



MEMORANDUM

TO: Interested parties

FROM: Kristina Ragosta, Esq.
Legislative and policy counsel
Treatment Advocacy Center

DATE: February 9, 2012

RE: Mental Health Services Act and funding AB 1421 implementation

ISSUE

Whether Mental Health Services Act funds may be used to fund components of Assembly Bill 1421, CALIF. WELF. & INST. CODE §§ 5345 – 5349.5?

BRIEF ANSWER

Yes. Mental Health Services Act funds may be used to provide services under §§5345-5349.5 (AB 1421) because California regulations require access to individuals whose status is involuntary. The California Department of Mental Health's guidance on the use of funds and the legislative intent of the Mental Health Services Act confirm this interpretation.

OVERVIEW

What is Assembly Bill 1421?

The state of California passed Assembly Bill 1421, Laura's Law, in 2001. CALIF. WELF. & INST. CODE §§ 5345 – 5349.5. AB 1421 created an option for counties to implement assisted outpatient treatment or court-ordered community treatment. *See* § 5349. The law requires that counties pass a resolution authorizing its application and finding that no voluntary program may be reduced as a result of implementation. *Id.*

This article shall be operative in those counties in which the county board of supervisors, by resolution, authorizes its application and makes a finding that no voluntary mental health program serving adults, and no children's mental health program, may be reduced as a result of the implementation of this article. Compliance with this section shall be monitored by the State Department of Mental Health as part of its review and approval of county Short-Doyle plans.

AB 1421 does *not* require a system to have “fully funded voluntary services.” The law requires that, “[a]ny county that provides assisted outpatient treatment services pursuant to [AB 1421] also shall offer the same services on a voluntary basis.” *See* CALIF. WELF.& INST. CODE § 5348(5)(b). AB 1421 is “operative in those counties in which the county board of supervisors, by resolution, authorizes its application and makes a finding that no voluntary mental health program serving adults, and no children's mental health program, may be reduced as a result of the implementation of [AB 1421].” CALIF. WELF.& INST. CODE § 5349.

What is the Mental Health Services Act and what does it fund?

California passed ballot proposition 63 (Mental Health Services Act, MHSA) in 2004. The Act imposes a 1% income tax on personal income in excess of \$1 million. Two of stated purposes in enacting the MHSA were:

(b) To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.

(e) To ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

The MHSA added Section 5813.5 to the California Welfare and Institutions Code. Section 5813.5 provides guidance on where funds may be distributed and identifies multiple provisions under the California Welfare and Institutions Code where funds may be used:

[T]he state shall distribute funds for the provision of services under Sections 5801, 5802, and 5806 to county mental health programs. Services shall be available to adults and seniors with severe illnesses who meet the eligibility criteria in subdivisions (b) and (c) of Section 5600.3.

One of the code sections referred to, Section 5600.3, establishes that when an individual meets the criteria under §5600.3, MHSA funds must be available. An adult with a “serious mental disorder” meets the eligibility criteria outlined in Section 5600.3 where:

*(B) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history **demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms...***

OR

(4) ... [T]his target population includes, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

OR

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

Can a county implement AB 1421 using MHSA funds and what guidance and regulations are available?

Title 9, California Code of Regulations, section 3400 indicates how Mental Health Services Acts funds shall be used. According to current regulations:

(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.

...

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

Nevada County passed a resolution to implement AB 1421 in 2008. Prior to implementation, the California Department of Mental Health formally approved Nevada County's use of Mental Health Services Act funds to pay for services provided by AB 1421 stating, "[t]he Department would like to assure you that those individuals eligible for Mental Health Services Act programs, such as the approved Assertive Community Treatment Team, may have voluntary or involuntary legal status." *Id.*

The director of the California Department of Mental Health, Stephen Mayberg, Ph.D., issued a letter in 2005, prior to approving Mental Health Services Act funds for Nevada County. The letter provides guidance to counties on the use of Mental Health Services Act funds to implement AB 1421:

Individuals accessing services funded by the Mental Health Services Act may have voluntary or involuntary legal status which shall not affect their ability to access the expanded services under this Act. Programs funded under the Mental Health Services Act must be voluntary in nature.

