

**Mental Health and Other Agency  
Programs and Initiatives:  
Summaries & Citations**

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## INTRODUCTION

California has a number of programs to meet children's social, emotional, educational, and physical health needs. Counties that are developing a system of care approach to serving children and families need to coordinate and integrate these child-serving programs to create a seamless service delivery system. County administrators attempting to coordinate and integrate these programs must have at least a basic understanding of the services each program offers and the children they serve. Identifying the programs that serve children and families, and developing an understanding of each program can be a daunting task, especially for a new program administrator. This document attempts to facilitate that learning process by summarizing the major mental health and other agency programs that serve children and families and by citing the federal and state statutes and regulations that implement those programs.

It is also important that administrators understand the relationship between laws and regulations, and the relationship between federal and state laws and regulations in order to understand these

programs in greater detail. There is a hierarchical relationship between laws and regulations. Laws are enacted by the legislature, and provide the general structure and framework for programs. The federal and state legislatures often require agencies to develop and adopt regulations for a program. Regulations provide detailed information that guides program implementation. Federal laws are contained in the United States Code and California laws are contained in the California Code. Federal regulations are contained in the Federal Code of Regulations and California regulations are contained in the California Code of Regulations. There is also a hierarchical relationship between federal laws and regulations and state laws and regulations. State governments often implement federal programs. States that implement federal programs must adhere to the federal laws and regulations implementing the program. However, states also adopt their own laws and regulations to implement federal programs. These laws and regulations must be consistent with the federal laws and regulations that implement the federal program.

## SUMMARY OF MENTAL HEALTH AND OTHER AGENCY LAWS AND REGULATIONS

### Short-Doyle/Bronzan-McCorquodale Act

#### Summary

The Bronzan-McCorquodale Act (Chapter 89, 1990) defines California's county mental health system, which was first established in 1968 through the Short-Doyle Act (Chapter 989). The Bronzan-McCorquodale Act requires county mental health systems to provide mental health services to children and adolescents who have a serious emotional disturbance, and adults and older adults who have a serious mental illness. Section 5600.3(a) of the Welfare and Institutions Code defines children and adolescents with a serious emotional disturbance as:

*... 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.*

#### Citations

Part 2 (Commencing with Section 5600) of Division 5 of the Welfare and Institutions Code

Chapter 3 (Commencing with Section 500) of Division 1 of Title 9 of the California Code of Regulations

### Presley-Brown Interagency Children's Services Act

#### Summary

The Interagency Children's Services Act, enacted in 1989, is intended to

encourage the development of a comprehensive and collaborative delivery system of services to children and youths at the state and local level and to offer fiscal incentives in the form of waivers and negotiated contracts to encourage collaboration. Counties that wish to participate must develop a three-year program for phasing in a coordinated children's services system for one or more of a number of statutorily identified special populations. Counties that have developed a three-year program may request waivers of existing state regulations pertaining to requirements which hinder coordination of children's services. Such counties may also request authorization to enter into negotiated contracts. A negotiated contract is a contract that is entered into between the state and the county which authorizes the reallocation of existing resources from participating agencies for purposes specified in the contract.

### *Citations*

Chapter 12.6 (Commencing with Section 18986) of Part 6 of Division 9 of the Welfare and Institutions Code

### **Children's Mental Health Services Act (Children's System of Care)**

#### *Summary*

The Children's Mental Health Services Act implements the Children's System of Care approach to serving children and adolescents with a serious emotional disturbance and their families. The Children's System of Care for seriously emotionally disturbed children and adolescents and their families represents a major reform from the old way of caring for children in human services.

The Children's System of Care model is a multi-agency, multi-disciplinary approach to service delivery that targets children with a serious emotional disturbance as defined in Section 5600.3(a) of the Welfare and Institutions Code and their families.

