

**AGENDA ITEM: Priority 2 – Implement Accountability Framework**

- ENCLOSURES:**
- DMH PowerPoint Presentation -- Mental Health Services Act: Full Service Partnership Evaluation Data
  - “*What Does It Take? California County Funding Requests for Recovery-Oriented Full Service Partnership Under the Mental Health Services Act*” (Brown, Cashin, Felton –04 May 2010)

**OTHER MATERIAL RELATED TO ITEM:** Additional PowerPoint presentations will be brought to the meeting. The full Petris Center Report will be posted on the DMH website the week of June 21, 2010 ([www.dmh.ca.gov](http://www.dmh.ca.gov) )

**Presentations:**

**1. MHSA Full Service Partnership Evaluation Data from the Petris Center**

*Presenters: Stephen W. Mayberg, PhD, Director, Department of Mental Health  
 Timothy T. Brown, PhD, Associate Director of Research, Nicholas C. Petris Center, UC Berkeley*

**Description**

The two presenters will provide the Commission with PowerPoint presentations on Full Service Partnership (FSP) data that was compiled by the Nicholas C. Petris Center, UC Berkeley. A copy of the full report was electronically submitted to the Commissioners on June 10, 2010 and the report will be posted to the DMH website ([www.dmh.ca.gov](http://www.dmh.ca.gov)) the week of June 21, 2010. Four critical questions will be considered:

1. What implications does this study suggest for future MHSOAC evaluation activities?
2. Does this type of academic evaluation relate to the core values and vision of the MHSA?
3. Does this evaluation suggest cost benefit in the long run?
4. Would FSPs for children, youth and transition-age youth have the same results?

As of April 29, 2010, over \$3.9 billion has been approved/distributed to counties in the following five component areas: Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Workforce, Education and Training (WET); Capital Facilities and Technological Needs (CFTN); and, Innovation (INN). More than 420,000 clients were served in 2008-09 and over 23,000 clients are receiving full spectrum of services through FSPs that provide an array of services such as housing, employment, schooling, and support with physical health and co-occurring

substance abuse disorders. The FSP “whatever it takes” principle has generated positive results by decreasing homelessness, lowering arrests, decreasing the number of days youth spend in juvenile hall and lowering mental health related emergency interventions.

**2. Petris Center Report: “What Does It Take? California County Funding Requests for Recovery-Oriented Full Service Partnership Under the Mental Health Services Act” (Brown, Cashin, Felton –04 May 2010)**

*Presenters: Stephen W. Mayberg, PhD, Director, Department of Mental Health  
Timothy T. Brown, PhD, Associate Director of Research, Nicholas C. Petris Center, UC Berkeley*

**Description**

The study was conducted by the Petris Center over a period of two years: September 2007 through September 2009. The study examined how county funding allocations for FSPs changed after two years of MHSA implementation and how budgeting for different age groups changed over time. The study also explored how counties with previous experience implementing recovery oriented AB 2034 programs budgeted differently for FSPs than counties with no previous experience with recovery oriented programs.

The AB 2034 program, which targeted homeless individuals with serious mental illness, served as the model for the current FSP programs that provide services and supports to meet individual recovery goals (i.e., housing, employment, peer support, wellness centers, crisis stabilization, food, clothing, respite care, etc). The MHSA identifies four specific age groups that qualify for FSP services: children and youth, transition age youth (age 16-25), adults and older adults (age 60 and over). However, the study revealed that CSS funding resources were invested more heavily in adults and less was provided to other age groups.

Although the positive effects of FSPs are noteworthy (i.e., declines in the rates of homelessness, incarceration, hospitalization and unemployment), the study concluded that it is difficult to gauge what recovery means for different populations. Resource allocations at the system and program levels need to be consistent in order to adequately measure progress and to determine the consequences of treating mental illness through a wide spectrum of services and supports. The Commission is interested in addressing the following three questions:

1. What implications does this study suggest for future MHSOAC evaluation activities?
2. Is there a need for a more precise definition of services provided by General System Development and Outreach Engagement?
3. What implications does this study have to better understand the fiscal requirements for the transformation of the public mental health system?