

**PART 4. THE CHILDREN'S MENTAL HEALTH SERVICES ACT**  
**(Part 4 repealed and added by Stats. 1992, Ch. 1229, Sec. 2.**  
**Effective January 1, 1993.)**

**CHAPTER 1. INTERAGENCY SYSTEM OF CARE**  
**(Chapter 1 added by Stats. 1992, Ch. 1229, Sec. 2.**  
**Effective January 1, 1993.)**

**Article 1. Legislative Findings and Intent**

(Article 1 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5850. This part shall be known and may be cited as the Children's Mental Health Services Act.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5851. (a) The Legislature finds and declares that there is no comprehensive county interagency system throughout California for the delivery of mental health services to seriously emotionally and behaviorally disturbed children and their families. Specific problems to be addressed include the following:

(1) The population of children which should receive highest priority for services has not been defined.

(2) Clear and objective client outcome goals for children receiving services have not been specified.

(3) Although seriously emotionally and behaviorally disturbed children usually have multiple disabilities, the many different state and county agencies, particularly education, social services, juvenile justice, health, and mental health agencies, with shared responsibility for these individuals, do not always collaborate to develop and deliver integrated and cost-effective programs.

(4) A range of community-based treatment, case management, and interagency system components required by children with serious emotional disturbances has not been identified and implemented.

(5) Service delivery standards, which ensure culturally competent care in the most appropriate, least restrictive environment have not been specified and required.

(6) The mental health system lacks accountability and methods to measure progress towards client outcome goals and cost-effectiveness. There are also no requirements for other state and county agencies to collect or share relevant data necessary for the mental health system to conduct this evaluation.

(b) The Legislature further finds and declares that the model developed in Ventura County beginning in the 1984-85 fiscal year through the implementation of Chapter 1474 of the Statutes of 1984 and expanded to the Counties of Santa Cruz, San Mateo, and Riverside in the 1989-90 fiscal year pursuant to Chapter 1361 of the Statutes of 1987, provides a comprehensive, interagency system of care for seriously emotionally and behaviorally disturbed children and their families and has successfully met the performance outcomes required by the Legislature. The Legislature finds that this accountability for outcome is a defining characteristic of a system of care as developed under this part. It finds that the system established in these four counties can be expanded statewide to provide greater benefit to children with serious emotional and behavioral disturbances at a lower cost to the taxpayers. It finds further that substantial savings

to the state and these four counties accrue annually, as documented by the independent evaluator provided under this part. Of the amount continuing to be saved by the state in its share of out-of-home placement costs and special education costs for those counties and others currently funded by this part, a portion is hereby reinvested to expand and maintain statewide the system of care for children with serious emotional and behavioral disturbances.

(c) Therefore, using the Ventura County model guidelines, it is the intent of the Legislature to accomplish the following:

(1) To phase in the system of care for children with serious emotional and behavioral problems developed under this part to all counties within the state.

(2) To require that 100 percent of the new funds appropriated under this part be dedicated to the targeted population as defined in Section 5856.

(3) To expand interagency collaboration and shared responsibility for seriously emotionally and behaviorally disturbed children in order to do the following:

(A) Enable children to remain at home with their families whenever possible.

(B) Enable children placed in foster care for their protection to remain with a foster family in their community as long as separation from their natural family is determined necessary by the juvenile court.

(C) Enable special education pupils to attend public school and make academic progress.

(D) Enable juvenile offenders to decrease delinquent behavior.

(E) Enable children requiring out-of-home placement in licensed residential group homes or psychiatric hospitals to receive that care in as close proximity as possible to the child's usual residence.

(F) Separately identify and categorize funding for these services.

(4) To increase accountability by expanding the number of counties with a performance contract that requires measures of client outcome and cost avoidance.

(d) It is the intent of the Legislature that the outcomes prescribed by this section shall be achieved regardless of the cultural or ethnic origin of the seriously emotionally and behaviorally disturbed children and their families.

