

California Code of Regulations
Title 9. Rehabilitative and Development Services
Division 1. Department of Mental Health
Chapter 14. Mental Health Services Act

Article 1: APPLICATION

Section 3100. Application of Chapter.

Chapter 14 sets forth regulations applicable to the Mental Health Services Act.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5898, Welfare and Institutions Code.

Article 2: DEFINITIONS

Section 3200.010. Adult.

“Adult” means an individual 18 years of age through 59 years of age.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5840(b)(2), Welfare and Institutions Code.

Section 3200.020. Bridge Funding.

“Bridge Funding” means funding that the County used which enabled the County to continue to provide services/programs from the date the funding for the program(s) or a portion of the program(s) specified below ended, until the County’s initial Community Services and Supports component of the County’s Three-Year Program and Expenditure Plan was approved and Mental Health Services Act funds became available. The use of bridge funding is limited to the following programs:

- (1) The Children’s System of Care Services.
- (2) Integrated Services for the Homeless Mentally Ill.
- (3) The Mentally Ill Offender Crime Reduction Act.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(a)(4) and 5898, Welfare and Institutions Code.

Section 3200.030. Children and Youth.

“Children and Youth” means individuals from birth through 17 years of age.

(1) Individuals age 18 and older who meet the conditions specified in Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code are considered children and youth and are eligible to receive services.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5878.2, Welfare and Institutions Code.

Section 3200.040. Client.

“Client” means an individual of any age who is receiving or has received mental health services. As used in these regulations, the term “client” includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5801(b)(6) and (7), Welfare and Institutions Code.

Section 3200.050. Client Driven.

“Client Driven” means that the client has the primary decision-making role in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client driven programs/services use clients’ input as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d)(2) and (3), 5830(a)(2) and 5866, Welfare and Institutions Code, Section 2(e), MHSA.

Section 3200.060. Community Collaboration.

“Community Collaboration” means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5830(a)(3) and 5866, Welfare and Institutions Code.

Section 3200.070. Community Program Planning Process.

“Community Program Planning” means the process to be used by the County to develop Three-Year Program and Expenditure Plans, and updates in partnership with stakeholders to:

(1) Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act.

(2) Analyze the mental health needs in the community.

(3) Identify and re-evaluate priorities and strategies to meet those mental health needs.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d) and 5892(c), Welfare and Institutions Code.

Section 3200.080. Community Services and Supports.

“Community Services and Supports” means the component of the Three-Year Program and Expenditure Plans that refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those found in Welfare and Institutions Code Sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children’s System of Care).

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(a)(2) and (3) and 5847(c), Welfare and Institutions Code.

Section 3200.090. County.

“County” means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code Section 5701.5.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5897(b), Welfare and Institutions Code.

Section 3200. 100. Cultural Competence.

“Cultural Competence” means incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.

(1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.

(2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.

(3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.

(4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.

(5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.

(6) An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.

(7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.

(8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.

(9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d)(3), 5868(b), 5878.1(a), Welfare and Institutions Code and Sections 2(e) and 3(c), MHSA.

Section 3200.110. Department.

"Department" means the State Department of Mental Health.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 4001(a), Welfare and Institutions Code.

Section 3200.120. Family Driven.

"Family Driven" means that families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5822(h), 5840(b)(1), 5868(b)(2) and 5878.1, Welfare and Institutions Code.

Section 3200.130. Full Service Partnership.

“Full Service Partnership” means 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.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5801, 5802, 5850 and 5866, Welfare and Institutions Code.

Section 3200.140. Full Service Partnership Service Category.

“Full Service Partnership Service Category” means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans, under which the County, in collaboration with the client, and when appropriate the client’s family, plans for and provides the full spectrum of community services so that children and youth, transition age youth, adults and older adults can achieve the identified goals.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5847(a), 5892(a)(5), Welfare and Institutions Code.

Section 3200.150. Full Spectrum of Community Services.

“Full Spectrum of Community Services” means the mental health and non-mental health services and supports necessary to address the needs of the client, and when appropriate the client’s family, in order to advance the client’s goals and achieve outcomes that support the client’s recovery, wellness and resilience.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5801(b), 5813.5(d), 5851 and 5868(b)(2), Welfare and Institutions Code.

Section 3200.160. Fully Served.

“Fully Served” means clients, and their family members who obtain mental health services, receive the full spectrum of community services and supports needed to advance the client’s recovery, wellness and resilience.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5801(b), 5806, 5852 and 5813.5(d), Welfare and Institutions Code.

Section 3200.170. General System Development Service Category.

“General System Development Service Category” means the service category of the Community Services and Supports component of the Three-Year Program and

Expenditure Plans under which the County uses Mental Health Services Act funds to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(a)(5) and 5847(a)(2) and (3), Welfare and Institutions Code.

Section 3200.180. Individual Services and Supports Plan.

"Individual Services and Supports Plan" means the plan developed by the client and, when appropriate the client's family, with the Personal Service Coordinator/Case Manager to identify the client's goals and describe the array of services and supports necessary to advance these goals based on the client's needs and preferences and, when appropriate, the needs and preferences of the client's family.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5699.4, 5806(b) through (d), 5813.5(d)(4) and 5868, Welfare and Institutions Code.

