Multi-County FSP Innovation Project

Learning Community Convening

June 7, 2021

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Agenda

Activity	Description
Session 1: Project Updates 3:00-4:15 PM	**Multi-County FSP INN Project Overview** *Nicole Kristy, Third Sector*
	Project Update: Cohort Initiatives *Hilary Carson, Ventura County* Followed by Q&A
	Project Updates: Sacramento County *Stephanie Kelly, Sacramento County* Followed by Q&A
	Project Updates: Fresno County *Erinn Reinbolt, Fresno County* Followed by Q&A
Session 2: DCR Small Group Discussions 4:15-5:00 PM	**Breakout Discussions** Discuss data reporting, access and other challenges counties encounter using the DCR to develop recommendations for system improvement.

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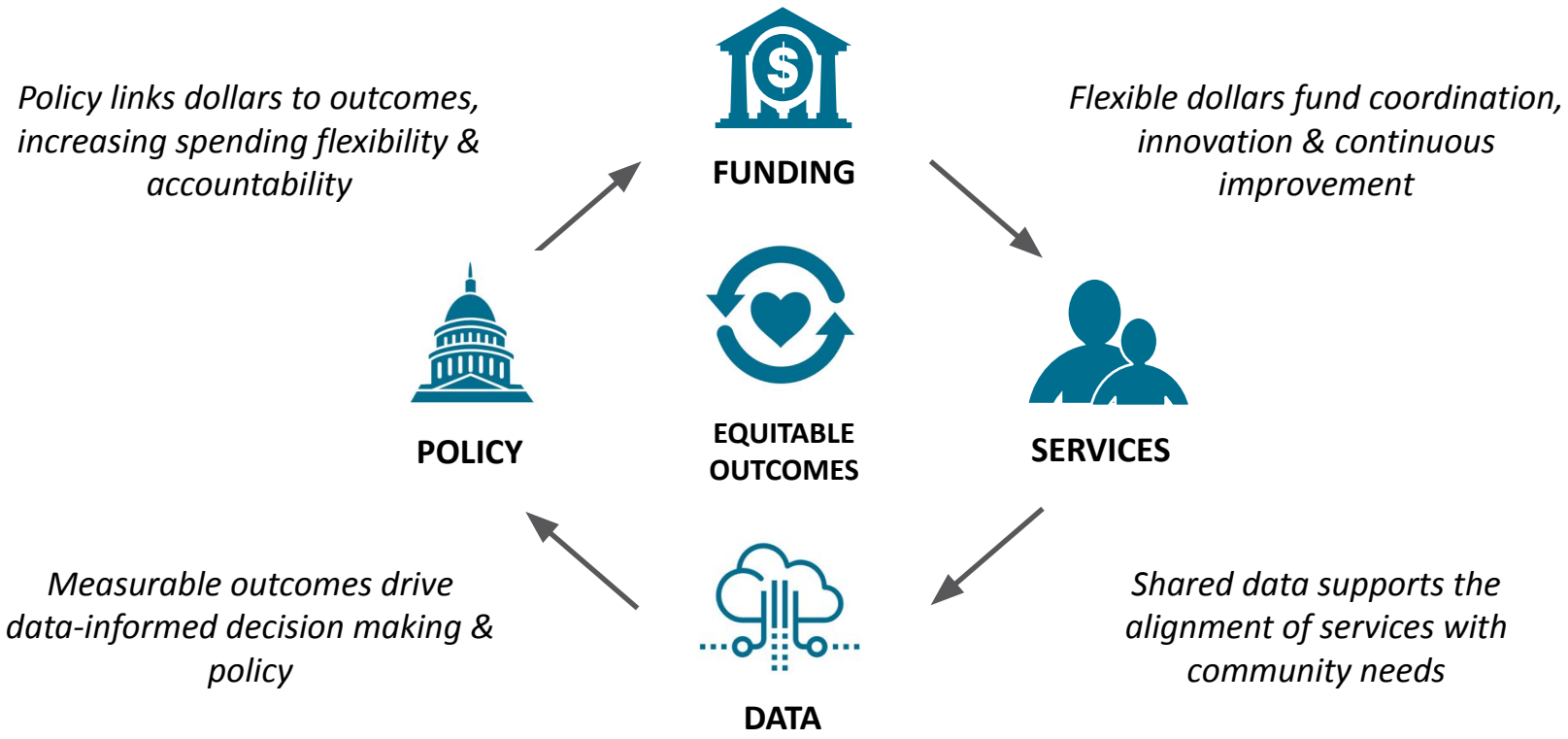
Third Sector is a 501(c)3 non-profit organization that helps government and communities leverage data and lived experience to improve outcomes