(Amended by Stats. 1996, Ch. 1167, Sec. 1. Effective September 30, 1996.)

5851.5. For the purposes of this part, a "system of care county" means a county which has been approved by the State Department of Mental Health as having the capability to provide child- and family-centered services in a collaborative manner, resulting in quantitative outcome measures.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

## **Article 2. County Systems of Care and Their Mission**

(Article 2 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5852. There is hereby established an interagency system of care for children with serious emotional and behavioral disturbances that provides comprehensive, coordinated care based on the demonstration project under former Chapter 7 (commencing with Section 5575), as added by Chapter 160 of the Statutes of 1987, and the 1983 State Department of Mental Health planning model for children's services. Each participating county shall adapt the model to local needs and priorities.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

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5852.5. The department shall review those counties that have been awarded, through the request for proposal bids, funds to implement a comprehensive system for the delivery of mental health services to children with serious emotional disturbance and to their families or foster families for either of the following:

(a) The total estimated cost avoidance in all of the following categories shall equal or exceed the request for proposal award moneys:

(1) Group home costs paid by Aid to Families with Dependent Children-Foster Care (AFDC-FC) program.

(2) Children and adolescent state hospital programs.

(3) Nonpublic school residential placement costs.

(4) Juvenile justice incarcerations.

(5) Other short- and long-term savings in public funds resulting from the request for proposal award moneys.

(b) If the department determines that the total cost avoidance listed in subdivision (a) does not equal or exceed request for proposal award amounts, the department shall determine that the county that has been awarded request for proposal moneys shall achieve substantial compliance with all of the following goals:

(1) Total cost avoidance in the categories listed in subdivision (a) to exceed 50 percent of the request for proposal award moneys.

(2) A 20 percent reduction in out-of-county ordered placements of juvenile justice wards and social service dependents.

(3) A statistically significant reduction in the rate of recidivism by juvenile offenders.

(4) A 25 percent reduction in the rate of state hospitalization of minors from placements of special education pupils.

(5) A 10 percent reduction in out-of-county in nonpublic school residential placements of special education pupils.

(6) Allow at least 50 percent of children at risk of imminent placement served by the intensive in-home crisis treatment programs, which are wholly or partially funded by request for proposal award moneys, to remain at home at least six months.

(7) Statistically significant improvement in school attendance and academic performance of seriously emotionally disturbed special education pupils treated in day treatment programs which are wholly or partially funded by request for proposal award moneys.

(Added by Stats. 1992, Ch. 1374, Sec. 49. Effective October 28, 1992.)

5853. County participation under this part shall be voluntary.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5854. The State Department of Mental Health may contract with counties whose programs have been approved by the department and selected pursuant to Article 4 (commencing with Section 5857). A county may request to participate under this part each year according to the terms set forth in Section 5705 for the purpose of establishing a three-year program proposal for developing and implementing a children's comprehensive mental health services system. The contract shall be negotiated on a yearly basis, based on the scope of work plan for each implementation phase.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5855. The department shall adopt as part of its overall mission the development of community-based, comprehensive, interagency systems of care that target seriously emotionally and behaviorally disturbed children separated from their families or at risk of separation from their families, as defined in Section 5856. These comprehensive, interagency systems of care shall seek to provide the highest benefit to children, their families, and the community at the lowest cost to the public sector. Essential values shall be as follows:

(a) Family preservation. Children shall be maintained in their homes with their families whenever possible.

(b) Least restrictive setting. Children shall be placed in the least restrictive and least costly setting appropriate to their needs when out-of-home placement is necessary.

(c) Natural setting. Children benefit most from mental health services in their natural environments, where they live and learn, such as home, school, foster home, or a juvenile detention center.

(d) Interagency collaboration and a coordinated service delivery system. The primary child-serving agencies, such as social services, probation, education, health, and mental health agencies, shall collaborate at the policy, management, and service levels to provide a coordinated, goal-directed system of care for seriously emotionally disturbed children and their families.

