



## **Clarification on Requirements for Full Service Partnerships (FSP) under the Mental Health Services Act (MHSA)**

Under the Community Services and Supports component of the MHSA, Counties can request three different kinds of funding to make changes and expand their mental health services and supports. Funding is available to support:

- Full Service Partnership Funds –to provide all of the mental health services and supports a person wants and needs to reach his or her goals
- General System Development Funds –to improve mental health services and supports for people who receive mental health services
- Outreach and Engagement Funds – to reach out to people who may need services but are not getting them

The following series of questions and answers clarify counties' use of funds to support services provided in Full Service Partnerships.

- 1. Can any CSS funds spent on FSPs, even those CSS funds used to pay the Medi-Cal costs of an individual enrolled in an FSP, be counted as CSS funds spent on FSPs for purposes of the requirement in section 3620(c) that the majority of CSS funds be spent on FSPs (the 3620(c) 51% FSP rule)?***

Section 3620, subdivision (c), of the MHSA regulations requires the County to "direct the majority of its Community Services and Supports funds to the Full-Service Partnership Service Category". "Community Services and Supports funds" may include any funds that are considered and used for the programs approved through the Community Services and Supports (CSS) component of the Three-Year Plan. In order for the County to provide FSP services, the County may use funds other than MHSA funds, including Medi-Cal, Medicare, and State General Fund. Moreover, the Department does not merely permit the County to use non-MHSA funds to augment FSP programs; it requires the County to identify these non-MHSA funds in its Plan in order to obtain Plan approval. Accordingly, if a County were to use non-MHSA funds to augment CSS programs, including FSP programs, those funds can be considered part of the CSS funds and should be allowed to be used to meet the majority requirement.

- 2. Is the test of meeting the majority cumulative or annual?***

Since the Plan is updated annually, the question of whether the County has directed the majority of its funds to FSPs should be made on an annual basis.

### **3. *What is an FSP?***

An FSP is a Full Service Partnership. The Full Service Partnership service category is a category of allowable costs within the Community Services and Support component of the Three-Year Program and Expenditure Plan. The California Code of Regulations, 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.”

### **4. *Who is eligible for FSP?***

Children and adolescents identified as Seriously emotionally disturbed (SED) are eligible for FSPs if they meet the criteria set forth in Welfare and Institutions Code section 5600.3, subdivision (a). Adults and older adults identified to have a serious mental disorder are eligible for FSPs if they meet the criteria set forth in subdivision (b) of section 5600.3. These criteria are as follows.

#### **A. *SED Children who fall into at least ONE of the following groups:***

##### **GROUP 1:**

1. As a result of the mental disorder, the child has substantial impairment in at least two of these areas:
  - a. Self-care.
  - b. School functioning.
  - c. Family relationships.
  - d. Ability to function in the community.

AND

2. Either of the following occur:
  - a. The child is at risk of or has already been removed from the home.
  - b. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

##### **GROUP 2 – The child displays at least ONE of the following features:**

1. Psychotic features.
2. Risk of suicide.
3. Risk of violence due to a mental disorder.

**GROUP 3 – The child meets special education eligibility requirements under Chapter 26.5 of the Government Code.**

**B. SED Transition-Age Youth (youth 16 years to 25 years old) who meet ALL of the following:**

1. They fall into at least one of the groups in (A) above.
2. They are unserved or underserved.

AND

3. They are in one of the following situations:
  - a. Homeless or at risk of being homeless.
  - b. Aging out of the child and youth mental health system
  - c. Aging out of the child welfare systems
  - d. Aging out of the juvenile justice system
  - e. Involved in the criminal just system
  - f. At risk of involuntary hospitalization or institutionalization, or
  - g. Have experienced a first episode of serious mental illness

**C. SMI Adults who meet ALL of the following.**

1. Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms.
2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements.

AND

3. They are in one of the following situations:
  - a. They are unserved and one of the following:
    - i. Homeless or at risk of becoming homeless.
    - ii. Involved in the criminal justice system.
      - iii. Frequent users of hospital or emergency room services as the primary resource for mental health treatment.
  - b. They are underserved and at risk of one of the following:
    - i. Homelessness.
    - ii. Involvement in the criminal justice system.
    - iii. Institutionalization.

**D. SMI Older Adults (an adult 60 years or older) who meet ALL of the following:**

1. They meet the criteria in (C)(1) above.
  2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements.

AND

3. They are in one of the following situations:

- a. They are unserved and one of the following:
  - i. Experiencing a reduction in personal and/or community functioning.
  - ii. Homeless.
  - iii. At risk of becoming homeless.
  - iv. At risk of becoming institutionalized.
  - v. At risk of out of home care.
  - vi. At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.
- b. They are underserved and at risk of one of the following:
  - i. Homelessness.
  - ii. Institutionalization.
  - iii. Nursing home or out-of-home care.
  - iv. Frequently using hospital and/or emergency room services as their primary resource for mental health treatment.
  - v. Involvement in the criminal justice system.

**5. Do all FSPs have to receive all services?**

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, subd. (a)) The Full Spectrum of Community Services may consist of a variety of services and supports. However all of the services listed in Title 9, CCR section 3620, subdivision (a) are not required to be provided to every individual. Rather, the determination of which services to be provided to an individual is made on the basis of the ISSP, which is created by the individual and his/her case manager or personal services coordinator. (9 CCR § 3620, subds. (a), (h)(1).) The regulations permit the County to use CSS funds under the FSP service category to “pay for the services when it is cost effective and consistent with the ISSP.” (9 CCR § 3620, subd. (b).)

**6. Can MHSAs funds be used for new and existing programs?**

MHSA funds may be used either to create new programs or to expand existing programs. Welfare and Institutions Code section 5891 requires that MHSA funds be used to expand mental health services. The California Code of Regulations, Title 9, section 3410, subdivision (a)(1), provides that MHSA funds can be used to expand mental health services and/or program capacity beyond what was previously provided.