Data-Driven Feedback Loop



INTERNAL CULTURE
drives and empowers outcomes orientation

EXTERNAL RELATIONSHIPS
shape how outcomes orientation is implemented

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LA County first applied this outcomes focus to FSP, inspiring six additional counties to build the Multi-County FSP INN project

LA County Dept. of Mental Health (LACDMH)

- Third Sector and **LACDMH** are transforming FSP contracts and services to ensure an outcomes focus, via:
  - Increased focus on relentless engagement
  - Team-based service model
  - Re-designed funding and incentives
  - Improved data and continuous improvement systems

Multi-County FSP Innovation Project

- **Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura** counties are building outcomes-oriented, data-driven FSPs, with support from Third Sector, RAND, CalMHSA, and the MHSOAC
- Implementation priorities include:
  - Clarifying eligibility, service, and graduation guidelines
  - Improving data collection and measurement strategies
  - Developing a statewide vision for FSP data, outcomes, and continuous improvement

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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 over the course of 4.5 years

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: 12 months of implementation activities that 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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Cohort Overview

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To develop a shared understanding of how Counties define, track, and apply outcomes the MC Project developed 3 Workstreams

For this session, we'll focus on Populations Definitions and Outcomes & Process Measures

MC Cohort Goals

1. **Develop a shared understanding and more consistent interpretation of FSP's core components across counties, creating a common FSP framework**
2. **Improve how counties define, track, and apply priority outcomes across FSP programs**
3. **Develop a clear strategy for tracking outcomes and performance measures through various state-level and county-specific reporting tools**

Cohort Workstreams

Outcomes & Process Measures
Identify 3-5 outcomes and 3-5 process measures, and associated metrics to track what services FSP clients receive and how successful those services are

Populations Definitions
Facilitate process to standardize definitions of FSP populations across all 6 counties

This Session

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

Next Session

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Since Counties cannot easily compare client outcomes, the Outcomes & Process Measures WG is developing standard metrics

Outcomes & Process Measures

Key Challenge:

Because counties do not currently define and track client outcomes in the same way, they cannot easily compare outcomes achievement or conduct cross-county analyses on the relationship between specific services and outcomes achievement

Key Activities:

Convene Cohort Working Group to…

- Identify & prioritize 3-5 outcomes and process measures
- Develop shared metrics to measure these outcomes
- Connect to populations definitions to disaggregate outcomes & better understand disparities in achievement

Prioritized Outcomes & Process Measures:

Outcomes

- Increased Stable Housing
- Decreased Justice Involvement
- Decreased Utilization of Psychiatric Facilities
- Increased Social Connectedness

Process Measures

- Frequency of specific services*
- Location of services

Where We Are Today:

Over the summer the Working Group will develop metrics to track these outcomes & process measures

*The Cohort is still determining which services to prioritize. Candidates include group therapy, individual therapy, medication management, and rehabilitation services

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Since it is difficult for Counties to share data-driven learnings, the Population Definitions WG is developing standard definitions

Populations Definitions

Key Challenge:

Population definitions are not standard within or across counties for priority populations served within the FSP program, making it is difficult to:

1) make data-informed decisions for sub-populations within each County

2) compare data and share best practices across Counties

Key Activities:

Convene Cohort Working Group to…

- Identify 3-5 priority population terms that counties have historically defined differently
- Develop consistent definitions for each population
- Gather feedback from providers and other County stakeholders to finalize definitions

Prioritized Definitions:

Individual…

- Experiencing Homelessness
- At Risk of Homelessness
- High Utilizer of Psychiatric Facilities or Urgent/Crisis Services
- At Risk of Utilization of Psychiatric Facilities or Urgent/Crisis Services
- Justice Involved *[Individual]*
- At Risk of Justice Involvement

Where We Are Today:

The Working Group is gathering feedback from broader stakeholders on County teams and providers in Counties; we will spend time this summer incorporating that feedback and finalizing the definitions

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Together, the Cohort WGs enable data-informed decision making to occur within & across Counties for priority FSP populations

Cohort Working Group Goals: *Within Counties*

Enabling Counties to make data-informed improvements to how providers serve FSP's priority sub-populations by creating:

- A consistent framework to assess how effectively different FSP programs are supporting FSP's priority populations to achieve outcomes
- Data analysis and data sharing processes that illuminate the correlation between specific services & outcomes achievement

Leveraging standard population definitions for other County priorities including:

- San Mateo and Ventura plan to leverage these definitions to develop eligibility criteria
- San Bernardino County may leverage these definitions on their electronic referral form

Cohort Working Group Goals: *Across Counties*

Enabling participating Counties to compare outcomes & services and share best practices for the FSP population and priority sub-populations by:

- Defining a shared set of program outcomes and determining which priority populations these outcomes should be tracked for
- Identifying a shared list of services to analyze their connection to outcomes achievement across different geographies

Enabling any county that is interested in adopting this project's outcomes tracking framework to:

- More effectively understand how their FSPs are performing compared to other counties' programs
- Share and leverage best practices from other counties to improve service provision to clients

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Sacramento County Implementation Summary

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Sacramento BHS had two priorities for implementation:

1. Standardize an FSP client **stepdown readiness review** process or tools that can be used to more regularly assess whether a client is ready to step-down

2. Develop **graduation criteria** that balance ISSPs and system-wide outcomes in making individual graduation decisions, including improved definitions of “stability” and “recovery”

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Audience Poll

On your phone / computer, navigate to Slido.com and type in code “june7”

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Poll: How would you describe the FSP stepdown process in your county?

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What we heard from FSP clients, staff, and experts

"Slowly ease me into the transition process, not, 'Oh we're done with you, hope you have a good life"

Clients

"It's more like a 20-foot drop and you hope there is water at the bottom"

Providers

"A data-driven approach is important: instinct may not be reliable"

Experts

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Using their feedback, we reimagined the FSP stepdown process and mapped it out visually

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SACRAMENTO COUNTY
Behavioral Health Services

Summary of Current Stepdown Process

Providers deliver services to FSP clients	Providers identify clients to stepdown	Providers confirm decision to stepdown	60-day transition period begins	Client steps down to T-CORE or RST
Staff build rapport with clients, support their treatment goals, and offer wraparound services. Staff may or may not actively talk to clients about **graduation as a goal** or communicate a belief that recovery is possible. Because of this, clients may not think of FSP as **time-limited**; some clients stay in services for years.	Determining readiness for stepdown is an art, not a science. Each provider, program, & client follows a **custom process**, usually assessing stepdown readiness an ad hoc basis. Providers can reference **multiple data sources** (LOCUS, ANSA, CANS, frequency of hospitalization, housing stability, treatment plan), but they do not use data in a **consistent way**.	Individual service coordinators meet with **clinical directors** before confirming a decision to discharge a client. Clients are consulted and give their **consent** to be stepped down. **Treatment staff**, **CFTs, and clients,** not Sacramento BHS, have the final word on discharge decisions.	In this transition period, providers prepare clients for stepdown, **titrating services** to build independent functioning and forming a **client plan** for continued access to housing, financial, and other supports. This transition process is **not coordinated** with stepdown program staff who will receive graduated clients.	FSP clients do not regularly graduate and step down to lower-acuity programs, leading to challenges with **program capacity**. When they do, clients experience the transition as a **steep drop-off** in care; in some cases, they lose their **housing supports**, which are tied to FSP funds.

Vision for a New, Improved Stepdown Process

Providers use recovery-centered language & communicate that graduation is a goal of FSP from day one. This framing helps mitigate dependence.	Providers frequently check-in (via Strengths Model) & assess clients. Data is used consistently: ANSA & other sources help staff make stepdown decisions at the program- & individual- level.	BHS contract monitors offer a next level of oversight, discussing with clinical directors. Supervisors play active roles in addressing counter-transference.	The transition planning process is longer, about 6 months, & coordinated with stepdown programs. Programs titrate levels of care internally (e.g. SOAR).	Staff treat grad as a celebratory event. Clients continue to receive housing supports. Graduation creates new capacity to accept clients and place them in their first-choice programs.