Section 3200.190. Integrated Service Experience.

"Integrated Service Experience" means the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5878.1(a), 5802, 5806(b), 5813.5(d)(4) and Section 2(e), MHSA, Welfare and Institutions Code.

Section 3200.210. Linguistic Competence.

"Linguistic Competence" means organizations and individuals working within the system are able to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including individuals with Limited English Proficiency; individuals who have few literacy skills or are not literate; and individuals with disabilities that impair communication. It also means that structures, policies, procedures and dedicated resources are in place that enable organizations and individuals to effectively respond to the literacy needs of the populations being served.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5806(a)(2) and 5868(b)(3) and 5868(b)(4), Welfare and Institutions Code, Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq., Sections 2(e) and 3(c), MHSA.

Section 3200.220. Mental Health Services Act.

“Mental Health Services Act” means the laws that took effect on January 1, 2005 when Proposition 63 was approved by California voters and codified in the Welfare and Institutions Code.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Proposition 63, November 2004 California General Election.

Section 3200.225. Mental Health Services Act Housing Program Service Category.

“Mental Health Services Act Housing Program Service Category” means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans under which Mental Health Services Act funds, administered through the California Housing Finance Agency, are used to acquire, rehabilitate or construct permanent supportive housing for clients with serious mental illness and provide operating subsidies.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5600.2, 5600.3, 5802, 5806, 5813.5, 5840(d)(6)

Section 3200.230. Older Adult.

“Older Adult” means an individual 60 years of age and older.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5689.2, Welfare and Institutions Code.

Section 3200.240. Outreach and Engagement Service Category.

“Outreach and Engagement Service Category” means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plan under which the County may fund activities to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5600.2, 5802(a)(1), 5806(a)(2) and 5814(b), Welfare and Institutions Code.

Section 3200.250. Planning Estimate.

“Planning Estimate” means the estimate provided by the Department to the County of the maximum amount of Mental Health Services Act funding that the County can request.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(a) and 5890(a), Welfare and Institutions Code.

Section 3200.260. Small County.

“Small County” means a county in California with a total population of less than 200,000, according to the most recent projection by the California State Department of Finance.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: 9 CCR §1745.

Section 3200.270. Stakeholders.

“Stakeholders” means individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5814.5(b)(1) and 5848(a), Welfare and Institutions Code.

Section 3200.280. Transition Age Youth.

“Transition Age Youth” means youth 16 years to 25 years of age.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(c), Welfare and Institutions Code.

Section 3200.300. Underserved.

“Underserved” means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client’s recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5814(a)(1), 5814(d), 5814.5, 5830, 5840 and 5848, Welfare and Institutions Code.

Section 3200.310. Unserved.

“Unserved” means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5814(a)(1), 5814.5, 5830, and 5840 Welfare and Institutions Code.

Article 3: GENERAL REQUIREMENTS

Section 3300. Community Program Planning Process.

(a) The County shall provide for a Community Program Planning Process as the basis for developing the Three-Year Program and Expenditure Plans and updates.

(b) To ensure that the Community Program Planning Process is adequately staffed, the County shall designate positions and/or units responsible for:

1) The overall Community Program Planning Process.

(2) Coordination and management of the Community Program Planning Process.

(3) Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process.

(A) Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

(4) Ensuring that stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity have the opportunity to participate in the Community Program Planning Process.

(5) Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.

(c) The Community Program Planning Process shall, at a minimum, include:

(1) Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process.

(2) Participation of stakeholders, as stakeholders is defined in Section 3200.270.

(3) Training.

(A) Training shall be provided as needed to County staff designated responsible for any of the functions listed in 3300(b) that will enable staff to establish and sustain a Community Program Planning Process.

(B) Training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process.

(d) Beginning with Fiscal Year 2006-07, or in fiscal years when there are no funds dedicated for the Community Program Planning Process, the County may use up to five (5) percent of its Planning Estimate, as calculated by the Department for that fiscal year, for the Community Program Planning Process.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5840, 5848(a), 5892(c), and 5813 Welfare and Institutions Code.

Section 3310. The Three-Year Program and Expenditure Plan.

(a) To receive Mental Health Services Act (MHSA) funds under this Chapter, the County shall submit a Three-Year Program and Expenditure Plan or update; comply with all other applicable requirements; obtain the necessary approvals in accordance with Welfare and Institutions Code Sections 5830, 5846, and 5847; and enter into a valid MHSA Performance Contract with the Department.

(1) A City-operated program, created pursuant to Welfare and Institutions Code Section 5701.5, may submit a Three-Year Program and Expenditure Plan separate from the County in which it is located. Plans of both the County and the City shall be developed in collaboration with one another to minimize gaps in the provision of mental health services and supports.

(b) Three-Year Program and Expenditure Plans shall address each of the following components:

(1) Community Services and Supports, for:

(A) Children and Youth, as defined in Section 3200.030.

(B) Transition Age Youth, as defined in Section 3200.280.

(C) Adults, as defined in Section 3200.010.