DISCUSSION

Mental Health Services Act (MHSA) funds may be used to provide services under Sections 5345-5349.5 (AB 1421). The individuals impacted under Section 5346 meet the criteria outlined under the California Welfare and Institutions Code and the California regulations require access to individuals whose status is involuntary. *See* §5813.5 (“[T]he state shall distribute funds for the provision of services under Sections 5801, 5802, and 5806 to county mental health programs. Services shall be available to adults and seniors with severe illnesses who meet the eligibility criteria in subdivisions (b) and (c) of Section 5600.3”; *see also* Cal. Code Regs., tit 9, § 3400).

Additionally, the legislature was clear that one of the goals of the California Welfare and Institutions Code is to encourage the use of public funds, “to prevent duplication of services and unnecessary expenditures.” §5001 (“The provisions of this part shall be construed to promote the legislative intent as follows ... [t]o encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures.”).

Where an individual meets the criteria under Section 5600.3, MHSA funds must be available. *Id.* An adult with a “serious mental disorder” meets the eligibility criteria outlined in Section 5600.3 where, as a result of the mental disorder, “the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms,” *or* “[a]dults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.” *See* § 5600.3. As such, individuals who meet the criteria under Section 5346 would qualify for the services offered under the aforementioned MHSA sections. *Id.* The services provided under Section 5346 are indistinguishable from the aforementioned services.

Similarly, MHSA funds are currently used to provide services to individuals under court-ordered conservatorship; to probationers (as a condition of probation); to parolees from state prisons; and to Centralized Assessment Teams, which “provide evaluations for involuntary hospitalizations.” *See. e.g.,* County of Orange, Health Care Agency Behavioral Health Services, *Programs Funded by the Mental Health Services Act* (April 28, 2010); *see also* §5150.

In addition to meeting the criteria under the California Welfare and Institutions Code to qualify for MHSA funds, the California Department of Mental Health’s guidance on the use of funds and the legislative

intent of the Mental Health Services Act confirm that funds may be used to finance AB 1421. Title 9, California Code of Regulations, section 3400 provides guidance on how Mental Health Services Acts funds shall be used. According to current regulations:

(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.

...

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

The obvious intent of the second sentence of Cal. Code Regs., tit 9, § 3400(2) is to make clear that voluntary participation is not a requirement. This is confirmed by the example set by Nevada County. When Nevada County implemented AB 1421 in 2008, the California Department of Mental Health formally approved Nevada County's use of Mental Health Services Act funds to pay for services provided by AB 1421 stating, "[t]he Department would like to assure you that those individuals eligible for Mental Health Services Act programs, such as the approved Assertive Community Treatment Team, may have voluntary or involuntary legal status."

Some individuals claim that MHSA funds may not be used to implement AB 1421 because of language contained in Section 5801, "The underlying philosophy for these systems of care includes. . . . The client should be fully informed and volunteer for all treatment provided, unless danger to self or others or grave disability requires temporary involuntary treatment."

However, this analysis fails to account for language throughout the MHSA that allows use of funds for individuals who qualify, such as those in Section 5600.3. Furthermore, Section 5801 states that "[f]or the majority of seriously mentally disordered adults and older adults, treatment is best provided in the client's *natural* setting in the community. Treatment, case management, and community support services should be designed to prevent inappropriate removal from the *natural* environment to more restrictive and costly placements."

Consistent with Section 5801, Section 5346 requires that ,before a person is placed under a court order in the community, it must be shown that the person is unlikely to survive safely in the community and that "[p]articipation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability." As discussed above, MHSA funds currently pay for other court ordered mental health programs to fulfill the same objectives.

CONCLUSION

Mental Health Services Act funds may be used to provide services under §§5345-5349.5 (AB 1421) because the California Welfare and Institutions Code requires funds be available for individuals who meet criteria outlined in the MHSA including patients receiving involuntary services – such as court-ordered community services. California regulations require access to individuals whose status is involuntary. The California Department of Mental Health’s guidance on the use of funds and the legislative intent of the Mental Health Services Act support this analysis. California Code of Regulations are clear that, “no person shall be denied access [to MHSA funded services] based solely on his/her voluntary or involuntary legal status.”

