FSP Innovation Project is complete, counties will have increased capacity for collecting and using data for FSP services. These improvements will not only support participating counties' clients in their recovery, but they will also be shared to improve the statewide system.

1 **Develop a shared understanding and more consistent interpretation of FSP's core components** across counties, creating a common FSP framework

2 **Increase the clarity and consistency of enrollment criteria, referral, and graduation processes** through developing and disseminating clear tools and guidelines across stakeholders

3 **Improve how counties define, track, and apply priority outcomes** across FSP programs

4 **Develop a clear strategy for tracking outcomes and performance measures** through various state-level and county-specific reporting tools

5 **Develop new and/or strengthen existing processes for continuous improvement** that leverage data to foster learning, accountability, and meaningful performance feedback

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We are leveraging a multi-stakeholder partnership to accomplish these statewide learning goals

2019

Plan: Counties worked with Third Sector and the MHSOAC to build a new partnership that would encourage peer learning, further improvement to FSPs, and accelerate county collaboration

2020

Landscape: An 8-month "listening and "learning" (Landscape Assessment) phase allowed us to gather context and feedback from County staff, providers, and consumers

2021

Implement: Implementation activities for the next 12 months were informed by a prioritization process that ensures we are meeting government and stakeholder needs

Sustain: A 2-month dedicated sustainability period will support counties in cementing collaborative continuous improvement processes

2022

Evaluate: During the 2.5-year evaluation period, RAND will assess the contributions of this project to statewide learning and improved FSP outcomes

2023

2024

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2020's COVID-19 pandemic and racial reckoning has underlined the importance of using data to understand and improve disparities

Referral

Disparate Enrollment

Disparate Outcomes
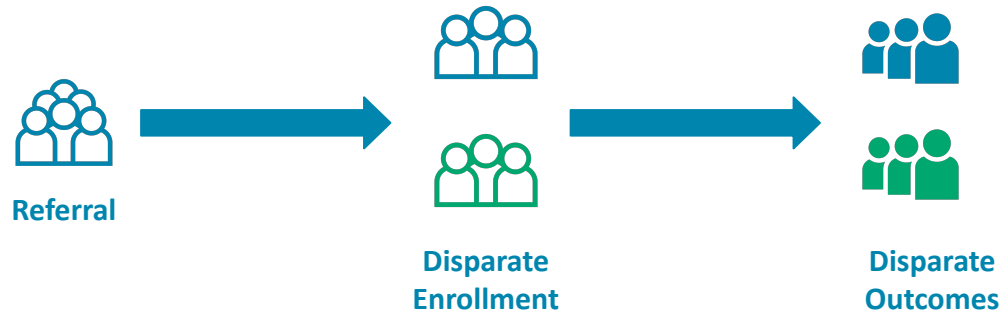
Qualitative and quantitative data help us understand access to services, program retention, outcomes achievement, and disparities across the client journey

$

Comparable and high-quality data are important foundations of data-driven decision-making. As a result of this project, counties will have an improved ability to making programming and resourcing decisions that are informed by an understanding of local need and outcome disparities. The peer-learning format of the Multi-County collaborative allows counties to share resources, knowledge, and lessons throughout.

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Counties currently implement a variety of different data collection tools to supplement statewide reporting forms

Tool	Counties	Purposes
DCR Forms (PAF, KET, 3M)	All	State Reporting Outcomes Reports (Fresno, San Mateo)
CANS (Child)	All*	Outcomes Reports (Sacramento) Treatment Planning
ANSA (Adult)	Sacramento San Bernardino Siskiyou	Outcomes Reports (San Bernardino) Treatment Planning Client Assessment (San Bernardino, Siskiyou)
MORS (Adult)	Sacramento Ventura	Outcomes Reports (Sacramento) Clinician Assessment (Ventura)

* Siskiyou uses a tool called the "CANSA" which is a combination of the ANSA and CANS to assess client progress.

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Some counties use additional tools to measure progress toward recovery, client satisfaction, and treatment planning