(D) Older Adults, as defined in Section 3200.230.

(2) Capital Facilities and Technological Needs.

(3) Education and Training.

(4) Prevention and Early Intervention.

(5) Innovative Programs.

(c) The County shall update Three-Year Program and Expenditure Plans at least annually.

(d) The County shall develop the Three-Year Program and Expenditure Plans and updates in collaboration with stakeholders, through the Community Program Planning Process, as specified in Section 3300.

(1) County programs and/or services shall only be funded if the Community Program Planning Process set forth in these regulations was followed.

(e) The Three-Year Program and Expenditure Plans and updates shall include a statement explaining how the requirements of Section 3300 were met.

(f) As part of the Three-Year Program and Expenditure Plans or updates, the County shall submit documentation of the local review process, as required by Section 3315.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5830, 5846, 5847, 5848(c), and 5897(a), Welfare and Institutions Code.

Section 3315. Local Review Process.

(a) Prior to submitting the Three-Year Program and Expenditure Plans or annual updates to the Department, the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the draft Three-Year Program and Expenditure Plan, or annual update, to representatives of stakeholders' interests and any other interested parties who request the draft.

(2) Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing.

(3) A summary and analysis of any substantive recommendations.

(4) A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated.

(b) For updates, other than the annual update required in Section 3310(c), the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.

(2) A summary and analysis of any substantive recommendations.

(3) A description of any substantive changes made to the proposed update that was circulated.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5848(a) and (b), Welfare and Institutions Code.

Section 3320. General Standards.

(a) The County shall adopt the following standards in planning, implementing, and evaluating the programs and/or services provided with Mental Health Services Act (MHSA) funds. The planning, implementation and evaluation process includes, but is not limited to, the Community Program Planning Process; development of the Three-Year Program and Expenditure Plans and updates; and the manner in which the County delivers services and evaluates service delivery.

(1) Community Collaboration, as defined in Section 3200.060.

(2) Cultural Competence, as defined in Section 3200.100.

(3) Client Driven, as defined in Section 3200.050.

(4) Family Driven, as defined in Section 3200.120.

(5) Wellness, Recovery, and Resilience Focused.

(6) Integrated Service Experiences for clients and their families, as defined in Section 3200.190.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d) and Section 2(e), MHPA, Welfare and Institutions Code.

Section 3350. Amendment of MHPA Performance Contract.

(a) The County or the Department may initiate MHPA Performance Contract amendments at any time.

(b) The County shall initiate an MHPA Performance Contract amendment to:

(1) Eliminate an approved program.

(2) Request funding for a new program/service that was not part of the County's MHPA Performance Contract.

(3) Request an increase in the total amount of funding approved for the fiscal year of the MHPA Performance Contract.

(4) Request new or increased one-time funding.

(5) Change the MHPA Performance Contract timeframe.

(6) Modify any other MHPA Performance Contract term.

(c) The Department may require the County to submit an update to the Three-Year Program and Expenditure Plan.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 11010.5(a), Government Code.

Section 3360. Program Flexibility.

(a) The use of alternative practices, programs/services, procedures, and/or demonstration projects shall not be prohibited by these regulations provided that:

(1) Such alternatives meet the intent of the Mental Health Services Act and all applicable regulations.

(2) The County has submitted a written request and documentation supporting the alternative to the Department.

(3) Prior written approval from the Department has been received.

(b) The County shall maintain continuous compliance with all applicable regulations unless prior written approval of the alternative has been received from the Department.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 3, MHSA and Section 11010.5, Government Code.

Article 4: GENERAL FUNDING PROVISIONS

Section 3400. Allowable Costs and Expenditures.

(a) The County shall utilize Mental Health Services Act (MHSA) funds only to establish or expand mental health services and/or supports for the components specified in Section 3310(b) and for the Community Program Planning Process specified in Section 3300.

(b) Programs and/or services provided with MHSA funds shall:

(1) Offer mental health services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate their families.

(A) The Prevention and Early Intervention component is exempt from this requirement.

(2) Be designed for voluntary participation. No person shall be denied access based solely on his/her voluntary or involuntary legal status.

(3) Comply with the requirements in Section 3410, Non- Supplant.

(c) To the extent allowed under (a) and (b) of this Section, the County may use MHSA funds to match other funding sources, such as Medi-Cal and the Healthy Families Program. The County shall not submit requests for MHSA funding solely for the purpose of increasing reimbursement for Medi-Cal or the Healthy Families Program.

(d) The County is not obligated to use MHSA funding to fund court mandates.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: 5801, 5878.3(a), 5891, and 5892, Welfare and Institutions Code.

Section 3410. Non-Supplant.

(a) Funds distributed under this Chapter shall not be used to provide mental health programs and/or services that were in existence on November 2, 2004, except to:

(1) Expand mental health services and/or program capacity beyond what was previously provided.

(2) Continue programs funded in Fiscal Year 2004-2005 with bridge funding, as defined in Section 3200.020.