APPLICABLE STATUTES

CALIF. WELF. & INST. CODE § 5001

The provisions of this part shall be construed to promote the legislative intent as follows:

- (a) To end the inappropriate, indefinite, and involuntary commitment of mentally disordered persons, developmentally disabled persons, and persons impaired by chronic alcoholism, and to eliminate legal disabilities;
- (b) To provide prompt evaluation and treatment of persons with serious mental disorders or impaired by chronic alcoholism;
- (c) To guarantee and protect public safety;
- (d) To safeguard individual rights through judicial review;
- (e) To provide individualized treatment, supervision, and placement services by a conservatorship program for gravely disabled persons;
- (f) To encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures;
- (g) To protect mentally disordered persons and developmentally disabled persons from criminal acts.

CALIF. WELF. & INST. CODE §§ 5345- 5346

§ 5345.

(a) This article shall be known, and may be cited, as Laura's Law.

(b) "Assisted outpatient treatment" shall be defined as categories of outpatient services that have been ordered by a court pursuant to Section 5346 or 5347.

§ 5346

(a) In any county in which services are available as provided in Section 5348, a court may order a person who is the subject of a petition filed pursuant to this section to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that the facts stated in the verified petition filed in accordance with this section are true and establish that all of the requisite criteria set forth in this section are met, including, but not limited to, each of the following:

- (1) The person is 18 years of age or older.
- (2) The person is suffering from a mental illness as defined in paragraphs (2) and (3) of subdivision (b) of Section 5600.3.
- (3) There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.
- (4) The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:
 - (A) The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.
 - (B) The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition.

(5) The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in Section 5348, and the person continues to fail to engage in treatment.

(6) The person's condition is substantially deteriorating.

(7) Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability.

(8) In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.

(9) It is likely that the person will benefit from assisted outpatient treatment.

CALIF. WELF. & INST. CODE § 5348

(a) For purposes of subdivision (e) of Section 5346, a county that chooses to provide assisted outpatient treatment services pursuant to this article shall offer assisted outpatient treatment services including, but not limited to, all of the following:

(1) Community-based, mobile, multidisciplinary, highly trained mental health teams that use high staff-to-client ratios of no more than 10 clients per team member for those subject to court-ordered services pursuant to Section 5346.

(2) A service planning and delivery process that includes the following:

...

(3) Each client shall have a clearly designated mental health personal services coordinator who may be part of a multidisciplinary treatment team who is responsible for providing or assuring needed services. Responsibilities include complete assessment of the client's needs, development of the client's personal services plan, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure each client receives those services that are agreed to in the personal services plan. Each client shall participate in the development of his or her personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the client, shall consult with the family and other significant persons as appropriate.

(4) The individual personal services plan shall ensure that persons subject to assisted outpatient treatment programs receive age-appropriate, gender-appropriate, and culturally appropriate services, to the extent feasible, that are designed to enable recipients to:

...

(5) The individual personal services plan shall describe the service array that meets the requirements of paragraph (4), and to the extent applicable to the individual, the requirements of paragraph (2).

(b) A county that provides assisted outpatient treatment services pursuant to this article also shall offer the same services on a voluntary basis.

...

CALIF. WELF. & INST. CODE § 5349

This article shall be operative in those counties in which the county board of supervisors, by resolution, authorizes its application and makes a finding that no voluntary mental health program serving adults, and no

children's mental health program, may be reduced as a result of the implementation of this article. Compliance with this section shall be monitored by the State Department of Mental Health as part of its review and approval of county Short-Doyle plans.

CALIF. WELF. & INST. CODE § 5813.5.