(e) Family involvement. Family participation is an integral part of assessment, intervention, and evaluation.

(f) Cultural competence. Service effectiveness is dependent upon both culturally relevant and competent service delivery.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5855.5. Projects funded pursuant to Part 4 (commencing with Section 5850) of Division 5, as added by Chapter 89 of the Statutes of 1991, shall continue under the terms of this part. The State Department of Mental Health shall, no later than June 30, 1993, amend existing contracts for these projects to reflect the requirements of this part.

(Added by renumbering Section 5856 (1st of two added by Stats. 1992, Ch. 1229) by Stats. 1993, Ch. 589, Sec. 195. Effective January 1, 1994.)

### **Article 3. Target Client Population**

(Article 3 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5856. For the purposes of this part, "seriously emotionally disturbed children" means those minors under 18 years of age described in paragraph (2) of subdivision (a) of Section 5600.3.

(Added by Stats. 1992, Ch. 1229, Sec. 2, 2nd text. Effective January 1, 1993.)

5600.3. (a) (2) For the purposes of this part, "seriously emotionally disturbed children or adolescents" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) 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.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

#### **Article 4. County Selection**

(Article 4 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5857. (a) The State Department of Mental Health shall issue a request for proposals to counties in each year that additional funds are provided for expansion pursuant to this part.

(b) Proposals shall be submitted to the department by a county mental health department with joint approval of collaborating local agencies including, but not limited to, special education, juvenile court, and child protective services agencies, as well as the board of supervisors and the mental health advisory board.

(c) Program staff from the department shall review and approve all proposals for compliance with all requirements of law and request for proposals guidelines.

(d) The department may accept letters of intent from a county in lieu of a proposal if moneys are not available to the county, to affirm commitment by the county to participate in the request for proposals process when moneys become available.

(Amended by Stats. 1996, Ch. 1167, Sec. 2. Effective September 30, 1996.)

5859. If proposals are deficient and not ready for approval, department program staff shall provide specific written descriptions of areas of deficiency to counties and provide, to the extent feasible, any requested training, consultation, and technical assistance to assist the applicant county to achieve necessary compliance and department approval.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5860. (a) (1) Final selection of county proposals shall be subject to the amount of funding approved for expansion of services under this part.

(2) Of the funds appropriated in Item 4440-101-0001 of the Budget Act of 1996, the sum of seven million one hundred twenty-five thousand dollars (\$7,125,000) shall be allocated, in accordance with the following schedule:

(A) Eight hundred fifty-seven thousand dollars (\$857,000) shall be reappropriated in augmentation of Item 4440-001-001 to provide for departmental support for additional administrative costs with the augmentation contained in subparagraph (B).

(B) Six million two hundred sixty-eight thousand dollars (\$6,268,000) in augmentation of Item 4440-101-001 to provide for the first year of a three-year phase in of statewide system of care services.

(3) In order to provide for the second year of expansion of services under this part, the sum of nineteen million eight hundred twenty-three thousand dollars (\$19,823,000) is hereby appropriated from the General Fund to the department in augmentation of the Budget Act of 1997 in accordance with the following schedule:

(A) One million nineteen thousand dollars (\$1,019,000) in augmentation of Item 4440-001-001 to provide for departmental support for additional administrative costs associated with the augmentation contained in subparagraph (B).

(B) Eighteen million eight hundred four thousand dollars (18,804,000) in augmentation of Item 4440-101-001 to provide for the second year expansion of the system of care services during the three-year statewide phasein.

(4) In order to provide for the third year of the statewide phasein of services under this part, the sum of twenty-six millionninety-one thousand dollars (\$26,091,000) is hereby appropriated from the General Fund to the department in augmentation of the Budget Act of 1998, in accordance with the following schedule:

(A) One million nineteen thousand dollars (\$1,019,000) in augmentation of Item 4440-001-001 to provide for departmental support for additional administrative costs associated with the augmentation contained in subparagraph (B).