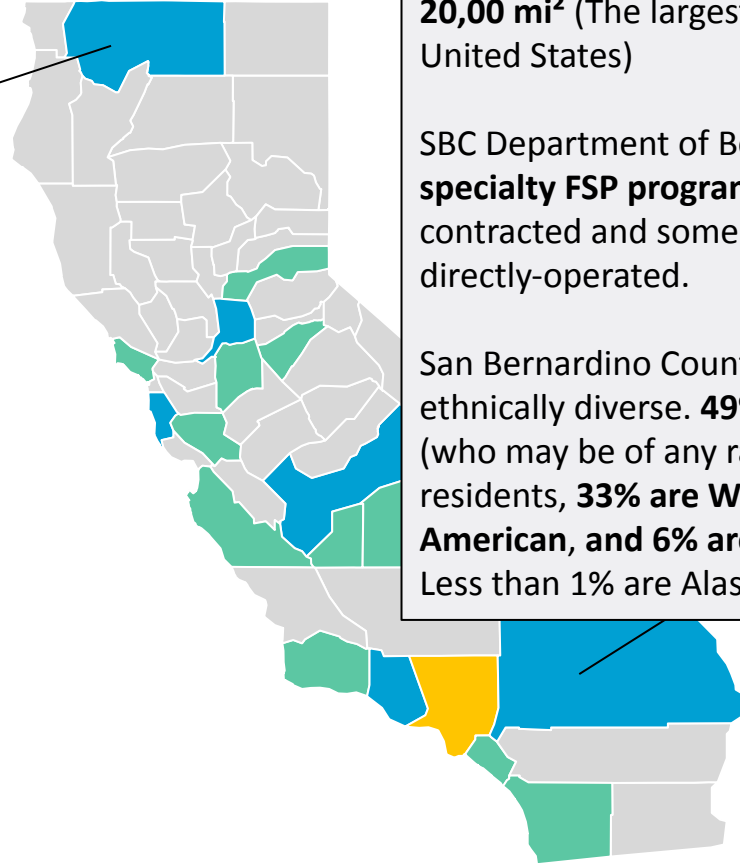| Tool	Counties	Purposes
BASIS-24 (Adult)	Ventura	Client Assessment
FIT Assessment	Siskiyou	Client Satisfaction
LOCUS	Sacramento San Mateo	Treatment Planning Outcomes Reports (Sacramento)
PSC-35 (Child)	San Mateo Ventura	Treatment Planning Caregiver Assessment
Reaching Recovery (Adult)	Fresno	Treatment Planning Client Self-Assessment
TPS (Adult & Child)	Ventura	Client Self-Assessment Client Satisfaction Clinician Assessment

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As we seek to address our challenges and improve data collection, we must consider local context and needs

San Bernardino County* is an urban, rural and frontier county in Southern California with a total population of **2.19 million** and an area of over **20,00 mi²** (The largest county in the contiguous United States)

SBC Department of Behavioral Health operates **7 specialty FSP programs**, some of which are contracted and some of which are directly-operated.

San Bernardino County's population is racially and ethnically diverse. **49% of SBC residents are Latino** (who may be of any race). Among non-Latino residents, **33% are White**, **9% are Black or African American**, **and 6% are Asian or Pacific Islander**. Less than 1% are Alaskan Native / American Indian.

Siskiyou County is a frontier county in northern California with a total population of **~43,000** and an area of **6,347 mi².**

FSP is **directly-operated** by behavioral health agency staff. Behavioral health case managers and clinicians serve individuals across **multiple levels of care.**

Siskiyou County's population is **74% White**, **13% Latinx** (both White and non-White), and **5% Alaskan Native/American Indian**

* Data sources: 1) Siskiyou Cultural and Linguistics Competence Plan FY20-21; 2)DBH R&E: CA Department of Finance Demographic Research Unit

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Consumer Panel: Representative Voices from San Bernardino County

Moving forward over the next year, counties will collaborate on shared definitions, metrics, and data strategies
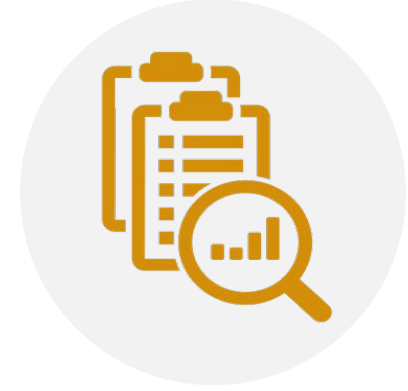
Cohort-Wide Implementation Activities

DEFINE FSP POPULATIONS

Standardize definitions of FSP populations (e.g., SMI, justice-involved, successfully housed, stable, etc.)

IDENTIFY OUTCOME & PROCESS METRICS

Identify 3-5 outcomes and 3-5 process measures, and associated metrics, to track what services FSP clients receive and the success of those services

DEVELOP DCR RECOMMENDATIONS

Develop recommendations for revising DCR forms, metrics, and/or DHCS data reports to reduce reporting burden and increase the usefulness of DCR data

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Counties will additionally build new solutions locally that support individual needs and context

Sample County-Specific Implementation Activities

DESIGN SERVICE GUIDELINES

Design minimum FSP elements and service requirements in addition to MHSA Regulations

STANDARDIZE REFERRAL FORMS

Develop a standardized FSP referral form to ensure consistent data collection across FSP programs

CREATE GRADUATION GUIDELINES

Create graduation guidelines that balance Individual Services and Supports Plans (ISSPs) and system-wide outcomes in making individual graduation decisions

