

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**F A C T S H E E T**

**AUTHORIZATION TO NEGOTIATE AMENDMENTS TO 33 EXISTING  
DEPARTMENT OF MENTAL HEALTH LEGAL ENTITY AGREEMENTS TO PROVIDE  
FULL SERVICE PARTNERSHIP PROGRAMS FOR FISCAL YEAR 2006-2007  
(ALL SUPERVISORIAL DISTRICTS)**

**REQUEST**

1. Authorize the Director of Mental Health or his designee to negotiate amendments to Legal Entity Agreements with 33 existing Department of Mental Health (DMH) providers identified through a Request for Services (RFS) process to provide Full Service Partnership (FSP) Programs for Fiscal Year (FY) 2006-2007.
2. Approve and instruct the Director of Mental Health or his designee to prepare, sign, and execute amendments to existing DMH Legal Entity agreements with 33 providers at the conclusion of successful negotiations. These amendments will increase each Maximum Contract Amount to provide FSP Programs for FY 2006-2007 in funding amounts that will not exceed a program-wide total of \$32 million and will approximate the estimates. Funding for each provider will be finalized during negotiations and may be decreased by any amount and increased up to 10 percent for any individual provider during the negotiation process. These FSP amendments are fully funded by Federal Financial Participation Medi-Cal, Early and Periodic Screening, Diagnosis, and Treatment-State General Funds, and Mental Health Services Act (MHSA)-Community Services and Supports (CSS) Plan funds included in the Department's FY 2006-2007 Adopted Budget.

**PURPOSE/JUSTIFICATION**

The purpose of the requested actions is to implement the first MHSA-funded, direct client services by contract service providers in the County. These amendments will enable existing contract service providers, selected through a competitive RFS process, to provide FSP services to children, Transition Age Youth (TAY), adults, and older adults throughout the County. Consistent with the MHSA Stakeholders' recommendations and the CSS Plan, the FSP programs will enroll consumers from specific ethnic and focal populations who meet the eligibility requirements to participate in these programs. These community-based agencies will provide a broad array of services and a "whatever it takes" commitment to assist consumers in succeeding in their recovery.

## **BACKGROUND**

On April 10, 2006, DMH issued RFS No. 1 to 70 qualified bidders on the Master Agreement list for FSP services. In order to meet timely implementation requirements, applicants were limited to agencies that currently have Legal Entity Agreements with DMH to provide mental health services.

DMH sent agencies who expressed interest in providing FSP services a notice of the release of the RFS along with a compact disc of the RFS and invited them to attend a mandatory Proposers' Conference on April 18, 2006. The Proposers' Conference was attended by representatives from 64 contract agencies and 9 directly-operated clinics; a second mandatory Proposers' Conference was held on May 9, 2006 for six (6) contract agencies who did not receive adequate notification of the April 18, 2006 Proposers' Conference.

Proposals were required to demonstrate that the agencies have either:

- Recent experience providing culturally and linguistically appropriate FSP type programs with successful outcomes;
- Significant recent experience in the delivery of FSP type programs with one (1) or more of the identified focal age groups, but have not had sufficient time to demonstrate successful outcomes;
- Experience in the delivery of services to children pre-natal to five (5), to TAY, and/or to older adults, which may not have involved FSP type programs, but demonstrate a readiness to immediately implement a FSP program; or
- Experience in the delivery of specialized integrated interventions (e.g., individuals and families with co-occurring mental health and substance abuse disorders) and have current experience working with the County mental health system and demonstrate a readiness to immediately implement a FSP program.

Single or multiple proposals per age group were submitted by 43 contract agencies and 8 directly operated clinics by the deadline of May 18, 2006. Two (2) proposals - one (1) from a contract agency and one (1) from a directly-operated clinic - were disqualified due to non-responsiveness.

## **CONTRACTING PROCESS**

During April 2006, the Department began soliciting volunteer reviewers for MHSA funding proposals. A total of 40 individuals, who were ethnically diverse and play different roles in the local mental health system (e.g., family member, consumer, Mental Health Commissioner, staff of DMH, and other County departments) evaluated proposals for FSP services to children, TAY, adults, or older adults. These review panels assessed and scored proposals individually and then met to discuss and determine consensus scores for each. Simultaneously, reviews of budgets, proposed staffing, quality assurance processes, and reference contacts were conducted by DMH staff. Total scores were then reviewed by the Department's Executive Management Team, which finalized recommendations on the number of slots to award to each agency by carefully analyzing the equity and balance of slots for each Service Area.

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