Multi-County FSP Innovation Project

FSP Stepdown Process

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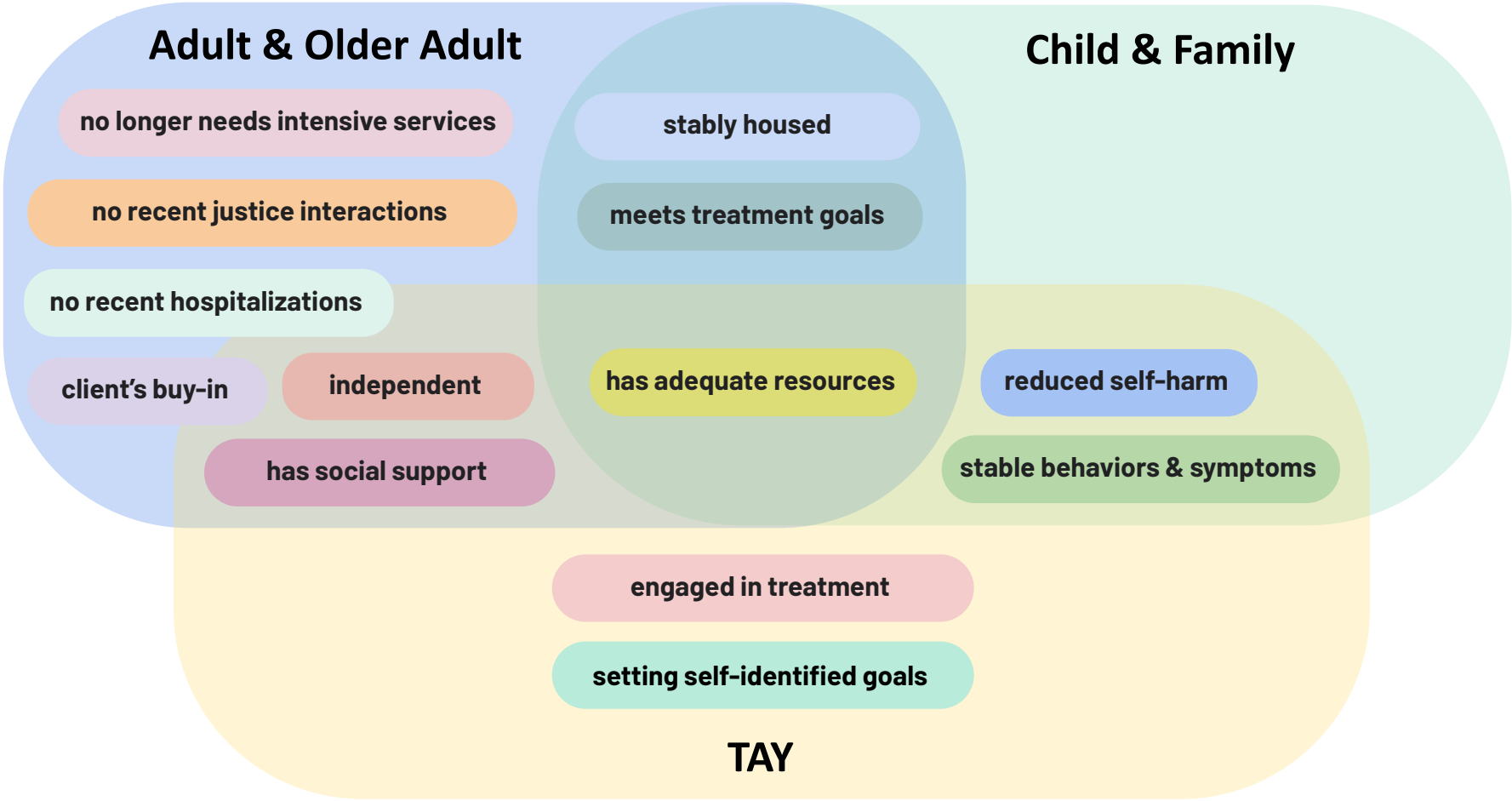
We worked with provider staff to define "graduation readiness" across age groups and subpopulations[1]



[1] Builds on the ACT Transitional Readiness (ATR) Scale, developed by Gary Cuddeback

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Staff used data sources to define each readiness indicator—important for consistent operationalization

Graduation Criteria	Definition / How it gets operationalized
has adequate resources	• **EHR[2] client demographics report** shows access to resources (e.g. benefits, income, employment, community or school-based) • **EHR linkages** has check mark (case mgmt referrals) • *TAY/Adult:* **ANSA** shows access to resources with improved strengths, reductions & needs scores of 0 or 1 (risk behaviors, behavioral/emotional needs, trauma) • *Children/TAY:* **CANS** shows reduced or low risk scores of 0 or 1 (caregiver, transition to adulthood) • *Children/TAY:* **Discharge summary** shows resources youth is referred or connected to