DEVELOP DATA REPORTS

Develop new and/or modify existing data reports that allow providers and departmental staff to more effectively access and utilize client data to inform care

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FSP providers share in counties' interest to use data to better understand and improve client outcomes

Turning Point's Rural FSP Program

Service Area: Eight outpatient clinics across rural Fresno County

Levels of Care: Three levels of care (outpatient, intensive care management, & full service partnership) with built-in model to step individuals up and down between three levels

Programmatic Goals: Bring out of crisis and stabilize the most severely ill individuals through decreasing hospitalizations, decreasing law enforcement and incarceration instances, and promoting housing, education and employment

Hope for this Project: Meaningful data-driven outcome measures with useful & accessible data reports that can inform treatment on a daily basis and assist in making program-wide policy decisions

FSP providers are often inhibited from implementing data-driven programming because they cannot regularly access the data they collect

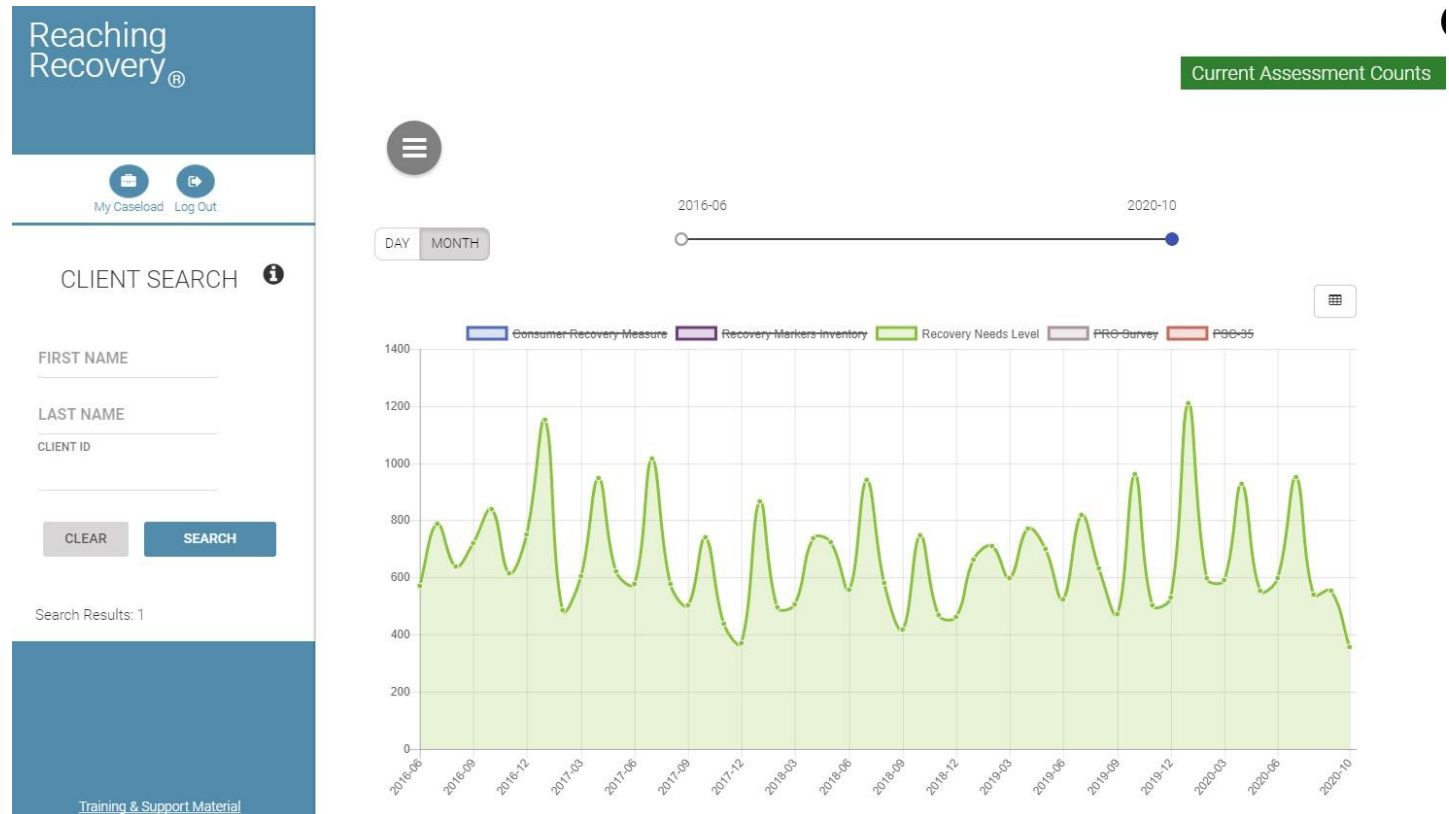## Example: Reaching Recovery Dashboard Access to RNL