The Children's Mental Health Services Act has been amended three times since AB 3920 established the Act in 1984 for the purpose of implementing the Children's System of Care model in Ventura County. The statewide implementation of the Children's System of Care model began in Fiscal Year 1988-89 when Riverside, San Mateo, and Santa Cruz began to implement the model pursuant to AB 377. In Fiscal Years 1993-94 and 1994-95, eleven more counties received an allocation to implement the Children's System of Care model pursuant to AB 3015. The past three fiscal years have seen twenty-six additional counties receive an allocation to implement the Children's System of Care model pursuant to AB 1667.

### *Citations*

Part 4 (Commencing with Section 5850) of Division 5 of the Welfare and Institutions Code

### **Special Education Pupil's Program (AB 3632, AB 2726, and Chapter 26.5 of the Government Code)**

#### *Summary*

The Individuals with Disabilities Education Act (IDEA) is intended to ensure that children with special needs receive special education instruction and related services when needed to benefit

from a free and appropriate public education. Related services include mental health services, residential placements, and occupational and physical therapy that a child with special needs may need to benefit from a free and appropriate education. Children with special needs include those children identified by the school district who are in need of special education instruction and/or related services to benefit from a free and appropriate education due to any of a number of disabling conditions. School districts are responsible for identifying children with special needs and providing special education instruction at no cost to the child's parents. Prior to 1984, school districts were also responsible for providing any necessary related services to children with special needs. The California legislature passed AB 3632 (Chapter 1747) in 1984, which transferred the responsibility for providing related services to the appropriate state and county departments.

Pursuant to Government Code Chapter 26.5 (AB 3632, AB 2726) and its implementing regulations (Division 9 (commencing with Section 60000) of Title 2 of the California Code of Regulations), county mental health systems are responsible for providing mental health assessments to children with special needs referred from school districts. If the mental health assessment indicates that the child is in need of mental health services to benefit from a free and appropriate public education, the county mental health system is responsible for providing such services to the child at no cost to the parents.

### ***Citations***

Chapter 26.5 (Commencing with Section 7570) of Division 7 of Title 1 of the Government Code

Chapter 1 (Commencing with Section 60000) of Division 9 of Title 2 of the California Code of Regulations

Chapter 33 (Commencing with Section 1400) of Title 20 of the United States Code

Part 300 of Title 34 of the Code of Federal Regulations

### **Early Mental Health Initiative (EMHI)**

#### ***Summary***

The Department of Mental Health (DMH) awards three-year matching grants to local educational agencies (LEA) to implement mental health intervention and prevention programs for students in kindergarten through third grade. Programs funded through EMHI must provide services that are school-based and low cost to K-3 students experiencing mild to moderate school adjustment difficulties. Rather than relying upon traditional mental health professionals, EMHI promotes using alternative personnel, such as Child Aides to provide supportive services to identified students.

### ***Citations***

Part 4 (Commencing with Section 4370) of Division 4 of the Welfare and Institutions Code

## Healthy Start Support Services for Children Act

### *Summary*

The Healthy Start Support Services for Children Act brings together schools, school districts, county offices of education, health and human service agencies, county governments, nonprofit organizations, and others to provide school-linked services that improve the lives of children and families by:

- Creating learning environments that are optimally responsive to the physical, emotional, and intellectual needs of each child
- Fostering local interagency collaboration and communication to more efficiently and effectively deliver education and support services to children and their families
- Encouraging the full use of existing agencies, professional personnel, and public and private funds to ensure that children of all ages are ready and able to learn, and to prevent duplication of services and unnecessary expenditures
- Building on the strengths of children and families and providing and enhancing opportunities for parents and children to be participants, decision-makers, and leaders in their communities

The Healthy Start school-linked services may include:

- Family Support (e.g. child protection, parenting education, child care)

- Basic Needs (e.g. food, clothing, shelter, transportation)
- Medical/Health (e.g. vision, hearing, dental, CHDP, acute care, preventive health)
- Mental Health and Counseling (e.g. therapy, support groups, substance abuse treatment)
- Academic/Educational (e.g. tutoring, dropout prevention)
- Employment (e.g. career counseling, job placement, job training)

### *Citations*

Chapter 5 (Commencing with Section 8800) of Part 6 of Division 1 of the Education Code

Subchapter 18 (Commencing with Section 11900) of Chapter 11 of Division 1 of Title 5 of the California Code of Regulations

## **California Early Intervention Services Act (Early Start or Part C of IDEA)**

### *Summary*

The California Early Start Program is administered collaboratively at the local level by regional centers for developmental disabilities and local education agencies. Early Start provides early intervention services for infants and toddlers with disabilities ages zero to three, and their families. Services are family-focused and designed to maximize a child's growth and development. To be eligible, a child must have a developmental delay or disability or be at risk for delay or disability.