(B) Twenty-five million seventy-two thousand dollars (\$25,072,000) in augmentation of Item 4440-101-001 to provide for the additional system of care services for the third year of the statewide phasein of services under this part.

(b) The department shall enter into annual performance contracts with the selected counties and enter into training and consultation contracts as necessary to fulfill its obligations under this part. The contracts shall be exempt from the requirements of the Public Contract Code and the State Administrative Manual and shall be exempt from approval by the Department of General Services.

(Amended by Stats. 1996, Ch. 1167, Sec 3. Effective September 30, 1996.)

**Article 5. County Proposal Components**

(Article 5 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5861. Proposals for a system of care may be submitted for a region by several smaller counties acting jointly, as independent countywide proposals, or proposals to serve a discrete subset of the targeted population in a larger county, such as court dependents, court wards, or special education pupils.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5862. (a) Each county wishing to participate under this part shall develop a three-year program proposal for phasing in the children's comprehensive mental health services system.

(b) The three-year program proposal shall include all of the following:

(1) The components of the system the county proposes to implement in the first year, which shall include a case management component.

(2) The components of the system the county intends to implement in the second year.

(3) The remaining components of the system the county intends to implement in the third year. All components shall be in place by the end of the third year.

(c) Approval for participation shall be made by the department at the end of the three-year period.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5863. In addition to the requirements of Section 5862, each county program proposal shall contain all of the following:

(a) Methods and protocols for the county mental health department to identify and screen the eligible target population children.

(b) Measurable system performance goals for client outcome and cost avoidance.

(c) Methods to achieve interagency collaboration by all publicly funded agencies serving children experiencing emotional disturbances.

(d) Appropriate written interagency protocols and agreements.

(e) A description of case management services for the target population. Each county program proposal shall include protocols developed in the county for case management designed to provide assessment, linkage, case planning, monitoring, and client advocacy to facilitate the provision of appropriate services for the child and family in the least restrictive environment as close to home as possible.

(f) Mental health services that enable a child to remain in his or her usual family setting and that offer an appropriate alternative to out-of-home placement.

(g) Methods to conduct joint interagency placement screening of target population children prior to out-of-home placement.

(h) Identification of the number and level of county evaluation staff and the resources necessary to meet requirements established by the State Department of Mental Health to measure client and cost outcome and other system performance measures.

(i) A budget specifying all new and currently funded mental health expenditures provided as part of the proposed system of care. The department shall establish reporting requirements for direct and indirect administrative overhead, to be included in the request for proposals. Weight shall be given to counties with lower administrative overhead costs. In no case shall administrative costs exceed those of existing county mental health programs and services. Expenditures for evaluation staff and resources shall not be considered administrative costs for this purpose.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5864. Participating counties shall, prior to the submission of their program proposals, develop baseline data on children served by the county in the mental health services system, social services system, the juvenile justice system, and the special education system. Data shall include, but not be limited to, the numbers of children and current expenditures for group homes, nonpublic school placements, and state hospital placements. This baseline data shall be submitted to the department as part of the program proposal.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

### **Article 6. County System of Care Requirements**

(Article 6 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5865. Each county shall have in place, with qualified mental health personnel, all of the following within three years of funding by the state:

(a) A comprehensive, interagency system of care that serves the target population as defined in Section 5856.

(b) A method to screen and identify children in the target population. County mental health staff shall consult with the representatives from special education, social services, and juvenile justice agencies, the mental health advisory board, and others as necessary to help identify all of the persons in the target populations, including persons from ethnic minority cultures which may require outreach for identification.

(c) A defined mental health case management system designed to facilitate the outcome goals for children in the target population.

(d) A defined range of mental health services and program standards that involve interagency collaboration and ensure appropriate service delivery in the least restrictive environment with community-based alternatives to out-of-home placement.

(e) A defined mechanism to ensure that services are culturally competent.

