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RESPONSE BY THE STATE CONTROLLER'S OFFICE TO THE INCORRECT REDUCTION CLAIM (IRC) BY SANTA CLARA COUNTY
Handicapped and Disabled Students Program

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Attachment—County's Comments

Incorrect Reduction Claim – June 8, 2010

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Tab 1

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OFFICE OF THE STATE CONTROLLER
300 Capitol Mall, Suite 1850
Sacramento, CA 94250
Telephone No.: (916) 445-6854

BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

INCORRECT REDUCTION CLAIM ON: Handicapped and Disabled Students Program Chapter 1747, Statutes of 1984; and Chapter 1274, Statutes of 1985 SANTA CLARA COUNTY, Claimant	No.: CSM 09-4282-I-5 AFFIDAVIT OF BUREAU CHIEF

I, Jim L. Spano, make the following declarations:

1) I am an employee of the State Controller's Office and am over the age of 18 years.

2) I am currently employed as a Bureau Chief, and have been so since April 21, 2000. Before that, I was employed as an audit manager for two years and three months.

3) I am a California Certified Public Accountant (CPA).

4) I reviewed the work performed by the State Controller's Office (SCO) auditor.

5) Any attached copies of records are true copies of records, as provided by the Santa Clara County or retained at our place of business.

6) The records include claims for reimbursement, along with any attached supporting documentation, explanatory letters, or other documents relating to the above-entitled Incorrect Reduction Claim.

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7) A review of the claims for fiscal year (FY) 2003-04, FY 2004-05, and FY 2005-06 was completed on June 30, 2010.

I do declare that the above declarations are made under penalty of perjury and are true and correct to the best of my knowledge, and that such knowledge is based on personal observation, information, or belief.

Date: December 31, 2010

OFFICE OF THE STATE CONTROLLER

By: _____
Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
State Controller's Office

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STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE TO THE INCORRECT REDUCTION CLAIM BY SANTA CLARA COUNTY
For Fiscal Year (FY) 2003-04, FY 2004-05, and FY 2005-06

Handicapped and Disabled Students Program
Chapter 1747, Statutes of 1984; and Chapter 1274, Statutes of 1985

SUMMARY

The following is the State Controller's Office's (SCO) response to the Incorrect Reduction Claim (IRC) that Santa Clara County filed on April 12, 2010, and amended on May 14, 2010. The SCO reviewed the county's claims for costs of the legislatively mandated Handicapped and Disabled Students Program for the period of July 1, 2003, through June 30, 2006. The SCO issued claim adjustment letters on July 11, 2009 and July 22, 2009 (**Tab 3**).

The county submitted reimbursement claims totaling $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim)—$6,741,221 for FY 2003-04 ($6,742,221 less a $1,000 penalty for filing a late claim), $7,987,359 for FY 2004-05, and $7,555,890 for FY 2005-06. The SCO reviewed the county's claims and determined that $2,596,081 is allowable and $19,688,389 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs; and offsetting revenues. The following table summarizes the review results:

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment
July 1, 2003, through June 30, 2004			
Assessment/case management costs	$ 2,916,448	$ 2,448,139	$ (468,309)
Administrative costs	327,705	217,084	(110,621)
Offsetting revenues:			
Short-Doyle/Medi-Cal funds	(660,446)	(530,750)	129,696
State categorical funds (EPSDT and IDEA)	(1,234,699)	(1,361,396)	(126,697)
Net assessment/case management costs	1,349,008	773,077	(575,931)
Treatment costs	13,505,487	5,554,893	(7,950,594)
Administrative costs	1,517,536	564,933	(952,603)
Offsetting revenues:			
Short-Doyle/Medi-Cal funds	(3,643,031)	(1,394,465)	2,248,566
State categorical funds (EPSDT and IDEA)	(5,986,779)	(5,713,036)	273,743
Net treatment costs	5,393,213	(987,675)	(6,380,888)
Subtotal	6,742,221	(214,598)	(6,956,819)
Adjustment to eliminate negative balance	—	215,598	215,598
Less late claim penalty	(1,000)	(1,000)	—
Total program costs	$ 6,741,221	—	$ (6,741,221)
Less amount paid by the State[1]		—	
Allowable costs claimed in excess of (less than) amount paid		$ —	

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Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment
July 1, 2004, through June 30, 2005			
Assessment/case management costs	$ 3,632,443	$ 3,013,464	$ (618,979)
Administrative costs	585,060	181,632	(403,428)
Offsetting revenues:			
Short-Doyle/Medi-Cal funds	(701,686)	(497,450)	204,236
State categorical funds (EPSDT and IDEA)	(1,550,169)	(1,602,088)	(51,919)
Net assessment/case management costs	1,965,648	1,095,558	(870,090)
Treatment costs	12,987,816	6,374,218	(6,613,598)
Administrative costs	2,091,885	429,622	(1,662,263)
Offsetting revenues:			
Short-Doyle/Medi-Cal funds	(3,503,392)	(1,339,985)	2,163,407
State categorical funds (EPSDT and IDEA)	(5,554,598)	(5,456,134)	98,464
Net treatment costs	6,021,711	7,721	(6,013,990)
Subtotal	7,987,359	1,103,279	(6,884,080)
Less late claim penalty	—	—	—
Total program costs	$ 7,987,359	1,103,279	$ (6,884,080)
Less amount paid by the State [1]		(7,987,359)	
Allowable costs claimed in excess of (less than) amount paid		$ (6,884,080)	
July 1, 2005, through June 30, 2006			
Assessment/case management costs	$ 3,723,702	$ 3,060,385	$ (663,317)
Administrative costs	434,297	160,885	(273,412)
Offsetting revenues:			
Short-Doyle/Medi-Cal funds	(636,167)	(483,811)	152,356
State categorical funds (EPSDT and IDEA)	(1,126,462)	(1,654,661)	(528,199)
Net assessment/case management costs	2,395,370	1,082,798	(1,312,572)
Treatment costs	12,878,460	6,766,962	(6,111,498)
Administrative costs	1,502,020	377,596	(1,124,424)
Offsetting revenues:			
Short-Doyle/Medi-Cal funds	(3,313,672)	(1,278,745)	2,034,927
State categorical funds (EPSDT and IDEA)	(5,906,288)	(5,455,809)	450,479
Net treatment costs	5,160,520	410,004	(4,750,516)
Total program costs	$ 7,555,890	1,492,802	$ (6,063,088)
Less amount paid by the State [1]		(7,555,890)	
Allowable costs claimed in excess of (less than) amount paid		$ (6,063,088)	

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Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment
Summary: July 1, 2003, through June 30, 2006			
Assessment/case management costs	$ 10,272,593[1]	$ 8,521,988	$ (1,750,605)
Administrative costs	1,347,062	559,601	(787,461)
Offsetting revenues:			
Short-Doyle/Medi-Cal funds	(1,998,299)	(1,512,011)	486,288
State categorical funds (EPSDT and IDEA)	(3,911,330)	(4,618,145)	(706,815)
Net assessment/case management costs	5,710,026	2,951,433	(2,758,593)
Treatment costs	39,371,763	18,696,073	(20,675,690)
Administrative costs	5,111,441	1,372,151	(3,739,290)
Offsetting revenues:			
Short-Doyle/Medi-Cal funds	(10,460,095)	(4,013,195)	6,446,900
State categorical funds (EPSDT and IDEA)	(17,447,665)	(16,624,979)	822,686
Net treatment costs	16,575,444	(569,950)	(17,145,394)
Subtotal	22,285,470	2,381,483	(19,903,987)
Adjustment to eliminate negative balance	—	215,598	215,598
Less late claim penalty	(1,000)	(1,000)	—
Total program costs	$ 22,284,470	2,596,081	$ (19,688,389)
Less amount paid by the State		(15,543,249)	
Allowable costs claimed in excess of (less than) amount paid		$(12,947,168)	

[1] Payment information current as of December 31, 2010.

The county's IRC does not address the entire claim reduction, only the portion of the findings that relate to rehabilitation services. The county's IRC erroneously identifies the entire amount of $8,658,336 as part of Finding 1. However, the reduction encompasses the net impact of unallowable rehabilitation services on all three findings, including direct costs, administrative costs, and offsetting revenues. The following table summarizes the audit adjustment.

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Finding 1 - Overstated direct costs	$ 4,727,350	$ 4,127,033	$ 4,107,027	$ 12,961,410
Finding 2 - Overstated administrative costs	480,771	278,162	229,173	988,106
Finding 3 - Overstated offsetting revenues	(2,035,718)	(1,613,802)	(1,641,660)	(5,291,180)
Audit adjustment	$ 3,172,403	$ 2,791,393	$ 2,694,540	$ 8,658,336

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I. HANDICAPPED AND DISABLED STUDENTS PROGRAM CRITERIA

Handicapped and Disabled Students Parameters and Guidelines – FY 2003-04

On April, 26, 1990, the Commission on State Mandates (CSM) determined that Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985 imposed a state mandate reimbursable under Government Code Section 17561. The CSM adopted the program's parameters and guidelines on August 22, 1991, and amended it on August 29, 1996. On May 26, 2005, the CSM adopted a Statement of Decision on reconsideration of the program pursuant to Senate Bill 1895 (Statutes of 2004, Chapter 493). The CSM determined that the 1990 statement of decision does not fully identify all of the activities mandated by the statutes and regulations. Subsequently, the CSM amended the parameters and guidelines on January 26, 2006, and again on January 25, 2007.

Following are excerpts from the Handicapped and Disabled Students Program's parameters and guidelines that are applicable to FY 2003-04 **(Tab 4)**.

Section I, Summary of the Mandate, states:

> Chapter 1747 of the Statutes of 1984 added Chapter 26, commencing with section 7570, to Division 7 of Title 1 of the Government Code (Gov. Code).
>
> Chapter 1274 of the Statutes of 1985 amended sections 7572, 7572.5,7575, 7576,7579, 7582, and 7587 of, amended and repealed 7583 of, added section 7586.5 and 7586.7 to, and repealed 7574 of, the Gov. Code, and amended section 565 1 of the Welfare and Institutions Code.
>
> To the extent that Government Code section 7572 and section 60040, Title 2, Code of California Regulations, require county participation in the mental health assessment for "individuals with exceptional needs," such legislation and regulations impose a new program or higher level of service upon a county. Furthermore, any related county participation on the expanded "Individualized Education Program" (IEP) team and case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed," pursuant to subdivisions (a), (b), and (c) of Government Code section 7572.5 and their implementing regulations, impose a new program or higher level of service upon a county.
>
> The aforementioned mandatory county participation in the IEP process is not subject to the Short-Doyle Act, and accordingly, such costs related thereto are costs mandated by the state and are fully reimbursable within the meaning of section 6, article XIII B of the California Constitution.
>
> The provisions of Welfare and Institutions Code section 565 1, subdivision (g), result in a higher level of service within the county Short-Doyle program because the mental health services, pursuant to Gov. Code sections 7571 and 7576 and their implementing regulations, must be included in the county Short-Doyle annual plan. Such services include psychotherapy and other mental health services provided to "individuals with exceptional needs," including those designated as "seriously emotionally disturbed," and required in such individual's IEP.
>
> Such mental health services are subject to the current cost sharing formula of the Short-Doyle Act, through which the state provides ninety (90) percent of the total costs of the Short-Doyle program, and the county is required to provide the remaining ten (10) percent of the funds. Accordingly, only ten (10) percent of such program costs are reimbursable within the meaning of section 6, article XIIIB of the California Constitution as costs mandated by the state, because the Short-Doyle Act currently provides counties ninety (90) percent of the costs of furnishing those mental health services set forth in Gov. Code section 7571 and 7576 and their implementing regulations, and described in the county's Short-Doyle annual plan pursuant to Welfare and Institutions Code section 565 1, subdivision (g).

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Section IV, Period of Reimbursement, states, in part:

Section 17557 of the Government Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that year. The test claim for this mandate was filed on August 17, 1987; all costs incurred on or after July 1, 1986, through and including June 30, 2004, are reimbursable.

This amended set of parameters and guidelines is operative for reimbursement claims filed for the period from July 1, 2000, through and including June 30, 2004.

Costs incurred beginning July 1, 2004, shall be claimed under the parameters and guidelines for the Commission's decision on reconsideration, Handicapped and Disabled Student (04-RI-4282-10).

Section V, Reimbursable Costs, identifies reimbursable activities as follows:

A. One Hundred (100) percent of any costs related to IEP Participation, Assessment, and Case Management:

1. The scope of the mandate is one hundred (100) percent reimbursement, except that for individuals billed to Medi-Cal only, the Federal Financing Participation portion (FFP) for these activities should be deducted from reimbursable activities not subject to the Short-Doyle Act.

2. For each eligible claimant, the following cost items are one hundred (100) percent reimbursable (Gov. Code, section 7572, subd. (d)(l)):

   a. Whenever an LEA refers an individual suspected of being an 'individual with exceptional needs' to the local mental health department, mental health assessment and recommendation by qualified mental health professionals in conformance with assessment procedures set forth in Article 2 (commencing with section 56320) of Chapter 4 of part 30 of Division 4 of the Education Code, and regulations developed by the State Department of Mental Health, in consultation with the State Department of Education, including but not limited to the following mandated services:

      i. interview with the child and family,
      ii. collateral interviews, as necessary,
      iii. review of the records,
      iv. observation of the child at school, and
      v. psychological testing and/or psychiatric assessment, as necessary.

   b. Review and discussion of mental health assessment and recommendation with parent and appropriate IEP team members. (Gov. Code, section 57572, subd. (d)(l)).

   c. Attendance by the mental health professional who conducted the assessment at IEP meetings, when requested. (Gov. Code, section 57572, subd. (d)(l)).

   d. Review by claimant's mental health professional of any independent assessment(s) submitted by the IEP team. (Gov. Code, section 57572, subd. (d)(2)).

   e. When the written mental health assessment report provided by the local mental health program determines that an 'individual with special needs' is 'seriously emotionally disturbed', and any member of the IEP team recommends residential placement based upon relevant assessment information, inclusion of the claimant's mental health professional on that individual's expanded IEP team.

   f. When the IEP prescribes residential placement for an 'individual with exceptional needs' who is 'seriously emotionally disturbed,' claimant's mental health personnel's identification of out-of-home placement, case management, six month review of IEP, and expanded IEP responsibilities. (Gov. Code, section 7572.5).

   g. Required participation in due process procedures, including but not limited to due process hearings.

3. One hundred (100) percent of any administrative costs related to IEP Participation, Assessment, and Case Management, whether direct or indirect.

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B. Ten (10) percent of any costs related to mental health treatment services rendered under the Short-Doyle Act:

1. The scope of the mandate is ten (10) percent reimbursement.

2. For each eligible claimant, the following cost items, for the provision of mental health services when required by a child's individualized education program, are ten (10) percent reimbursable (Gov. Code, Section 7576):

   a. Individual therapy,
   b. Collateral therapy and contacts,
   c. Group therapy,
   d. Day treatment, and
   e. Mental health portion of residential treatment in excess of the State Department of Social Services payment for the residential placement.

3. Ten (10) percent of any administrative costs related to mental health treatment services rendered under the Short-Doyle Act, whether direct or indirect.

Section VI, Claim Preparation, describes the claim preparation process as follows:

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate:

A. Actual Increased Costs Method. To claim under the Actual Increased Costs Method, report actual increased costs incurred for each of the following expense categories in the format specified by the State Controller's claiming instructions. Attach supporting schedules as necessary:

1. Employee Salaries and Benefits: Show the classification of the employees involved, mandated functions performed, number of hours devoted to the function, and hourly rates and benefits.