The Early Start Program has also established California’s Family Resource Centers (FRC), which are a statewide network of fifty-three community-based, family-focused agencies that serve families with children age birth to three who are at risk for disabilities or have developmental delays. The FRCs support parent-professional collaboration and serve as a neutral place in the community for families. Many of the FRC staff are knowledgeable parent “peers” or volunteers who are themselves parents of children with special needs. Services include parent-to-parent support, information about disabilities and resources available in local communities, and transition assistance. Some FRCs provide support groups, family/professional training, and family counseling.

### *Citations*

Title 14 (Commencing with Section 95000) of the Government Code

Subchapter III (Commencing with Section 1431) of Chapter 33 of Title 20 of the United States Code

## **Family Preservation and Support Program<sup>1</sup>**

### *Summary*

The Family Preservation and Support Program provides federal funds to public and/or private community-based organizations to provide family

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<sup>1</sup> While the federal government is changing the name of this program to Promoting Safe and Stable Families, the California Department of Social Services will continue to call it Family Preservation and Support Program to prevent confusion.

preservation and family support services to children and families. Family preservation services are intended to prevent children from being placed in out-of-home care, or to return children who are in out-of-home care to their families. Family support services are intended to help families achieve the following goals:

- Alleviate stress and promote parental competency and behavior that will increase the ability of families to successfully nurture their children
- Enable families to use other resources and opportunities that are available in the community
- Create supportive networks that enhance child-rearing abilities of parents, and
- Help compensate for the increased social isolation and vulnerability of families

### *Citations*

Subpart 2 (Commencing with Section 629) of Part B of Subchapter IV of Chapter 7 of Title 42 of the United States Code

Part 4.4 (Commencing with Section 16600) of Division 9 of the Welfare and Institutions Code

## **Temporary Assistance to Needy Families (TANF)**

### *Summary*

The Temporary Assistance to Needy Families (TANF) program is the latest iteration of welfare reform. TANF replaces the former Aid to Families with Dependent Children entitlement program

with a block grant to states, lifetime limits for receipt of public assistance, and requirements that states annually transition an increasing percentage of public assistance recipients into work activities. A portion of the TANF block grant is allocated to a number of activities that are relevant to Children's System of Care. These activities include child-care, juvenile justice services, and mental health services provided to public assistance recipients to prepare them to enter the work force.

### *Citations*

Part A (Commencing with Section 601) of Subchapter IV of Chapter 7 of Title 42 of the United States Code

Chapter 2 (Commencing with Section 11200) of Part 3 of Division 9 of the Welfare and Institutions Code

### **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)**

#### *Summary*

Within the Medi-Cal program is the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. The federal Omnibus Budget Reconciliation Act of 1989 required state EPSDT programs to provide the following services to Medicaid-eligible beneficiaries ages 0 to 21:

- Effectively inform individuals of the screening and treatment services available under the EPSDT program
- Provide screening services to identify defects, conditions and illnesses

- Provide the diagnostic and treatment services needed to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the state plan

In November 1993, a group of California-based attorneys brought a lawsuit (Smith v. Belshe) against the Department of Health Services (DHS) asking that the Department expand its EPSDT benefit. The EPSDT mental health benefit implemented pursuant to the lawsuit provides increased state funding for Medi-Cal specialty mental health services, excluding hospital inpatient services, delivered to full scope Medi-Cal beneficiaries ages 0 to 21. For the purposes of EPSDT funding, specialty mental health services include substance abuse treatment to meet the mental health treatment needs of full scope Medi-Cal beneficiaries ages 0 to 21 (hereafter, these services will be referred to as EPSDT-eligible services). To implement this EPSDT mental health benefit, DHS developed an interagency agreement with the State Department of Mental Health (DMH) through which mental health plans are reimbursed the entire non-federal share of cost for all EPSDT-eligible services that are in excess of expenditures made beyond the Fiscal Year 1994-95 baseline in the county being served.

