

# COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

## DRAFT PRINCIPLES FOR MHSA CSS PROVIDER SELECTION PROCESS: FULL SERVICE PARTNERSHIPS

This document outlines a process for identification of agencies eligible to become Full Service Partnership providers with Mental Health Services Act funding. The intent of this proposal is to

- Develop a streamlined approach that will reduce duplicative work for providers and for the Department of Mental Health divisions involved in contract development
- Ensure prompt dissemination of desirable provider criteria that meet the overall State requirements for Full Service Partnerships across age groups
- Delineate the core values that serve as the basis for Full Service Partnerships must

### **General Approach**

As outlined in the State of California Department of Mental Health Guidelines for Community Supports and Services, Full Service Partnerships are.....”culturally competent partnership with individualized client/family driven mental health services and supports which emphasize recovery and resilience and which offer integrated service experiences for clients and families..”

Initial provider selection criteria are being developed in order to ensure identification of providers that are ready to implement Full Service Partnership Programs immediately upon receipt of MHSA funds. The critical need to reach un-served and underserved children, transition age youth, adults and older adults with mental illness -- without delay -- necessitates the choice of certain selection criteria for the first round of CSS funding. Selection criteria will be reexamined during future funding cycles.

### **General Provider Selection Criteria**

Agencies eligible for consideration for the provision of Full Service Partnership programs include:

- Agencies that have demonstrated experience in the delivery of full service partnership types of programs with successful outcomes or
- Agencies that have demonstrated experience in the delivery of full service partnership types of programs that have yet to demonstrate successful outcomes but where outcomes may be readily achieved or

- Providers of specialized integrated interventions for adults with co-occurring mental health and substance abuse or
- Agencies that have demonstrated readiness to implement a full service partnership (see below for specific criteria for TAY and Older Adults)

Consistent with the general selection criteria above, agency service models that will be considered include:

- Expansion of existing FSP-type program for a specific age group
- Development of capacity through implementation of a new program that spans two or more age groups, enabling a provider to utilize infrastructure and staffing across related age groups
- Building of FSP program as an adjunct to an existing non-FSP outpatient program that specializes in the needs of a given population, enabling the provider to leverage infrastructure, staffing and expertise for a given age group (e.g., TAY and Older Adults).

### **General Principles for all Full Service Partnerships**

Consistent with the guidelines of the Mental Health Services Act and the Los Angeles County MHSa CSS plan, the following criteria are considered essential for all applicants for Full Service Partnership Funding:

- Evidence of an agency commitment to recovery and resiliency as demonstrated by client-driven strength-focused services
- Demonstrated ability to provide culturally and linguistically appropriate services to clients in the selected area. Providers may elect to offer culturally and linguistically appropriate services through inclusion of ethnic minority staff in the proposed staffing pattern of the program/agency, or choose to subcontract with community-based organizations with expertise in this area. If subcontract arrangements are made, providers must address the integration of subcontracted provider staff in the service delivery team that will support clients in the program (e.g., through the development of an inter-agency team). Future allocations for Full Service Partnerships will also be dedicated to meeting the needs of un-served and underserved ethnic populations.
- Evidence of dedication to inclusion of peers and family members as members of an interdisciplinary treatment team – including a commitment to hiring peer counselors and/or parent advocates
- Demonstrated ability to provide integrated treatment of individuals with co-occurring disorders (mental illness and substance abuse)

- Demonstrated track record in starting up new programs in a timely and effective manner
- Demonstrated record of effective collaboration with community partners including law enforcement, housing providers, the business community, healthcare professionals and others
- Current operation of multidisciplinary treatment team(s)
- Provision of an array of services with different levels of intensity that allow for flexibility based on clients' varying levels of need
- Client/family driven focus for all age groups. Adult clients and families of children and youth identify their needs and preferences which lead to the services and supports that will be most effective for them. Their needs and preferences drive the policy and financing decisions that affect them. Adult services are client-centered and children and youth services are family-driven; with providers working in full partnership with the clients and families they serve to develop individualized, comprehensive service plans.