(b) Funds distributed under this Chapter shall not be used to supplant state or county funds required to be used for services and/or supports that were in existence in Fiscal Year 2004-2005. The only exceptions to this limitation are:

(1) The ten (10) percent of Realignment funds, described in Welfare and Institutions Code Section 17600.20, that the County may reallocate by transferring in or out of its mental health account.

(A) If the County reallocates any portion of the ten (10) percent of Realignment funds out of the mental health account, the County shall adhere to (a) above.

(2) County funds exceeding the amount required to be deposited into the mental health account in Fiscal Year 2004-2005, pursuant to Welfare and Institutions Code Section 17608.05.

(A) If the County elects to reduce funds exceeding the amount required to be deposited into the mental health account in Fiscal Year 2004-2005, the County shall adhere to (a) above.

(c) The County shall not use MHSA funds to pay the costs associated with inflation for programs and/or services that were in existence on November 2, 2004.

(d) The County shall not loan MHSA funds for any purpose that is not consistent with Welfare and Institutions Code Section 5891, and the MHSA regulations, California Code of Regulations, Title 9, Chapter 14.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5891 and 5892(a)(5), Welfare and Institutions Code.

Article 5. REPORTING REQUIREMENTS

Section 3500. Non-Supplant Certification and Reports.

(a) The Three-Year Program and Expenditure Plans, and updates, shall include certification by the County Mental Health Director that the County will comply with Section 3410, Non-Supplant.

(b) The County shall maintain documentation of all fund expenditures, and provide documentation to the Department upon request.

(c) As part of the Annual Cost and Financial Reporting System ("Cost Report"), as required by Title 42, C.F.R. Part 413, and as specified in Section 3505, the County shall certify that

(1) Mental Health Services Act (MHSA) funds were used in compliance with Section 3410, Non-Supplant.

(2) Mental health funds, other than MHSA funds, required to be used to provide services and/or supports that were in existence in Fiscal Year 2004-2005 were used for the required purpose.

(d) The County shall maintain documentation of bridge funding, if bridge funding was used.

(1) The documentation shall specify the programs funded and the services provided, and shall include a statement that these programs/services were identified as priorities in the Community Program Planning Process.

(2) Acceptable documentation includes, but is not limited to: a resolution from the County Board of Supervisors, certification by the County Mental Health Director, or other official documentation indicating the County's intent to use bridge funding.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5610, Welfare and Institutions Code.

Section 3505. Cost Report.

(a) As part of the Annual Cost and Financial Reporting System ("Cost Report"), as required by Title 42, C.F.R. Part 413, the County shall complete and submit information on the revenue, distribution, and expenditures for programs and/or services funded by the Mental Health Services Act (MHSA).

(b) The County's Local Mental Health Director and Auditor-Controller must certify the Cost Report information as being true and correct, and with respect to MHSA funding,

certify that the County is in compliance with Chapter 14, Article 5, Section 3410, Non-Supplant.

(c) The reconciled Cost Report must be certified by the County's Local Mental Health Director and Auditor-Controller that the information is true and correct, and with respect to MHSA funding, the County is in compliance with Chapter 14, Article 5, Section 3410, Non-Supplant.

(d) If the County does not submit the Cost Report and/or the reconciled Cost Report by the deadline required by statute, the Department may withhold MHSA funds.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5664(a), 5718, 5891, and 5892(g), Welfare and Institutions Code.

Section 3510. Annual MHSA Revenue and Expenditure Report.

(a) The County shall submit to the Department an Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report for Community Services and Supports (CSS). The Annual MHSA Revenue and Expenditure Report for the CSS component shall include, but not be limited to, the following:

(1) Administration Expenditures: The County shall report the actual total expenditures incurred and the revenues received for MHSA administration during the reporting fiscal year.

(A) The report shall include system-wide one-time costs that cannot be assigned to a specific program.

(2) Program Expenditures: The County shall report the actual total expenditures incurred by Service Category and revenues received during the reporting fiscal year and complete a separate Program Expenditure Report for each program funded through the County MHSA Performance Contract.

(A) The report shall include one-time costs associated with a specific program.

(3) One-Time Expenditures: The County shall report the amount approved in the County MHSA Performance Contract, and the actual total expenditures incurred during the reporting fiscal year, for each approved One-Time Expenditure listed in the County Performance Contract.

(A) The One-Time Expenditures shall also be included as either Program Expenditures or Administration Expenditures.

(4) MHSA Funds: The County shall report MHSA funds received from the Department and interest income earned during the reporting fiscal year.

(b) The County shall submit the Annual MHSA Revenue and Expenditure Report for the CSS component of the MHSA no later than December 31 following the end of the fiscal year.

(c) If the County does not submit the Annual MHSA Revenue and Expenditure Report by the required deadline, the Department may withhold MHSA funds.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 3(e) of MHSA, 5610(a), 5612(a)-(b), 5664(a), 5801(b)(10)-(11), and 5860(b), Welfare and Institutions Code.

Section 3520. Local Mental Health Services Fund Cash Flow Statement.

(a) The County shall complete and submit to the Department a Local Mental Health Services (MHS) Fund Cash Flow Statement no later than 30 days following the end of each six-month period.

(1) The six-month periods are April 1 through September 30 and October 1 through March 31.