Potential Data Sources

LOCUS	*KETs*	*Housing Data*	*Treatment Plan*
ANSA	*PAF*	*Hospital Data*	*Core Assessment*

[2] EHR may include Avatar, EMR, CARS, or other systems used by different provider agencies

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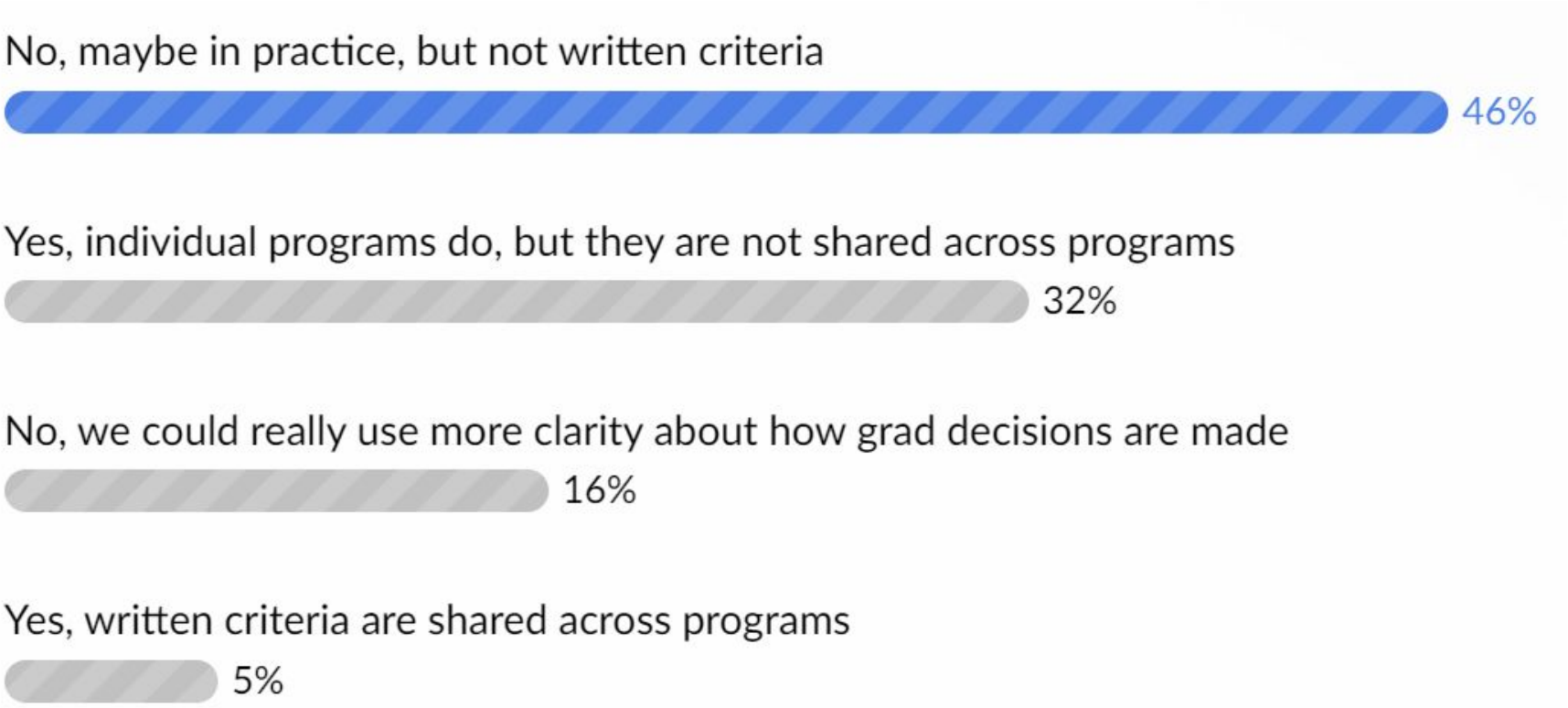
Poll: Does your county have criteria for graduation from FSP?



