INNOVATION PROJECT PLAN

Participating Counties:

- Cohort 1: Fresno[1]; Sacramento; San Mateo[2]; San Bernardino; Siskiyou; Ventura
- Cohort 2: Stanislaus, Lake
- Cohort 2 Expansion: Napa

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

Duration of Project:

- Cohort 1: January 1, 2020 through June 30, 2024 (4.5 years)
- Cohort 2: August 1, 2021 through January 30, 2026 (4.5 years)
- Cohort 2 Expansion: Oct 1, 2022 through March 31, 2027 (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:

X 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

X Increases the quality of mental health services, including measured outcomes

X Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

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

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

Section 2: Project Overview

Primary Challenge

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

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

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

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

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

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

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

- While Los Angeles (LA) County's Department of Mental Health has attempted to address these two primary challenges via their FSP transformation pilot, it remains to be seen whether the metrics, strategies, and data-driven continuous improvement approach is directly applicable to other California counties, or whether their solutions need further customization and refinement in order to be used as a statewide model. Through this Multi-County FSP Innovation Project, counties will also seek to compare and leverage needs and solutions from Los Angeles County, determining how their metrics and processes can be adapted to be relevant to California counties of all geographies and sizes.

- In 2011 and 2014, the Mental Health Services Oversight and Accountability Commission (MHSOAC) supported two efforts[3] that, at a high level, worked to develop priority indicators of both consumer- and system-level mental health outcomes through leveraging existing data, develop templates and reports that would improve understanding of FSP impact on these outcomes, and identify gaps and redundancies in existing county data collection and system indicators. However, these efforts did not work to implement these changes in a collective, consistent multi-county manner, nor did they focus on additional FSP elements such as eligibility and graduation criteria. This effort also did not focus on creating actionable continuous improvement strategies that would improve the quality and consistency of FSP programs.

Proposed Project

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

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

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

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

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

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

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

Rationale for Using the Proposed Approach

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

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

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

Number and Description of Population(s) Served

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

Research on the Innovative Component

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

1. Systems-Level Changes to Accelerate Performance

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

2. County-Driven Origins with Statewide Impacts

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

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

3. Introducing New Practices for Encouraging Continuous Improvement and Learning

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

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

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

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

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

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

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

In 2011, the UCLA Center for Healthier Children, Families, and Communities and EMT Associates, with support from the MHSOAC, developed templates and reports on statewide and county-specific data that would improve understanding of MHSA's impact, as well as evaluated existing statewide data on FSP impact. While this effort worked to identify current data collection practices and develop data templates, it did not suggest new outcomes domains, data collection, or metrics. Moreover, this effort did not focus on creating actionable continuous improvement strategies that would improve the quality and consistency of FSP programs and services.

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

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

5. *Proposing Changes to State-level FSP Data Requirements*

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

Stakeholder Input

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

To date, Third Sector has supported counties in sharing the project with local stakeholders by providing summary materials (i.e. project descriptions and talking points) and answers to frequently asked questions. These materials were requested by counties and designed to be accessible to a broad audience. Counties such as Sacramento and San Bernardino have already used and adapted these for community planning meetings, soliciting feedback that has helped to inform this plan. Currently, all

participating counties have shared this project as a part of their three-year plan, annual update, or standalone proposal for public comment and county Board of Supervisors' review.

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

Learning Goals and Project Aims

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

A) Systems-Level Impacts

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

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

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

6. What was the process that participating counties and Third Sector took to create and sustain a collaborative, multi-county approach?
7. What concrete, transferrable learnings, tools, and/or recommendations for state-level change have resulted from the Outcomes-Driven FSP Learning Community and collective group of participating counties?
8. Which types of collaboration forums and topics have yielded the greatest value for county participants?

B) Client-Level Impacts

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

Evaluation and Learning Plan

This project will include two types of learning and evaluation.

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

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

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

A description and example measures for each of the nine evaluation questions follows below. Counties, with support from Third Sector and the evaluator, will develop and finalize these measures after contracting with the evaluator. The evaluation plan will include a timeline for defined deliverables and

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

will crystallize these evaluation questions, outcome measures, data-sharing requirements and resulting evaluation activities. Evaluation planning activities will also include developing and confirming a strategy for each county to gather and collect data consistently, both for the purposes of creating a baseline understanding of current FSP program practices and performance, as well as for gathering data required for the evaluation.

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

Example Measures	*Example Data Source*	*Relevant Evaluation Questions*
Systems-Level Impacts		
Policy changes that a county, the Department of Health Care Services (DHCS), or the MHSOAC implemented as a result of the project	Qualitative interviews of participating counties, state agencies	2, 5, 7
New FSP service approach as a result of the project	Qualitative interviews of participating counties, observational data from local FSP programs	2, 4, 5, 7
New data sharing mechanisms and/or agreements created to support ongoing evaluation, feedback, and analysis of disparities	Qualitative interviews of participating counties	3, 4, 7
Improvements or changes to FSP continuous improvement practices	Qualitative interviews of participating counties	2, 3, 4, 5, 7
New FSP metrics or data elements measured in each county	Qualitative interviews of participating counties	2, 3, 4, 5, 7
FSP metrics or data elements removed by each county due to lack of relevance or usefulness	Qualitative interviews of participating counties	2, 3, 4, 5, 7
Overall staff and clinician satisfaction with quality and impact of outcome measures selected, changes to data collection practices and service guidelines	Survey and/or qualitative interviews of participating counties	2, 3, 4, 8

	Increased confidence from staff and clinicians that measures tracked are meaningful for participants and/or are regularly reviewed and used to inform programs	Survey and/or qualitative interviews of participating counties	3, 4, 8
	Increased understanding across providers and/or county staff of how priority outcomes are defined and the corresponding data collection and reporting requirements	Survey and/or qualitative interviews of participating counties and local staff	3, 4, 8
Client- and Program Level Impacts			
	Changes in cross-system outcomes, such as:		
	Increased percentage of housing-insecure FSP clients connected with housing supports	Self-report via existing outcomes collections systems; data from local housing agencies	9
	Decreased recidivism for justice-involved FSP clients	Self-report via existing outcomes collections systems; data from local jails, and state prisons	9
	Decreased use of emergency psychiatric facilities	Self-report via existing outcomes collections systems; billing records from local hospitals via the county Mental Health Plan	9
	Increased percentage of clients engaging in recreational activities, employment, and/or other forms of meaningful use of time	Self-report via existing outcomes collections systems; additional new state and local data sharing agreements targeting tax and employment data	9
	Increased percentage of clients graduating FSP successfully	Enrollment and retention data from county FSP providers	9
	Increased program graduation rates for clients due to increased capacity (i.e., exits because clients are stable and re-integrated into the community)	Enrollment and retention data from county FSP providers	9
	Additional client-level outcomes, such as:		

	Reduced FSP outcome disparities (i.e. disparities by race, ethnicity, and language)	Comparison of pre- and post-outcomes on existing outcomes collections systems	9
	Timely access to programs and services aligned with individuals' long-term goals	FSP provider services and billing records	9
	Decreased utilization of crisis services in counties (e.g., emergency rooms, mental health, justice) due to increased emphasis on prevention and wellbeing	Data from county hospitals, jails, FSP providers	9

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

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

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

NOTE: Cohort 2 will adopt the same project aims, learning goals, and a similar structure for stakeholder input and evaluation.

Section 3: Additional Information for Regulatory Requirements

Contracting

Participating counties intend to contract with a technical assistance provider to support counties with project implementation activities. As described above in the *Proposed Project* section, the MHSOAC has

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

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

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

Community Program Planning

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

Alignment with Mental Health Services Act General Standards

This project meets MHSA General Standards in the following ways:

- It is a **multi-county collaboration** between Fresno, Ventura, Sacramento, Siskiyou, San Bernardino, and San Mateo to address FSP program challenges and opportunities
- It is **client-driven**, as it seeks to reframe FSP programs around meaningful outcomes for the individual, centering on holistic client **wellness and recovery**
- It seeks to create a coordinated approach to program design and service delivery, leading to an **integrated service experience for clients and family**
- It will establish a shared understanding of the core components of FSP programs and create a common framework that reflects best practices while adapting for local context and **cultural competency**
- **Diverse stakeholders** will be meaningfully engaged throughout the development and implementation of the project

Cultural Competence and Stakeholder Involvement in Evaluation

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

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

Innovation Project Sustainability and Continuity of Care

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

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

In addition, the final two months of the Implementation TA period provide additional time and dedicated focus for sustainability planning, whereby Third Sector will work with participating counties to understand the success of the changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Participating counties may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. These plans are further described below in the *Work Plan and Timeline* section). Counties will also use findings from the evaluation to

identify which specific practices or changes were most effective for achieving the different client- and systems-level impacts that the project will measure, prioritizing these for continuation in future years.