Beginning in Fiscal Year 1998-99, each county's Fiscal Year 1994-95 baseline will be adjusted in the following manner:

- Each county's baseline will be increased annually by the home health care market basket cost-

of-living adjustment unless the growth in realignment is less than the home health care market basket. If that is the case, the baseline will be adjusted by the expected growth in realignment. If there is no expected growth in realignment, the baseline will not be adjusted.

- Each county's baseline will also be increased by the amount of its managed care State General Fund (SGF) allocation based on its historical percentage of EPSDT services. This adjustment began in Fiscal Year 1997-98.
- In addition, each county's baseline will be increased in each fiscal year by the amount of other-source funds it uses to finance EPSDT-eligible services that are in excess of the amount it used for that purpose in Fiscal Year 1994-95.

In addition to making changes to the EPSDT baseline, DMH has modified the manner in which mental health plans receive advanced EPSDT payments. Effective in Fiscal Year 1998-99, DMH will annually distribute to each mental health plan an amount that is equal to seventy-five percent (75%) of their estimated state funding for EPSDT expenditures in the prior fiscal year. Mental health plans will be required to remit to DMH any advanced EPSDT funds they do not use. DMH will continue to provide State General Fund EPSDT reimbursements to mental health plans for the allowable cost of EPSDT services that are in excess of their advanced distribution. This change in how EPSDT State General Fund reimbursements are distributed does not

affect the process by which counties claim and receive Medi-Cal FFP.

As a result of state funding of EPSDT mental health services, each mental health plan is reimbursed 100 percent (100%) of the allowable treatment cost of providing EPSDT-eligible services once it reaches its adjusted baseline expenditures.

## **Medi-Cal Mental Health Managed Care**

### *Summary*

California's Medi-Cal program implements the federal Medicaid Act. Children and families that meet Medi-Cal income eligibility and medical necessity criteria are entitled to mental health services available through the Medi-Cal program. Traditionally, these services were delivered through two separate systems, the Short-Doyle Medi-Cal (SD/MC) system and the Fee for Service Medi-Cal (FFS/MC) system. In the FFS/MC system, licensed psychologists and psychiatrists who were FFS/MC providers delivered inpatient and outpatient services (generally at 2 sessions per month) to Medi-Cal beneficiaries. However, the majority of services delivered in the FFS/MC system were inpatient hospital services. All FFS/MC mental health services were funded through the Department of Health Services, which was also responsible for meeting the State's share-of-cost. The SD/MC system was part of the Short-Doyle (now Bronzan-McCorquodale) County Mental Health system. Medi-Cal beneficiaries could access mental health inpatient hospital, rehabilitative, and case

management services through the SD/MC system. County mental health systems were responsible for funding SD/MC mental health services and meeting the State/local share of cost with their State mental health allocation and county general funds.

Medi-Cal mental health managed care has consolidated the responsibility and resources for authorizing and financing specialty mental health services into one entity, the Mental Health Plan. A mental health plan is an authorized organization that has contracted with the State Department of Mental Health to provide specialty mental health services to Medi-Cal beneficiaries in a particular county. Each county except Sierra County has chosen to be the county's mental health plan. Placer County has contracted with the State Department of Mental Health to be the mental health plan in Sierra County, which is consistent with the historical relationship between those two counties. Medi-Cal mental health managed care has also allocated the State share-of-cost for former FFS/MC mental health psychiatric inpatient hospital services and outpatient services among the mental health plans based upon its county's historical share of total FFS psychiatric inpatient hospital and outpatient service expenditures.