2. Services and supplies: Include only expenditures which can be identified as a direct cost resulting from the mandate. List cost of materials acquired which have been consumed or expended specifically for the purpose of this mandate.

3. Direct Administrative Costs:

   a. One hundred (100) percent of any direct administrative costs related to IEP Participation, Assessment, and Case Management.

   b. Ten (10) percent of any direct administrative costs related to mental health treatment rendered under the Short-Doyle Act.

4. Indirect Administrative and Overhead Costs: To the extent that reimbursable indirect costs have not already been reimbursed by DMH from categorical funding sources, they may be claimed under this method in either of the two following ways prescribed in the State Controller's claiming instructions:

   a. Ten (10) percent of related direct labor, excluding fringe benefits. This method may not result in a total combined reimbursement from DMH and SCO for program indirect costs which exceeds ten (10) percent of total program direct labor costs, excluding fringe benefits.

   OR if an indirect cost rate greater than tell (10) percent is being claimed,

   b. By preparation of an "Indirect Cost Rate Proposal" (ICRP) in full compliance with Office of Management and Budget Circular No. A-87 (OMB A-87). Note that OMB A-87 was revised as of May 17, 1995, and that while OMB A-87 is based on the concept of full allocation of indirect costs, it recognizes that in addition to its restrictions, there may be state laws or state regulations which further restrict allowability of costs. Additionally, if more than one department is involved in the mandated program; each department must have its own ICRP. Under this method, total reimbursement for program indirect costs from combined DMH and SCO sources must not exceed the total for those items as computed in the ICRP(s).

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B. Cost Report Method. Under this claiming method the mandate reimbursement claim is still submitted on the State Controller's claiming forms in accordance with the claiming instructions. A complete copy of the annual cost report including all supporting schedules attached to the cost report as filed with DMH must also be filed with the claim forms submitted to the State Controller.

1. To the extent that reimbursable indirect costs have not already been reimbursed by DMH from categorical funding sources, they may be claimed under this method in either of the two following ways prescribed in the State Controller's claiming instructions:

   a. Ten (10) percent of related direct labor, excluding fringe benefits. This method may not result in a total combined reimbursement from DMH and SCO for program indirect costs which exceeds ten (10) percent of total program direct labor costs, excluding fringe benefits.

Section VII, Supporting Data, describes the supporting data that must be maintained as follows:

> For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. Pursuant to Gov. Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district is subject to audit by the State Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the State Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Section VIII, Offsetting Revenues and Other Reimbursements, describes the offsetting revenues that must be identified and deducted from the claim as follows:

> Any offsets and reimbursements the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any of the following sources shall be identified and deducted from this claim:
>
> 1. Funds received by a county pursuant to Government Code section 7576.5 (operative and effective on August 11, 2003).
> 2. Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Acts of 2000 and 2001, which appropriated funds to counties in the amount of $12,334,000 (Stats. 2000, ch. 52, item 4440-131-0001; Stats. 2001, ch. 106, item 4440-131-0001), and the $69 million appropriation in 2003 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17).
> 3. Private insurance proceeds obtained with the consent of a parent for purposes of this program.
> 4. Medi-Cal proceeds obtained from the state or federal government, exclusive of the county match, that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.
> 5. Any other reimbursement received from the federal or state government, or other non-local source.

Handicapped and Disabled Students Parameters and Guidelines – FY 2004-05 and FY 2005-06

On May 26, 2005, the CSM adopted a Statement of Decision on reconsideration of the program pursuant to Senate Bill 1895 (Statutes of 2004, Chapter 493). The CSM determined that the 1990 Statement of Decision does not fully identify all of the activities mandated by the statutes and regulations. Subsequently, the CSM adopted the parameters and guidelines on January 26, 2006, corrected them on July 21, 2006, and adopted the amendment on October 26, 2006.

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Following are excerpts from the Handicapped and Disabled Students Program's parameters and guidelines that are applicable to FY 2004-05 and FY 2005-06 **(Tab 5)**. All eligible treatment services identified in the program's parameters and guidelines applicable to FY 2003-04 have been deleted.

Section I, Summary of Mandate, states:

> Statutes 2004, chapter 493 (Sen. Bill No. 1895) directed the Commission on State Mandates (Commission) to reconsider its prior final decision and parameters and guidelines on the *Handicapped and Disabled Students* program (CSM 4282). On May 26, 2005, the Commission adopted a Statement of Decision on *Handicapped and Disabled Students* (04-RL-4282-10) pursuant to Senate Bill 1895.
>
> The Handicapped and Disabled Students program was enacted in 1984 and 1985 as the state's response to federal legislation (Individuals with Disabilities Education Act, or IDEA) that guaranteed to disabled pupils, including those with mental health needs, the right to receive a free and appropriate public education.
>
> The Commission determined that the test claim legislation imposes a reimbursable state-mandated program on counties pursuant to article XIII B, section 6 of the California Constitution for the activities expressly required by statute and regulation. The Commission also concluded that there is revenue and/or proceeds that must be identified as an offset and deducted from the costs claimed.
>
> Two other Statements of Decision have been adopted by the Commission on the Handicapped and Disabled Students program. They include *Handicapped and Disabled Students II* (02-TC-40/02-TC-49), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).
>
> These parameters and guidelines address only the Commission's findings on reconsideration of the *Handicapped and Disabled Students* program. These parameters and guidelines are effective for reimbursement claims filed through the 2005-2006 fiscal year. Commencing with the 2006-2007 fiscal year, reimbursement claims shall be filed through the consolidated parameters and guidelines for *Handicapped and Disabled Students* (04-RL-4282-10), *Handicapped and Disabled Students II* (02-TC-40/02-TC-49), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

Section III, Period of Reimbursement, states, in part:

> The period of reimbursement for the activities in this parameters and guidelines amendment begins on July 1, 2004.

Section IV, Reimbursable Activities, identifies reimbursable costs as follows:

A. Renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement (Gov. Code, § 7571; Cal. Code Regs., tit. 2, §§ 60030, 60100)

   1. Renew the interagency agreement every three years, and revise if necessary.

   2. Define the process and procedures for coordinating local services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils.

B. Perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team (Gov. Code, § 7572, Cal. Code Regs., tit. 2, § 60040)

   1. Review the following educational information of a pupil referred to the county by a local educational agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.

   2. If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.

   3. If necessary, interview the pupil and family, and conduct collateral interviews.

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4. If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.

5. Assess the pupil within the time required by Education Code section 56344.

6. If a mental health assessment cannot be completed within the time limits, provide notice to the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.

7. Prepare and provide to the IEP team, and the parent or guardian, a written assessment report in accordance with Education Code section 56327. The report shall include the following information: whether the pupil may need special education and related services; the basis for making the determination; the relevant behavior noted during the observation of the pupil in the appropriate setting; the relationship of that behavior to the pupil's academic and social functioning; the educationally relevant health and development, and medical findings, if any; for pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services; a determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate; and the need for specialized services, materials, equipment for pupils with low incidence disabilities.

8. Review and discuss the county recommendation with the parent and the appropriate members of the IEP team before the IEP team meeting.

9. In cases where the local education agency refers a pupil to the county for an assessment, attend the IEP meeting if requested by the parent.

10. Review independent assessments of a pupil obtained by the parent.

11. Following review of the independent assessment, discuss the recommendation with the parent and with the IEP team before the meeting of the IEP team.

12. In cases where the parent has obtained an independent assessment, attend the IEP team meeting if requested.

C. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary (Gov. Code, § 7572.5, subds. (a) and (b); Cal. Code Regs., tit. 2, § 60100)

1. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary.

2. Re-assess the pupil in accordance with section 60400 of the regulations, if necessary.

D. Act as the lead case manager if the IEP calls for residential placement of a seriously emotionally disturbed pupil (Gov. Code, § 7572.5, subd. (c)(1); Cal. Code Regs., tit. 2, § 60110)

1. Designate a lead case manager when the expanded IEP team recommends out-of-home residential placement for a seriously emotionally disturbed pupil. The lead case manager shall perform the following activities:

a. Convene parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.

b. Complete the local mental health program payment authorization in order to initiate out of home care payments.

c. Coordinate the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.

d. Coordinate the completion of the residential placement as soon as possible.

e. Develop the plan for and assist the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.

f. Facilitate the enrollment of the pupil in the residential facility.

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g. Conduct quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.

h. Notify the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.

E. Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (e))

1. Issue payments to providers of out-of-home residential facilities for the residential and non-educational costs of seriously emotionally disturbed pupils. Payments are for the costs of food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation. Counties are eligible to be reimbursed for 60 percent of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility.

   Beginning July 19, 2005, Welfare and Institutions Code section 18355.5 applies to this program and prohibits a county from claiming reimbursement for its 60-percent share of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility if the county claims reimbursement for these costs from the Local Revenue Fund identified in Welfare and Institutions Code section 17600 and receives the funds.

2. Submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed pupils for 24-hour out-of-home care.

F. Participate in due process hearings relating to mental health assessments or services (Gov. Code, § 7586; Cal. Code Regs., tit. 2, § 60550.) When there is a proposal or a refusal to initiate or change the identification, assessment, or educational placement of the child or the provision of a free, appropriate public education to the child relating to mental health assessments or services, the following activities are eligible for reimbursement:

1. Retaining county counsel to represent the county mental health agency in dispute resolution. The cost of retaining county counsel is reimbursable.

2. Preparation of witnesses and documentary evidence to be presented at hearings.

3. Preparation of correspondence and/or responses to motions for dismissal, continuance, and other procedural issues.

4. Attendance and participation in formal mediation conferences.

5. Attendance and participation in information resolution conferences.

6. Attendance and participation in pre-hearing status conferences convened by the Office of Administrative Hearings.

7. Attendance and participation in settlement conferences convened by the Office of Administrative Hearings.

8. Attendance and participation in Due Process hearings conducted by the Office of Administrative Hearings.

9. Paying for psychological and other mental health treatment services mandated by the test claim legislation (California Code of Regulations, title 2, sections 60020, subdivisions (f) and (i)), and the out-of-home residential care of a seriously emotionally disturbed pupil (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (e)), that are required by an order of a hearing officer or a settlement agreement between the parties to be provided to a pupil following due process hearing procedures initiated by a parent or guardian.

   Reimbursement to parents for attorneys' fees when parents prevail in due process hearings and in negotiated settlement agreements is not reimbursable.

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Section V, Claim Preparation and Submission, describes the acceptable methods of submitting claims, states, in part:

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate: the direct cost reporting method and the cost report method.

Direct Cost Reporting Method

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

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If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

Cost Report Method

A. Cost Report Method

Under this claiming method, the mandate reimbursement claim is still submitted on the State Controller's claiming forms in accordance with claiming instructions. A complete copy of the annual cost report, including all supporting schedules attached to the cost report as filed with the Department of Mental Health, must also be filed with the claim forms submitted to the State Controller.

B. Indirect Cost Rates

To the extent that reimbursable indirect costs have not already been reimbursed, they may be claimed under this method.

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

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In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

Section VI, Records Retention, outlines the records retention requirements as follows:

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter1 is subject to the initiation of an audit by the State Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

Section VII, Offsetting Revenues and Other Reimbursements, describes the offsetting revenues that must be identified and deducted from the claim as follows:

Any offsets and reimbursements the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any of the following sources shall be identified and deducted from this claim:

1. Funds received by a county pursuant to Government Code section 7576.5.

2. Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Act 2001, which appropriated funds to counties in the amount of $12,334,000 (Stats. 2001, ch. 106, item 4440-131-0001), and the $69 million appropriations in 2003 and 2004 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17; Stats. 2004, ch. 208, item 6110-161-0890, provision 10) and the $69 million appropriation in 2005 (Stats. 2005, ch. 38, item 6110-161-0890, provision 9).

3. Funds received and applied to this program from the appropriation made by the Legislature in the Budget Act of 2005 for disbursement by the State Controller's Office, which appropriated $120 million for costs claimed for fiscal years 2004-05 and 2005-06 for the Handicapped and Disabled Students program (CSM 4282) and for Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services (97-TC-05). (Stats. 2005, ch. 38, item 4440-295-0001, provisions 11 and 12).

4. Private insurance proceeds obtained with the consent of a parent for purposes of this program.

5. Medi-Cal proceeds obtained from the state or federal government, exclusive of the county match, that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.

6. Any other reimbursement received from the federal or state government, or other non-local source.

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Section X, Legal and Factual Basis for the Parameters and Guidelines, states:

> The Statement of Decision on reconsideration is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim and the reconsideration. The administrative record, including the Statement of Decision, is on file with the Commission.

Handicapped and Disabled Students II Parameters and Guidelines – FY 2003-04 through FY 2005-06

On May 26, 2005, the CSM adopted a Statement of Decision in Handicapped and Disabled Students II, finding that Government Code sections 7572.55 and 7576, as added or amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999, impose a reimbursable state-mandated program on counties. These parameters and guidelines address only the amendments to the Handicapped and Disabled Students program. Subsequently, the CSM adopted the parameters and guidelines on December 9, 2005, corrected them on July 21, 2006, and adopted the amendment on October 26, 2006.

Following are excerpts from the Handicapped and Disabled Students II Program's parameters and guidelines that are applicable to FY 2003-04 through FY 2005-06 **(Tab 6)**. Beginning July 1, 2001, medication monitoring services are eligible for reimbursement. Beginning July 1, 2004, services previously identified in the Handicapped and Disabled Students program's parameters and guidelines become exclusively reimbursable under the Handicapped and Disabled Students II program.

Section I, Summary of the Mandate, states:

> On May 26, 2005, the Commission on State Mandates (Commission) adopted its Statement of Decision in *Handicapped and Disabled Students II*, finding that Government Code sections 7572.55 and 7576, as added or amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999 (Cal. Code Regs., tit. 2, §§ 60000 et seq.), impose a reimbursable state-mandated program on counties within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.
>
> The Handicapped and Disabled Students program was initially enacted in 1984 and 1985 as the state's response to federal legislation (Individuals with Disabilities Education Act, or IDEA) that guaranteed to disabled pupils, including those with mental health needs, the right to receive a free and appropriate public education. Three other Statements of Decision have been adopted by the Commission on the Handicapped and Disabled Students program. They include *Handicapped and Disabled Students* (CSM 4282), *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).
>
> Eligible claimants are ***not*** entitled to reimbursement under these parameters and guidelines for the activities approved by the Commission in *Handicapped and Disabled Students* (CSM 4282), *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).
>
> These parameters and guidelines address only the amendments to the *Handicapped and Disabled Students* program. The Commission found, pursuant to the court's ruling in *Hayes v. Commission on State Mandates* (1992) 11 Cal. App.4th 1564, that Government Code sections 7572.55 and 7576, as added or amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999, constitute a reimbursable state-mandated program since the state "freely chose" to impose the costs upon counties as a means of implementing the federal IDEA program.

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These parameters and guidelines are effective for reimbursement claims filed for costs incurred through the 2005-2006 fiscal year. Commencing with the 2006-2007 fiscal year, reimbursement claims shall be filed through the consolidated parameters and guidelines for *Handicapped and Disabled Students* (04-RL-4282-10), *Handicapped and Disabled Students II* (02-TC-40/ 02-TC-49), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

Section III, Period of Reimbursement, states, in part:

Government Code section 17557 states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed by the County of Stanislaus (02-TC-40) on June 27, 2003, and filed by the County of Los Angeles (02-TC-49) on June 30, 2003. Therefore, except as expressly provided in Section IV. G (5), the period of reimbursement begins July 1, 2001.