(f) A defined mechanism to ensure that services are child-centered and family-focused, with parent participation in planning and delivery of services.

(g) A method to show measurable improvement in individual and family functional status for children enrolled in the system of care.

(h) A method to measure and report cost avoidance and client outcomes for the target population which includes, but is not limited to, state hospital utilization, group home utilization, nonpublic school residential placement, school attendance and performance, and recidivism in the juvenile justice system.

(Repealed and added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5866. (a) Counties shall develop a method to encourage interagency collaboration with shared responsibility for services and the client and cost outcome goals.

(b) The local mental health director shall form or facilitate the formation of a county interagency policy and planning committee. The members of the council shall include, but not be limited to, the leaders of participating local government agencies, to include a member of the board of supervisors, a juvenile court judge, the district attorney, the public defender, the county counsel, the superintendent of county schools, the public social services director, the chief probation officer, and the mental health director.

(c) The duties of the committee shall include, but not be limited to, all of the following:

(1) Identifying those agencies that have a significant joint responsibility for the target population and ensuring collaboration on countywide planning and policy.

(2) Identifying gaps in services to members of the target population, developing policies to ensure service effectiveness and continuity, and setting priorities for interagency services.

(3) Implementing public and private collaborative programs whenever possible to better serve the target population.

(d) The local mental health director shall form or facilitate the formation of a countywide interagency case management council whose function shall be to coordinate resources to specific target population children who are using the services of more than one agency concurrently. The members of this council shall include, but not be limited to, representatives from the local special education, juvenile probation, children's social services, and mental health services agencies, with necessary authority to commit resources from their agency to an interagency service plan for a child and family. The roles, responsibilities, and operation of these councils shall be specified in written interagency agreements or memoranda of understanding, or both.

(e) The local mental health director shall develop written interagency agreements or memoranda of understanding with the agencies listed in this subdivision, as necessary. Written interagency agreements or memoranda shall specify jointly provided or integrated services, staff tasks and responsibilities, facility and supply commitments, budget considerations, and linkage and referral services. The agreements shall be reviewed and updated annually.

(f) The agreements required by subdivision (e) may be established with any of the following:

(1) Special education local planning area consortiums.

(2) The court juvenile probation department.

(3) The county child protective services agency.

(4) The county public health department.

(5) The county department of drug and alcohol services.



(6) Other local public or private agencies serving children.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5867. Counties shall demonstrate a maintenance of effort in children's mental health services. Any reduction of existing Bronzan-McCorquodale children's services provided under Part 2 (commencing with Section 5600) shall be identified and justified in the program proposal developed under this chapter.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

**Article 7. County Service Standards**

(Article 7 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5868. (a) The department shall establish service standards that ensure that children in the target population are identified and receive needed and appropriate services from qualified staff in the least restrictive environment.

(b) The standards shall include, but not be limited to:

(1) Providing a comprehensive assessment and treatment plan for each target population client to be served, and developing programs and services that will meet their needs and facilitate client outcome goals.

(2) Providing for full participation of the family in all aspects of assessment, case planning, and treatment.

(3) Providing methods of assessment and services to meet the cultural, linguistic, and special needs of minorities in the target population.

(4) Providing for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services resulting from a limited ability to speak English or from cultural differences.

(5) Providing mental health case management for all target population clients in, or being considered for, out-of-home placement.

(6) Providing mental health services in the natural environment of the child to the extent feasible and appropriate.

(c) The responsibility of the case managers shall be to ensure that each child receives the following services:

(1) A comprehensive mental health assessment.

(2) Case planning with all appropriate interagency participation.

(3) Linkage with all appropriate mental health services.

(4) Service plan monitoring.

(5) Client advocacy to ensure the provision of needed services.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

**Article 8. State Department of Mental Health Requirements**

(Article 8 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5869. The department shall provide participating counties with all of the following:

(a) Request for proposal guidelines and format, and coordination and oversight of the selection process as described in Article 4 (commencing with Section 5857).