Figure 1: Reaching Recovery Dashboard access to Recovery Needs Level assessments

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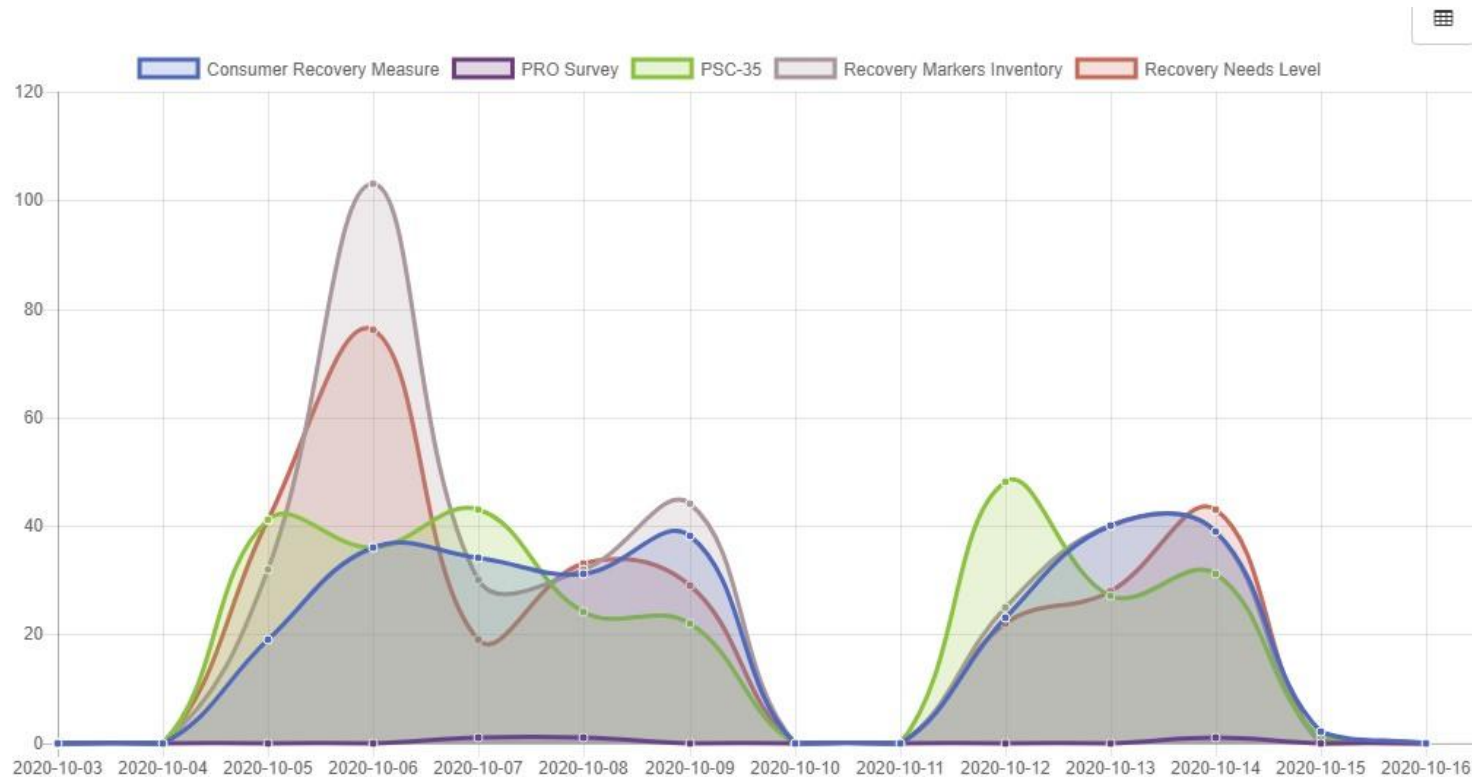## Example: Reaching Recovery Dashboard Access to Various Recovery Tools

Figure 2: Reaching Recovery Dashboard access to various recovery tools

Response Panel & Public Comment

Nicole Kristy (Moderator)
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Health Systems Analyst, San Bernardino County DBH

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MHSA Coordinator, Fresno County DBH

David Tan
Program Director, Turning Point

Brian Sala
Deputy Director, Mental Health Services Oversight and Accountability Commision

Ken Berrick
Commissioner, MHSOAC
CEO, Seneca Family of Agencies

THANK YOU!

Next Webinar: January 2021
Improving Racial Equity within FSP

For more information please contact Nicole Kristy at
nkristy@thirdsectorcap.org

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