Subject to the availability of funds from the Mental Health Services Fund, *the state shall distribute funds for the provision of services under Sections 5801, 5802, and 5806* to county mental health programs. *Services shall be available to adults and seniors with severe illnesses who meet the eligibility criteria in subdivisions (b) and (c) of Section 5600.3.* For purposes of this act, seniors means older adult persons identified in Part 3 (commencing with Section 5800) of this division ...

CALIF. WELF. & INST. CODE §5600.3.

To the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund *should* be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

...

- (b)
- (1) Adults and older adults who have a serious mental disorder.
 - (2) For the purposes of this part, "serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, ***and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.*** Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.
 - (3) Members of this target population shall meet all of the following criteria:
 - (A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).
 - (B) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.
 - (C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.
 - (4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:
 - (A) Homeless persons who are mentally ill.

- (B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.
- (C) Persons arrested or convicted of crimes.
- (D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(5) California veterans in need of mental health services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services are available to other adults pursuant to this section. Veterans who may be eligible for mental health services through the United States Department of Veterans Affairs should be advised of these services by the county and assisted in linking to those services.

- (A) No eligible veteran shall be denied county mental health services based solely on his or her status as a veteran.
- (B) Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care provider.
- (C) Counties should consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran specific mental health services.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.

CALIF. WELF. & INST. CODE §5801

(a) A system of care for adults and older adults with severe mental illness results in the highest benefit to the client, family, and community while ensuring that the public sector meets its legal responsibility and fiscal liability at the lowest possible cost.

(b) The *underlying philosophy* for these systems of care includes the following:

- (1) Mental health care is a basic human service.
- (2) Seriously mentally disordered adults and older adults are citizens of a community with all the rights, privileges, opportunities, and responsibilities accorded other citizens.
- (3) *Seriously mentally disordered adults and older adults usually have multiple disorders and disabling conditions and should have the highest priority among adults for mental health services.*
- (4) Seriously mentally disordered adults and older adults should have an interagency network of services with multiple points of access and be assigned a single person or team to be responsible for all treatment, case management, and community support services.
- (5) *The client should be fully informed and volunteer for all treatment provided, unless danger to self or others or grave disability requires temporary involuntary treatment.*
- (6) Clients and families should directly participate in making decisions about services and resource allocations that affect their lives.
- (7) People in local communities are the most knowledgeable regarding their particular environments, issues, service gaps and strengths, and opportunities.
- (8) Mental health services should be responsive to the unique characteristics of people with mental disorders including age, gender, minority and ethnic status, and the effect of multiple disorders.

(9) For the majority of seriously mentally disordered adults and older adults, treatment is best provided in the client's natural setting in the community. Treatment, case management, and community support services should be designed to prevent inappropriate removal from the natural environment to more restrictive and costly placements.

(10) Mental health systems of care shall have measurable goals and be fully accountable by providing measures of client outcomes and cost of services.

(11) State and county government agencies each have responsibilities and fiscal liabilities for seriously mentally disordered adults and seniors.

CALIF. WELF. & INST. CODE §5802

(a) The Legislature finds that a mental health system of care for adults and older adults with severe and persistent mental illness is vital for successful management of mental health care in California. Specifically:

(1) A comprehensive and coordinated system of care includes community-based treatment, outreach services and other *early intervention strategies*, case management, and interagency system components required by adults and older adults with severe and persistent mental illness.

(2) *Mentally ill adults and older adults receive service from many different state and county agencies, particularly criminal justice, employment, housing, public welfare, health, and mental health. In a system of care these agencies collaborate in order to deliver integrated and cost-effective programs.*

(3) The recovery of persons with severe mental illness and their financial means are important for all levels of government, business, and the community.

(4) System of care services which ensure culturally competent care for persons with severe mental illness in the most appropriate, *least restrictive level of care are necessary to achieve the desired performance outcomes.*

(5) Mental health service providers need to increase accountability and further develop methods to measure progress towards client outcome goals and cost effectiveness as required by a system of care.

(b) The Legislature further finds that the adult system of care model, beginning in the 1989-90 fiscal year through the implementation of Chapter 982 of the Statutes of 1988, provides models for adults and older adults with severe mental illness that can meet the performance outcomes required by the Legislature.