Section IV, Reimbursable Activities, states, in part:

For each eligible claimant, the following activities are eligible for reimbursement:

A. Interagency Agreements (Cal. Code Regs., tit. 2, § 60030)

The one-time activity of revising the interagency agreement with each local educational agency to include the following eight procedures:

1) Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute, pursuant to Government Code section 7575, subdivision (f). For purposes of this subdivision only, the term "appropriate" means any service identified in the pupil's IEP, or any service the pupil actually was receiving at the time of the interagency dispute. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(2).)

2) A host county to notify the community mental health service of the county of origin within two (2) working days when a pupil with a disability is placed within the host county by courts, regional centers or other agencies for other than educational reasons. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(4).)

3) Development of a mental health assessment plan and its implementation. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(5).)

4) At least ten (10) working days prior notice to the community mental health service of all IEP team meetings, including annual IEP reviews, when the participation of its staff is required. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(7).)

5) The provision of mental health services as soon as possible following the development of the IEP pursuant to section 300.342 of Title 34 of the Code of Federal Regulations. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(9).)

6) The provision of a system for monitoring contracts with nonpublic, nonsectarian schools to ensure that services on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(14).)

7) The development of a resource list composed of qualified mental health professionals who conduct mental health assessments and provide mental health services. The community mental health service shall provide the LEA with a copy of this list and monitor these contracts to assure that services as specified on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(15).)

8) Mutual staff development for education and mental health staff pursuant to Government Code section 7586.6, subdivision (a). (Cal. Code Regs., tit. 2, § 60030, subd. (c)(17).)

(The activities of updating or renewing the interagency agreements are not reimbursable.)

B. Referral and Mental Health Assessments (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60040, 60045)

1) Work collaboratively with the local educational agency to ensure that assessments performed prior to referral are as useful as possible to the community mental health service in

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determining the need for mental health services and the level of services needed. (Gov. Code, § 7576, subd. (b)(1).)

2) A county that receives a referral for a pupil with a different county of origin shall forward the referral within one working day to the county of origin. (Gov. Code, § 7576, subd. (g); Cal. Code Regs., tit. 2, § 60040, subd. (g).)

3) If the county determines that a mental health assessment is not necessary, the county shall document the reasons and notify the parents and the local educational agency of the county determination within one day. (Cal Code Regs., tit. 2, § 60045, subd. (a)(1).)

4) If the county determines that the referral is incomplete, the county shall document the reasons, notify the local educational agency within one working day, and return the referral. (Cal. Code Regs., tit. 2, § 60045, subd. (a)(2).)

5) Notify the local educational agency when an assessment is determined necessary. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)

6) Provide the assessment plan to the parent. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)

7) Report back to the referring local educational agency or IEP team within 30 days from the date of the receipt of the referral if no parental consent for a mental health assessment has been obtained. (Cal. Code Regs., tit. 2, § 60045, subd. (c).)

8) Notify the local educational agency within one working day after receipt of the parent's written consent for the mental health assessment to establish the date of the IEP meeting. (Cal. Code Regs., tit. 2, § 60045, subd. (d).)

9) Provide the parent with written notification that the parent may require the assessor to attend the IEP meeting to discuss the recommendation when the parent disagrees with the assessor's mental health service recommendation. (Cal. Code Regs., tit. 2, § 60045, subd. (f).)

10) The county of origin shall prepare yearly IEP reassessments to determine the needs of a pupil. (Cal. Code Regs., tit. 2, § 60045, subd. (h).)

C. Transfers and Interim Placements (Cal. Code Regs., tit. 2, § 60055)

1) Following a pupil's transfer to a new school district, the county shall provide interim mental health services, as specified in the existing IEP, for thirty days, unless the parent agrees otherwise.

2) Participate as a member of the IEP team of a transfer pupil to review the interim services and make a determination of services.

D. Participate as a Member of the Expanded IEP Team When Residential Placement of a Pupil is Recommended (Gov. Code, § 7572.55; Cal Code Regs., tit. 2, § 60100)

1) When a recommendation is made that a child be placed in an out-of-state residential facility, the expanded IEP team, with the county as a participant, shall develop a plan for using less restrictive alternatives and in-state alternatives as soon as they become available, unless it is in the best educational interest of the child to remain in the out-of-state school. (Gov. Code, § 7572.55, subd. (c).)

2) The expanded IEP team, with the county as a participant, shall document the alternatives to residential placement that were considered and the reasons why they were rejected. (Cal. Code Regs., tit. 2, § 60100, subd. (c).)

3) The expanded IEP team, with the county as a participant, shall ensure that placement is in accordance with the admission criteria of the facility. (Cal. Code Regs., tit. 2, § 60100, subd. (j).)

4) When the expanded IEP team determines that it is necessary to place a pupil who is seriously emotionally disturbed in residential care, counties shall ensure that: (1) the mental health services are specified in the IEP in accordance with federal law, and (2) the mental health services are provided by qualified mental health professionals. (Cal. Code Regs., tit. 2, § 60100, subd. (i).)

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E. Case Management Duties for Pupils Placed in Residential Care (Cal. Code Regs., tit. 2, §§ 60100, 60110)

1) Coordinate the residential placement plan of a pupil with a disability who is seriously emotionally disturbed as soon as possible after the decision has been made to place the pupil in residential placement. The residential placement plan shall include provisions, as determined in the pupil's IEP, for the care, supervision, mental health treatment, psychotropic medication monitoring, if required, and education of the pupil. (Cal. Code Regs., tit, 2, § 60110, subd, (b)(1).)

2) When the IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in a community treatment facility, the lead case manager shall ensure that placement is in accordance with admission, continuing stay, and discharge criteria of the community treatment facility. (Cal. Code Regs., tit. 2, § 60110, subd. (b)(3).)

3) Identify, in consultation with the IEP team's administrative designee, a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health needs in a manner that is cost-effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment. (Cal. Code Regs, tit. 2, §§ 60100, subd. (e), 60110, subd. (c)(2).)

4) Document the determination that no nearby placement alternative that is able to implement the IEP can be identified and seek an appropriate placement that is as close to the parents' home as possible. (Cal. Code Regs., tit. 2, § 60100, subd. (f).)

5) Notify the local educational agency that the placement has been arranged and coordinate the transportation of the pupil to the facility if needed. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(7).)

6) Facilitate placement authorization from the county's interagency placement committee pursuant to Welfare and Institutions Code section 4094.5, subdivision (e)(1), by presenting the case of a pupil with a disability who is seriously emotionally disturbed prior to placement in a community treatment facility. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(11).)

7) Evaluate every 90 days the continuing stay criteria, as defined in Welfare and Institutions Code section 4094, of a pupil placed in a community treatment facility every 90 days. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(8).)

8) Schedule and attend the next expanded IEP team meeting with the expanded IEP team's administrative designee within six months of the residential placement of a pupil with a disability who is seriously emotionally disturbed and every six months thereafter as the pupil remains in residential placement. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(10).)

F. Authorize Payments to Out-Of-Home Residential Care Providers (Cal. Code Regs., tit. 2, § 60200, subd. (e))

1) Authorize payments to residential facilities based on rates established by the Department of Social Services in accordance with Welfare and Institutions Code sections 18350 and 18356. This activity requires counties to determine that the residential placement meets all the criteria established in Welfare and Institutions Code sections 18350 through 18356 before authorizing payment.

G. Provide Psychotherapy or Other Mental Health Treatment Services (Cal. Code Regs., tit. 2, §§ 60020, subd. (i), 60050, subd. (b), 60200, subd. (c))

1) The host county shall make its provider network available and provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)

2) The county of origin shall negotiate with the host county to obtain access to limited resources, such as intensive day treatment and day rehabilitation. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)

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3) Provide case management services to a pupil when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

4) Provide case management services and individual or group psychotherapy services, as defined in Business and Professions Code section 2903, when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

5) *Beginning July 1, 2004*, provide mental health assessments, collateral services, intensive day treatment, and day rehabilitation services when required by the pupil's IEP. These services shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

6) Provide medication monitoring services when required by the pupil's IEP. "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, and monitoring of psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subds. (f) and (i).)

7) Notify the parent and the local educational agency when the parent and the county mutually agree upon the completion or termination of a service, or when the pupil is no longer participating in treatment. ((Cal. Code Regs., tit. 2, § 60050, subd. (b).) *(When providing psychotherapy or other mental health treatment services, the activities of crisis intervention, vocational services, and socialization services are not reimbursable.)*

Section V, Claim Preparation and Submission, states, in part:

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate: the direct cost reporting method and the cost report method.

Direct Cost Reporting Method

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and invoices with the claim and a description of the contract scope of services.

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4. Fixed Assets and Equipment

   Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

Cost Report Method

A. Cost Report Method

Under this claiming method, the mandate reimbursement claim is still submitted on the State Controller's claiming forms in accordance with claiming instructions. A complete copy of the annual cost report, including all supporting schedules attached to the cost report as filed with the Department of Mental Health, must also be filed with the claim forms submitted to the State Controller.

B. Indirect Cost Rates

To the extent that reimbursable indirect costs have not already been reimbursed, they may be claimed under this method.

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts

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disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

Section VII, Offsetting Revenues and Other Reimbursements, describes the offsetting revenues that must be identified and deducted from the claim as follows:

Any offsets and reimbursements the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any of the following sources shall be identified and deducted from this claim:

1. Funds received by a county pursuant to Government Code section 7576.5.

2. Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Act 2001, which appropriated funds to counties in the amount of $12,334,000 (Stats. 2001, ch. 106, item 4440-131-0001), and the $69 million appropriations in 2003 and 2004 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17; Stats. 2004, ch. 208, item 6110-161-0890, provision 10).

3. Private insurance proceeds obtained with the consent of a parent for purposes of this program.

4. Medi-Cal proceeds obtained from the state or federal government, exclusive of the county match, that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.

5. Any other reimbursement received from the federal or state government, or other non-local source.

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Section X, Legal and Factual Basis for the Parameters and Guidelines, states:

> The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

II. COUNTY OVERSTATED COSTS BY CLAIMING INELIGIBLE REHABILITATION SERVICES

Issue

For the period of July 1, 2003, through June 30, 2006, the county overstated costs by claiming ineligible rehabilitation services. The ineligible rehabilitation services impact all three findings, resulting in a net adjustment of $8,658,336. The county believes that rehabilitation services are eligible and reimbursable under the state-mandated cost program.

SCO Analysis

For the audit period, the county submitted reimbursement claims totaling $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim)—$6,741,221 for FY 2003-04 ($6,742,221 less a $1,000 penalty for filing a late claim), $7,987,359 for FY 2004-05, and $7,555,890 for FY 2005-06. Our audit determined that $2,596,081 is allowable and $19,688,389 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs, and offsetting revenues.

The audit report discusses ineligible services claimed by the county including, but not limited to, crisis intervention services (FY 2003-04), board and care costs (FY 2003-04), therapeutic behavioral services, rehabilitation services and out-of-state residential placement costs that are not reimbursable in accordance with the program's parameters and guidelines. The county is disputing only the portion of the findings related to ineligible rehabilitation services.

Neither the Handicapped and Disabled Students nor the Handicapped and Disabled Students II program's parameters and guidelines for the period identify rehabilitation services as a reimbursable treatment cost. In its response, the county does not address the specific reimbursable activity sections in both program's parameters and guidelines.

In the Reimbursable Activities section V. (B) (2), the Handicapped and Disabled Students program's parameters and guidelines applicable to FY 2003-04 specify that the following treatment services are reimbursable (**Tab 4**):

5. For each eligible claimant, the following cost items, for the provision of mental health services when required by a child's individualized education program, are ten (10) percent reimbursable (Gov. Code, Section 7576):
   a. Individual therapy,
   b. Collateral therapy and contacts,
   c. Group therapy,
   d. Day treatment, and
   e. Mental health portion of residential treatment in excess of the State Department of Social Services payment for the residential placement.

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The Handicapped and Disabled Students program's parameters and guidelines applicable to FY 2004-05 through FY 2005-06 do not identify any reimbursable treatment services (**Tab 5**). Beginning in FY 2004-05, the treatment services were moved to the Handicapped and Disabled Students II program's parameters and guidelines.

In the Reimbursable Activities section IV (G), the Handicapped and Disabled Students II Program's parameters and guidelines applicable to FY 2003-04 through FY 2005-06, with the exception of item (5), specify that the following services are reimbursable (**Tab 6**):

G. Provide Psychotherapy or Other Mental Health Treatment Services (Cal. Code Regs., tit. 2, §§ 60020, subd. (i), 60050, subd. (b), 60200, subd. (c))

1) The host county shall make its provider network available and provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)

2) The county of origin shall negotiate with the host county to obtain access to limited resources, such as intensive day treatment and day rehabilitation. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)

3) rovide case management services to a pupil when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

4) Provide case management services and individual or group psychotherapy services, as defined in Business and Professions Code section 2903, when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

5) *Beginning July 1, 2004*, provide mental health assessments, collateral services, intensive day treatment, and day rehabilitation services when required by the pupil's IEP. These services shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

6) Provide medication monitoring services when required by the pupil's IEP. "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, and monitoring of psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subds. (f) and (i).)

7) Notify the parent and the local educational agency when the parent and the county mutually agree upon the completion or termination of a service, or when the pupil is no longer participating in treatment. ((Cal. Code Regs., tit. 2, § 60050, subd. (b).) *(When providing psychotherapy or other mental health treatment services, the activities of crisis intervention, vocational services, and socialization services are not reimbursable.)*

The three sets of parameters and guidelines do not identify rehabilitation services as a reimbursable activity. Further, the Handicapped and Disabled Students II program's parameters and guidelines specify that the activities of crisis intervention, vocational services, and socialization services are not reimbursable.

County's Narrative

Below is an outline of the county's argument regarding the eligibility of rehabilitation services. For the complete analysis, refer to the narrative for the county's IRC.

I. **THE CONTROLLER MISINTERPRETED THE PARAMETERS AND GUIDELINES AND § 60020 IN CONCLUDING THAT THE COUNTY'S MENTAL HEALTH REHABILITATION SERVICES ARE NOT REIMBURSABLE**

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The Controller's conclusion that the County's mental health rehabilitation services fall "outside of the program's [P]arameters and [G]uidelines and [therefore] are not subject to reimbursement under the state-mandated cost program," Ex. At 416 (Final Audit Report at 12), is based on a misreading of § 60020, the salient language of which is reiterated in the Parameters and Guidelines. Contrary to the Controller's conclusion, the mental health rehabilitation services provided by the County are reimbursable under the applicable Parameters and Guidelines and governing regulations.

A. The Parameters and Guidelines specifically identify "day rehabilitation" as a reimbursable mental health service.

B. The Short-Doyle Regulations Provide Further Support for the County's Position that Mental Health Rehabilitation Services Fall Within the AB 3632 Regulations' Definition of Reimbursable Mental Health Services.

C. The State Department of Mental Health's exclusion of vocational and socialization services from the definition of "mental health services" under AB 3632 is immaterial, as the County's rehabilitation services do not consist of vocational and socialization services.