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Fresno County Implementation Summary

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Fresno DBH 2020 Implementation Activities

REAUTHORIZATION PROCESS

Develop a process in which FSP providers communicate to DBH at regular intervals where FSP clients are in their treatment plans in order to assess reauthorization needs

CHILD REFERRAL & ENROLLMENT

Develop a standardized youth FSP referral and enrollment process with enhanced communication between DBH and contracted providers

DATA COLLECTION & REPORTING

Streamline existing and/or develop new data collection reports or methods so that counties and providers can more effectively collect, access, and utilize FSP data to inform care decisions

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We conducted provider focus groups to understand their perspective on reauthorization

DBH Needs & Wants

- ***Right People, Right Place:*** DBH wants to ensure FSP is serving the appropriate people at the appropriate time and at appropriate level of care given limited slots.
- ***Strengthen the Narrative:*** Service reductions and/or budget cuts will prompt program reviews. The more information DBH has about why individuals are staying in FSP programs, the better story DBH can tell about the need for FSP slots.

Provider Feedback

- ***Leverage Current Processes:*** Providers are already justifying medical necessity for FSP on an ongoing basis and emphasized that they do not keep clients in FSP if they do not need such a high level of care.
- ***Use Existing Data:*** Providers feel they are already sending reauthorization data through annual treatment plans, Core Assessment forms, and Reaching Recovery. They recommend adding new data fields to existing forms if necessary.
- ***Understand Use of Data:*** Providers want to further understand DBH's rationale, including why additional data is needed and how data will be used and shared. Providers would like to see more aggregate, quantitative data that can identify trends.

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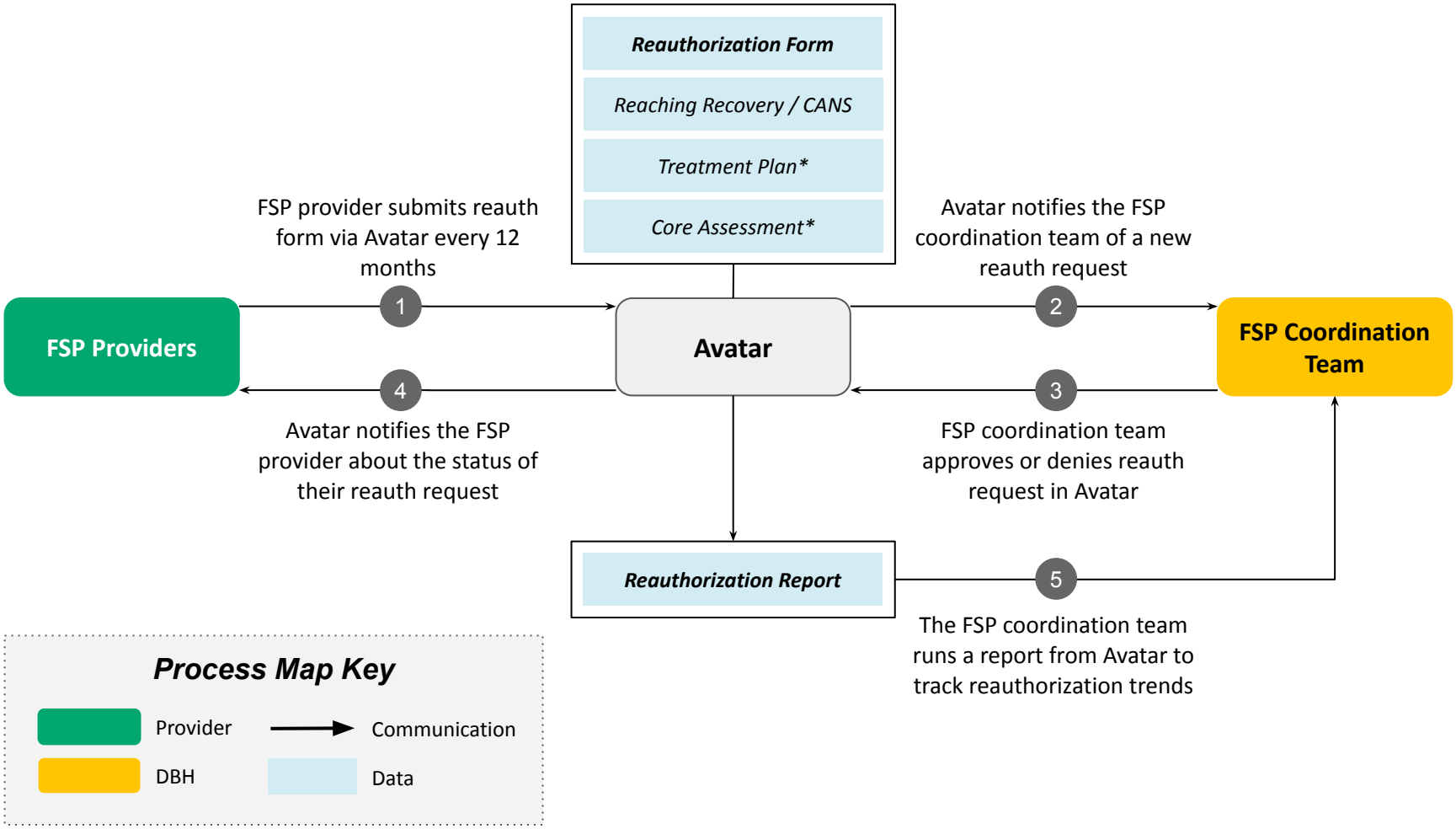
As a result of provider feedback, we developed an updated reauthorization process (DRAFT)