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

Data Use and Protection

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

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

Communication and Dissemination Plan

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

As the implementation phase of work comes to a close, Third Sector will work with participating counties to develop a plan for sustaining new outcomes-focused, data-driven strategies. This will include developing a communication plan for sharing project activities, accomplishments, and takeaways with the MHSOAC and DHCS. Third Sector will share counties' recommended revisions to state data

requirements, and it will initiate discussions about opportunities for the MHSOAC and DHCS to streamline and clarify guidelines and requirements, supporting more effective and responsive FSP programs. Third Sector will also share insights about the process itself, from Innovation Plan development to implementation TA, and reflect on the successes and challenges of these efforts, promoting a discussion about the sustainability and scalability of future Innovation Projects.

Work Plan and Timeline

Project Activities and Deliverables and Timeline

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

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

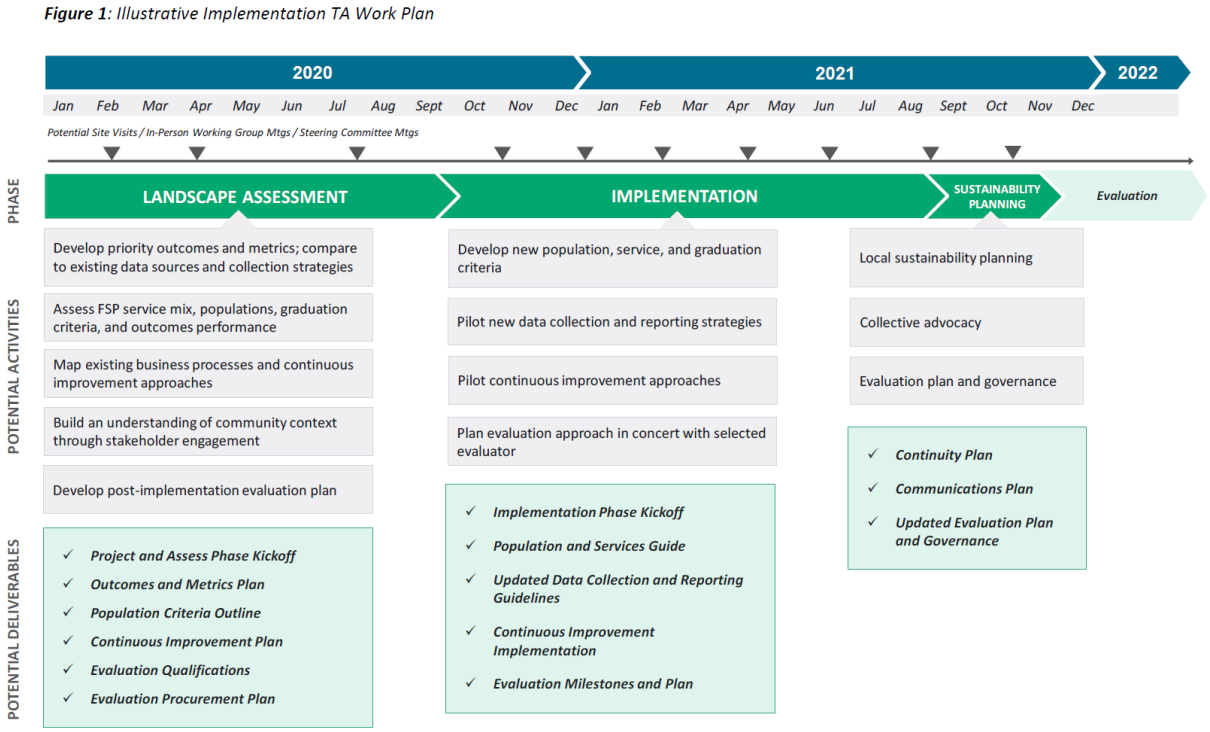
This Implementation TA period will be divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning). The activities and deliverables outlined below are illustrative, as exact phase dates, content, and sequencing of deliverables will depend on each county's needs and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

In the second period of the project, participating counties will pursue an evaluation, conducted by a third-party evaluator, with the goal of assessing the impacts and learning that this project produces.[5] This Evaluation Period and the overall Multi-County FSP Innovation Project will conclude at the end of June 2024.

NOTE: Cohort 2 and its expansion will follow a parallel workplan and timeline. See Appendix B and Appendix C for details.

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

***Figure 1**: **Cohort 1** Illustrative Implementation TA Work Plan*



Phase 1: Landscape Assessment

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

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

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

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

- Recommended evaluation methodology (e.g., randomized control trial, quasi-experimental method, etc.)

- Work plan for executing any required data-use agreements and/or Institutional Review Board (IRB) approvals that may be necessary to implement the evaluation
- Evaluation plan that identifies specific outcomes, metrics, data sources and timeline for measuring client- and systems-level impacts
- Final impact report

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

Phase 2: Implementation

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

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

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

Phase 3: Sustainability Planning

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

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

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

Expected Outcomes

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

Section 4: INN Project Budget and Source of Expenditures

Overview of Project Budget and Sources of Expenditures: All Counties

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

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

Budget Narrative for Shared Project Costs

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

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

Third Sector Costs

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

Based in San Francisco and Boston, Third Sector is one of the leading implementers of outcomes-oriented strategies in America. Third Sector has supported over 20 communities to redirect over $800M

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

CalMHSA Costs

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

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

Evaluation Costs

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

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

Budget Narrative for County-Specific Costs

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

Personnel Costs

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

Operating Costs

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

Non-Recurring Costs

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

NOTE: Cohort 2 and its expansion will follow a similar budget structure. See Appendix B and Appendix C for details.

***Figure 2**: Cohort 1 Budget by Funding Source & Fiscal Year*

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

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> 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	$621,032	$1,617,209	$899,869	$393,991	$178,828	$3,710,929
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	$64,203	$360,044	$125,623	$938	$938	$551,744
6.	**Total Proposed Administration**	**$685,235**	**$1,977,253**	**$1,025,492**	**$394,929**	**$179,766**	**$4,262,673**
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> 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	$10,417	$52,085	$52,085	$147,085	$136,668	$398,340
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	$0	$49,564	$49,564	$49,564	$49,564	$198,256
6.	**Total Proposed Evaluation**	**$10,417**	**$101,649**	**$101,649**	**$196,649**	**$186,232**	**$596,596**
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1.	Innovative MHSA Funds	$631,449	$1,669,294	$951,954	$541,076	$315,496	$4,109,269
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	$64,203	$409,608	$175,187	$50,502	$50,502	$750,000
6.	**Total Proposed Expenditures**	**$695,652**	**$2,078,902**	**$1,127,141**	**$591,578**	**$365,998**	**$4,859,269**
*If "Other funding" is included, please explain.							

*San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use unspent MHSA CSS funds to participate in the goals and activities of this project, alongside other counties. Estimated amounts are provided in the table above. These are one-time funds that have been designated and approved through a local community program planning process to meet

a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but is committed to participating in the broader effort and, thus, is included here and in the Multi-County FSP Innovation Project plan.