D. Contrary to the Controller's assertions, the Commission on State Mandates' 2005 Statement of Decision does not define mental health rehabilitation services as non-reimbursable.

E. Whether the County's Rehabilitation Services Fall Within the Broad Medi-Cal Definition of "Rehabilitation" Has No Bearing on Whether They Are Covered by § 60020.

F. The State Department of Mental Health, the Entity that Promulgated §60020, Has Confirmed that Mental Health Rehabilitation Services Fall Within the Scope of that Regulation.

G. The Controller's View that These Services Were Not Covered by Decisions on Prior Test Claims is Incorrect.

II. IF § 60020 EXCLUDED MENTAL HEALTH REHABILITATION SERVICES FROM THE DEFINITION OF "MENTAL HEALTH SERVICES," IT WOULD BE INCONSISTENT WITH BOTH AB 3632 AND THE FEDERAL IDEA AND THEREFORE INVALID

If the Controller were correct that §60020 excludes mental health rehabilitation services from the set of the "mental health services" that county mental health departments are obligated to provide, the regulations would be inconsistent with state and federal law, and therefore invalid.

A. Federal law requires the provision of mental health rehabilitation services to disabled children who need them in order to benefit from a free appropriate public education.

B. AB 3632 delegated the State's responsibility to provide any mental health services required under IDEA to county mental health departments. If § 60020 does not require county mental health departments to provide mental health rehabilitation services to eligible children who need them, § 60020 would be inconsistent with AB 3632 and therefore invalid.

C. If § 60020 is not read to include mental health rehabilitation services, the State has violated its obligations under the IDEA.

D. The core purposes underlying both AB 3632 and the IDEA also counsel in favor of reading § 60020 as including all mental health services, including mental health services.

SCO's Comment

Objective

Our objective was to determine whether the costs of county-filed claims are reimbursable under the Handicapped and Disabled Students program's parameters and guidelines adopted by the CSM. In our assessment, we also considered the Handicapped and Disabled Students II program's parameters and guidelines also adopted by the CSM. We did not assess the appropriateness or need for services provided in light of federal regulations.

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Parameters and Guidelines

We maintain that rehabilitation services are not included in the Handicapped and Disabled Students (**Tabs 4 and 5**) or Handicapped and Disabled Students II program's parameters and guidelines (**Tab 6**). Further, we believe that rehabilitation services are not in the underlying state regulations, Title 2, California Code of Regulations (CCR), section 60020, subdivision (i), that form the basis for the services in the state-mandated cost program (**Tab 7**).

The CSM also considered the rehabilitation services in the reconsidered Handicapped and Disabled Students parameters and guidelines. On May 26, 2005, the CSM issued a statement of decision on the reconsideration of the program finding that rehabilitation services, as defined by Title 9, CCR, section 1810.243, are not reimbursable (**Tab 8 – Page 39, footnote 96**). At the time, the county did not voice opposition to the CSM's adoption of the reconsidered Handicapped and Disabled Students program's statement of decision and parameters and guidelines. Further, and more recently, the CSM responded to the Department of Mental Health's request for clarification on February 27, 2009, stating that rehabilitation services, as defined by Title 9, CCR, section 1810.243, are not reimbursable under the mandated cost program (**Tab 9**). The CSM opined that the test claim regulations do not require or mandate counties to perform activities defined by section 1810.243.

Separate and Distinct Services

Contrary to the county's position, we believe that rehabilitation services claimed by the county are separate and distinct from day rehabilitation services. We allowed day rehabilitation services claimed by the county, as these services are identified in the program's parameters and guidelines (**Tabs 4 and 6**).

The county prepared its claims using the cost report method, using the cost reports submitted to the California Department of Mental Health (DMH) as a basis for its claims. The cost report identifies various services by mode and service function, and accumulates associated the units of service relative to each service type. For each mental health service claimed, the county computed its direct costs by multiplying the corresponding units of service by the applicable unit rate. Further, the county also computed the corresponding offsetting revenues by identifying the portion of units of service that are Medi-Cal, multiplying the units by a unit rate and then applying a funding percentage to determine the offsetting revenue. Consistent with the DMH guidelines, and Medi-Cal reporting, the county identified, tracked and reported the day rehabilitation services under Mode 10 – Day Mode of Service and rehabilitation services under Mode 15 – Outpatient Mode of Service (**Tab 10**).

The definition of each rehabilitation service in the county's Clinical Record Documentation Manual for Outpatient Mental Health Services (**Tab 11**) is consistent with the service definitions in Title 9, CCR (**Tab 12**). The county's rehabilitation services definition is consistent with section 1810.243, while the day rehabilitation service definition is consistent with section 1810.212. Day rehabilitation does not include elements of socialization and vocational services, as these are separate and distinct services in Mode 10, each having a separate service function code (**Tab 10**). Further, day rehabilitation does not include other fringe services such as grooming, personal hygiene skills, and daily living skills, which are part of rehabilitation. The documentation provided by the county in support of the rehabilitation services claimed includes fringe services, and the sample provided relates to grooming and personal hygiene (**Tab 13**).

Each rehabilitation service also differs in terms of service delivery. Rehabilitation services are delivered in minutes consistent with Mode 15, while day rehabilitation services are delivered in half-day and full-day increments, requiring service availability of at least 3 hours and less than 24 hours each day that the program is open, consistent with Mode 10 (**Tab 10**). A portion of the rehabilitation services provided to do not meet the required service availability of at least 3 hours.

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Another distinguishing feature of rehabilitation services is that they can be provided by unlicensed personnel. In contrast, in accordance with the Business and Professions Code, section 2903, the mental health services of individual and group psychotherapy must be provided by licensed personnel **(Tab 14)**. As previously discussed rehabilitation services are accumulated under the Mode 15 – Outpatient Mode of Service and is included in a range of mental health services (service function codes 30-59) that includes individual and group psychotherapy; all mental health services within this range have the same cost per unit of service delivered. Thus, rehabilitation services costs are determined using the same unit rate as if the services were provided by licensed personnel.

If the rehabilitation services are, for all intents and purposes, identical to day rehabilitation services as the county contends, the county has misrepresented the services provided when reporting to both DMH and the federal government for Medi-Cal Federal Financing Participation reimbursement.

Offsetting Revenues – Wraparound Program

The county has not responded to our inquiries regarding the relationship between the rehabilitation services provided and the Wraparound program. The rehabilitation services provided by the county are in lieu of a residential placement as part of the Wraparound program. In its filed claims, the county did not identify any associated revenues required by the mandate program's parameters and guidelines. Under Senate Bill 163, (Chapter 795, Statutes 1997), Wraparound services were established using non-federal Aid to Families with Dependent Children-Foster Care (AFDC-FC). Counties can use the AFDC-FC funding to provide children and families with family-based service alternatives to group home care using the Wraparound process. The funding is provided for services in lieu of an out-of-home residential placement and may include mental health treatment services. The funding level provided by the California Department of Social Services in its administration of the program is the same as if the client was placed in a group home. **(Tab 15)**

Recent Developments

The county's response ignores acknowledgement by the DMH and other counties that the mandated cost program's underlying regulations do not include rehabilitation services. Currently, DMH and counties have initiated efforts to add a definition of rehabilitation services to CCRs. In August 2009, the DMH held a statewide conference call to discuss the issue of adding rehabilitation services to the state regulations that form the basis of the state-mandated cost program **(Tab 16)**. Representatives of DMH, counties, and advocate groups discussed four potential definitions of rehabilitation services in the context of AB 3632 program. The definitions proposed by the counties varied significantly in terms of scope; some were broader, while others were narrower concerning the range of services. Currently, the DMH's legal staff is reviewing a definition that is a combination of the third and fourth proposals. The first proposed definition, which the DMH did not select, is identical to that used by the county and is based on section 1810.243. The combination of the third and fourth proposals excludes activities identified in the first proposal – such as improving grooming, personal hygiene skills, and meal preparation skills – that are not activities identified in day rehabilitation, section 1818.212.

Conclusion

The rehabilitation services are not identified in the Handicapped and Disabled Students and Handicapped and Disabled Students II program's parameters and guidelines. Further, the CSM considered rehabilitation services in its reconsideration of the Handicapped and Disabled Students program's parameters and guidelines, stating that the services are not required by the test claim legislation. The county did not voice opposition to the adoption of the program's statement of decision. Lastly, day rehabilitation services are separate and distinct from rehabilitation services in terms of definition, tracking, reporting, and service delivery. As such, rehabilitation services are not eligible for reimbursement under the state-mandated cost program.

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SCO's Rebuttal Comment

Our brief responses to each of the county's following points appears in italics:

I. **THE CONTROLLER MISINTERPRETED THE PARAMETERS AND GUIDELINES AND § 60020 IN CONCLUDING THAT THE COUNTY'S MENTAL HEALTH REHABILITATION SERVICES ARE NOT REIMBURSABLE.**

A. The Parameters and Guidelines specifically identify "day rehabilitation" as a reimbursable mental health service.

We allowed day rehabilitation services claimed by the county. However, rehabilitation and day rehabilitation are separate and distinct services by definition, tracking, reporting, and service delivery.

B. The Short-Doyle Regulations Provide Further Support for the County's Position that Mental Health Rehabilitation Services Fall Within the AB 3632 Regulations' Definition of Reimbursable Mental Health Services.

Rehabilitation services are not identified as an eligible service in the program's parameters and guidelines. Further, rehabilitation services are not identified in the underlying regulation that forms the basis for the mandate.

C. The State Department of Mental Health's exclusion of vocational and socialization services from the definition of "mental health services" under AB 3632 is immaterial, as the County's rehabilitation services do not consist of vocational and socialization services.

Again, rehabilitation and day rehabilitation are separate and distinct services by definition, tracking, reporting, and service delivery. By definition, day rehabilitation services do not include vocational and socialization services, and do not include any of the fringe services such as improving grooming, personal hygiene skills, and meal-preparation skills. The documentation provided by the county in support of the rehabilitation services claimed includes fringe services, and the sample provided relates to grooming and personal hygiene ***(Tab 13)****.*

D. Contrary to the Controller's assertions, the Commission on State Mandates' 2005 Statement of Decision does not define mental health rehabilitation services as non-reimbursable.

On May 26, 2005, the CSM issued a statement of decision on the reconsideration of the program finding that rehabilitation services, as defined by Title 9, CCR, section 1810.243, are not reimbursable ***(Tab 8)****. At the time, the county did not voice opposition to the CSM's adoption of the reconsidered Handicapped and Disabled Students program's statement of decision and subsequent adoption of the parameters and guidelines.*

E. Whether the County's Rehabilitation Services Fall Within the Broad Medi-Cal Definition of "Rehabilitation" Has No Bearing on Whether They Are Covered by § 60020.

Rehabilitation services are not identified as an eligible service in the program's parameters and guidelines. Further, rehabilitation services are not identified in the underlying regulation that forms the basis for the mandate.

F. The State Department of Mental Health, the Entity that Promulgated §60020, Has Confirmed that Mental Health Rehabilitation Services Fall Within the Scope of that Regulation.

Rehabilitation services are not identified as an eligible service in the program's parameters and guidelines. Further, rehabilitation services are not identified in the underlying regulation that forms the basis for the mandate.

Currently, DMH is working with counties to develop regulations that include an acceptable definition of rehabilitation services within the context of the AB 3632 program.

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G. The Controller's View that These Services Were Not Covered by Decisions on Prior Test Claims is Incorrect.

Rehabilitation services are not identified as an eligible service in the program's parameters and guidelines. Further, rehabilitation services are not identified in the underlying regulation that forms the basis for the mandate.

The counties promulgating the reconsideration of the program chose to propose and include a definition of rehabilitation services in the statement of decision and parameters and guidelines to render the services eligible for reimbursement under the state-mandated cost program. However, on May 26, 2005, the CSM issued a statement of decision on the reconsideration for the program finding that rehabilitation services, as defined by Title 9, CCR, section 1810.243, are not reimbursable ***(Tab 8)****.*

II. IF § 60020 EXCLUDED MENTAL HEALTH REHABILITATION SERVICES FROM THE DEFINITION OF "MENTAL HEALTH SERVICES," IT WOULD BE INCONSISTENT WITH BOTH AB 3632 AND THE FEDERAL IDEA AND THEREFORE INVALID

A. Federal law requires the provision of mental health rehabilitation services to disabled children who need them in order to benefit from a free appropriate public education.

Our objective was to determine whether the costs of county-filed claims are reimbursable under the Handicapped and Disabled Students program's parameters and guidelines adopted by the CSM. In our assessment, we also considered the Handicapped and Disabled Students II program's parameters and guidelines, also adopted by the CSM. We did not assess the appropriateness or need for services provided in light of federal regulations.

B. AB 3632 delegated the State's responsibility to provide any mental health services required under IDEA to county mental health departments. If § 60020 does not require county mental health departments to provide mental health rehabilitation services to eligible children who need them, § 60020 would be inconsistent with AB 3632 and therefore invalid.

See response to item A. above.

C. If § 60020 is not read to include mental health rehabilitation services, the State has violated its obligations under the IDEA.

See response to item A. above.

III. CONCLUSION

The State Controller's Office reviewed Santa Clara County's claims for costs of the legislatively mandated Handicapped and Disabled Students (Chapter 1747, Statutes of 1984; and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006. The county claimed unallowable costs totaling $8,658,336. The costs are unallowable because the county claimed ineligible rehabilitation services.

In conclusion, the Commission on State Mandates should find that: (1) the SCO correctly reduced the county's FY 2003-04 claim by $6,741,221; (2) the SCO correctly reduced the county's FY 2004-05 claim by $6,884,080; and (3) the SCO correctly reduced the county's FY 2005-06 claim by $6,063,088.

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IV. CERTIFICATION

I hereby certify by my signature below that the statements made in this document are true and correct of my own knowledge, or, as to all other matters, I believe them to be true and correct based upon information and belief.

Executed on December 31, 2010, at Sacramento, California, by:

Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
State Controller's Office

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Tab 3

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Attn: Ginny
3 pages

JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 11, 2000

307-MCC-041

AUDITOR-CONTROLLER
COUNTY OF SANTA CLARA
70 W HEDDING ST, EAST WING
SAN JOSE CA 95110

DEAR CLAIMANT:

RE: HANDI & DISABLE STU CH 1747/89 03/04

WE HAVE REVIEWED YOUR 1999/2000 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS.