* Data are uploaded as .doc files for programs that don't use Avatar as their primary electronic health record

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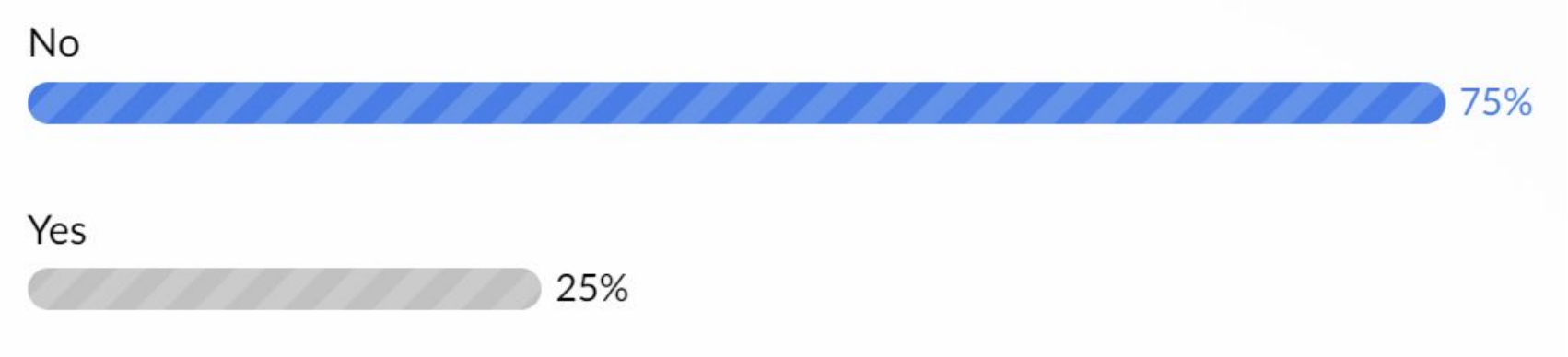
Poll: Does your county track FSP reauthorizations?



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Next Implementation Activity: Child Referral & Enrollment Process

CHILD REFERRAL & ENROLLMENT

Develop a standardized youth FSP referral and enrollment process with enhanced communication between DBH and contracted providers

Provider Feedback	Client Feedback
"The big biggest thing that impacts our waitlists is **turnover of staff**. As long as we can retain staff we can get people in quickly."	"It was an **easy process.**.. very seamless."
"We are **not against sharing information**, but don't want it to hold up the process."	"There was not really a waiting period. It **probably took less than 2 months** from the time I called them to when services started."
"If a clinician is reviewing who is **trained in this population**, that is one thing. But majority of clinicians in county come from the adult side."	"The **waitlist** was really frustrating."
"We only have **one person at the agency who has access to Avatar** [EHR] to enter info."	"**Checking in a little more [would be helpful]**, even just to say 'Hey you're on the waiting list, we didn't forget about you."