Innovation Plan Appendix A: Cohort 1

Appendix Overview

The following appendix contains specific details on the local context, local community planning process (including local review dates), and budget details for four of the six counties participating in the Multi-County FSP Innovation Project as Cohort 1:

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

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

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

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

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

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

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

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

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

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

Appendix: Sacramento County

County Contact and Specific Dates

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

Description of the Local Need

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

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

Description of the Response to Local Need

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

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

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

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

Description of the Local Community Planning Process

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

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

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

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

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

County Budget Narrative

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

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

Budget and Funding Contribution by Fiscal Year and Specific Budget Category

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

11c	Direct Costs (Evaluator)	$-	$10,417	$10,417	$10,417	$10,417	$41,668
12	Indirect Costs	$0	$0	$0	$0	$0	$0
13	Total Consultant Costs	$53,846	$309,892	$113,554	$11,355	$11,353	$500,000
Other Expenditures (explain in budget narrative)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
14	Program/Project Cost	$0	$0	$0	$0	$0	$0
15		$0	$0	$0	$0	$0	$0
16	Total Other Expenditures	$0	$0	$0	$0	$0	$0
BUDGET TOTALS							
Personnel		$0	$0	$0	$0	$0	$0
Direct Costs		$53,846	$309,892	$113,554	$11,355	$11,353	$500,000
Indirect Costs		$0	$0	$0	$0	$0	$0
Total Individual County Innovation Budget*		$53,846	$309,892	$113,554	$11,355	$11,353	$500,000
CONTRIBUTION TOTALS							
Individual County Contribution		$54,849	$312,943	$114,455	$8,876	$8,876	$500,000
Additional Funding for County-Specific Project Costs		$0	$0	$0	$0	$0	$0
Total County Funding Contribution		$54,849	$312,943	$114,455	$8,876	$8,876	$500,000

Appendix: San Bernardino County

County Contact and Specific Dates

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

Description of the Local Need

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

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

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

Description of the Response to Local Need

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

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

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

Description of the Local Community Planning Process

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

The project was shared with stakeholders during the following:

- Community Advisory Policy Committee (CPAC), July 18, 2019
- Asian Pacific Islander Awareness Subcommittee, September 13, 2019
- Santa Fe Social Club, September 16, 2019
- African American Awareness Subcommittee, September 16, 2019
- Yucca Valley One Stop TAY Center, September 16, 2019
- Native American Awareness Subcommittee, September 17, 2019

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

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

County Budget Narrative

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

- ***Personnel Costs:*** Costs in this category include salaries and benefits for the time spent by .10 of the Innovation Program Manager as well .5 of the Program Specialist II who will be the lead on this project. Salaries and benefits include a 3% increase to allow for cost of living increases each year. Based on current rates for administrative costs, San Bernardino County will allocate $349,272 for 4.5 years of personnel costs.
- ***Operating Costs:*** Costs in this category include travel and administrative costs that will be incurred by staff traveling to meetings for this project. Additional operating costs anticipated include printing materials for community stakeholder meetings, meeting space costs, as well as incentives to encourage stakeholder participation is consistent and ongoing. San Bernardino County anticipates operating costs, including travel, up to $36,950 over the 4.5 years, or $7,390 per year, which may vary based on the number of staff traveling and the number of in-person meetings. Costs will also vary on the number of additional stakeholder meetings held.

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

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

Budget and Funding Contribution by Fiscal Year and Specific Budget Category

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1	Salaries	$65,787	$67,760	$69,794	$71,887	$74,044	$349,272
2	Direct Costs	$0	$0	$0	$0	$0	$0
3	Indirect Costs	$0	$0	$0	$0	$0	$0
4	Total Personnel Costs	$65,787	$67,760	$69,794	$71,887	$74,044	$349,272
Operating Costs (travel, hotel)		**FY 19/20**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**
5	Direct Costs	$7,390	$7,390	$7,390	$7,390	$7,390	$36,950
6	Indirect Costs	$0	$0	$0	$0	$0	$0
7	Total Operating Costs	$7,390	$7,390	$7,390	$7,390	$7,390	$36,950
Non-Recurring Costs (technology, equipment)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
8	Direct Costs	$0	$0	$0	$0	$0	$0
9	Indirect Costs	$0	$0	$0	$0	$0	$0
10	Total Non-Recurring Costs	$0	$0	$0	$0	$0	$0
Consultant Costs/Contracts (training, facilitation, evaluation)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
11a	Direct Costs (Third Sector)	$58,353	$326,706	$113,435	$0	$0	$498,494
11b	Direct Costs (CalMHSA)	$5,850	$33,338	$12,188	$938	$938	$53,250
11c	Direct Costs (Evaluator)	$0	$10,417	$10,417	$10,417	$10,417	$41,668
12	Indirect Costs	$0	$0	$0	$0	$0	$0
13	Total Consultant Costs	$64,203	$370,461	$136,040	$11,355	$11,355	$593,412

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

Appendix: Siskiyou County

County Contact and Specific Dates

The primary contact for Siskiyou County is:

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

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

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

Description of Local Need

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

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

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

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

Response to Local Need

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

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

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

Local Community Planning Process

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

The project was shared in stakeholder groups in March 2019, where the proposed use of Innovation funds was well-received. A draft plan was posted for a 30-day comment period beginning on December 10, 2019. No comments were received during the public comment period. Siskiyou presented this plan at a public hearing with the local mental health board on January 21, 2020. Siskiyou County submitted a

final plan (incorporating any additional feedback received) to its Board of Supervisors for review and approval on February 4, 2020.

County Budget Narrative

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

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

Siskiyou County Budget Request and Expenditures by Fiscal Year

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

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

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

Appendix: Ventura County

County Contact and Specific Dates

The primary contacts for Ventura County are:

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

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

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

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

Description of Local Need

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

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

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

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

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

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

Response to Local Need

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

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

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

Local Community Planning Process

The community planning process helps Ventura County determine where to focus resources and effectively utilize 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

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

County Budget Narrative

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

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

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

- Electronic Health Record System Coordinator
- Behavioral Health Clinician

- *Shared Project Costs:* The remaining amount, $593,412 will support project management and technical assistance (e.g., Third Sector's technical assistance in project implementation), fiscal intermediary costs, and evaluation.

County Budget Request by Fiscal Year

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

County Budget Request and Expenditures by Fiscal Year and Budget Category

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

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

Appendix: Fresno County Budget Tables

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

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

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

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

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

Appendix: San Mateo County Budget Tables

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

Local Community Planning Process

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

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

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

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

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

Indirect Costs	$0	$0	$0	$0	$0	$0
Total Individual County Budget*	$64,203	$409,608	$175,187	$50,502	$50,502	$750,000

Innovation Plan Appendix B: Cohort 2

Appendix Overview

The following appendix contains specific details on the local context, local community planning process, and budget details for the two counties participating in the Multi-County FSP Innovation Project as Cohort 2:

1. Stanislaus County
2. Lake County

Each county appendix describes the county-specific need for this Multi-County FSP Innovation Project. Though there can be slight differences among participating counties' needs in terms of either the prioritization or the specifics, the response to this local need will be similar among counties through the execution of the Innovation Plan. Each county appendix also outlines a county-specific budget narrative and budget request by fiscal year, with detail on specific budget categories.

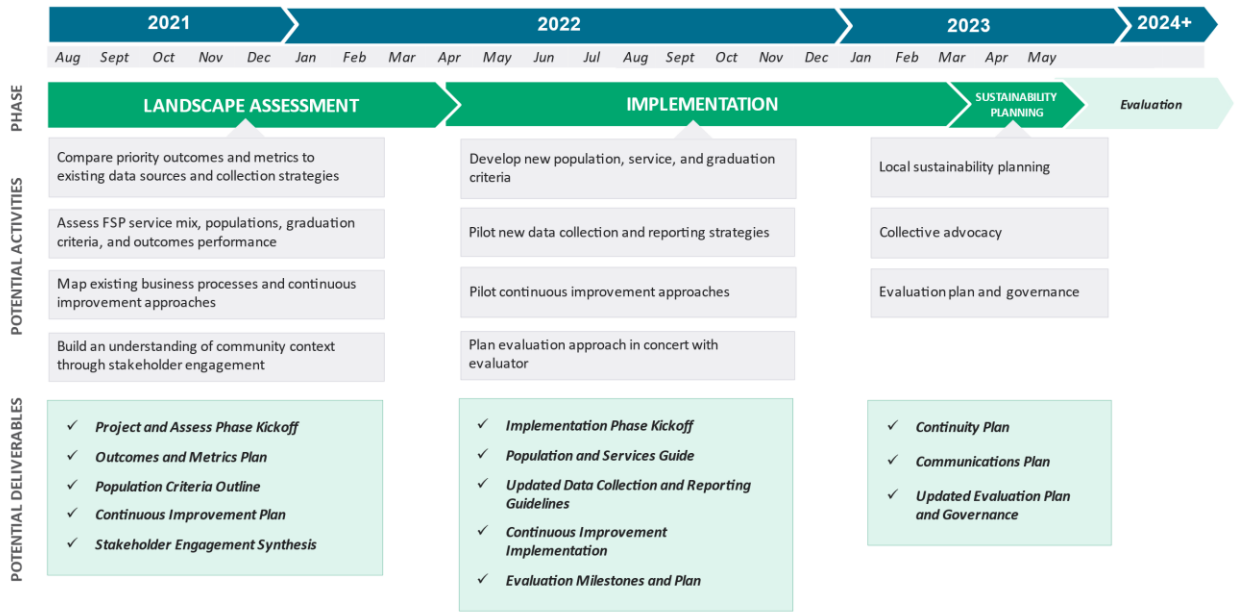
Work Plan and Timeline

Cohort 2 counties will join the Multi-County FSP Innovation Project in August 2021 and follow a similar work plan and timeline as the original six counties over the course of the subsequent 4.5 years. See ***Figure 3*** below for an illustrative Implementation TA work plan and timeline by phase.