AMOUNT CLAIMED		6,742,221.00
ADJUSTMENT TO CLAIM:		
FIELD AUDIT FINDINGS	- 6,741,221.00	
LATE CLAIM PENALTY	- 1,000.00	
TOTAL ADJUSTMENTS		- 6,742,221.00
AMOUNT DUE CLAIMANT		$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 324-8348 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

SINCERELY,

GINNY BROWNELS, MANAGER
LOCAL REIMBURSEMENT SECTION
P.O. BOX 942850 SACRAMENTO, CA 94250-5875

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JOHN CHIANG

California State Controller

July 22, 2009

Mr. Ram Venkatesan
SB 90 Coordinator
County of Santa Clara
70 W. Hedding Street, East Wing, 2nd Floor
San Jose CA 95110

RE: Services to Handicapped Students CH 1747/84

Dear Claimant:

04/05

We have reviewed your 2004/2005 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed		$7,987,359.00
Adjustment to Claim:		
Field Audit Findings	-$6,884,080.00	
Total Adjustments		$1,103,279.00
Less: Prior Payment		
Schedule Number	MA63900A (PAID 08/03/2006)	- $2,248,732.00
Schedule Number	MA51301E (PAID 09/13/2005)	- $5,738,627.00
Amount Due State		- $6,884,080.00

The overpayment amount of $6,884,080.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

Ginny Brummels

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250

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JOHN CHIANG
California State Controller

July 22, 2009

Mr. Ram Venkatesan
SB 90 Coordinator
County of Santa Clara
70 W. Hedding Street, East Wing, 2nd Floor
San Jose CA 95110

RE: Services to Handicapped Students CH 1747/84

Dear Claimant:

We have reviewed your 2005/2006 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed		$7,556,890.00
Adjustment to Claim:		
Field Audit Findings	-$6,063,088.00	
Total Adjustments		$1,492,802.00
Less: Prior Payment		
Schedule Number	MA61358A (PAID 03/07/2007)	- $1,446,478.80
Schedule Number	MA52817E (PAID 03/16/2006)	- $6,109,420.00
Amount Due State		- $6,063,088.00

The overpayment amount of $6,063,088.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

Ginny Brummels

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STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, *Governor*

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January 26, 2007

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Mr. Allan P. Burdick
Ms. Pamela A. Stone
MAXIMUS
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Mr. Linda Downs
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Ms. Ginny Brummels
State Controller's Office
Division of Accounting & Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

And Affected State Agencies and Interested Parties (See Enclosed Mailing List)

Re: Adopted Parameters and Guidelines Amendment
Handicapped and Disabled Students (CSM 4282), 00-PGA-03; 00-PGA-04
Government Code Sections 7570-7588; Statutes 1984, Chapter 1747 (Assem. Bill No. 3632); Statutes 1985, Chapter 1274 (Assem. Bill No. 882); California Code of Regulations, Title 2, Sections 60000-60610 (Emergency Regulations filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28))
Counties of Los Angeles and Stanislaus, Requestors

Dear Mr. Kaye, Mr. Burdick, Ms. Downs, and Ms. Brummels:

On January 25, 2007, the Commission on State Mandates adopted the enclosed parameters and guidelines amendment.

If you have any questions, please contact Camille Shelton at (916) 323-8215.

Sincerely,

Paula Higashi

PAULA HIGASHI
Executive Director

Enclosure

Received
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State Mandates

BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

IN RE PARAMETERS AND GUIDELINES AMENDMENT ON: Government Code Sections 7570-7588; Statutes 1984, Chapter 1747 (Assem. Bill No. 3632); Statutes 1985, Chapter 1274 (Assem. Bill No. 882); California Code of Regulations, Title 2, Sections 60000-60610 (Emergency Regulations filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28)) Counties of Los Angeles and Stanislaus, Requestors	No. 00-PGA-03/04 (CSM 4282) *Handicapped and Disabled Students* ADOPTION OF PARAMETERS AND GUIDELINES AMENDMENT PURSUANT TO GOVERNMENT CODE SECTION 17557 AND TITLE 2, CALIFORNIA CODE OF REGULATIONS, SECTION 1183.12 *(Adopted on January 25, 2007)*

PARAMETERS AND GUIDELINES AMENDMENT

On January 25, 2007, the Commission on State Mandates adopted the attached parameters and guidelines amendment.

Paula Higashi
PAULA HIGASHI, Executive Director

January 26, 2007

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Adopted: August 22, 1991
Amended: August 29, 1996
Amended: January 26, 2006
Amended: January 25, 2007

PARAMETERS AND GUIDELINES

Government Code Sections 7570-7588

Statutes 1984, Chapter 1747 (Assem. Bill No. 3632);
Statutes 1985, Chapter 1274 (Assem. Bill No. 882)

California Code of Regulations, Title 2, Sections 60000-60610 (Emergency Regulations filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28))

Handicapped and Disabled Students (CSM 4282)
July 1, 2000 – June 30, 2004

I. SUMMARY OF MANDATE

Chapter 1747 of the Statutes of 1984 added Chapter 26, commencing with section 7570, to Division 7 of Title 1 of the Government Code.

Chapter 1274 of the Statutes of 1985 amended sections 7572, 7572.5, 7575, 7576, 7579, 7582, and 7587 of, amended and repealed 7583 of, added section 7586.5 and 7586.7 to, and repealed 7574 of, the Government Code, and amended section 5651 of the Welfare and Institutions Code.

To the extent that Government Code section 7572 and section 60040, Title 2, Code of California Regulations, require county participation in the mental health assessment for "individuals with exceptional needs," such legislation and regulations impose a new program or higher level of service upon a county. Furthermore, any related county participation on the expanded "Individualized Education Program" (IEP) team and case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed," pursuant to subdivisions (a), (b), and (c) of Government Code section 7572.5 and their implementing regulations, impose a new program or higher level of service upon a county.

The aforementioned mandatory county participation in the IEP process is not subject to the Short-Doyle Act, and accordingly, such costs related thereto are costs mandated by the state and are fully reimbursable within the meaning of section 6, article XIII B of the California Constitution.

The provisions of Welfare and Institutions Code section 5651, subdivision (g), result in a higher level of service within the county Short-Doyle program because the mental health services, pursuant to Government Code sections 7571 and 7576 and their implementing regulations, must be included in the county Short-Doyle annual plan. Such services include psychotherapy and other mental health services provided to "individuals with

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exceptional needs," including those designated as "seriously emotionally disturbed," and required in such individual's IEP.

Such mental health services are subject to the current cost sharing formula of the Short-Doyle Act, through which the state provides ninety (90) percent of the total costs of the Short-Doyle program, and the county is required to provide the remaining ten (10) percent of the funds. Accordingly, only ten (10) percent of such program costs are reimbursable within the meaning of section 6, article XIIIB of the California Constitution as costs mandated by the state, because the Short-Doyle Act currently provides counties ninety (90) percent of the costs of furnishing those mental health services set forth in Government Code section 7571 and 7576 and their implementing regulations, and described in the county's Short-Doyle annual plan pursuant to Welfare and Institutions Code section 5651, subdivision (g).

II. COMMISSION ON STATE MANDATES' DECISIONS

The Commission on State Mandates, at its April 26, 1990 hearing, adopted a Statement of Decision that determined that County participation in the IEP process is a state mandated program and any costs related thereto are fully reimbursable. Furthermore, any mental health treatment required by an IEP is subject to the Short-Doyle cost sharing formula. Consequently, only the county's Short-Doyle share (i.e., ten percent) of the mental health treatment costs will be reimbursed as costs mandated by the state.

Statutes 2004, chapter 493 (Sen. Bill No. 1895) directed the Commission to reconsider the 1990 Statement of Decision and parameters and guidelines for this program. On May 26, 2005, the Commission adopted a Statement of Decision on reconsideration of Handicapped and Disabled Students (04-RL-4282-10). The Commission found that the 1990 Statement of Decision correctly concluded that the test claim legislation imposes a reimbursable state-mandated program on counties pursuant to article XIII B, section 6 of the California Constitution. The Commission determined, however, that the 1990 Statement of Decision does not fully identify all of the activities mandated by the statutes and regulations pled in the test claim or the offsetting revenue applicable to the claim. Thus, the Commission, on reconsideration, identified the activities expressly required by the test claim legislation and the offsetting revenue that must be identified and deducted from the costs claimed. The Commission's Statement of Decision on reconsideration has a period of reimbursement beginning July 1, 2004.

III. ELIGIBLE CLAIMANTS

All counties.

IV. PERIOD OF REIMBURSEMENT

Section 17557 of the Government Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that year. The test claim for this mandate was filed on August 17, 1987; all costs incurred on or after July 1, 1986, through and including June 30, 2004, are reimbursable.

This amended set of parameters and guidelines is operative for reimbursement claims filed for the period from July 1, 2000, through and including June 30, 2004.

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Costs incurred beginning July 1, 2004, shall be claimed under the parameters and guidelines for the Commission's decision on reconsideration, *Handicapped and Disabled Students* (04-RI-4282-10).

Actual costs for one fiscal year should be included in each claim, and estimated costs for the subsequent year may be included on the same claim, if applicable, pursuant to Government Code section 17561.

If the total costs for a given fiscal year do not exceed $200[1], no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

V. REIMBURSABLE COSTS

A. One Hundred (100) percent of any costs related to IEP Participation, Assessment, and Case Management:

1. The scope of the mandate is one hundred (100) percent reimbursement, except that for individuals billed to Medi-Cal only, the Federal Financing Participation portion (FFP) for these activities should be deducted from reimbursable activities not subject to the Short-Doyle Act.

2. For each eligible claimant, the following cost items are one hundred (100) percent reimbursable (Gov. Code, section 7572, subd. (d)(1)):

   a. Whenever an LEA refers an individual suspected of being an 'individual with exceptional needs' to the local mental health department, mental health assessment and recommendation by qualified mental health professionals in conformance with assessment procedures set forth in Article 2 (commencing with section 56320) of Chapter 4 of part 30 of Division 4 of the Education Code, and regulations developed by the State Department of Mental Health, in consultation with the State Department of Education, including but not limited to the following mandated services:

      i. interview with the child and family,

      ii. collateral interviews, as necessary,

      iii. review of the records,

      iv. observation of the child at school, and

      v. psychological testing and/or psychiatric assessment, as necessary.

   b. Review and discussion of mental health assessment and recommendation with parent and appropriate IEP team members. (Gov. Code, § 7572, subd. (d)(1).)

   c. Attendance by the mental health professional who conducted the assessment at IEP meetings, when requested. (Gov. Code, § 7572, subd. (d)(1).)

   d. Review by claimant's mental health professional of any independent assessment(s) submitted by the IEP team. (Gov. Code, § 7572, subd. (d)(2).)

[1] Beginning September 30, 2002, claims must exceed $1000. (Stats. 2002, ch. 1124.)

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e. When the written mental health assessment report provided by the local mental health program determines that an 'individual with special needs' is 'seriously emotionally disturbed', and any member of the IEP team recommends residential placement based upon relevant assessment information, inclusion of the claimant's mental health professional on that individual's expanded IEP team.

f. When the IEP prescribes residential placement for an 'individual with exceptional needs' who is 'seriously emotionally disturbed,' claimant's mental health personnel's identification of out-of-home placement, case management, six month review of IEP, and expanded IEP responsibilities. (Gov. Code, § 7572.5.)

g. Required participation in due process procedures, including but not limited to due process hearings.

3. One hundred (100) percent of any administrative costs related to IEP Participation, Assessment, and Case Management, whether direct or indirect.

B. Ten (10) percent of any costs related to mental health treatment services rendered under the Short-Doyle Act:

1. The scope of the mandate is ten (10) percent reimbursement.

2. For each eligible claimant, the following cost items, for the provision of mental health services when required by a child's individualized education program, are ten (10) percent reimbursable (Gov. Code, § 7576):

a. Individual therapy,

b. Collateral therapy and contacts,

c. Group therapy,

d. Day treatment, and

e. Mental health portion of residential treatment in excess of the State Department of Social Services payment for the residential placement.

3. Ten (10) percent of any administrative costs related to mental health treatment services rendered under the Short-Doyle Act, whether direct or indirect.

VI. CLAIM PREPARATION

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate:

A. Actual Increased Costs Method. To claim under the Actual Increased Costs Method, report actual increased costs incurred for each of the following expense categories in the format specified by the State Controller's claiming instructions. Attach supporting schedules as necessary:

1. Employee Salaries and Benefits: Show the classification of the employees involved, mandated functions performed, number of hours devoted to the function, and hourly rates and benefits.

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2. Services and supplies: Include only expenditures which can be identified as a direct cost resulting from the mandate. List cost of materials acquired which have been consumed or expended specifically for the purpose of this mandate.

3. Direct Administrative Costs:

   a. One hundred (100) percent of any direct administrative costs related to IEP Participation, Assessment, and Case Management.

   b. Ten (10) percent of any direct administrative costs related to mental health treatment rendered under the Short-Doyle Act.

4. Indirect Administrative and Overhead Costs: To the extent that reimbursable indirect costs have not already been reimbursed by DMH from categorical funding sources, they may be claimed under this method in either of the two following ways prescribed in the State Controller's claiming instructions:

   a. Ten (10) percent of related direct labor, excluding fringe benefits. This method may not result in a total combined reimbursement from DMH and SCO for program indirect costs which exceeds ten (10) percent of total program direct labor costs, excluding fringe benefits.

   OR if an indirect cost rate greater than ten (10) percent is being claimed,

   b. By preparation of an "Indirect Cost Rate Proposal" (ICRP) in full compliance with Office of Management and Budget Circular No. A-87 (OMB A-87). Note that OMB A-87 was revised as of May 17, 1995, and that while OMB A-87 is based on the concept of full allocation of indirect costs, it recognizes that in addition to its restrictions, there may be state laws or state regulations which further restrict allowability of costs. Additionally, if more than one department is involved in the mandated program; each department must have its own ICRP. Under this method, total reimbursement for program indirect costs from combined DMH and SCO sources must not exceed the total for those items as computed in the ICRP(s).

B. Cost Report Method. Under this claiming method the mandate reimbursement claim is still submitted on the State Controller's claiming forms in accordance with the claiming instructions. A complete copy of the annual cost report including all supporting schedules attached to the cost report as filed with DMH must also be filed with the claim forms submitted to the State Controller.

1. To the extent that reimbursable indirect costs have not already been reimbursed by DMH from categorical funding sources, they may be claimed under this method in either of the two following ways prescribed in the State Controller's claiming instructions:

   a. Ten (10) percent of related direct labor, excluding fringe benefits. This method may not result in a total combined reimbursement from DMH and SCO for program indirect costs which exceeds ten (10) percent of total program direct labor costs, excluding fringe benefits.

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OR if an indirect cost rate greater than ten (10) percent is being claimed,

b. By preparation of an "Indirect Cost Rate Proposal" (ICRP) in full compliance with Office of Management and Budget Circular No. A-87 (OMB A-87). Note that OMB A-87 was revised as of May 17, 1995, and that while OMB A-87 is based on the concept of full allocation of indirect costs, it recognizes that in addition to its restrictions, there may be state laws or state regulations which further restrict allowability of costs. Additionally, if more than one department is involved in the mandated program; each department must have its own ICRP. Under this method, total reimbursement for program indirect costs from combined DMH and SCO sources must not exceed the total for those items as computed in the ICRP(s).

VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district is subject to audit by the State Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the State Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

VIII. OFFSETTING REVENUES AND OTHER REIMBURSEMENTS

Any offsets and reimbursements the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any of the following sources shall be identified and deducted from this claim:

1. Funds received by a county pursuant to Government Code section 7576.5 (operative and effective on August 11, 2003).
2. Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Acts of 2000 and 2001, which appropriated funds to counties in the amount of $12,334,000 (Stats. 2000, ch. 52, item 4440-131-0001; Stats. 2001, ch. 106, item 4440-131-0001), and the $69 million appropriation in 2003 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17).
3. Private insurance proceeds obtained with the consent of a parent for purposes of this program.
4. Medi-Cal proceeds obtained from the state or federal government, exclusive of the county match, that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.
5. Any other reimbursement received from the federal or state government, or other non-local source.

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IX. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained herein.

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Original List Date: 7/11/2002
Last Updated: 7/7/2006
List Print Date: 01/26/2007
Claim Number: 00-PGA-03
Issue: Handicapped and Disabled Students

Mailing Information: Notice of adopted Ps & Gs

Mailing List

Related Matter(s)

00-PGA-04 Handicapped and Disabled Students

TO ALL PARTIES AND INTERESTED PARTIES:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.2.)