(b) The Local MHS Fund Cash Flow Statement shall be based on the County financial records and shall include, but not be limited to, the following information:

(1) The amount of Mental Health Services Act (MHSA) funds in the Local MHS Fund at the beginning of the six-month period.

(2) Deposits to the Local MHS Fund during the six-month period.

(3) In addition to (b)(2) above, all MHSA fund transfers into/out of the Local MHS Fund during the six-month period.

(4) The earned interest on cash and investments in the Local MHS Fund during the six-month period.

(5) The amount of MHSA funds in the Local MHS Fund at the end of the six-month period.

(6) The amounts and purposes of MHSA funds reserved for, but not limited to, the following:

(A) Obligations, encumbrances, and/or commitments.

(B) CSS One-Time Funding expenditures that have been funded, but not yet incurred.

(C) Any other adjustment not included in (b)(6)(A) or (B) above.

(i) The County shall include an explanation of the proposed adjustments.

(ii) The County shall not include budgeted expenditures anticipated during the next six (6) months.

(D) Amounts reserved for Medi-Cal cost report settlements and other revenue adjustments.

(c) The Local MHS Fund Cash Flow Statement shall be signed by the County Mental Health Director, or his/her authorized designee, certifying that the information is true and complete.

(d) Future MHSA fund distribution may be delayed or withheld if the County does not comply with these reporting requirements.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(e), 5804(d) and 5892(f), Welfare and Institutions Code.

Section 3530. Client/Services Reporting Requirements.

(a) The County shall submit complete and accurate information, including, but not limited to, the following:

(1) Client and Service Information (CSI) System data, as specified in Section 3530.10.

(2) Quarterly Progress Reports, as specified in Section 3530.20.

(3) Full Service Partnership Performance Outcome data, as specified in Section 3530.30.

(4) Consumer Perception Semi-Annual Survey data, as specified in Section 3530.40.

(b) If the County does not submit the required information within the established timeframes, the Department may withhold MHSA funds.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5610(a), 5613(a), 5664(a) and 5814.5(c), Welfare and Institutions Code.

Section 3530.10. Client and Service Information System Data.

(a) The County shall submit Client and Service Information (CSI) System data, including but not limited to, client demographics and descriptions of services provided to each client.

(1) The CSI data shall be submitted no later than 60 days after the end of the month in which the services were provided.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5610(a), 5613(a), 5664(a) and 5814.5(c), Welfare and Institutions Code.

Section 3530.20. Quarterly Progress Report.

(a) A Quarterly Progress Report shall be submitted, by service category, for each approved program and/or service. The Report shall include, but not be limited to the following:

(1) The targeted number of individuals, clients, and families to be served in each reporting quarter.

(2) The total number of individuals, clients, and families actually served in each reporting quarter.

(b) The final Quarterly Progress Report shall include the total number of unduplicated individuals, clients, and family units served by each program/service during the fiscal year.

(c) The Quarterly Progress Report shall be submitted no later than 60 days following the end of each reporting quarter.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5610(a), 5613(a), 5664(a) and 5814.5(c), Welfare and Institutions Code.

Section 3530.30. Full Service Partnership Performance Outcome Data.

(a) The County shall submit Full Service Partnership Performance Outcome Data, as required in Section 3620.10.

(b) The data shall be submitted to the Department no later than 90 days after collection.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5610(a), 5613(a), 5664(a) and 5814.5(c), Welfare and Institutions Code.

Section 3530.40. Consumer Perception Semi-Annual Survey.

(a) The County shall conduct a semi-annual survey to collect Consumer Perception data.

(1) The data to be collected includes, but is not limited to, clients'/families' perceptions of quality and results of services provided.

(b) The data shall be submitted to the Department no later than 90 days after collection.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5610(a), 5613(a), 5664(a) and 5814.5(c), Welfare and Institutions Code.

Section 3540. Information Technology Project Status Report.

(a) The County shall submit to the Department a status report for any approved Information Technology (IT) project funded with Community Services and Supports (CSS) funds. The report shall include, but not be limited to, the following:

(1) Project name.

(2) Report period.

(3) Project start and end dates.

(4) Project objectives, as approved by the Department.

(5) Current overall project status.

(6) Status of major milestones.

(7) Budget information including funding sources, budgeted costs, and actual costs to date.

(8) Major accomplishments.

(9) Scheduled activities.

(10) A list of the issues regarding the project, potential risks and the actions that will be or have been taken to avoid or manage the risk or issue.

(b) The County shall submit the IT Projects Status Report no later than 30 days following the end of each fiscal quarter.

(c) A final report containing the information required in Section (a) above shall be submitted to the Department within 30 days of completion of each project. The final report shall also include, but is not limited to the following:

(1) A comparison between the objectives approved by the Department and the objectives achieved.

(2) Information regarding the acceptance of the completed project by users and management.

(3) A description of the lessons learned, best practices used to complete the project, and any other factors that contributed to the project's success or failure.

(A) If problems were encountered, a description of how they were handled.

(B) If the project failed, or had limited success, a description of corrective actions that could improve the project outcome.

(4) A description of future phases, enhancements or maintenance necessary for this project.