While some adjustments in process and structure may occur to fit the unique needs of the next cohort, the goals of the project will remain consistent:

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

Figure 3: Cohort 2 Illustrative Implementation TA Work Plan



Benefits of Project Expansion

The addition of the Cohort 2 counties to the Multi-County FSP Innovation Project will grow the impact of the project across the state. The current six counties are developing a more consistent, data-driven approach to FSP that includes standardizing population definitions, process measures, and outcomes, as well as creating recommendations to improve the Data Collection & Reporting System (DCR). Cohort 2 counties will not only be able to adopt the work done to- date but will also be able to build upon the work with a fresh perspective. Examples may include:

- Adding child population definitions, process measures, and outcomes to the existing list of adult definitions and measures developed by Cohort 1
- Furthering the efforts to update the DCR by continuing to work with counties across the state and DHCS on potential improvements.

Cohort 2 will benefit the state by both expanding on current initiatives and by increasing the resources available to other counties statewide by adding more 'tools to the toolkit.'

Another benefit of growing the Innovation Project is the expansion of knowledge sharing across counties. In addition to joining the cohort-wide work done to date, Cohort 2 counties will also be focusing on several county-specific implementation initiatives to create lasting improvements within their individual FSP programs. By joining the existing project, new counties will be able to leverage best practices and lessons learned from the six counties that have already begun local implementation. For example, if Stanislaus County determines they need to standardize their local graduation criteria across programs, they will benefit from the five other counties that have already gone through this process. In turn, Cohort 1 counties will also be able to apply any new learnings from Cohort 2 counties through their continuous improvement structures.

All of these learnings will also be shared across the state through the Outcomes-Driven FSP Learning Community, a forum for County MHSA and FSP staff, FSP providers, FSP clients, and other community stakeholders to help increase statewide consensus on core FSP components and develop shared recommendations for state-level changes to FSP data requirements and guidelines. Third Sector is supporting the first several Learning Communities with the intention for the long-term forum to be largely county-driven and county-led. The addition of Cohort 2 counties means there will be more individuals available to coordinate, plan, and facilitate future Learning Communities in order to continue engagement statewide.

Finally, Cohort 2 counties will be added to the existing project evaluation, creating a broader understanding of the impact of direct technical assistance, highlighting additional learnings and benefits of a multi-county collaborative, and driving consistent data collection and analyses across all participating counties. While the current six counties are incorporating equitable data practices and working to disaggregate data by race, Cohort 2 counties will be able to further these efforts. For example:

- Stanislaus County will be incorporating a Human Centered Design (HCD) approach into their stakeholder engagement in order to ensure all initiatives are co-developed by the community.
- Lake County, with a population of 65,000, will be the second frontier county to join the collaborative, further elevating the voice and unique needs of rural county populations and systems of care.

Ultimately, the addition of Cohort 2 counties will bring California one step closer to having consistent data to compare FSP programs and outcomes in a meaningful and equitable way and share best practices statewide through regular collaborative forums.

Budget Narrative

The total proposed budget supporting Cohort 2 counties in pursuing this Innovation Project, which includes Stanislaus County and Lake County, is approximately $2.5M over 4.5 years. This includes project expenditures for four different primary purposes: Third Sector implementation TA ($1.43M), fiscal and contract management through CalMHSA ($151K), third-party evaluation ($250K), as well as additional expenditures for county-specific needs (“County-Specific Costs”) ($680K).

All costs will be funded using county MHSA Innovation funds. If multiple counties join, each county 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. The Appendix includes additional detail on each county’s specific contributions and planned expenditures.

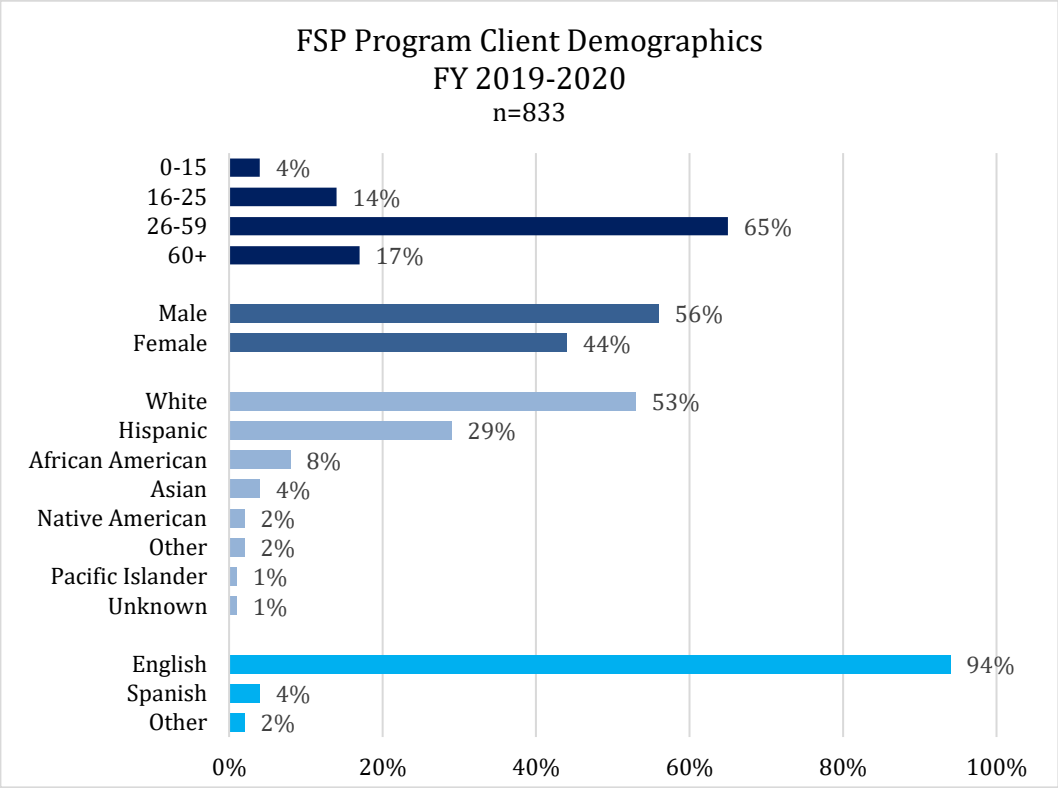
Appendix: Stanislaus County

County Contact and Specific Dates

- Martha Cisneros Campos, mcisneros@stanbhrs.org, 209-525-5324
  Kirsten Jasek-Rysdahl, KJasek-Rysdahl@stanbhrs.org, 209-525-6085
- Date Proposal posted for 30-day Public Review: April 21, 2021
- Date of Local MH Board hearing: May 27, 2021
- Date of BOS approval or calendared date to appear before BOS: June 15, 2021

Description of the Local Need

Stanislaus County Behavioral Health and Recovery Services (BHRS) currently has eight Full Service Partnership (FSP) programs, and during FY 2019-2020 these programs served a total of 833 clients. The client demographics illustrate the populations that are receiving the majority of FSP program services, but it is not clear if this reflects the current needs of Stanislaus County.



Although these clients represent some of the most underserved or unserved community members, it has been over a decade since BHRS implemented FSP programs by utilizing a comprehensive and thorough approach to explore the demographic and individual needs of Stanislaus County's FSP population. Since we are dedicated to continuously evaluate what is working well and what could be improved in our FSP programs, BHRS has recently engaged the community to update and further

understand and address the unique challenges and needs of our FSP clients. We plan to leverage this engagement and apply a human-centered design (HCD) approach through this Innovation Project. In addition, BHRS recognizes the need to share outcomes with our stakeholders to both inform and elicit feedback from the community. Stakeholders have expressed strong interest in improving FSP program data and better understand program outcomes.