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Amendment Adopted: October 26, 2006
Corrected: July 21, 2006
Adopted January 26, 2006

AMENDED PARAMETERS AND GUIDELINES

Government Code Sections 7570-7588
Statutes 1984, Chapter 1747 (Assem. Bill No. 3632);
Statutes 1985, Chapter 1274 (Assem. Bill No. 882)

California Code of Regulations, Title 2, Sections 60000-60610
(Emergency regulations effective January 1, 1986 [Register 86, No. 1], and re-filed June 30, 1986, designated effective July 12, 1986 [Register 86, No. 28])

Handicapped and Disabled Students (04-RL-4282-10)

EFFECTIVE FOR REIMBURSEMENT CLAIMS FILED FOR COSTS INCURRED THROUGH THE 2005-2006 FISCAL YEAR

I. SUMMARY OF THE MANDATE

Statutes 2004, chapter 493 (Sen. Bill No. 1895) directed the Commission on State Mandates (Commission) to reconsider its prior final decision and parameters and guidelines on the *Handicapped and Disabled Students* program (CSM 4282). On May 26, 2005, the Commission adopted a Statement of Decision on *Handicapped and Disabled Students* (04-RL-4282-10) pursuant to Senate Bill 1895.

The Handicapped and Disabled Students program was enacted in 1984 and 1985 as the state's response to federal legislation (Individuals with Disabilities Education Act, or IDEA) that guaranteed to disabled pupils, including those with mental health needs, the right to receive a free and appropriate public education.

The Commission determined that the test claim legislation imposes a reimbursable state-mandated program on counties pursuant to article XIII B, section 6 of the California Constitution for the activities expressly required by statute and regulation. The Commission also concluded that there is revenue and/or proceeds that must be identified as an offset and deducted from the costs claimed.

Two other Statements of Decision have been adopted by the Commission on the Handicapped and Disabled Students program. They include *Handicapped and Disabled Students II* (02-TC-40/02-TC-49), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

These parameters and guidelines address only the Commission's findings on reconsideration of the *Handicapped and Disabled Students* program. These parameters and guidelines are effective for reimbursement claims filed through the 2005-2006 fiscal year. Commencing with the 2006-2007 fiscal year, reimbursement claims shall be filed through the consolidated parameters and guidelines for *Handicapped and Disabled Students* (04-RL-4282-10), *Handicapped and Disabled Students II* (02-TC-40/02-TC-49), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

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II. ELIGIBLE CLAIMANTS

Any county, or city and county, that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

III. PERIOD OF REIMBURSEMENT

The period of reimbursement for the activities in this parameters and guidelines amendment begins on July 1, 2004.

Pursuant to Government Code section 17560, reimbursement for state-mandated costs may be claimed as follows:

1. A local agency may file an estimated reimbursement claim by January 15 of the fiscal year in which costs are to be incurred, and, by January 15 following that fiscal year shall file an annual reimbursement claim that details the costs actually incurred for that fiscal year; or it may comply with the provisions of subdivision (b).
2. A local agency may, by January 15 following the fiscal year in which costs are incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
3. In the event revised claiming instructions are issued by the Controller pursuant to subdivision (c) of section 17558 between October 15 and January 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim.

Reimbursable actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of the issuance of the State Controller's claiming instructions. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any given fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, calendars, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the

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reimbursable activities otherwise reported in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Claims should *exclude* reimbursable costs included in claims previously filed, beginning in fiscal year 2004-2005, for *Handicapped and Disabled Students II* (02-TC-40/02-TC-49), or *Seriously Emotionally Disturbed (SED) Pupils: Out-of State Mental Health Services* (97-TC-05). In addition, estimated and actual claims filed for fiscal years 2004-2005 and 2005-2006 pursuant to the parameters and guidelines and claiming instructions for *Handicapped and Disabled Students* (CSM 4282) shall be re-filed under these parameters and guidelines.

Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate. For each eligible claimant, the following activities are eligible for reimbursement:

A. Renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement (Gov. Code, § 7571; Cal. Code Regs., tit. 2, §§ 60030, 60100)

   1. Renew the interagency agreement every three years, and revise if necessary.

   2. Define the process and procedures for coordinating local services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils.

B. Perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team (Gov. Code, § 7572, Cal. Code Regs., tit. 2, § 60040)

   1. Review the following educational information of a pupil referred to the county by a local educational agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.

   2. If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.

   3. If necessary, interview the pupil and family, and conduct collateral interviews.

   4. If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.

   5. Assess the pupil within the time required by Education Code section 56344.

   6. If a mental health assessment cannot be completed within the time limits, provide notice to the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.

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7. Prepare and provide to the IEP team, and the parent or guardian, a written assessment report in accordance with Education Code section 56327. The report shall include the following information: whether the pupil may need special education and related services; the basis for making the determination; the relevant behavior noted during the observation of the pupil in the appropriate setting; the relationship of that behavior to the pupil's academic and social functioning; the educationally relevant health and development, and medical findings, if any; for pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services; a determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate; and the need for specialized services, materials, equipment for pupils with low incidence disabilities.
8. Review and discuss the county recommendation with the parent and the appropriate members of the IEP team before the IEP team meeting.
9. In cases where the local education agency refers a pupil to the county for an assessment, attend the IEP meeting if requested by the parent.
10. Review independent assessments of a pupil obtained by the parent.
11. Following review of the independent assessment, discuss the recommendation with the parent and with the IEP team before the meeting of the IEP team.
12. In cases where the parent has obtained an independent assessment, attend the IEP team meeting if requested.

C. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary (Gov. Code, § 7572.5, subds. (a) and (b); Cal. Code Regs., tit. 2, § 60100)

1. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary.
2. Re-assess the pupil in accordance with section 60400 of the regulations, if necessary.

D. Act as the lead case manager if the IEP calls for residential placement of a seriously emotionally disturbed pupil (Gov. Code, § 7572.5, subd. (c)(1); Cal. Code Regs., tit. 2, § 60110)

1. Designate a lead case manager when the expanded IEP team recommends out-of-home residential placement for a seriously emotionally disturbed pupil. The lead case manager shall perform the following activities:
    a. Convene parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.
    b. Complete the local mental health program payment authorization in order to initiate out of home care payments.
    c. Coordinate the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.

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d. Coordinate the completion of the residential placement as soon as possible.

e. Develop the plan for and assist the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.

f. Facilitate the enrollment of the pupil in the residential facility.

g. Conduct quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.

h. Notify the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.

E. Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (e))

1. Issue payments to providers of out-of-home residential facilities for the residential and non-educational costs of seriously emotionally disturbed pupils. Payments are for the costs of food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation. Counties are eligible to be reimbursed for 60 percent of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility.

   Beginning July 19, 2005, Welfare and Institutions Code section 18355.5 applies to this program and prohibits a county from claiming reimbursement for its 60-percent share of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility if the county claims reimbursement for these costs from the Local Revenue Fund identified in Welfare and Institutions Code section 17600 and receives the funds.

2. Submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed pupils for 24-hour out-of-home care.

F. Participate in due process hearings relating to mental health assessments or services (Gov. Code, § 7586; Cal. Code Regs., tit. 2, § 60550.) When there is a proposal or a refusal to initiate or change the identification, assessment, or educational placement of the child or the provision of a free, appropriate public education to the child relating to mental health assessments or services, the following activities are eligible for reimbursement:

1. Retaining county counsel to represent the county mental health agency in dispute resolution. The cost of retaining county counsel is reimbursable.

2. Preparation of witnesses and documentary evidence to be presented at hearings.

3. Preparation of correspondence and/or responses to motions for dismissal, continuance, and other procedural issues.

4. Attendance and participation in formal mediation conferences.

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5. Attendance and participation in information resolution conferences.
6. Attendance and participation in pre-hearing status conferences convened by the Office of Administrative Hearings.
7. Attendance and participation in settlement conferences convened by the Office of Administrative Hearings.
8. Attendance and participation in Due Process hearings conducted by the Office of Administrative Hearings.
9. Paying for psychological and other mental health treatment services mandated by the test claim legislation (California Code of Regulations, title 2, sections 60020, subdivisions (f) and (i)), and the out-of-home residential care of a seriously emotionally disturbed pupil (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (e)), that are required by an order of a hearing officer or a settlement agreement between the parties to be provided to a pupil following due process hearing procedures initiated by a parent or guardian.

Reimbursement to parents for attorneys' fees when parents prevail in due process hearings and in negotiated settlement agreements is not reimbursable.

V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in section IV. of this document. Each claimed reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate: the direct cost reporting method and the cost report method.

Direct Cost Reporting Method

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

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3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

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1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

Cost Report Method

A. Cost Report Method

Under this claiming method, the mandate reimbursement claim is still submitted on the State Controller's claiming forms in accordance with claiming instructions. A complete copy of the annual cost report, including all supporting schedules attached to the cost report as filed with the Department of Mental Health, must also be filed with the claim forms submitted to the State Controller.

B. Indirect Cost Rates

To the extent that reimbursable indirect costs have not already been reimbursed, they may be claimed under this method.

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

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In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

VI. RECORDS RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the State Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING REVENUES AND OTHER REIMBURSEMENTS

Any offsets the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any of the following sources shall be identified and deducted from this claim:

1. Funds received by a county pursuant to Government Code section 7576.5.

2. Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Act of 2001, which appropriated funds to counties in the amounts of $12,334,000 (Stats. 2001, ch. 106, items 4440-131-0001), the $69 million appropriations in 2003 and 2004 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17; Stats. 2004, ch. 208, item 6110-161-0890, provision 10), and the $69 million appropriation in 2005 (Stats. 2005, ch. 38, item 6110-161-0890, provision 9).

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

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3. Funds received and applied to this program from the appropriation made by the Legislature in the Budget Act of 2005 for disbursement by the State Controller's Office, which appropriated $120 million for costs claimed for fiscal years 2004-2005 and 2005-2006 for the *Handicapped and Disabled Students program* (CSM 4282) and for *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05). (Stats. 2005, ch. 38, item 4440-295-0001, provisions 11 and 12.)
4. Private insurance proceeds obtained with the consent of a parent for purposes of this program.
5. Medi-Cal proceeds obtained from the state or federal government, exclusive of the county match, that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.
6. Any other reimbursement received from the federal or state government, or other non-local source.

Except as expressly provided in section IV(E)(1) of these parameters and guidelines, Realignment funds received from the Local Revenue Fund that are used by a county for this program are not required to be deducted from the costs claimed. (Stats. 2004, ch. 493, § 6 (Sen. Bill No. 1895).)

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (c), the Controller shall issue revised claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the revised parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the revised parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(2), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and the California Code of Regulations, title 2, section 1183.2.

X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision on reconsideration is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual

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findings is found in the administrative record for the test claim and the reconsideration. The administrative record, including the Statement of Decision, is on file with the Commission.

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Amendment Adopted: October 26, 2006
Corrected: July 21, 2006
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AMENDED PARAMETERS AND GUIDELINES

Government Code Sections 7572.55 and 7576
Statutes 1994, Chapter 1128, Statutes 1996, Chapter 654

California Code of Regulations, Title 2, Sections 60000 et seq.
(emergency regulations effective July 1, 1998 [Register 98, No. 26],
final regulations effective August 9, 1999 [Register 99, No. 33])

Handicapped and Disabled Students II (02-TC-40/02-TC-49)

Counties of Stanislaus and Los Angeles, Claimants

EFFECTIVE FOR REIMBURSEMENT CLAIMS FILED FOR COSTS INCURRED THROUGH THE 2005-2006 FISCAL YEAR

I. SUMMARY OF THE MANDATE

On May 26, 2005, the Commission on State Mandates (Commission) adopted its Statement of Decision in *Handicapped and Disabled Students II*, finding that Government Code sections 7572.55 and 7576, as added or amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999 (Cal. Code Regs., tit. 2, §§ 60000 et seq.), impose a reimbursable state-mandated program on counties within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

The Handicapped and Disabled Students program was initially enacted in 1984 and 1985 as the state's response to federal legislation (Individuals with Disabilities Education Act, or IDEA) that guaranteed to disabled pupils, including those with mental health needs, the right to receive a free and appropriate public education. Three other Statements of Decision have been adopted by the Commission on the Handicapped and Disabled Students program. They include *Handicapped and Disabled Students* (CSM 4282), *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

Eligible claimants are ***not*** entitled to reimbursement under these parameters and guidelines for the activities approved by the Commission in *Handicapped and Disabled Students* (CSM 4282), *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

These parameters and guidelines address only the amendments to the *Handicapped and Disabled Students* program. The Commission found, pursuant to the court's ruling in *Hayes v. Commission on State Mandates* (1992) 11 Cal. App.4th 1564, that Government Code sections 7572.55 and 7576, as added or amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999, constitute a reimbursable state-mandated program since the state

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"freely chose" to impose the costs upon counties as a means of implementing the federal IDEA program.

These parameters and guidelines are effective for reimbursement claims filed for costs incurred through the 2005-2006 fiscal year. Commencing with the 2006-2007 fiscal year, reimbursement claims shall be filed through the consolidated parameters and guidelines for *Handicapped and Disabled Students* (04-RL-4282-10), *Handicapped and Disabled Students II* (02-TC-40/ 02-TC-49), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

II. ELIGIBLE CLAIMANTS

Any county, or city and county, that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed by the County of Stanislaus (02-TC-40) on June 27, 2003, and filed by the County of Los Angeles (02-TC-49) on June 30, 2003. Therefore, except as expressly provided in Section IV. G (5), the period of reimbursement begins July 1, 2001.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(l)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any given fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, calendars, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

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The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Claims should *exclude* reimbursable costs included in claims previously filed, beginning in fiscal year 2001-2002, for the Handicapped and Disabled Students program (CSM 4282).[1] Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are eligible for reimbursement:

A. Interagency Agreements (Cal. Code Regs., tit. 2, § 60030)

The one-time activity of revising the interagency agreement with each local educational agency to include the following eight procedures:

1) Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute, pursuant to Government Code section 7575, subdivision (f). For purposes of this subdivision only, the term "appropriate" means any service identified in the pupil's IEP, or any service the pupil actually was receiving at the time of the interagency dispute. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(2).)

2) A host county to notify the community mental health service of the county of origin within two (2) working days when a pupil with a disability is placed within the host county by courts, regional centers or other agencies for other than educational reasons. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(4).)

3) Development of a mental health assessment plan and its implementation. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(5).)

4) At least ten (10) working days prior notice to the community mental health service of all IEP team meetings, including annual IEP reviews, when the participation of its staff is required. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(7).)

5) The provision of mental health services as soon as possible following the development of the IEP pursuant to section 300.342 of Title 34 of the Code of Federal Regulations. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(9).)

6) The provision of a system for monitoring contracts with nonpublic, nonsectarian schools to ensure that services on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(14).)

7) The development of a resource list composed of qualified mental health professionals who conduct mental health assessments and provide mental health services. The community mental health service shall provide the LEA with a copy of this list and monitor these contracts to assure that services as specified on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(15).)

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[1] Some costs disallowed by the State Controller's Office in prior years are now reimbursable beginning July 1, 2001 (e.g., medication monitoring). Rather than claimants re-filing claims for those costs incurred beginning July 1, 2001, the State Controller's Office will reissue the audit reports.