(d) If the County does not submit the required information within the established timeframes the Department may withhold MHSAs funds.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5804(c), 5847(a), and 5848(c) Welfare and Institutions Code.

Article 6: COMMUNITY SERVICES AND SUPPORTS

Section 3610. General Community Services and Supports Requirements.

(a) The following shall be incorporated into the mental health programs and/or services funded through the Community Services and Supports (CSS) component.

(1) The principles of the Adult and Older Adult Mental Health Systems of Care, including the Integrated Services for the Homeless Mentally Ill Program, in Welfare and Institutions Code (WIC) Section 5800 et seq.

(2) The principles of the Children's Mental Health Services Act in WIC 5850 et. seq.

(3) The General Standards in Section 3320.

(b) The County shall establish peer support and family education support services or expand these services to meet the needs and preferences of clients and/or family members.

(1) The County shall conduct outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served.

(c) The County shall include a wrap-around program for services to children in accordance with WIC Section 18250 et. seq, or provide substantial evidence that it is not feasible to establish a wrap-around program.

(d) MHSA funds may only be used to pay for those portions of the mental health programs/services for which there is no other source of funding available.

(e) When CSS programs/services include collaboration with the juvenile or criminal justice systems, any law enforcement function and/or any function that supports a law enforcement purpose shall not be funded.

(f) The County shall not provide MHSA funded services to individuals incarcerated in state/federal prisons or for parolees from state/federal prisons.

(g) The County may use MHSA funds for programs/services provided in juvenile halls and/or county jails only for the purpose of facilitating discharge.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5714(f), 5802(d)(4), 5813.5, 5814(f)(2), 5851(c)(3), 5878.1, 5878.3(a), 5891 and 5892, Welfare and Institutions Code.

Section 3615. Community Services and Supports Service Categories.

(a) The Community Services and Supports (CSS) component contains four service categories:

(1) Full Service Partnership.

(2) General System Development.

(3) Outreach and Engagement.

(4) Mental Health Services Act Housing Program.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5, 5814(a)(2), 5847(a)(2) and (3), 5848(c), 5890(a) and (c), 5897(e), Welfare and Institutions Code.

Section 3620. Full Service Partnership Service Category.

(a) The County shall develop and operate programs to provide services under the Full Service Partnership Service Category. The services to be provided for each client with whom the County has a 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 (ISSP). The services to be provided may also include services the County, in collaboration with the client, and when appropriate the client's family, believe are necessary to address unforeseen circumstances in the client's life that could be, but have not yet been included in the ISSP.

(1) The Full Spectrum of Community Services consists of the following:

(A) Mental health services and supports including, but not limited to:

(i) Mental health treatment, including alternative and culturally specific treatments.

(ii) Peer support.

(iii) Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education.

(iv) Wellness centers.

(v) Alternative treatment and culturally specific treatment approaches.

(vi) Personal service coordination/case management to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services.

(vii) Needs assessment.

(viii) ISSP development.

(ix) Crisis intervention/stabilization services.

(x) Family education services.

(B) Non-mental health services and supports including, but not limited to:

(i) Food.

(ii) Clothing.

(iii) Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing.

(iv) Cost of health care treatment.

(v) Cost of treatment of co-occurring conditions, such as substance abuse.

(vi) Respite care.

(C) Wrap-around services to children in accordance with WIC Section 18250 et. seq.

(b) The County may pay for the full spectrum of community services when it is cost effective and consistent with the ISSP.

(c) The County shall direct the majority of its Community Services and Supports funds to the Full-Service Partnership Service Category.

(1) Small Counties shall fulfill this requirement no later than Fiscal Year 2008-09.

(2) Services designed under General System Development and/or Outreach and Engagement that benefit clients and/or their families in Full Service Partnerships can be used on a pro-rated basis to meet the requirement in (c) above.

(3) Funds for the Mental Health Services Act Housing Program shall be excluded from determinations of whether the County has directed the majority of its Community Services and Supports funds to the Full Service Partnership Service Category.

(d) The County shall give priority to populations that are unserved as defined in Section 3200.310.

(e) The County shall enter into a full service partnership agreement with each client served under the Full Service Partnership Service Category, and when appropriate the client's family.

(f) The County shall designate a Personal Service Coordinator/Case Manager for each client, and when appropriate the client's family, to be the single point of responsibility for that client/family.

(1) The County shall provide a sufficient number of Personal Service Coordinators/Case Managers to ensure that:

(A) Availability is appropriate to the service needs of the client/family.

