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___ ACTION REQUIRED:

DATE OF MEETING: 09/25/13

PREPARED BY: Burt

AGENDA ITEM: Full Service Partnership Mini-Immersion

ENCLOSURES: Range of Merger Options: By La Piana Consulting Firm

OTHER MATERIAL RELATED TO ITEM: None

General Orientation:

Richard Van Horn, Chair, Mental Health Services Oversight and Accountability Commission will provide a general orientation to some of the components in the Mental Health Services Act. The Commission meeting will begin with a workshop on the philosophy and practice of “Full Service Partnerships” (FSPs). Following the presentation Commissioners will be given a chance to experience this in operation at the Mental Health American (MHA) Village in Long Beach.

Presenters:

- **Richard Van Horn, Chair**, Mental Health Services Oversight and Accountability Commission (MHSOAC), will introduce presenters
- **Joe Ruiz, Director**, Mental Health America of Los Angeles (MHALA), Training and Workforce Development, provide a historical perspective on the Full Service Partnership concept
- **Mark Ragins, M.D., Medical Director**, Mental Health America (MHA) Village, will present on the Recovery Philosophy, Principles and Practice

Background:

The Full Service Partnership (FSP) category identifies programmatic services and allowable costs within the Community Services and Support (CSS) component of the Three-Year Program and Expenditure Plan. The FSP service category personifies the Mental Health Services Act’s (MHSA) core principles since it provides the opportunity for client and family-driven mental health services; within the context of a partnership between the client and provider; accessible, individualized services and supports tailored to a client’s readiness for change that leverage community partnerships; delivery of services in a culturally competent manner, with a focus on wellness, outcomes and accountability.

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Background Continued:

The FSP model affords the mental health service provider and the mental health service consumer to work together and to identify and provide, literally, “whatever it takes” to support a consumer’s recovery. This means finding the methods and means to engage a client, determine his or her needs for recovery, and create collaborative services and supports to respond to those needs. This concept may include innovative approaches to “no-fail” services in which service provision and continuation are not dependent upon amount or timeliness of progress or on the client’s compliance with treatment expectations, but rather on individual needs and individual progress and/or pace on their path to wellness and resilience. Clients are not withdrawn from services based on pre-determined expectations of response.

The California Code of Regulations, (CCR), Title 9, Section 3200.130 defines an FSP as “the collaborative relationship between the County and the client, and when appropriate the client’s family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.” Children and adolescents identified as Seriously Emotionally Disturbed (SED) are eligible for FSPs if they meet the criteria set forth in statute. Adults and older adults identified to have a serious mental disorder are eligible for FSPs if they meet the criteria also set forth regulations.

The regulations provide that the full service partnership agreement “may include the Full Spectrum of Community Services necessary to attain the goals identified in the Individual Services and Supports Plan” (9 CCR § 3620, subdivision (a)). The Full Spectrum of Community Services may consist of a variety of services and supports.

The MHA Village began its program in 1990 after California’s mental health department chose MHA to design and demonstrate an innovative service system built on an “integrated services” approach. It brought together all the services and support people with mental illness need to live, work, learn and be involved in the community.

In 1999, this became the model for Assembly Bill (AB) 34 projects – comprehensive care for people with mental illness who are homeless, leaving jail or at risk of homelessness or incarceration. Born in 1999, as a bill proposed by now Senate President pro Tempore Darrell Steinberg, AB 34 was a pilot project to provide integrated services to the homeless. Sacramento, Stanislaus, and Los Angeles Counties became the pilot sites for this innovative approach. This pilot was so successful in lowering hospitalization, incarceration and homeless episodes the program was expanded to more than 30 counties in late 2000 as Assembly Bill 2034. Data collection by the pilot

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programs demonstrated the success of the services being provided and ultimately, this integrated services approach was codified in the Mental Health Services Act (MHSA). The MHSA was passed by California voters in 2004 and is funded by a one percent tax on personal incomes over one million dollars.