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8) Mutual staff development for education and mental health staff pursuant to Government Code section 7586.6, subdivision (a). (Cal. Code Regs., tit. 2, § 60030, subd. (c)(17).)

(The activities of updating or renewing the interagency agreements are not reimbursable.)

B. Referral and Mental Health Assessments (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60040, 60045)

1) Work collaboratively with the local educational agency to ensure that assessments performed prior to referral are as useful as possible to the community mental health service in determining the need for mental health services and the level of services needed. (Gov. Code, § 7576, subd. (b)(1).)

2) A county that receives a referral for a pupil with a different county of origin shall forward the referral within one working day to the county of origin. (Gov. Code, § 7576, subd. (g); Cal. Code Regs., tit. 2, § 60040, subd. (g).)

3) If the county determines that a mental health assessment is not necessary, the county shall document the reasons and notify the parents and the local educational agency of the county determination within one day. (Cal Code Regs., tit. 2, § 60045, subd. (a)(1).)

4) If the county determines that the referral is incomplete, the county shall document the reasons, notify the local educational agency within one working day, and return the referral. (Cal. Code Regs., tit. 2, § 60045, subd. (a)(2).)

5) Notify the local educational agency when an assessment is determined necessary. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)

6) Provide the assessment plan to the parent. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)

7) Report back to the referring local educational agency or IEP team within 30 days from the date of the receipt of the referral if no parental consent for a mental health assessment has been obtained. (Cal. Code Regs., tit. 2, § 60045, subd. (c).)

8) Notify the local educational agency within one working day after receipt of the parent's written consent for the mental health assessment to establish the date of the IEP meeting. (Cal. Code Regs., tit. 2, § 60045, subd. (d).)

9) Provide the parent with written notification that the parent may require the assessor to attend the IEP meeting to discuss the recommendation when the parent disagrees with the assessor's mental health service recommendation. (Cal. Code Regs., tit. 2, § 60045, subd. (f).)

10) The county of origin shall prepare yearly IEP reassessments to determine the needs of a pupil. (Cal. Code Regs., tit. 2, § 60045, subd. (h).)

C. Transfers and Interim Placements (Cal. Code Regs., tit. 2, § 60055)

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1) Following a pupil's transfer to a new school district, the county shall provide interim mental health services, as specified in the existing IEP, for thirty days, unless the parent agrees otherwise.

2) Participate as a member of the IEP team of a transfer pupil to review the interim services and make a determination of services.

D. Participate as a Member of the Expanded IEP Team When Residential Placement of a Pupil is Recommended (Gov. Code, § 7572.55; Cal Code Regs., tit. 2, § 60100)

1) When a recommendation is made that a child be placed in an out-of-state residential facility, the expanded IEP team, with the county as a participant, shall develop a plan for using less restrictive alternatives and in-state alternatives as soon as they become available, unless it is in the best educational interest of the child to remain in the out-of-state school. (Gov. Code, § 7572.55, subd. (c).)

2) The expanded IEP team, with the county as a participant, shall document the alternatives to residential placement that were considered and the reasons why they were rejected. (Cal. Code Regs., tit. 2, § 60100, subd. (c).)

3) The expanded IEP team, with the county as a participant, shall ensure that placement is in accordance with the admission criteria of the facility. (Cal. Code Regs., tit. 2, § 60100, subd. (j).)

4) When the expanded IEP team determines that it is necessary to place a pupil who is seriously emotionally disturbed in residential care, counties shall ensure that: (1) the mental health services are specified in the IEP in accordance with federal law, and (2) the mental health services are provided by qualified mental health professionals. (Cal. Code Regs., tit. 2, § 60100, subd. (i).)

E. Case Management Duties for Pupils Placed in Residential Care (Cal. Code Regs., tit. 2, §§ 60100, 60110)

1) Coordinate the residential placement plan of a pupil with a disability who is seriously emotionally disturbed as soon as possible after the decision has been made to place the pupil in residential placement. The residential placement plan shall include provisions, as determined in the pupil's IEP, for the care, supervision, mental health treatment, psychotropic medication monitoring, if required, and education of the pupil. (Cal. Code Regs., tit, 2, § 60110, subd, (b)(1).)

2) When the IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in a community treatment facility, the lead case manager shall ensure that placement is in accordance with admission, continuing stay, and discharge criteria of the community treatment facility. (Cal. Code Regs., tit. 2, § 60110, subd. (b)(3).)

3) Identify, in consultation with the IEP team's administrative designee, a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health needs in a manner that is cost-effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment. (Cal. Code Regs, tit. 2, §§ 60100, subd. (e), 60110, subd. (c)(2).)

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4) Document the determination that no nearby placement alternative that is able to implement the IEP can be identified and seek an appropriate placement that is as close to the parents' home as possible. (Cal. Code Regs., tit. 2, § 60100, subd. (f).)

5) Notify the local educational agency that the placement has been arranged and coordinate the transportation of the pupil to the facility if needed. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(7).)

6) Facilitate placement authorization from the county's interagency placement committee pursuant to Welfare and Institutions Code section 4094.5, subdivision (e)(1), by presenting the case of a pupil with a disability who is seriously emotionally disturbed prior to placement in a community treatment facility. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(11).)

7) Evaluate every 90 days the continuing stay criteria, as defined in Welfare and Institutions Code section 4094, of a pupil placed in a community treatment facility every 90 days. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(8).)

8) Schedule and attend the next expanded IEP team meeting with the expanded IEP team's administrative designee within six months of the residential placement of a pupil with a disability who is seriously emotionally disturbed and every six months thereafter as the pupil remains in residential placement. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(10).)

F. Authorize Payments to Out-Of-Home Residential Care Providers (Cal. Code Regs., tit. 2, § 60200, subd. (e))

1) Authorize payments to residential facilities based on rates established by the Department of Social Services in accordance with Welfare and Institutions Code sections 18350 and 18356. This activity requires counties to determine that the residential placement meets all the criteria established in Welfare and Institutions Code sections 18350 through 18356 before authorizing payment.

G. Provide Psychotherapy or Other Mental Health Treatment Services (Cal. Code Regs., tit. 2, §§ 60020, subd. (i), 60050, subd. (b), 60200, subd. (c))

1) The host county shall make its provider network available and provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)

2) The county of origin shall negotiate with the host county to obtain access to limited resources, such as intensive day treatment and day rehabilitation. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)

3) Provide case management services to a pupil when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

4) Provide case management services and individual or group psychotherapy services, as defined in Business and Professions Code section 2903, when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

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5) *Beginning July 1, 2004*, provide mental health assessments, collateral services, intensive day treatment, and day rehabilitation services when required by the pupil's IEP. These services shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

6) Provide medication monitoring services when required by the pupil's IEP. "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, and monitoring of psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subds. (f) and (i).)

7) Notify the parent and the local educational agency when the parent and the county mutually agree upon the completion or termination of a service, or when the pupil is no longer participating in treatment. ((Cal. Code Regs., tit. 2, § 60050, subd. (b).)

(When providing psychotherapy or other mental health treatment services, the activities of crisis intervention, vocational services, and socialization services are not reimbursable.)

V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in section IV. of this document. Each claimed reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate: the direct cost reporting method and the cost report method.

Direct Cost Reporting Method

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

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3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

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2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

Cost Report Method

A. Cost Report Method

Under this claiming method, the mandate reimbursement claim is still submitted on the State Controller's claiming forms in accordance with claiming instructions. A complete copy of the annual cost report, including all supporting schedules attached to the cost report as filed with the Department of Mental Health, must also be filed with the claim forms submitted to the State Controller.

B. Indirect Cost Rates

To the extent that reimbursable indirect costs have not already been reimbursed, they may be claimed under this method.

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate

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which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

VI. RECORDS RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[2] is subject to the initiation of an audit by the State Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING REVENUES AND OTHER REIMBURSEMENTS

Any offsets the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any of the following sources shall be identified and deducted from this claim:

1. Funds received by a county pursuant to Government Code section 7576.5.
2. Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Act of 2001, which appropriated funds to counties in the amounts of $12,334,000 (Stats. 2001, ch. 106, items 4440-131-0001), and the $69 million appropriations in 2003 and 2004 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17; Stats. 2004, ch. 208, item 6110-161-0890, provision 10).
3. Private insurance proceeds obtained with the consent of a parent for purposes of this program.
4. Medi-Cal proceeds obtained from the state or federal government that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.

[2] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

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5. Any other reimbursement received from the federal or state government, or other non-local source.

Beginning July 1, 2001, realignment funds under the Bronzan-McCorquodale Act that are used by a county for this program are not required to be deducted from the costs claimed. (Stats. 2004, ch. 493, § 6 (SB 1895).)

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(l), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and the California Code of Regulations, title 2, section 1183.2.

X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

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2 CA ADC § 60020

2 CCR § 60020

Cal. Admin. Code tit. 2, § 60020

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Title 2. Administration
Division 9. Joint Regulations for Pupils with Disabilities
Chapter 1. Interagency Responsibilities for Providing Services to Pupils with Disabilities
Article 1. General Provisions
➡§ 60020. Mental Health Definitions.

(a) "Community mental health service" means a mental health program established by a county in accordance with the Bronzan-McCorquodale Act, Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code.

(b) "County of origin" for mental health services is the county in which the parent of a pupil with a disability resides. If the pupil is a ward or dependent of the court, an adoptee receiving adoption assistance, or a conservatee, the county of origin is the county where this status currently exists. For the purposes of this program the county of origin shall not change for pupils who are between the ages of 18 and 22.

(c) "Expanded IEP team" means an IEP team constituted in accordance with Section 7572.5 of the Government Code. This team shall include a representative of the community mental health service authorized to make placement decisions.

(d) "Host county" means the county where the pupil with a disability is living when the pupil is not living in the county of origin.

(e) "Local mental health director" means the officer appointed by the governing body of a county to manage a community mental health service.

(f) "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness.

(g) "Mental health assessment" is a service designed to provide formal, documented evaluation or analysis of the nature of the pupil's emotional or behavioral disorder. It is conducted in accordance with California Code of Regulations, Title 9, Section 543(b), and Sections 56320 through 56329 of the Education Code by qualified mental health professionals employed by or under contract with the community mental health service.

(h) "Mental health assessment plan" means a written statement developed for the individual evaluation of a pupil with a disability who has been referred to a community mental health service to determine the need for mental health services in accordance with Section 56321 of the Education Code.

(i) "Mental health services" means mental health assessments and the following services when delineated on an IEP in accordance with Section 7572(d) of the Government Code: psychotherapy as defined in

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Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin.

(j) "Qualified mental health professional" includes the following licensed practitioners of the healing arts: a psychiatrist; psychologist; clinical social worker; marriage, family and child counselor; registered nurse, mental health rehabilitation specialist, and others who have been waivered under Section 5751.2 of the Welfare and Institutions Code. Such individuals may provide mental health services, consistent with their scope of practice.

Note: Authority cited: Section 7587, Government Code. Reference: Section 56320, Education Code; and Sections 542 and 543, Title 9, California Code of Regulations.

HISTORY

1. New section refiled 5-1-87 as an emergency; designated effective 5-1-87 (Register 87, No. 30). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 8-31-87.

2. Division 9 (Chapter 1, Articles 1-9, Sections 60000-60610, not consecutive) shall not be subject to automatic repeal until the final regulations take effect on or before June 30, 1988 pursuant to Item 4440-131-001(b)(2), Chapter 135, Statutes of 1987 (Register 87, No. 46).

3. Division 9 (Chapter 1, Articles 1-9, Sections 60000-60610, not consecutive) shall not be subject to automatic repeal until the final regulations take effect on or before June 30, 1997, pursuant to Government Code section 7587, as amended by Stats. 1996, c. 654 (A.B. 2726, s4.) (Register 98, No. 26).

4. Division 9 (Chapter 1, Articles 1-9, Sections 60000-60610, not consecutive) repealed June 30, 1997, by operation of Government Code section 7587, as amended by Stats. 1996, c. 654 (A.B. 2726, s4.) (Register 98, No. 26).

5. New section filed 6-26-98 as an emergency; operative 7-1-98 (Register 98, No. 26). A Certificate of Compliance must be transmitted to OAL by 10-29-98 or emergency language will be repealed by operation of law on the following day.

6. Editorial correction restoring prior Histories 1-2, adding new Histories 3-4, and renumbering and amending existing History 1 to new History 5 (Register 98, No. 44).

7. New section refiled 10-26-98 as an emergency; operative 10-29-98 (Register 98, No. 44). A Certificate of Compliance must be transmitted to OAL by 2-26-99 or emergency language will be repealed by operation of law on the following day.

8. New section refiled 2-25-99 as an emergency; operative 2-26-99 (Register 99, No. 9). A Certificate of Compliance must be transmitted to OAL by 6-28-99 or emergency language will be repealed by operation of law on the following day.

9. Certificate of Compliance as to 2-25-99 order, including amendment of subsections (b), (c) and (j), transmitted to OAL 6-25-99 and filed 8-9-99 (Register 99, No. 33).

2 CCR § 60020, 2 CA ADC § 60020
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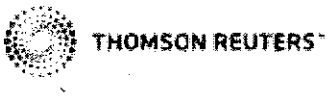

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RECONSIDERATION OF PRIOR STATEMENT OF DECISION ON: Statutes 1984, Chapter 1747; Statutes 1985, Chapter 1274; California Code of Regulations, Tit. 2, Div. 9, §§ 60000-60610 (Emergency Regulations filed December 31, 1985, Designated Effective January 1, 1986 (Register 86, No. 1) and Refiled June 30, 1986, Designated Effective July 12, 1986 (Register 86, No. 28)) CSM 4282 Directed By Statutes 2004, Chapter 493, Section 7, (Sen. Bill No. 1895) Effective September 13, 2004.	**Case No.: 04-RL-4282-10** ***Handicapped & Disabled Students*** STATEMENT OF DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7 (*Adopted on May 26, 2005*)

STATEMENT OF DECISION

The attached Statement of Decision of the Commission on State Mandates is hereby adopted in the above-entitled matter.

_____ _____

PAULA HIGASHI, Executive Director Date

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BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

RECONSIDERATION OF PRIOR STATEMENT OF DECISION ON: Statutes 1984, Chapter 1747; Statutes 1985, Chapter 1274; California Code of Regulations, Tit. 2, Div. 9, §§ 60000-60610 (Emergency Regulations filed December 31, 1985, Designated Effective January 1, 1986 (Register 86, No. 1) and Refiled June 30, 1986, Designated Effective July 12, 1986 (Register 86, No. 28)) CSM 4282 Directed By Statutes 2004, Chapter 493, Section 7, (Sen. Bill No. 1895) Effective September 13, 2004.	**Case No.: 04-RL-4282-10** ***Handicapped & Disabled Students*** STATEMENT OF DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7 (*Adopted on May 26, 2005*)

STATEMENT OF DECISION

The Commission on State Mandates ("Commission") heard and decided this test claim during a regularly scheduled hearing on May 26, 2005. Leonard Kaye and Paul McIver appeared on behalf of the County of Los Angeles. Pam Stone represented and appeared on behalf of the County of Stanislaus. Linda Downs appeared on behalf of the County of Stanislaus. John Polich appeared on behalf of the County of Ventura. Patricia Ryan appeared on behalf of the California Mental Health Directors' Association. Jeannie Oropeza and Dan Troy appeared on behalf of the Department of Finance.

