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**WELFARE AND INSTITUTIONS CODE - WIC**

**DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5987]** (*Division 5 repealed and added by Stats. 1967, Ch. 1667.*)

**PART 4. THE CHILDREN'S MENTAL HEALTH SERVICES ACT [5850 - 5886]** (*Part 4 repealed and added by Stats. 1992, Ch. 1229, Sec. 2.*)

**CHAPTER 1. Interagency System of Care [5850 - 5878.3]** (*Chapter 1 added by Stats. 1992, Ch. 1229, Sec. 2.*)

**ARTICLE 6. County System of Care Requirements [5865 - 5867.5]** (*Article 6 added by Stats. 1992, Ch. 1229, Sec. 2.*)

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

- (a) A comprehensive, interagency system of care that serves the target population as defined in Section 5856.
- (b) A method to screen and identify children in the target population. County mental health staff shall consult with the representatives from special education, social services, and juvenile justice agencies, the mental health advisory board, family advocacy groups, and others as necessary to help identify all of the persons in the target populations, including persons from ethnic minority cultures which may require outreach for identification.
- (c) A defined mental health case management system designed to facilitate the outcome goals for children in the target population.
- (d) A defined range of mental health services and program standards that involve interagency collaboration and ensure appropriate service delivery in the least restrictive environment with community-based alternatives to out-of-home placement.
- (e) A defined mechanism to ensure that services are culturally competent.
- (f) A defined mechanism to ensure that services are child-centered and family-focused, with parent participation in planning and delivery of services.
- (g) A method to show measurable improvement in individual and family functional status for children enrolled in the system of care.
- (h) A method to measure and report cost avoidance and client outcomes for the target population which includes, but is not limited to, state hospital utilization, group home utilization, nonpublic school residential placement, school attendance and performance, and recidivism in the juvenile justice system.
- (i) A plan to ensure that system of care services are planned to complement and coordinate with services provided under the federal Early and Periodic Screening, Diagnosis and Treatment services (Section 1396d(a)(4)(B) of Title 42 of the United States Code), including foster children served under Section 5867.5, where those services are medically necessary but children do not meet the requirements of Section 5600.3.
- (j) A plan to ensure that system of care services are planned to complement and coordinate with services provided to CalWORKs (Chapter 2 (commencing with Section 11200.5) of Part 3 of Division 9) recipients whose families receive mental health treatment services.
- (k) A defined partnership between the children's system of care program and family members of children who have been or are currently being served in the county mental health system. This partnership shall include family member involvement in ongoing discussions and decisions regarding policy development, program administration, service development, and service delivery.

(Amended by Stats. 2000, Ch. 520, Sec. 9. Effective January 1, 2001.)

**5865.1.** When a county system of care serves children 15 to 21 years of age, the following structures and services shall, to the extent possible, be available, and if not available, the county plan shall identify a timeline for the development of these services:

- (a) Collaborative agreements with schools, community colleges, independent living programs, child welfare services, job training agencies, CalWORKs providers, regional center services, and transportation and recreation services as needed.

(b) Collaborative teams involving the youth and two or more agencies to develop a transition plan that identifies needs and resources required to successfully transition to independent living as an adult.

(c) Service plans that identify the needs of the youth in the areas of employment, job training, health care, education, counseling, socialization, housing, and independent living skills, to be provided by any of the collaborative agencies and access points for the youth identified.

(d) Assistance with identifying the means for health insurance and educational linkages when the young person is more than 18 years of age.

(e) Specific plans for the young adult to identify individuals and community services that can provide support during the transition to 21 years of age.

(f) Assurances that goals for young adults are individual, identified by the youth, and developmentally appropriate.

(g) Any requirements for interagency collaboration, agreements, or protocols contained in this section shall not diminish requirements for the confidentiality of medical information or information maintained by a county agency or department.

*(Added by Stats. 2000, Ch. 520, Sec. 10. Effective January 1, 2001.)*

**5865.3.** When a county system of care services children, zero to five years of age, the following structures and services shall be available, and when not available, the county plan shall identify a timeline for the development of these services:

(a) Collaborative agreements with public health systems, regional center services, child care programs, CalWORKs providers, drug and alcohol treatment programs, child welfare services, and other agencies that may identify children and families at risk of mental health problems that affect young children.

(b) Outreach protocols that can assist parents to identify child behaviors that may be addressed early to prevent mental or emotional disorders and assure normal child development.

(c) Identification of trained specialists that can assist the parents of very young children at risk for emotional, social, or developmental problems with treatment.

(d) Performance measures that ensure that services to families of very young children are individual, identified by the family, and developmentally appropriate.

*(Added by Stats. 2000, Ch. 520, Sec. 11. Effective January 1, 2001.)*

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

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

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

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

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

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

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

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

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

- (1) Special education local planning area consortiums.
- (2) The court juvenile probation department.
- (3) The county child protective services agency.
- (4) The county public health department.
- (5) The county department of drug and alcohol services.
- (6) Other local public or private agencies serving children.

*(Amended by Stats. 2000, Ch. 520, Sec. 12. Effective January 1, 2001.)*

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

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

**5867.5.** Beginning in the 1998–99 fiscal year, county mental health departments that receive full system of care funding, as determined by the State Department of Health Care Services in consultation with counties, shall provide to children served by county social services and probation departments mental health screening, assessment, participation in multidisciplinary placement teams and specialty mental health treatment services for children placed out of home in group care, for those children who meet the definition of medical necessity, to the extent resources are available. These counties shall give first priority to children currently receiving psychoactive medication.

*(Amended by Stats. 2012, Ch. 34, Sec. 203. (SB 1009) Effective June 27, 2012.)*