(b) Contracts with each state funded county stipulating the approved budget, performance outcomes, and scope of work.

(c) A contract with an independent evaluator for the purpose of measuring performance outcomes and providing technical assistance to the state and counties related to system evaluation.

(d) Training, consultation, and technical assistance for county applicants.  
(Amended by Stats. 1996, Ch. 1167, Sec. 2. Effective September 30, 1996.)

5870. The State Department of Mental Health shall establish an advisory group comprised of, but not limited to, representatives from the State Department of Education, the State Department of Social Services, the State Department of Mental Health, the Secretary of Child Development and Education, the Conference of Local Mental Health Directors, the County Welfare Directors Association, the Chief Probation Officers Association, the Special Education Local Planning Areas Directors Association, and service providers from the private sector. The function of the advisory group shall be to advise and assist the state and counties in the development of a coordinated, comprehensive children's services system under this part and other duties as defined by the Director of Mental Health.

(Amended by Stats. 1996, Ch. 1167, Sec. 2. Effective September 30, 1996.)

#### **Article 9. Requirement to Collect Reimbursements**

(Article 9 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5872. In order to offset the cost of services, participating counties shall collect reimbursement for services from the following sources:

(a) Fees paid by families, which shall be the same as patient fees established pursuant to Section 5718.

(b) Fees paid by private or public third-party payers.

(c) Categorical funds from sources established in state or federal law, for which persons with mental disorders are eligible.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

#### **Article 10. Application for State Regulation Waivers**

(Article 10 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5875. The Secretary of Health and Welfare shall require the State Department of Mental Health to develop an administrative waiver process for counties that either propose to be, or are considered, system of care counties by the department.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5877. (a) For system of care counties, or as part of the county program proposal to apply for status as a system of care county, requests may be made for waivers from those state regulations that appear to prevent interagency coordination or collaboration in interagency case management and other service delivery capabilities.

(b) The state regulation or regulations shall be specifically identified in the waiver request, with a statement of the reason why the identified regulation or regulations should be waived and, where applicable, the following:

(1) An assurance as to how planned interagency collaborative activities can meet the program intent of the regulation or regulations.

(2) An explanation as to why the identified regulation or regulations would create duplication of effort with an interagency collaborative approach.

(3) An explanation as to how a waiver of the regulation or regulations would not hinder the ability of the involved state agency's fiscal accountability or responsibility for federal moneys, and how granting of the waiver would support achievement of estimated cost avoidance, and result in decreased use of group homes, children and adolescent state hospital programs, nonpublic school residential placement, and juvenile justice reincarcerations, and in improved school attendance or performance.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5878. (a) (1) The Secretary of the Health and Welfare Agency, the Superintendent of Public Instruction, or the Secretary of the Youth and Corrections Agency may waive any state regulatory obstacles to the integration of public responsibilities and resources required for counties which have been approved as system of care counties.

(2) The waiver shall remain in effect as long as the local program continues to meet standards as specified in the scope of work plan approved by the State Department of Mental Health.

(b) The Secretary of Health and Welfare, the Superintendent of Public Instruction, and the Secretary of the Youth and Corrections Agency, and those departments designated as single state agencies administering federal programs, shall make every effort to secure federal waivers and any other changes in federal policy or law necessary to support interagency collaboration and coordination in a system of care service delivery system.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

## **CHAPTER 2. SYSTEM EVALUATION**

(Chapter 2 added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5879. (a) It is the intent of the Legislature to increase the accountability of mental health and other human services programs whenever feasible by developing and implementing new and useful measures of performance, including client and cost outcomes. The Legislature recognizes the advances in performance and outcome evaluation made by counties funded under previous statutes and seeks to continue this development with future participating counties.

(b) It is the intent of the Legislature to have a comparison of the performance indicators of each participating county to the state average whenever possible, as well as a comparison of all participating counties as a group to the state averages.