BHRS has identified the need and desire to use and share meaningful data in a clear and engaging way to better understand if our FSP programs are truly resulting in positive recovery outcomes for the clients served. This also includes reviewing ways to improve where we are less successful, e.g., exploring ways that BHRS can be more responsive to individuals' needs, and to better coordinate with other community partners. BHRS overarching goals for this project are reflected below:

- More clearly identify priority outcomes for FSP clients
- Develop effective data collection and tracking mechanisms to increase the accuracy and meaning of FSP data for transforming into performance measures and outcomes
- Create an FSP framework and practices that foster continuous improvement of outcomes for FSP clients
- Develop sustainable ways to continuously evaluate how BHRS FSP programs are effectively meeting the community needs

In recent years, BHRS staff have explored ways to improve data collection, analysis, presentation, and use of data to be more outcome oriented and data-driven, but there are multiple issues and challenges that affect our ability to meet our overarching goals:

- Consistent and accurate data collection by staff is challenging.
    - Staff are focused on quality care and it is often difficult to elicit buy-in for the importance of entering and utilizing client data regularly when using the DCR and other databases is time consuming.
    - Data collection tools can be confusing or frustrating for staff.
- Extracting, analyzing, presenting, and interpreting/creating meaning from data requires skilled staff and time.
- Utilizing data consistently for improvement requires monitoring and resources committed to that practice.
- Stakeholders have multiple perspectives about what data and outcomes are meaningful, and how to use this information.
- Data-driven decisions regarding program design/revisions can be difficult to implement and sustain.

Since BHRS internal resources are limited as described above, this Innovation Project will provide the support and shared learning necessary to fulfill the goals outlined above.

Description of the Response to the Local Need

The proposed Innovation Project will address Stanislaus County BHRS' FSP program challenges and needs through a thorough and inclusive approach. The project will support BHRS in implementing

improvements in how we design, provide, and continuously improve FSP programs in the following ways:

- Create shared understanding of current FSP programs – who the programs are serving, how they are serving them, and what data is being collected to yield outcome measurement
- Include stakeholders in the identification of FSP program strengths and areas of improvement
- Identify problem statements that can be used to create FSP programs that are data and outcome oriented
- Develop and support data collection, analysis, and presentation processes that allow BHRS to identify disparities through demographics and outcomes data, as well as ensure individual clients are connected to appropriate and customized services to increase positive outcomes
- Identify and define FSP program outcome goals, and develop meaningful performance measures to track progress towards goals; concurrently develop sustainable processes for using the data for continuous tracking and improvement
- Clarify, streamline, and improve design and practices within FSP programs to better serve our County's FSP population and subpopulations
- Leverage other counties' processes, learning, and best practices while participating in the Multi-County FSP Innovation Project

Ultimately, this project will help BHRS meet the overarching goals of identifying priority outcomes for FSP clients, developing effective data collection techniques and ongoing measurement, creating an effective FSP framework to improve FSP client outcomes, and developing a structure for continuous evaluation of how well BHRS FSP programs are meeting community needs.

Cultural & Linguistic Competency

Based on the Department of Finance January 2020 population estimates, Stanislaus County has 557,709 residents, of which 45.6% reported Hispanic/Latino; 42.6% reported White; 5.3% reported Asian; 2.6% reported Black; 2.5% reported Two or more races (not Hispanic/Latino); .7% Native Hawaiian or Pacific Islander; .5% reported American Indian and Alaska Native; and .2% reported Other Race (not Hispanic/Latino).

Although diverse, Stanislaus County currently has one threshold language of Spanish. BHRS county staff consist of approximately 25% Spanish speaking staff. In addition, we have staff that speak other languages such as; Cambodian, Assyrian, Hindi, and many other languages. When programs are unable to have a staff person assist in translation, programs utilize our contracted translators (including American Sign Language) or connect with Language Line.

BHRS is committed to strategies that embrace diversity and to provide welcoming behavioral health and compassionate recovery services that are effective, equitable, and responsive to individuals' cultural health beliefs and practices. To ensure we continue to improve the quality of services and eliminate inequities and barriers to care for marginalized cultural and ethnic communities, BHRS supports the Cultural Competence, Equity, and Social Justice Committee (CCESJC). The committee consists of program providers, consumers, family members, and communities representing all cultures and meets monthly to discuss cultural and linguistic needs of our county. Our Cultural Competence and Ethnic Services Manager chairs the committee and ensures the county behavioral health systems are culturally and linguistically competent and responsive in the delivery of behavioral health services. This innovation

project will support the cultural and linguistic needs of the county through a better understanding of the client needs.

Description of the Local Community Planning Process

Stanislaus County Behavioral Health and Recovery Services (BHRS) had been actively engaging in the Community Planning Process specifically with the intent to inform engaged stakeholders on updates facing MHSA, with the focus of strengthening stakeholder engagement. Traditionally stakeholder meetings were convened twice a year, in some years quarterly. However, with the onset of the Covid-19 crisis that began in March of 2020 and policy effects on MHSA, BHRS identified the opportunity to create a more robust stakeholder process. In this effort stakeholders were informed formally of MHSA regulations and their specific role as it relates to the community planning process for the three-year plan and annual update.

Formal Representative Stakeholder Steering Committee (RSSC) meetings for MHSA were held on June 12th, June 26th, September 18th, and December 11th of 2020. Each meeting averaged 62-80 participants; the information session had 44 attendees. The meeting held on December 11, 2020 was also offered in person at the new Granger Community Center to gain additional participation from peers and consumers. During the December 11th meeting RSSC members were informed of the reversion issue facing BHRS; related to unspent innovation funds from previous fiscal periods. Stanislaus and other counties facing this issue, were encouraged by the MHSOAC to explore alignment with innovation projects already approved. BHRS quickly observed that two multicounty collaborative innovation projects provided by the MHSOAC aligned very well with insights from stakeholder input on the BHRS system as whole and one aligned well with BHRS efforts to create a more robust stakeholder process for future innovations.

To explore this further and to ensure stakeholder support on these innovation projects, BHRS conducted an information session that detailed each project proposed as well as allowed time for discussion and questions surrounding these projects. The information session for proposed innovations was a dedicated meeting for proposed innovations on December 29th. Following the December 29th innovation information session stakeholders were invited to the RSSC meeting on January 15, 2021 to formally measure the level of support to move forward and pursue the proposed innovation projects. After engaging in small group discussion and large group feedback discussion, RSSC members were surveyed utilizing the gradients of agreement scale; a scale utilized to measure the level of agreement and support towards a proposal. BHRS provided a one through five scale, with one being non acceptance of the proposed project and five being complete and full acceptance. RSSC members identified fours and fives as their measurement during this meeting. The meeting concluded with agreement to move forward with all three proposed innovations.

Proposed projects will go formally to the Stanislaus County Board of Supervisors (BOS) on June 15, 2021. Following formal approval by the BOS the projects will go through the review period with the MHSOAC as well be posted for the 30-Day local review period for the public.

TOTAL BUDGET REQUEST BY FISCAL YEAR:

Total budget by fiscal year for the county collaborative portion of the costs.

	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
Total County Contribution to Collaborative	412,729	838,017	330,999	175,401		1,757,146

BUDGET NARRATIVE FOR COUNTY SPECIFIC NEEDS:

Personnel

The total personnel cost for the county portion is $648,035 over four years. This includes $386,574 for salaries and $261,461 for fringe benefits.

Personnel will include a 0.5 FTE Software Developer/Analyst III and a 0.5 FTE Staff Services Coordinator for four years.

These two positions will provide the following support to contribute to the success of this Innovation Project.

Staff Services Coordinator will:

- Oversee and act as liaison to the Innovation Project contractors
- Coordinate and facilitate meetings and discussions amongst Innovation Project contractors, partners, and other stakeholders
- Coordinate internal staff and project partners to ensure the necessary assignments are completed to meet project requirements, timelines, and quality expectations
- Develop and monitor project timelines; provide updates/status of projects to stakeholders as appropriate
- Oversee, coordinate, and provide technical assistance for the data collection, analysis and reporting of the performance measures for this Innovation Project
- Provide training and technical assistance related to project data and results to staff and stakeholders

Software Developer/Analyst III will:

- Help identify the appropriate county-level data and data transfer methods
- Extract county-level data from the electronic health record, DCR, and other program databases and sources; de-identify data before transferring to contracted staff
- Identify problems and possible solutions in the county-level data (e.g., issues with available data or methods)
- Participate in all relevant meetings regarding data for this Innovation Project

The personnel costs include a 3% annual increase to include cost-of-living salary increases and the associated retirement, and FICA increases based on the increased salaries as well as increases for health care costs.