(c) The Legislature also finds that the system components established in adult systems of care are of value in providing greater benefit to adults and older adults with severe and persistent mental illness at a lower cost in California.

(d) Therefore, using the guidelines and principles developed under the demonstration projects implemented under the adult system of care legislation in 1989, it is the intent of the Legislature to accomplish the following:

(1) Encourage each county to implement a system of care as described in this legislation for the delivery of mental health services to seriously mentally disordered adults and older adults.

(2) To promote system of care accountability for performance outcomes which *enable adults with severe mental illness to reduce symptoms which impair their ability to live independently, work, maintain community supports, care for their children, stay in good health, not abuse drugs or alcohol, and not commit crimes.*

(3) Maintain funding for the existing pilot adult system of care programs that meet contractual goals as models and technical assistance resources for future expansion of system of care programs to other counties as funding becomes available.

(4) Provide funds for counties to establish outreach programs and to provide mental health services and related medications, substance abuse services, supportive housing or other housing assistance,

vocational rehabilitation, and other nonmedical programs necessary to stabilize homeless mentally ill persons or mentally ill persons at risk of being homeless, get them off the street, and into treatment and recovery, or to provide access to veterans' services that will also provide for treatment and recovery.

CALIF. WELF. & INST. CODE § 5806

The State Department of Mental Health shall establish service standards that ensure that members of the target population are identified, and services provided to assist them to live independently, work, and reach their potential as productive citizens. The department shall provide annual oversight of grants issued pursuant to this part for compliance with these standards. These standards shall include, but are not limited to, all of the following:

- (a) A service planning and delivery process that is target population based and includes the following:
 - (1) Determination of the numbers of clients to be served and the programs and services that will be provided to meet their needs. The local director of mental health shall consult with the sheriff, the police chief, the probation officer, the mental health board, contract agencies, and family, client, ethnic, and citizen constituency groups as determined by the director.
 - (2) Plans for services, including outreach to families whose severely mentally ill adult is living with them, design of mental health services, coordination and access to medications, psychiatric and psychological services, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and veterans' services. Plans also shall contain evaluation strategies, that shall consider cultural, linguistic, gender, age, and special needs of minorities in the target populations. Provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services due to limited-English-speaking ability and cultural differences. ***Recipients of outreach services may include families, the public, primary care physicians, and others who are likely to come into contact with individuals who may be suffering from an untreated severe mental illness who would be likely to become homeless if the illness continued to be untreated for a substantial period of time. Outreach to adults may include adults voluntarily or involuntarily hospitalized as a result of a severe mental illness.***
 - (3) Provision for services to meet the needs of target population clients who are physically disabled.
 - (4) Provision for services to meet the special needs of older adults.
 - (5) Provision for family support and consultation services, parenting support and consultation services, and peer support or self-help group support, where appropriate for the individual.
 - (6) Provision for services to be client-directed and that employ psychosocial rehabilitation and recovery principles.
 - (7) Provision for psychiatric and psychological services that are integrated with other services and for psychiatric and psychological collaboration in overall service planning.
 - (8) Provision for services specifically directed to seriously mentally ill young adults 25 years of age or younger who are homeless or at significant risk of becoming homeless. These provisions may include continuation of services that still would be received through other funds had eligibility not been terminated due to age.
 - (9) Services reflecting special needs of women from diverse cultural backgrounds, including supportive housing that accepts children, personal services coordinator therapeutic treatment, and substance treatment programs that address gender-specific trauma and abuse in the lives of persons with mental illness, and vocational rehabilitation programs that offer job training programs free of gender bias and sensitive to the needs of women.

- (10) Provision for housing for clients that is immediate, transitional, permanent, or all of these.
- (11) Provision for clients who have been suffering from an untreated severe mental illness for less than one year, and who do not require the full range of services but are at risk of becoming homeless unless a comprehensive individual and family support services plan is implemented. These clients shall be served in a manner that is designed to meet their needs.
- (12) Provision for services for veterans.