### *Citations*

Chapter 8.8 (Commencing with Section 14600) of Part 3 of Division 9 of the Welfare and Institutions Code

Chapter 11 (Commencing with Section 1810.100) of Division 1 of Title 9 of the California Code of Regulations

Subchapter XIX (Commencing with Section 1396) of Chapter 7 of Title 42 of the Welfare and Institutions Code

Subchapter C (Commencing with Section 430) of Chapter IV of Title 42 of the Code of Federal Regulations

## **Healthy Families Program**

### *Summary*

The Healthy Families Program allows eligible families to purchase health insurance for their children who are between one and nineteen years of age, do not have third party insurance, are not eligible for Medi-Cal, and meet Healthy Families income eligibility requirements (i.e. families between 100% and 200% of the federal poverty level). Families may purchase health insurance through the Healthy Families Program from any private health plan (e.g. Kaiser, Blue Cross) that has contracted with the Managed Risk Medical Insurance Board (MRMIB). The basic Healthy Families Program health benefit includes those benefits available through the Public Employees Retirement System (PERS). The mental health benefits include 30 inpatient hospital days and 20 outpatient visits. The Healthy Families health plans also have the option to trade one inpatient hospital day for two residential treatment days.

Healthy Families health plans must develop a Memorandum of Understanding with county mental health to refer children whom they suspect may have a serious emotional disturbance to county mental health for a mental health assessment. Children who

are identified as having a serious emotional disturbance as defined in Section 5600.3 of the Welfare and Institutions Code are then eligible to receive specialty mental health services from county mental health. County mental health departments may claim federal reimbursement for approximately sixty-six percent (66%) of the cost to provide specialty mental health services to Healthy Families eligible children who have a serious emotional disturbance. The county mental health department is responsible for meeting the nonfederal share of cost (i.e. approximately thirty-four percent (34%)). When a child or adolescent has been determined to have a severe emotional disturbance, the health plan retains responsibility for the annual 30 hospital inpatient days, but is no longer responsible for the 20 outpatient visits contained in the Healthy Families Program benefit package. Healthy Families health plans may also contract with county mental health to provide mental health services to Healthy Families recipients who do not have a serious emotional disturbance, but the health plan retains responsibility to fund those services.

### ***Citations***

Part 6.2 (Commencing with Section 12693) of Division 3 of the Insurance Code

Chapter 5.8 (Commencing with Section 2699.6500) of Title 10 of the California Code of Regulations

Subchapter XXI (Commencing with Section 1397aa) of Chapter 7 of Title 42 of the Welfare and Institutions Code

## **SB 163 Wraparound Services Pilot**

### ***Summary***

The California legislature passed SB 163 in 1997. SB 163 allows all counties the opportunity to participate in a five-year pilot, upon the State Department of Social Services (DSS) approval. The pilot allows counties to provide eligible children with family-based wraparound services as an alternative to group home care. The pilot does not provide new funds. Instead, it permits flexible use of State foster care funds and, in limited circumstances, Adoption Assistance Program (AAP) funds, to pay for service allocation slots that provide the individualized, intensive wraparound services packages necessary to keep these children in or return them to family settings.

SB 163 defines the target population for this pilot as children who are currently, or who are being considered for placement in a group home licensed at a rate classification level of 12 or higher. Adopted children who are otherwise eligible for AAP funded group home placements in accordance with requirements of Welfare and Institutions Code Section 16121, and who meet the definition of the target population, may also participate in the pilot.

### ***Citations***

Chapter 4 (Commencing with Section 18250) of Part 6 of Division 9 of the Welfare and Institutions Code

## **AB 1741 Youth Pilot Project**

### ***Summary***

Assembly Bill 1741 (Chapter 951, 1993) established a five-year pilot program in six counties to test the feasibility of allowing counties to do all of the following:

- Make decisions locally regarding the best use of State and local human service funds
- Develop funding streams to facilitate integrated services programs for children and families
- Increase the efficiency of administering human services

The pilot began on January 1, 1996 and runs through December 31, 2000. The six participating counties include Alameda, Contra Costa, Fresno, Marin, Placer, and San Diego. The statutes allow for the following activities:

- Each participating county is required to establish a child and family collaborative council to administer the Youth Pilot Program
- Each participating county is required to identify its target population and service strategy in a strategic plan based upon a local needs assessment
- Each participating county is given flexibility regarding State program rules and/or technical assistance in removing other barriers to implementation of their strategic plan
- Each county's program success is evaluated based on locally established outcome measures

### ***Citations***

Chapter 12.85 (Commencing with Section 18987) of Part 6 of Division 9 of the Welfare and Institutions Code

## **SB 933 (Chapter 311, 1998)**

### ***Summary***

SB 933 made significant changes to California's foster care system. The bill contains a number of provisions that impact interagency systems development, out-of-state placements, and county and State mental health specifically.