Operating Costs

The ongoing operating costs total $24,560 over four years. This includes cell phones, office supplies, copier costs, computer licenses, MiFi service for laptops, utilities, alarm and security costs, zoom subscriptions, telephone and data processing services, and janitorial costs.

Nonrecurring Costs

Nonrecurring costs total $10,900 for equipment for the set-up of the office for the two staff members. This includes, desks, chairs, computers, laptops, and software.

Consultant Costs/Contracts

The budget includes $1,073,651 for contracted services over three years. This includes $810,000 for Third Sector, $88,651 for CalMHSA, and $175,000 for RAND as the Evaluator.

The total budget over four years is $1,757,146.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY FOR COUNTY SPECIFIC NEEDS

EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Salaries	154,898	159,545	164,331	169,261		648,035
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs	154,898	159,545	164,331	169,261		648,035
OPERATING COSTS		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
5.	Direct Costs	6,140	6,140	6,140	6,140		24,560
6.	Indirect Costs						
7.	Total Operating Costs	6,140	6,140	6,140	6,140		24,560
NONRECURRING COSTS (equipment, technology)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
8	Desk, Chair, Computer, Laptop	9,900					9,900
9.	Software	1,000					1,000
10.	Total Non-recurring Costs	10,900					10,900

CONSULTANT COSTS/ CONTRACTS (clinical training, facilitator, evaluation)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
11a.	Direct Costs (Third Sector)	210,909	559,091	40,000			810,000
11b.	Direct Costs (CalMHSA)	19,882	55,514	13,255			88,651
11c.	Direct Costs (RAND)	10,000	57,727	107,273			175,000
12.	Indirect Costs						
13.	Total Consultant Costs	240,791	672,332	160,528			1,073,651
OTHER EXPENDITURES (please explain in budget narrative)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
14.							
15.							
16.	Total Other Expenditures						
BUDGET TOTALS:							
Personnel (line 1)		154,898	159,545	164,331	169,261	-	648,035
Direct Costs (add lines 2, 5 and 11 from above)		246,931	678,472	166,668	6,140	-	1,098,211
Indirect Costs (add lines 3, 6 and 12 from above)							
Non-Recurring costs (line 10)		10,900					10,900
Other expenditures (line 16)							
TOTAL INNOVATION BUDGET		412,729	838,017	330,999	175,401		**1,757,146**

BUDGET NARRATIVE FOR TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR:

Funding for the project will come from MHSA Innovation funds.

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

TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures for <u>ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**

1.	Innovative MHSA Funds	402,729	780,290	223,726	175,401		1,582,146
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other Funding						
6.	**Total Proposed Administration**	402,729	780,290	223,726	175,401		1,582,146
EVALUATION:							
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Innovative MHSA Funds	10,000	57,727	107,273			175,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other Funding						
6.	**Total Proposed Evaluation**	10,000	57,727	107,273			175,000
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total for funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Innovative MHSA Funds	412,729	838,017	330,999	175,401		1,757,146
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other Funding						
6.	**Total Proposed Expenditures**	**412,729**	**838,017**	**330,999**	**175,401**		**1,757,146**

Appendix: Lake County

County Contact and Specific Dates

The primary contact for Lake County is:

Scott Abbott
Email: scott.abbott@lakecountyca.gov
Tel: 707-274-9101

Lake County Behavioral Health Services' (LCBHS) local review dates are listed in the table below. More detail on Lake'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 *No public comment was received during this time*	June 22, 2021
Local Mental Health Board Hearing approval	July 22, 2021
Board of Supervisors (BOS), calendared date to appear before BOS	September 14, 2021

Description of Local Need

Lake County operates four Full Service Partnership (FSP) programs: Children's, Transitional Age Youth, Adult, and Older Adult programs that combine to serve approximately 120 individuals annually. Program eligibility is determined by diagnosis and risk factors pursuant to the Mental Health Service Act (MHSA) regulations for FSP criteria. Each Partner is assigned a clinician and case manager that work in the appropriate program as determined by the Partner's age receiving treatment services such as case management and linkages, rehabilitation, therapy, and ongoing assessment and plan development. FSPs may also receive psychiatric services and/or housing support services upon referral by the primary service provider. Many Partners also receive services through the peer support centers around the county.

Due to the specificity and flexibility of the FSP program, the county has encountered difficulty developing consistent FSP service guidelines, evaluating outcomes, and disseminating best practices. Lake County utilizes the Data Collection Reporting (DCR) database developed by the State to track outcomes, however, due to a variety of systematic and technical challenges the DCR has limited utility for informing treatment decisions or promoting quality improvements.

LCBHS management and community stakeholders have consistently identified the need for clear, consistent and reliable data and outcomes to assist programs in identifying goals, measuring success and pinpointing areas that may need improvement. Though outcome measurements are desired, up until recently LCBHS has rarely received program feedback based on quantitative outcome data and has relied on qualitative data and reports obtained from the Electronic Health Record. Conversations with Lake 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.

LCBHS is seeking to establish, identify, and define clear guidelines ("guardrails") for each step in a client's journey through FSP to support decision making and provide clients with a clear vision for their experience in the program, while retaining the flexible "whatever it takes" FSP philosophy. Historically, ambiguity around these steps has resulted in confusion and unexpected challenges for clinicians and clients, and made it difficult to manage the program with a data-driven approach. For example, without clear standards for engagement, LCBHS has struggled to set targets for regular contact with clients that are tailored to the client's needs and stage of recovery. If these targets were in place and informed by relevant outcomes data on an ongoing basis, LCBHS would be able to more effectively allocate clinician and case worker time to meet clients "where they are" while focusing resources where they are needed most. Similarly, clear standards for graduation from FSP would give clients a long-term goal to work towards, while facilitating more consistent, tailored services as clients progress in their recovery.

Response to Local Need

Through this Innovation proposal, Lake County Behavioral Health Services 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 Lake County Behavioral Health Services 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 Lake County Behavioral Health Services the opportunity to share and exchange knowledge with other counties participating in this project and through the statewide learning community.

Local Community Planning Process

The community planning process helps Lake 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, community-based organizations, consumers, community members and partners. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared in a large quarterly MHSA stakeholder meeting on April 15, 2021 with over 37 virtual participants. After the presentation of the local needs assessment and a review of this proposed

use of innovation funds, stakeholders acknowledged the project as an appropriate use of funding. The project was also shared in the MHSA Fiscal Year 2020 – 21 Annual Update and at the quarterly Innovations Steering Committee on June 17, 2021.

A draft plan was publicly posted for a 30-day comment period beginning on June 22, 2021 and no public comments were received. In addition, the plan was presented at the Lake County Mental Health Board Hearing on July 22, 2021 and approved. The plan is scheduled to go before the Lake County Board of Supervisors for review and final approval on September 14, 2021 (following the MHSOAC's review process).

County Budget Narrative

Lake County will contribute up to $765,000 over the 4.5-year project period to support this statewide project. As detailed below, Lake County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Lake County's funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs*: Lake County anticipates travel costs up to $7,450 over the 4.5 years, which may vary annually based on the number of staff traveling and the number of in-person convenings.

- *Shared Project Costs*: The remaining amount, $757,500 will support project management and technical assistance (e.g., Third Sector's technical assistance in project implementation), fiscal intermediary costs, and evaluation.

Total Budget Request by Fiscal Year

The table below depicts Lake County's year-over-year contribution to the Innovation Project.