- (B) Individualized attention is provided to the client/family.
- (C) Intensive services and supports are provided, as needed.
- (g) The County shall ensure that an ISSP is developed for each client.
- (h) The County shall ensure that the Personal Service Coordinator/Case Manager:
 - (1) Is responsible for developing the ISSP with the client, and when appropriate the client's family.
- (A) The Personal Service Coordinator/Case Manager shall ensure that the ISSP is developed in collaboration with other agencies that have a shared responsibility for services and/or supports to the client, and when appropriate the client's family.
 - (2) Is culturally and linguistically competent, or at a minimum, is educated and trained in linguistic and cultural competence, and has knowledge of available resources within the client's/family's racial/ethnic community.
- (i) The County shall ensure that a Personal Service Coordinator/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.
 - (1) In the event of an emergency when a Personal Service Coordinator/Case Manager or other qualified individual known to the client/family is not available, the County shall ensure that another qualified individual is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.
 - (2) Small Counties may meet this requirement through the use of peers or community partners, such as community-based organizations, who are known to the client/family.
- (j) The County shall provide services to all age groups; i.e., older adults, adults, transition age youth and children/youth, in the Full Service Partnerships Service Category.
 - (1) If Full Service Partnership services are not provided to all age groups, the County shall explain the reason, and specify how and when all age groups will be served.
- (k) Notwithstanding Section 3400 (b)(2), the County may pay for short-term acute inpatient treatment for clients in Full Service Partnerships when the client is uninsured for this service or there are no other funds available for this purpose.
- (l) Long-term hospital and/or long-term institutional care cannot be paid for with MHSA funds.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5345, 5600.2(d), 5600.3(b), 5600.3(c), 5801, 5802(a)(1) and (4), 5806, 5813.5(a), 5813.5(d), 5813.5(f), 5840(a), 5847(a)(2) and (3), 5847(c), 5878(b) and 5878.1(a), Welfare and Institutions Code.

Section 3620.05. Criteria for Full Service Partnerships Service Category

(a) Individuals selected for participation in the Full Service Partnership Service Category must meet the eligibility criteria in Welfare and Institutions Code (WIC) Section WIC Section 5600.3(a) for children and youth, WIC Section 5600.3(b) for adults and older adults or WIC Section 5600.3(c) for adults and older adults at risk.

(b) Transition age youth, in addition to (a) above, must meet the criteria below.

(1) They are unserved or underserved and one of the following:

(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 justice system.

(F) At risk of involuntary hospitalization or institutionalization.

(G) Have experienced a first episode of serious mental illness.

(c) Adults, in addition to (a) above, must meet the criteria in either (1) or (2) below.

(1) They are unserved and one of the following:

(A) Homeless or at risk of becoming homeless.

(B) Involved in the criminal justice system.

(C) Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.

(2) They are underserved and at risk of one of the following:

(A) Homelessness.

(B) Involvement in the criminal justice system.

(C) Institutionalization.

(d) Older adults, in addition to (a) above, must meet the criteria in either (1) or 2) below:

(1) They are underserved and one of the following:

(A) Experiencing a reduction in personal and/or community functioning.

(B) Homeless.

(C) At risk of becoming homeless.

(D) At risk of becoming institutionalized.

(E) At risk of out-of-home care.

(F) At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.

(2) They are underserved and at risk of one of the following:

(A) Homelessness.

(B) Institutionalization.

(C) Nursing home or out-of-home care.

(D) Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.

(E) Involvement in the criminal justice system.

(e) This section shall not prevent the County from providing services to clients with co-occurring conditions, including substance abuse, physical conditions/disorders, and/or developmental disorders/disabilities.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5, 5878.1, and 5878.3, Welfare and Institutions Code.

Section 3620.10. Full Service Partnership Data Collection Requirements.

(a) The County shall conduct a Partnership Assessment of the client at the time the full service partnership agreement is created between the County and the client, and when

appropriate the client's family. The County shall collect information as appropriate including, but not limited to:

- (1) General administrative data.
- (2) Residential status, including hospitalization or incarceration.
- (3) Educational status.
- (4) Employment status.
- (5) Legal issues/designation.
- (6) Sources of financial support.
- (7) Health status.
- (8) Substance abuse issues.
- (9) Assessment of daily living functions, when appropriate.
- (10) Emergency interventions.

(b) The County shall collect the following key event data:

- (1) Emergency interventions.
- (2) Changes in:
 - (A) Administrative data.
 - (B) Residential status.
 - (C) Educational status.
 - (D) Employment status.
 - (E) Legal issues/designation.

(c) The County shall review and update, through the Quarterly Assessment, the following information:

- (1) Educational status.
- (2) Sources of financial support.

(3) Legal issues/designation.

(4) Health status.

(5) Substance abuse issues.

(d) The data required by (a), (b), and (c) above shall be submitted to the Department within 90 days of collection, as required by Section 3530.30.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5610(a), 5610(d)(1), and 5664(a), Welfare and Institutions Code.

Section 3630. General System Development Service Category.

(a) The County may develop and operate programs to provide mental health services to clients specified in Welfare and Institutions Code Section 5600.3 (a), (b) or (c), and when appropriate the clients' families.

(b) General System Development Funds may only be used to:

(1) Provide one or more of the following mental health services and supports:

(A) Mental health treatment, including alternative and culturally specific treatments.

(B) Peer support.

(C) Supportive services to assist the client, and when appropriate the client's family, in obtaining employment, housing, and/or education.

(D) Wellness centers.

(E) Personal service coordination/case management/personal service coordination to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative or other community services.

(F) Needs assessment.

(G) Individual Services and Supports Plan development.

(H) Crisis intervention/stabilization services.

(I) Family education services.