There are three main provisions that impact out-of-state placements. SB 933 requires counties to obtain an assessment and placement recommendation from a county multidisciplinary team for each child in out-of-state placement or being considered for out-of-state placement. The out-of-state facilities must be licensed/certified by the host state and meet California licensing requirements.

In addition, county and state mental health departments have specific tasks to complete. Those counties that have a fully funded Children's System of Care, to the extent resources are available, must provide mental health screenings, assessments, participate in multidisciplinary placement teams and provide specialty mental health services to children in out-of-home care who meet medical necessity criteria. The State Department of Mental Health (DMH) is required to determine, in consultation with counties, those counties that receive "full system of care funding." DMH must estimate the extent to which mental health

assessments and specialty mental health treatment resources are available to meet all of the following needs: children placed in group care by county departments of social services and probation, children placed in out-of-home care by county social services, and children at risk of placement from the two placing agencies listed above.

Additionally, DMH must develop, with the assistance of the State Department of Social Services (DSS), the Judicial Council and a large stakeholder group, a procedure for review of treatment plans for children receiving prescribed psychoactive medications and placed in out-of-home care.

Finally, there are a couple of provisions that support development and expansion of interagency systems development. SB 933 requires the State Department of Social Services to develop best practice guidelines for the assessment of the child and family receiving child welfare services. This provides an opportunity for county mental health and partner agencies to develop cross-systems assessment processes linked to integrated service/case plans. SB 933 also contains provisions that allow counties to use existing funding to enter into performance agreements with private nonprofit agencies to do the following:

- Encourage innovation in the delivery of children's services
- Develop services not already available in the county
- Promote change in the child welfare services system

The Director of the State Department of Social Services may waive state regulations governing foster care payments or operation of group homes in order to enable counties to implement their performance agreements. DSS All County Letter No. 99-28, dated April 21, 1999 discusses the details concerning this process.

### **California Children and Families First Program (Proposition 10)**

#### *Summary*

Proposition 10 imposed an additional fifty cent excise tax on cigarettes to fund early childhood development programs. Eighty percent (80%) of the available revenues will be allocated annually to counties that create county commissions to implement early childhood and development programs. Each county commission will consist of five to nine members, appointed by the county board of supervisors, who are responsible for developing strategic plans for using the county's Proposition 10 funds to implement early childhood and development programs in the county. The local strategic plans must be consistent with any guidelines adopted by the State Children and Families First Commission, and must include a description of how programs and services relating to early childhood development in the county will be integrated into a consumer-oriented and easily accessible system.

#### *Citations*

Division 108 (Commencing with Section 130100) of the Health and Safety Code

## ACCESSING STATE AND FEDERAL STATUTES AND REGULATIONS ON THE INTERNET

### California Code

<ftp://leginfo.public.ca.gov/pub/code/>

This site contains two sets of information about the California Code, which are the table of contents for each Code (e.g. the Welfare and Institutions Code) and the actual laws contained in each Code (e.g. Chapter 26.5 of the Government Code). One might begin searching for a particular law or Act by reviewing the table of contents to determine the actual sections where it is contained. If the actual sections are known, then this site allows one to go directly to the section by clicking on the link to the Code in which the section is contained. For example, if one were looking for a section in the Welfare and Institutions Code, the user would click on “wic/.” Clicking on “wic/” would take the user to the next level of detail, which categorizes the sections by thousands (e.g. 0-1000, 1001-2000, and so on). At this point, the user would click on the section group that contains the particular section sought, which would take the user to the final level of detail. The final level of detail groups sections by articles or chapters if the chapter contains no articles. The final step is to click on the group of sections that contains those being sought, which will take the user to the actual Code.