Table 1

	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	Total
Individual County Contribution to the Collaborative*	$339,390	$339,390	$28,740	$28,740	$28,740	$765,000

Budget by Fiscal Year and Specific Budget Category

Table 2

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**Total**
1.	Salaries	$0	$0	$0	$0	$0	$0
2.	Direct Costs	$0	$0	$0	$0	$0	$0
3.	Indirect Costs	$0	$0	$0	$0	$0	$0
4.	Total Personnel Costs	$0	$0	$0	$0	$0	$0
Operating Costs (travel, hotel)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**Total**
5.	Direct Costs	$1,490	$1,490	$1,490	$1,490	$1,490	$7,450
6.	Indirect Costs	$0	$0	$0	$0	$0	$0
7.	Total Operating Costs	$1,490	$1,490	$1,490	$1,490	$1,490	$7,450
Non-Recurring Costs (technology, equipment)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**Total**
11a.	Direct Costs (Third Sector)	$310,000	$310,000	$0	$0	$0	$620,000
11b.	Direct Costs (CalMHSA)	$27,900	$27,900	$2,250	$2,250	$2,250	$62,550
11c.	Direct Costs (Evaluator)	$0	$0	$25,000	$25,000	$25,000	$75,000
12.	Indirect Costs	$0	$0	$0	$0	$0	$0
13.	Total Consultant Costs	$337,900	$337,900	$27,250	$27,250	$27,250	$757,550
Other Expenditures (explain in budget narrative)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**Total**
14.	Program/Project Cost	$0	$0	$0	$0	$0	$0
15.		$0	$0	$0	$0	$0	$0
16.	Total Other Expenditures	$0	$0	$0	$0	$0	$0
BUDGET TOTALS							
Personnel		$0	$0	$0	$0	$0	$0
Direct Costs		$339,390	$339,390	$28,740	$28,740	$28,740	$765,000
Indirect Costs		$0	$0	$0	$0	$0	$0
Total Individual County Innovation Budget		$339,390	$339,390	$28,740	$28,740	$28,740	$765,000

Innovation Plan Appendix C: Cohort 2 Expansion

Appendix Overview

The following appendix contains specific details on the local context, local community planning process, and budget details for Napa County participating in the Multi-County FSP Innovation Project as an expansion to Cohort 2.

The appendix describes the county-specific need for this Multi-County FSP Innovation Project. Though there can be slight differences among participating counties' needs in terms of either the prioritization or the specifics, the response to this local need will be similar among counties through the execution of the Innovation Plan. The appendix also outlines a county-specific budget narrative and budget request by fiscal year, with detail on specific budget categories.

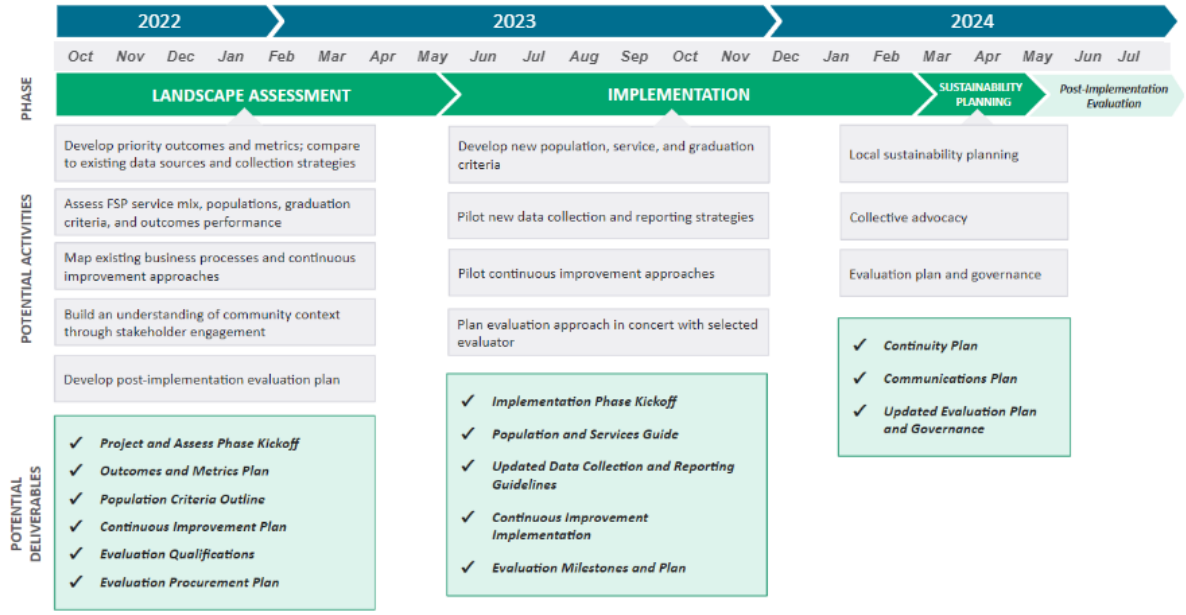
Work Plan and Timeline

Napa County will join the Multi-County FSP Innovation Project in October 2022 and follow a similar work plan and timeline as the other Wave 2 counties, Lake and Stanislaus, over the course of the subsequent 4.5 years. See ***Figure 3*** below for an illustrative Implementation TA work plan and timeline by phase.

While some adjustments in process and structure may occur to fit the unique needs of joining the project at this time, the goals of the project will remain consistent:

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

Figure 3: Cohort 2 Expansion Illustrative Implementation TA Work Plan



Benefits of Project Expansion

The addition of Napa County to the Multi-County FSP Innovation Project as an expansion of Cohort 2 will continue to grow the impact of the project across the state. The current counties are developing a more consistent, data-driven approach to FSP that includes standardizing population definitions, process measures, and outcomes. Napa County will not only be able to adopt the work done to date but will also be able to build upon the work alongside Lake and Stanislaus counties. Examples may include:

- Adding child population definitions, process measures, and outcomes to the existing list of adult definitions and measures developed by Cohort 1
- Furthering the efforts to update the DCR by continuing to work with counties across the state and DHCS on potential improvements

The expansion of Cohort 2 will benefit the state by building on current initiatives and by increasing the resources available to other counties statewide by adding more 'tools to the toolkit.'

Another benefit of growing the Innovation Project is the expansion of knowledge sharing across counties. In addition to joining the cohort-wide work done to date, Cohort 2 counties will also focus on several county-specific implementation initiatives to create lasting improvements within their individual FSP programs. By joining the existing project, new counties can leverage best practices and lessons learned from the counties that have already begun local implementation. For example, if Napa County determines they need to standardize their local graduation criteria across programs, they will benefit from the five other counties that have already gone through this process. In turn, Cohort 1 counties will also be able to apply any new learnings from Cohort 2 counties through their continuous improvement structures.

All of these learnings will also be shared across the state through the Outcomes-Driven FSP Learning Community, a forum for County MHSA and FSP staff, FSP providers, FSP clients, and other community stakeholders to help increase statewide consensus on core FSP components and develop shared recommendations for state-level changes to FSP data requirements and guidelines. Third Sector is supporting the first several Learning Communities with the intention for the long-term forum to be largely county-driven and county-led. The addition of Napa County means more individuals will be available to coordinate, plan, and facilitate future Learning Communities to continue engagement statewide.

Finally, Napa County will be added to the existing project evaluation, creating a broader understanding of the impact of direct technical assistance, highlighting additional learnings and benefits of a multi-county collaborative, and driving consistent data collection and analyses across all participating counties. While the current six counties are incorporating equitable data practices and working to disaggregate data by race, Cohort 2 counties will be able to further these efforts.

Ultimately, the addition of another Cohort 2 county will bring California one step closer to having consistent data to compare FSP programs and outcomes in a meaningful and equitable way and share best practices statewide through regular collaborative forums.

Budget Narrative

The total proposed budget supporting Napa County is approximately $844,750 over 4.5 years. This includes project expenditures for four different primary purposes: Third Sector implementation TA ($650,000), fiscal and contract management through CalMHSA ($69,750), and third-party evaluation ($125K). All costs will be funded using county MHSA Innovation funds.

Appendix: Napa County

County Contact and Specific Dates

- Primary County Contact: Felix Bedolla, MHSA Coordinator, Felix.Bedolla@countyofnapa.org
- Date Proposal posted for 30-day Public Review: Friday, July 8 – Monday, August 8, 2022
- Date of Local MH Board hearing: Monday, August 8, 2022
- Date of BOS approval or calendared date to appear before BOS: Tuesday, September 13, 2022

Description of Local Need

FSP Program Overview: Napa County has five Full Service Partnership (FSP) programs. During FY 2020-2021, these programs served a total of 249 consumers served, including 54 children served by Children's FSP, 35 youth served by Transition Age Youth (TAY) FSP, 73 adults served by Adult FSP, 34 adults served by the Adult Treatment Team (ATT) FSP, and 53 older adults served by Older Adult (OA) FSP. Individuals who identified as White, 46%, were the highest represented group. Hispanic/Latinos were the second largest group receiving services, 27% of individuals identified as Hispanic/Latino. Only 1% of individuals identified as Native American, and under 1% identified as Mixed, making both of these groups the least represented. Napa county FSP programs provided 4,105 aggregate services in FY20-21. The service provided most frequently was intensive care coordination and individual therapy. The services least provided were DBT group rehab intervention, TCM placement service, and court-related activity.