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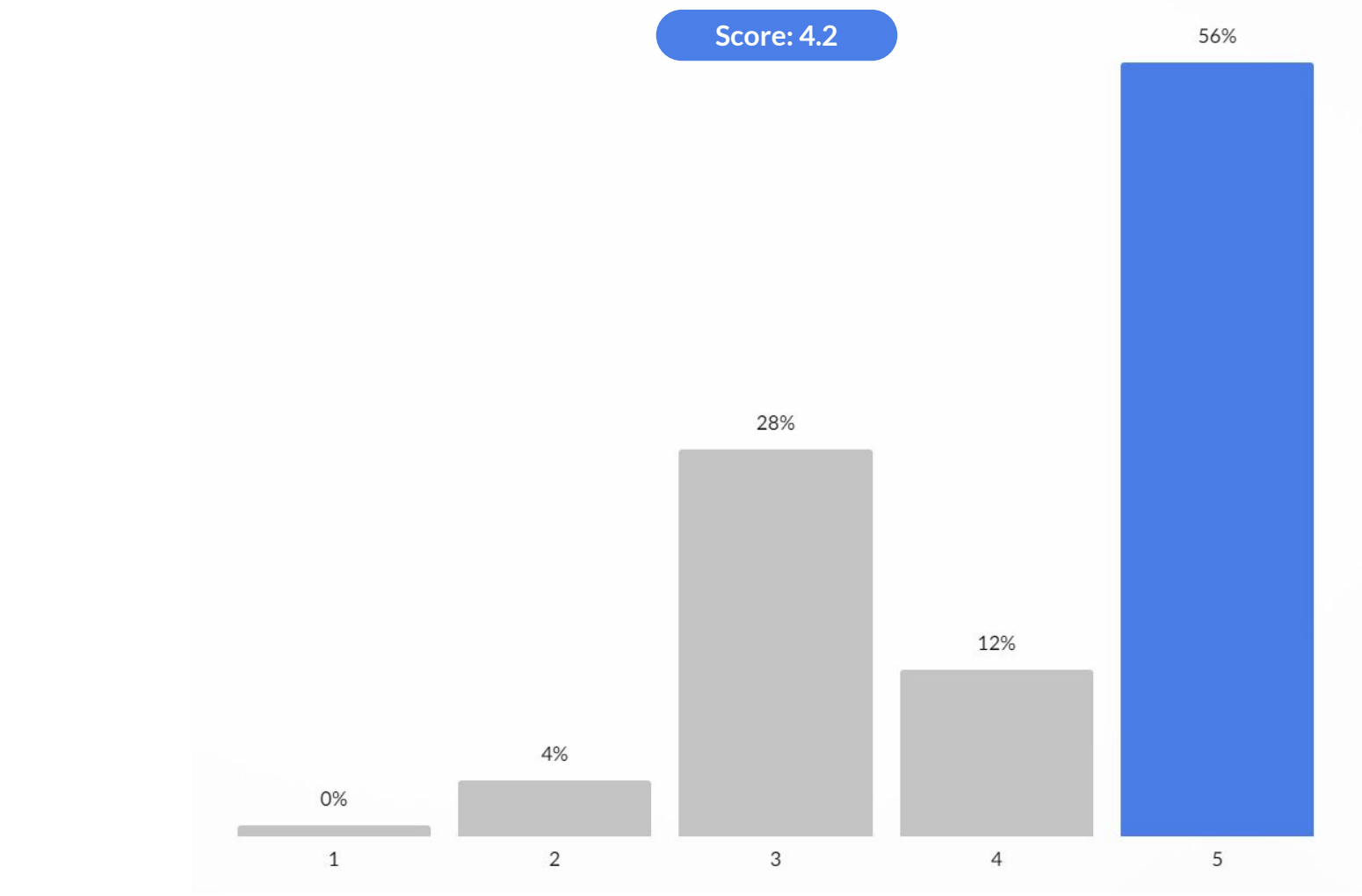
Poll: How involved is your county in the FSP referral approval process? *(1 = not involved, 5 = approve all incoming referrals)*



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Final Implementation Activity: Data Collection & Reporting

DATA COLLECTION & REPORTING

Streamline existing and/or develop new data collection reports or methods so that counties and providers can more effectively collect, access, and utilize FSP data to inform care decisions

Provider Feedback

"We would like **a better data collection system** that is user friendly and easy for us to access when data is needed for outcomes measurement."

"We do a lot of **double documentation."**

"The DCR annual report is more user friendly than the data collection"

"It **would be nice to see how we are doing quarterly or bi-annually** [vs. annually]."

"**Better guidance and knowledge from DBH** around how County uses data would be helpful."

"It would be much easier if we could have **direct access** to data. "

"**Disaggregated data** would be great to have."

"It's **better to learn how to effectively use what we** have to understand and synthesize the data, and then find ways to practically apply the data."

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Poll: What is the most valuable data point or report that is shared between your county and providers?

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Data Collection and Reporting
Small Group Discussions

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