<http://www.leginfo.ca.gov/calaw.html>

This site allows one to search for sections of the Code that address particular issues, such as foster care. At this site, the user must select at least one Code (e.g. the Welfare and Institutions

Code) to search. The default selects 20 sections to be retrieved. However, the user can choose to return as many sections as desired. After selecting the Code(s) and the number of sections to retrieve, the user merely types in the subject for which the search is being conducted. The search engine will retrieve those section groups (again, grouped by articles or chapters). Click on the desired section group to read the Code.

### California Senate and Assembly Bills

<http://www.sen.ca.gov/~newsen/legislation/legislation.htm>

This search engine allows you to find Senate and Assembly bills from the current legislative session. You can search by keyword, author, or bill number and you can narrow your search by clicking on one of the keyword options. The user can also search for bills introduced or enacted in prior legislative sessions by clicking on the link, “past legislative sessions,” located on the left side of this page.

### California Code of Regulations

<http://www.calregs.com/>

This site contains the California Code of Regulations (CCR). There are two methods by which the user can search these regulations. The first method is by titles. To search the regulations by title, click on the link entitled “California Code of Regulations” located in the left frame. Clicking on that link will take the user to a page that contains each of

the twenty-seven titles in the California Code of Regulations. The user has a number of options at this level. Clicking on the “contents” tab in the lower frame will display links to each of the twenty-seven titles in the CCR. There is a ‘+’ next to each title. Clicking on the ‘+’ displays the next level of detail in the title (i.e. Divisions, Chapters, Articles, and Sections). When the user has found the particular level of detail sought, he/she may click on the link to view the regulations. The second method is to search by agency. To search by agency, return to <http://www.calregs.com/>, and click on the link entitled “Agency List For CCR,” located in the left frame. Clicking on that link will take the user to a page that contains an alphabetical list of State agencies, departments, and boards and commissions for which there are regulations. The user may click on the agency, department, board or commission of interest, which will take the user to a page that displays the director, director’s phone number, and a link to the applicable California Regulations.

### **United States Code**

<http://uscode.house.gov/download.htm>

This site allows the user to download to disk or view on-line particular chapters and/or titles of the United States Code. Simply click on the title of interest and a list of chapters under that title will be presented. At that point, the user may choose to download the entire title or particular chapters under the title.

<http://uscode.house.gov/usc.htm#search>

This site allows the user to search the entire text of the United States Code by subject, such as foster care. Merely type in the subject and click on the “search” button.

<http://uscode.house.gov/xref.htm>

This site allows the user to search for particular sections within a particular title of the United States Code.

### **Code of Federal Regulations**

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1>

This site allows the user to either search a particular title or access particular sections within a title of the Code of Federal Regulations. To search a particular title or access a particular section, scroll down the page and check the title to be searched. After the title has been checked, click on the “continue” button. The next page will allow the user to either search the entire title and chapters within the title or access particular parts within the title. To search the title, merely check the title and enter the search criteria in the dialogue box entitled “search terms.” To access a particular part, click on the group of parts that contains that part.

### **Special Education Fair Hearing Decisions**

<http://www2.sac-co.k12.ca.us/speced/laws/databases/hearings/firstpg.htm>

This site allows the user to search for due process and mediation hearing orders and decisions that date back through 1989. The user can search

decisions by keyword, type of case (order or decision), case number, school district, case year filed, issue, procedural topic, and type of disability. Fill in the appropriate information in the search fields and click on the “start search” button. While the default limits the number of cases returned to ten, the user may choose the number of cases to which the search should be limited.

### **California Department of Social Services County Letters and Notices**

<http://www.dss.cahwnet.gov/getinfo/ltrnotice.html>

This page allows the user to access State Department of Social Services All

County Letters, All County Information Notices, and County Fiscal Letters. To access one of those three types of letters or notices, click on the appropriate link. The letters should be current, as DSS posts all letters and notices to this site at the time of their distribution.