(c) It is the further intent of the Legislature to have a comparison of the performance indicators of participating counties to their history and future anticipated performance based on utilization trends and costs.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5880. For each selected county the department shall define and establish client and cost outcome and other system performance goals, and negotiate the expected levels of attainment for each year of participation. Expected levels of attainment shall include a breakdown by ethnic origin and shall be identified by a county in its proposal. These goals shall include, but not be limited to, both of the following:

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(a) Client improvement and cost avoidance outcomes measures, as follows:

(1) To reduce the number of child months in group homes, residential placements pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, and state hospital placements.

(2) To reduce the cost of AFDC-FC group home care, residential placements as described in paragraph (1), and state hospital utilization, by an amount which equals at least 50 percent of the third year project cost. Cost avoidance shall be based on data comparisons of statewide average expenditure and population.

(3) To increase school attendance for pupils in targeted programs.

(4) To increase the grade level equivalent of pupils in targeted programs from admission to discharge.

(5) To reduce the rate of recidivism incurred for wards in targeted juvenile justice programs.

(6) To show measurable improvement in individual and family functional status for a representative sample of children enrolled in the system of care.

(b) System development and operation measures, as follows:

(1) To provide an integrated system of care that includes multiagency programs and joint case planning, to children who are seriously emotionally and behaviorally disturbed as defined in Section 5856.

(2) To identify and assess children who comprise the target population in the county evidenced by a roster which contains all children receiving mental health case management and treatment services. This roster shall include necessary standardized and uniform identifying information and demographics about the children served.

(3) To develop and maintain individualized service plans that will facilitate interagency service delivery in the least restrictive environment.

(4) To develop or provide access to a range of intensive services that will meet individualized service plan needs. These services shall include, but not be limited to, case management, expanded treatment services at schoolsites, local juvenile corrections facilities, and local foster homes, and flexible services.

(5) To ensure the development and operation of the interagency policy council and the interagency case management council.

(6) To provide culturally competent programs that recognize and address the unique needs of ethnic populations in relation to equal access, program design and operation, and program evaluation.

(7) To develop parent education and support groups, and linkages with parents to ensure their involvement in the planning process and the delivery of services.

(8) To provide a system of evaluation that develops outcome criteria and which will measure performance, including client outcome and cost avoidance.

(9) To gather, manage, and report data in accordance with the requirements of the state funded outcome evaluation.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5881. (a) Evaluation shall be conducted by both participating county evaluation staff and by an independent evaluation team contracted for by the department.

(b) Evaluation at both levels shall do all of the following:

(1) Ensure that county level systems of care are serving the targeted population.

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(2) Ensure that the timely performance data related to client outcome and cost avoidance is collected, analyzed, and reported.

(3) Ensure that system of care components are implemented as intended.

(4) Provide information documenting needs for future planning.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5882. (a) Participating counties shall assign sufficient resources to performance evaluation to enable the county to fulfill all evaluation responsibilities specified in the contract with the department.

(b) Counties shall cooperate with the independent evaluator regarding the development of uniform measures of performance.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)

5883. (a) The department shall facilitate improved access to relevant client and financial data from all state agencies, including, but not limited to, the State Department of Social Services, the State Department of Education, the State Department of Health Services, the State Department of Mental Health, the Department of the Youth Authority, and the Department of Finance.

(b) The State Department of Mental Health shall expand the funding allocated to the contract for independent evaluation, as necessary to accommodate the increase in workload created by the addition of new sites.

(c) The State Department of Mental Health shall assist the independent evaluator to secure additional federal and private foundation resources for expanded evaluation research related to the system of care described in this part.

(d) The independent evaluator shall do all of the following:

(1) Develop uniform data collection and reporting measures applicable to all participating counties.

(2) Collect, analyze, and report performance outcome data for participating counties as a group in comparison to state averages.

(3) Offer technical assistance to participating counties related to data collection, analysis, and reporting.

(Added by Stats. 1992, Ch. 1229, Sec. 2. Effective January 1, 1993.)