(2) Improve the county mental health service delivery system for all clients and their families.

(3) Develop and implement strategies for reducing ethnic/racial disparities.

(c) When the County works in collaboration with other non-mental health community programs and/or services, only the costs directly associated with providing the mental health services and supports, as specified in (b) above, shall be paid under the General System Development Service Category.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(a), 5813.5(c) and (d) and 5878.1(a), Welfare and Institutions Code; and Sections 2(b), (c), (f) and 3(a), MHSA.

Section 3640. Outreach and Engagement.

(a) The County may develop and operate outreach programs/activities for the purpose of identifying unserved individuals who meet the criteria of Welfare and Institutions Code Sections 5600.3 (a), (b) or (c) in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services.

(b) Outreach and Engagement funds may be used to pay for:

(1) Strategies to reduce ethnic/racial disparities.

(2) Food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system.

(3) Outreach to entities such as:

(A) Community based organizations.

(B) Schools.

(C) Tribal communities.

(D) Primary care providers.

(E) Faith-based organizations.

(4) Outreach to individuals such as:

(A) Community leaders.

(B) Those who are homeless.

(C) Those who are incarcerated in county facilities.

(c) When the County works in collaboration with other non-mental health community programs and/or services, only the costs directly associated with providing mental health services and supports shall be paid under the Outreach and Engagement Service Category.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5600.2(d), 5600.3(b)(4), 5681(b), 5802(a)(1), 5802(d)(4), 5806(a)(2) and (3), 5813.5, 5814(a)(4)(A), 5814(d), and 5847(a)(2) and (3), Welfare and Institutions Code; and section 3, MHSA.

Section 3650. Community Services and Supports Component of the Three-Year Program and Expenditure Plan.

(a) The Community Services and Supports (CSS) component shall include the following:

(1) Assessment of Mental Health Needs: The County shall assess and submit a narrative analysis of the mental health needs of unserved, underserved/inappropriately served, and fully served county residents who qualify for MHSA services.

(A) The analysis shall identify the number of older adults, adults, transition age youth and children/youth by gender, race/ethnicity and primary language.

(B) The assessment data used shall include racial/ethnic, age, and gender disparities.

(2) Identification of Issues: The County shall submit a list of community mental health issues resulting from lack of mental health services and supports, as identified through the Community Program Planning Process required by Section 3300. The list shall:

(A) Categorize the issues by age group, i.e, older adults, adults, transition age youth and children/youth.

(B) Identify issues that will be priorities in the CSS component of the Three-Year Program and Expenditure Plans.

(C) For each of the issues identified as priorities in (B) above, describe the factors/criteria used to determine that the issue is a priority.

(D) For each of the issues identified as a priority, describe any racial/ethnic and gender disparities including, but not limited to:

(i) Access to services.

(ii) Quality of care.

- (iii) Access disparities of Native Americans, rancherias and/or reservations.
- (iv) Disproportionate representation in the homeless population.
- (v) Disproportionate representation in the juvenile and/or criminal justice systems.
- (vi) Disproportionate representation in foster care.
- (vii) Disproportionate representation in school achievement, and drop-out rates.

(3) Identification of Full Service Partnership Population: The County shall provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership Service Category for each fiscal year of the Three-Year Program and Expenditure Plans. The County shall describe how the selections for Full Service Partnerships will reduce the identified disparities.

(4) Proposed Programs/Services: The County shall provide:

(A) A list of the proposed programs/services, identified by the service category under which the program/service will be funded.

(B) A description of each proposed program/service.

(C) An explanation of how each program/service relates to the issues identified in the Community Program Planning Process, including how each program/service will reduce or eliminate the disparities identified.

(5) County's Capacity to Implement: The County shall provide an assessment of its capacity to implement the proposed programs/services. The assessment shall include:

(A) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in threshold languages.

(B) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.

(C) Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

(6) Program/Service Work Plans: The County shall submit a separate work plan for each proposed program/service. The work plan shall include, but not be limited to:

(A) A narrative description and summary of the program/service.

- (B) A narrative explanation of the budget by fiscal year.
- (C) A budget work sheet by fiscal year, including staffing details.
- (D) The target number of clients/individuals to be served by fiscal year.
- (E) A breakdown of the Full Service Partnership population by fiscal year, identifying:
 - (i) The number of clients to be served, according to gender, race/ethnicity, linguistic group, and age.
 - (ii) The percentage of unserved individuals and underserved clients.
- (F) Small counties proposing to provide full service partnership programs/services in Fiscal Year 2008-09 must only identify the population to be served and the amount of funding to be reserved for this purpose. Prior to implementation, detailed work plans, time frames, budgets and staffing requirements will be required for each Full Service Partnership program to ensure review and approval by the Department and the Oversight and Accountability Commission (OAC), as appropriate.
 - (b) The Community Services and Supports component of the Three-Year Program and Expenditure Plan shall be signed by the County Mental Health Director.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5664(a), 5813.5, 5830(a)(1) and (2), 5830(a)(4), 5847(a)(2) and (3), 5847(c) through (e), 5848(c) and 5878.1, Welfare and Institutions Code.