FSP Challenges: Local stakeholders have identified a number of challenges that could be addressed through the Multi-County FSP Innovation Project.

- **Telling the Story of FSP's Impact:** Local stakeholders have asked the MH Division to provide evaluation data to demonstrate the effectiveness of FSP services. They point out that the MH Division requires contractors to evaluate their own programs, and they have expressed strong interest in reviewing FSP evaluation data; however, the following issues have made it difficult to paint an accurate picture of the impact of the FSP services provided by Napa County staff.
- **Data collection, reporting, and training challenges:** Napa County has reported outcomes for the individuals served by the previously mentioned FSPs in the California Department of Health Care Services Data Collection and Reporting (DCR) System. In the early years of MHSA implementation, staff were able to extract meaningful data from the system and generate accurate FSP outcome reports; however, as time went on unresolved DCR issues made it difficult to impossible to extract useful and meaningful data from the DCR System. Additionally, limited training opportunities for FSP staff have contributed to lack of understanding around how to make best use of the DCR system. FSP staff are committed to providing high-quality care for their FSP partners and focus on completing progress notes for our Electronic Health Record (EHR). Unfortunately, staff are not as consistent entering data into the DCR and neglect to complete Key Event Tracking or 3M Quarterly Forms because it is separate data entry process and their priorities are focused on documentation of the services they provide to ensure they are maintaining productivity standards.
- **Lack of Clear Definitions of Discharge Reasons:** When compiling FSP outcomes to report in the FY 21-22 Annual Update, staff determined that FSP programs each have their own understandings and reasons for selecting "Administrative and NA" as the reason for discharge. A significant number of cases were closed under these discharge reasons; however, it is difficult to identify or track a standard for this discharge. Through participation in the FSP Collaborative,

staff hope to work with FSP staff to create shared definitions for discharge reasons and identify cases and scenarios when these reasons are applicable, and share best practices.

- **Staff Turnover and Outliers:** The MH Division has experienced significant staff turnover throughout the years and some staff have left abruptly without reassigning partners to other staff or closing partners who are no longer receiving services. As a result of this situation, there are outliers in the DCR that skew the outcome results and don't present an accurate picture of the true outcomes of the FSP programs. Efforts to resolve these outliers with DCR Technical Assistance have been unsuccessful and so these outliers continue to skew outcomes and invalidate outcome reports.

Response to Local Need

Through this Innovation proposal, Napa County Behavioral Health Services 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 Napa County Behavioral Health Services 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. Develop training materials for staff and supervisors to support increased accuracy in the completion of DCR Outcome reports and forms.
3. Develop FSP Outcome and Audit reports that accurately reflect the impact FSP services are having on FSP partners
4. Create a model of best practices that is relevant for the current needs of FSP partners in the age of Covid, housing challenges, etc.
5. Incorporate learnings for other cohorts participating in the Multi-County FSP Collaborative to improve services and practices in Napa County FSPs
6. Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals are discussed, what data is included and in what format, and how next steps and program modifications are identified).

In addition, this project will provide Napa County Behavioral Health Services the opportunity to share and exchange knowledge with other counties participating in this project and through the statewide learning community.

Local Community Planning Process

As was previously mentioned, stakeholders have been requesting accountability through meaningful evaluation reports for the County's FSP programs. Staff presented this proposal to participate in the Multi-County FSP Collaborative to the Stakeholder Advisory Committee on April 6th, 2022. This proposal was well-received by Stakeholders, who were supportive of the goal of being able to tell the story of the impact of FSP services on community members receiving services.

The Stakeholder Advisory Committee (SAC) has been active in all stages of the MHSA planning since 2006, when the committee was convened to develop and guide implementation of MHSA Components and programs. The SAC has been meeting monthly since that time to share information, changes and updates regarding MHSA Components and programs as well as other Mental Health Division services

and plans. Participants work with NCMH to ensure that their constituencies receive the information necessary to be able to give input and participate in the planning process. SAC meetings take place every first Wednesday of the month and meetings are open to the public.

Although the SAC is the most involved in the planning process, other groups also have the opportunity to participate. MHSA information is distributed to MH Division staff, the Napa County MH Board, MHSA Contractors, community mental health providers, and the Behavioral Health Cultural Competence Committee.

Public review and public hearing

The 30-day Public Review and Comment Period for the FY 22-23 Annual Update to the MHSA Three Year Plan is took place from Friday, July 8th to Monday, August 8th, with a public hearing held via Zoom at a publicly noticed meeting of the Napa County Mental Health Board on Monday, August 8th at 4pm. No public comments were received relating to the Multi-County FSP Innovation Project; therefore, there was nothing to address following the Public Review and Comment Period.

Budget Narrative

Napa County will contribute up to $844,750 over the 4.5-year project period to support this statewide project. This amount will support project management and technical assistance provided by Third Sector, fiscal intermediary costs, and evaluation provided by RAND.

TOTAL BUDGET REQUEST BY FISCAL YEAR:

Total budget by fiscal year for the county collaborative portion of the costs.

	FY 22/23	FY 23/24	FY 24/25	TOTAL
Total Napa County Contribution to Collaborative	332,450	428,733	83,567	844,750

Consultant Costs/Contracts

The budget includes $844,750 for contracted services over three years. This includes $650,000 for Third Sector, $69,750 for CalMHSA (9% of Third Sector and RAND costs), and $125,000 for RAND as the Evaluator. The total budget over four years is $844,750.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY FOR COUNTY-SPECIFIC NEEDS

EXPENDITURES						
PERSONNEL COSTS (salaries, wages, benefits)		**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Salaries	0	0	0	0	0
2.	Direct Costs					
3.	Indirect Costs					

4.	Total Personnel Costs	0	0	0	0	0
OPERATING COSTS		**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
5.	Direct Costs	0	0	0	0	0
6.	Indirect Costs					
7.	Total Operating Costs	0	0	0	0	0
NONRECURRING COSTS (equipment, technology)		**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
8.	Desk, Chair, Computer, Laptop	0	0	0	0	0
9.	Software	0	0	0	0	0
10.	Total Non-recurring Costs	0	0	0	0	0

CONSULTANT COSTS/ CONTRACTS (clinical training, facilitator, evaluation)		**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
11a.	Direct Costs (Third Sector)	295,000	355,000	0	0	650,000
11b.	Direct Costs (CalMHSA)	27,450	35,400	6,900	0	69,750
11c.	Direct Costs (RAND)	10,000	38,333	76,667	0	125,000
12.	Indirect Costs	0	0	0	0	
13.	Total Consultant Costs	332,450	428,733	83,567	0	844,750
OTHER EXPENDITURES (please explain in budget narrative)		**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
14.		0	0	0	0	0
15.		0	0	0	0	0
16.	Total Other Expenditures	0	0	0	0	0
BUDGET TOTALS						
Personnel (line 1)		0	0	0	0	0
Direct Costs (add lines 2, 5 and 11 from above)		332450	428733	83,567	0	844,750

Indirect Costs (add lines 3, 6 and 12 from above)	0	0	0	0	0
Non-Recurring costs (line 10)	0	0	0	0	0
Other expenditures (line 16)					
TOTAL INNOVATION BUDGET	332,450	428,733	83,567	0	844,750

BUDGET NARRATIVE FOR TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR:

Funding for the project will come from MHSA Innovation funds.

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

TOTAL 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 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Innovative MHSA Funds	332,450	390,400	6,900	0	**719,750**
2.	Federal Financial Participation	0	0	0	0	0
3.	1991 Realignment	0	0	0	0	0
4.	Behavioral Health Subaccount	0	0	0	0	0
5.	Other Funding	0	0	0	0	0
6.	**Total Proposed Administration**	322,450	390,400	6,900	0	**719,750**
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Innovative MHSA Funds	10,000	38,333	76,667	0	**125,000**
2.	Federal Financial Participation					
3.	1991 Realignment					

4.	Behavioral Health Subaccount					
5.	Other Funding					
6.	**Total Proposed Evaluation**	10,000	38,333	76,667	0	**125,000**
C.	**Estimated TOTAL mental health expenditures (this sum to total for funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Innovative MHSA Funds	332,450	428,733	83,567	0	**844,750**
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other Funding					
6.	**Total Proposed Expenditures**	332,450	428,733	83,567	0	**844,750**