(b) A client shall have a clearly designated mental health personal services coordinator who may be part of a multidisciplinary treatment team who is responsible for providing or assuring needed services. Responsibilities include complete assessment of the client's needs, development of the client's personal services plan, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure that the client receives those services that are agreed to in the personal services plan. A client shall participate in the development of his or her personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the client, consult with the family and other significant persons as appropriate.

(c) The individual personal services plan shall ensure that members of the target population involved in the system of care receive age-appropriate, gender-appropriate, and culturally appropriate services or appropriate services based on any characteristic listed or defined in Section 11135 of the Government Code, to the extent feasible, that are designed to enable recipients to:

- (1) Live in the most independent, least restrictive housing feasible in the local community, and for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate.
- (2) Engage in the highest level of work or productive activity appropriate to their abilities and experience.
- (3) Create and maintain a support system consisting of friends, family, and participation in community activities.
- (4) Access an appropriate level of academic education or vocational training.
- (5) Obtain an adequate income.
- (6) Self-manage their illness and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.
- (7) Access necessary physical health care and maintain the best possible physical health.
- (8) Reduce or eliminate serious antisocial or criminal behavior and thereby reduce or eliminate their contact with the criminal justice system.
- (9) Reduce or eliminate the distress caused by the symptoms of mental illness.
- (10) Have freedom from dangerous addictive substances.

(d) The individual personal services plan shall describe the service array that meets the requirements of subdivision (c), and to the extent applicable to the individual, the requirements of subdivision (a).

CALIF. WELF. & INST. CODE §§ 5890 – 5898; California Proposition 63 (2004)

§5890.

(a) The Mental Health Services Fund is hereby created in the State Treasury. The fund shall be administered by the state. Notwithstanding Section 13340 of the Government Code, all moneys in the fund are, except as provided in subdivision (d) of Section 5892, continuously appropriated, without regard to fiscal years, *for the*

purpose of funding the following programs and other related activities as designated by other provisions of this division:

- (1) Part 3 (commencing with Section 5800), the Adult and Older Adult System of Care Act.
- (2) Part 3.6 (commencing with Section 5840), Prevention and Early Intervention Programs.
- (3) Part 4 (commencing with Section 5850), the Children's Mental Health Services Act.

§5891.

(a) The funding established pursuant to this act shall be utilized to expand mental health services. Except as provided in subdivision (j) of Section 5892 due to the state's fiscal crisis, these funds shall not be used to supplant existing state or county funds utilized to provide mental health services ... *These funds shall only be used to pay for the programs authorized in Section 5892.* These funds may not be used to pay for any other program. These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by Section 5892.

§5892.

(a) In order to promote efficient implementation of this act allocate the following portions of funds available in the Mental Health Services Fund in 2005-06 and each year thereafter:

- (1) In 2005-06, 2006-07, and in 2007-08 10 percent shall be placed in a trust fund to be expended for education and training programs pursuant to Part 3.1.
- (2) In 2005-06, 2006-07 and in 2007-08 10 percent for capital facilities and technological needs distributed to counties in accordance with a formula developed in consultation with the California Mental Health Directors Association to implement plans developed pursuant to Section 5847.
- (3) Twenty percent for prevention and early intervention programs distributed to counties in accordance with a formula developed in consultation with the California Mental Health Directors Association pursuant to Part 3.6 (commencing with Section 5840) of this division.
- (4) The allocation for prevention and early intervention may be increased in any county which the department determines that the increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase. The statewide allocation for prevention and early intervention may be increased whenever the Mental Health Services Oversight and Accountability Commission determines that all counties are receiving all necessary funds for services to severely mentally ill persons and have established prudent reserves and there are additional revenues available in the fund.
- (5) The balance of funds shall be distributed to county mental health programs for services to persons with severe mental illnesses pursuant to Part 4 (commencing with Section 5850), for the children's system of care and Part 3 (commencing with Section 5800), for the adult and older adult system of care.
- (6) Five percent of the total funding for each county mental health program for Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division, shall be utilized for innovative programs in accordance with Sections 5830, 5847, and 5848 ...