The law applicable to the Commission's determination of a reimbursable state-mandated program is article XIII B, section 6 of the California Constitution, Government Code section 17500 et seq., and related case law.

The Commission adopted the staff analysis at the hearing by a vote of 4-0.

BACKGROUND

Statutes 2004, chapter 493 (Sen. Bill No. 1895 ("SB 1895")) directs the Commission to reconsider its prior final decision and parameters and guidelines on the *Handicapped and Disabled Students* program. Section 7 of the bill states the following:

> Notwithstanding any other law, the Commission on State Mandates shall, on or before December 31, 2005, reconsider its decision relating to included services and administrative and travel costs associated with services provided pursuant to Chapter 26.5 (commencing with

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Section 7570) of Division 7 of Title 1 of the Government Code, and the parameters and guidelines for calculating the state reimbursements for these costs.

Commission Decisions

The Commission adopted the Statement of Decision on the *Handicapped and Disabled Students* program in 1990 (CSM 4282). Generally, the test claim legislation implements federal law that requires states to guarantee to disabled pupils the right to receive a free and appropriate public education that emphasizes special education and related services designed to meet the pupil's unique educational needs.[1] The mechanism for providing special education services under federal law is the individualized education program, or IEP. An IEP is a written statement developed after an evaluation of the pupil in all areas of suspected disability and may provide for related services including mental health and psychological services.[2]

Before the enactment of the test claim legislation, the state adopted a plan to comply with federal law. The responsibility for supervising special education and related services was delegated to the Superintendent of Public Instruction. Local educational agencies (LEAs) were financially responsible for the provision of mental health services required by a pupil's IEP.[3]

The test claim legislation, which became effective on July 1, 1986, shifted the responsibility and funding of mental health services required by a pupil's IEP to county mental health departments.

The Commission approved the test claim and found that the activities of providing mental health assessments, participation in the IEP process, psychotherapy, and other mental health services were reimbursable under article XIII B, section 6 of the California Constitution. Activities related to assessments and IEP responsibilities were found to be 100% reimbursable. Psychotherapy and other mental health treatment services were found to be 10% reimbursable due to the funding methodology in existence under the Short-Doyle Act for local mental health services.

The parameters and guidelines for *Handicapped and Disabled Students* (CSM 4282) were adopted in August 1991, and amended in 1996, and have a reimbursement period beginning July 1, 1986. The parameters and guidelines authorize reimbursement for the following activities:

A. One Hundred (100) percent of any costs related to IEP Participation, Assessment, and Case Management:

   1. The scope of the mandate is one hundred (100) percent reimbursement, except that for individuals billed to Medi-Cal only, the Federal Financing

[1] See federal Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA).

[2] Title 20 United States Code sections 1400 et seq.

[3] Education Code sections 56000 et seq.

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Participation portion (FFP) for these activities should be deducted from reimbursable activities not subject to the Short-Doyle Act.

2. For each eligible claimant, the following cost items are one hundred (100) percent reimbursable (Gov. Code, § 7572, subd. (d)(1)):

   a. Whenever an LEA refers an individual suspected of being an "individual with exceptional needs" to the local mental health department, mental health assessment and recommendation by qualified mental health professionals in conformance with assessment procedures set forth in Article 2 (commencing with section 56320) of Chapter 4 of part 30 of Division 4 of the Education Code, and regulations developed by the State Department of Mental Health, in consultation with the State Department of Education, including but not limited to the following mandated services:

      i. interview with the child and family,

      ii. collateral interviews, as necessary,

      iii. review of the records,

      iv. observation of the child at school, and

      v. psychological testing and/or psychiatric assessment, as necessary.

   b. Review and discussion of mental health assessment and recommendation with parent and appropriate IEP team members. (Gov. Code, § 7572, subd. (d)(1).)

   c. Attendance by the mental health professional who conducted the assessment at IEP meetings, when requested. (Gov. Code, § 7572, subd. (d)(1).)

   d. Review by claimant's mental health professional of any independent assessment(s) submitted by the IEP team. (Gov. Code, § 7572, subd. (d)(2).)

   e. When the written mental health assessment report provided by the local mental health program determines that an "individual with special needs" is "seriously emotionally disturbed," and any member of the IEP team recommends residential placement based upon relevant assessment information, inclusion of the claimant's mental health professional on that individual's expanded IEP team.

   f. When the IEP prescribes residential placement for an "individual with exceptional needs" who is "seriously emotionally disturbed," claimant's mental health personnel's identification of out-of-home placement, case management, six month review of IEP, and expanded IEP responsibilities. (Gov. Code, § 7572.5.)

   g. Required participation in due process hearings, including but not limited to due process hearings.

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3. One hundred (100) percent of any administrative costs related to IEP Participation, Assessment, and Case Management, whether direct or indirect.

B. Ten (10) percent of any costs related to mental health treatment services rendered under the Short-Doyle Act:

1. The scope of the mandate is ten (10) percent reimbursement.

2. For each eligible claimant, the following cost items, for the provision of mental health services when required by a child's individualized education program, are ten (10) percent reimbursable (Gov. Code, § 7576):

a. Individual therapy,

b. Collateral therapy and contacts,

c. Group therapy,

d. Day treatment, and

e. Mental health portion of residential treatment in excess of the State Department of Social Services payment for the residential placement.

3. Ten (10) percent of any administrative costs related to mental health treatment services rendered under the Short-Doyle Act, whether direct or indirect.

In 1993, the Sixth District Court of Appeal, in *County of Santa Clara v. Commission on State Mandates*, issued an unpublished decision that upheld the Commission's decision, including the percentage of reimbursements, on the *Handicapped and Disabled Students* program.[4]

In May 2000, the Commission approved a second test claim relating to the test claim legislation, *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (CSM 97-TC-05). The test claim on *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) was filed on Government Code section 7576, as amended by Statutes 1996, chapter 654, the corresponding regulations, and on a Department of Mental Health Information Notice Number 86-29. The test claim in *Seriously Emotionally Disturbed Pupils* addressed only the counties' responsibilities for *out-of-state* residential placements for seriously emotionally disturbed pupils, and has a reimbursement period beginning January 1, 1997.

In addition, there are two other matters currently pending with the Commission relating to the test claim legislation. In 2001, the Counties of Los Angeles and Stanislaus filed requests to amend the parameters and guidelines on the original test claim decision, *Handicapped and Disabled Students* (CSM 4282). The counties request that the parameters and guidelines be amended to delete all references to the Short-Doyle cost-sharing mechanism for providing psychotherapy or other mental health services; to add

[4] *County of Santa Clara v. Commission on State Mandates*, Sixth District Court of Appeal Case No. H009520, filed January 11, 1993.

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an activity to provide reimbursement for room and board for in-state placement of pupils in residential facilities; and to amend the language regarding the reimbursement of indirect costs. The request to amend the parameters and guidelines was scheduled on the Commission's March 2002 hearing calendar. But at the request of the counties, the item was taken off calendar, and is still pending. If the Commission approves the Counties' requests on this matter, the reimbursement period for the new amended portions of the parameters and guidelines would begin on July 1, 2000.[5]

The second matter currently pending with the Commission is a consolidated test claim, *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49), filed by the Counties of Los Angeles and Stanislaus on all of the amendments to the original test claim legislation from 1986 to the present. The test claims in *Handicapped and Disabled Students II* were filed in June 2003 and, if approved by the Commission, will have a reimbursement period beginning July 1, 2001.

Documented Problems with the Test Claim Legislation

There have been funding and implementation problems with this program, which have been well documented. In 2002, the Legislative Analyst's Office issued a budget analysis that described "significant controversy" regarding the program. The report states in relevant part the following:

> Over the last two years, the State Controller's Office (SCO) has audited county AB 3632 mandate reimbursement claims dating back to 1997 (three years of claims for each audited county). Based on information provided by counties and professional mandate claim preparers, we understand that SCO auditors have found that many counties are claiming reimbursements for 100 percent of the cost of providing mental health treatment services to special education pupils, rather than the 10 percent specified under the terms of this mandate. In addition, some counties are not reporting revenues that auditors indicate should be included as mandate cost "offsets." The magnitude of these auditing concerns is unknown, but could total as much as $100 million statewide for the three-year period.[6]

Before the audits could be completed, Statutes 2002, chapter 1167, section 41 (Assem. Bill No. 2851) was enacted directing the State Controller's Office to not dispute the percentage of reimbursement claimed for mental health services provided by counties prior to and through fiscal years 2000-2001. According to the State Controller's Office, however, audits continue for this program to identify unallowable costs. To date,

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[5] California Code of Regulations, title 2, section 1183.2.

[6] Report by Legislative Analyst's Office, *2002 Budget Analysis: Health and Social Services, Department of Mental Health (4440)*, dated February 20, 2002. The *Handicapped and Disabled Students* program is often referred to as the "AB 3632" program.

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seventeen audits have been completed, three final reports are in the process, and five audits are in the fieldwork stage.[7]

In addition, the legislative history of SB 1895 refers to a report issued by Stanford Law School in May 2004 on the program that describes the history of the test claim legislation, and addresses the policy and funding issues.[8] According to legislative history, SB 1895 was an attempt to address the issues and recommendations raised in the report.[9]

Accordingly, this reconsideration presents the following issues:

- What is the scope of the Commission's jurisdiction directed by SB 1895?
- Does the test claim legislation constitute a state-mandated new program or higher level of service?
- Does the test claim legislation impose costs mandated by the state within the meaning of article XIII B, section 6 and Government Code section 17514?

Discussion

The courts have found that article XIII B, section 6 of the California Constitution[10] recognizes the state constitutional restrictions on the powers of local government to tax and spend.[11] "Its purpose is to preclude the state from shifting financial responsibility for carrying out governmental functions to local agencies, which are 'ill equipped' to assume increased financial responsibilities because of the taxing and spending limitations that articles XIII A and XIII B impose."[12] A test claim statute or executive order may impose a reimbursable state-mandated program if it orders or commands a local agency or school

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[7] E-mail from State Controller's Office dated January 19, 2005.

[8] The report is entitled "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004.

[9] Assembly Committee on Education, analysis of SB 1895 as introduced on March 3, 2004, dated June 23, 2004.

[10] Article XIII B, section 6, subdivision (a), (as amended by Proposition 1A in November 2004) provides: "(a) Whenever the Legislature or any state agency mandates a new program or higher level of service on any local government, the State shall provide a subvention of funds to reimburse that local government for the costs of the program or increased level of service, except that the Legislature may, but need not, provide a subvention of funds for the following mandates: (1) Legislative mandates requested by the local agency affected. (2) Legislation defining a new crime or changing an existing definition of a crime. (3) Legislative mandates enacted prior to January 1, 1975, or executive orders or regulations initially implementing legislation enacted prior to January 1, 1975."

[11] *Department of Finance v. Commission on State Mandates (Kern High School Dist.)* (2003) 30 Cal.4th 727, 735.

[12] *County of San Diego v. State of California* (1997) 15 Cal.4th 68, 81.

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district to engage in an activity or task.[13] In addition, the required activity or task must be new, constituting a "new program," or it must create a "higher level of service" over the previously required level of service.[14]

The courts have defined a "program" subject to article XIII B, section 6, of the California Constitution, as one that carries out the governmental function of providing public services, or a law that imposes unique requirements on local agencies or school districts to implement a state policy, but does not apply generally to all residents and entities in the state.[15] To determine if the program is new or imposes a higher level of service, the test claim legislation must be compared with the legal requirements in effect immediately before the enactment of the test claim legislation.[16] A "higher level of service" occurs when the new "requirements were intended to provide an enhanced service to the public."[17]

Finally, the newly required activity or increased level of service must impose costs mandated by the state.[18]

The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6.[19] In making its decisions, the Commission must strictly construe article XIII B, section 6 and not apply it as an "equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."[20]

I. What is the scope of the Commission's jurisdiction directed by SB 1895?

Statutes 2004, chapter 493, section 7 (Sen. Bill No. 1895, eff. Sept. 13, 2004), requires the Commission on State Mandates, on or before December 31, 2005, "notwithstanding

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[13] *Long Beach Unified School Dist. v. State of California* (1990) 225 Cal.App.3d 155, 174.

[14] *San Diego Unified School Dist. v. Commission on State Mandates* (2004) 33 Cal.4th 859, 878 (*San Diego Unified School Dist.)*; *Lucia Mar Unified School District v. Honig* (1988) 44 Cal.3d 830, 835-836 (*Lucia Mar*).

[15] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 874, (reaffirming the test set out in *County of Los Angeles v. State of California* (1987) 43 Cal.3d 46, 56; *Lucia Mar, supra,* 44 Cal.3d 830, 835.)

[16] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 878; *Lucia Mar, supra*, 44 Cal.3d 830, 835.

[17] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 878.

[18] *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 487; *County of Sonoma v. Commission on State Mandates* (2000) 84 Cal.App.4th 1265, 1284 (*County of Sonoma*); Government Code sections 17514 and 17556.

[19] *Kinlaw v. State of California* (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

[20] *County of Sonoma, supra,* 84 Cal.App.4th 1265, 1280, citing *City of San Jose v. State of California* (1996) 45 Cal.App.4th 1802, 1817.

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any other law" to "reconsider its decision relating to included services and administrative and travel costs associated with services provided pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, and the parameters and guidelines for calculating the state reimbursements for these costs."

As described in the Background, the Commission has issued two decisions relating to Chapter 26.5 of the Government Code. The first decision, *Handicapped and Disabled Students* (CSM 4282), was adopted on April 26, 1990. The test claim on *Handicapped and Disabled Students* (CSM 4282) was filed on Government Code section 7570 and following, as added and amended by Statutes 1984, chapter 1747, and Statutes 1985, chapter 1274, and on California Administrative Code, title 2, division 9, sections 60000-60610 (Emergency Regulations filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and re-filed June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28)).

The second decision, *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05), was adopted on May 25, 2000. The test claim on *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) was filed on Government Code section 7576, as amended by Statutes 1996, chapter 654, the corresponding regulations, and on a Department of Mental Health Information Notice Number 86-29. The test claim in *Seriously Emotionally Disturbed Pupils* addressed only the counties' responsibilities for *out-of-state* residential placements for seriously emotionally disturbed pupils. This test claim did not address the mental health services provided by counties to pupils in the state of California.

A third test claim is pending with the Commission, *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49), and has been filed by the Counties of Los Angeles and Stanislaus on all of the amendments to the statutes in Chapter 26.5 of the Government Code and to their corresponding regulations from 1986 up to the current date. The test claims in *Handicapped and Disabled Students II* were filed in June 2003 and, if approved by the Commission, will have a reimbursement period beginning July 1, 2001.

For purposes of this reconsideration, the Counties of Los Angeles and Stanislaus contend that SB 1895 requires the Commission to reconsider not only the Commission's original decision in *Handicapped and Disabled Students* (CSM 4282), but also on *all* the subsequent amendments to the statutes and regulations up to the current date that were pled in *Handicapped and Disabled 11*. In this regard, the County of Stanislaus argues that "to reconsider the prior test claim only, without examining that which has amended the program since its original inception in 1984, overlooks 20 years of subsequent legislation and which has lead to the substantial filings which are before the Commission on State Mandates."[21] The Counties further contend that SB 1895 requires the Commission to reconsider the Commission's decision in *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05), adopted on May 25, 2000.

[21] Comments filed by County of Stanislaus on December 15, 2004.

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Although the Counties' arguments to analyze Chapter 26.5 of the Government Code in its entirety up to the current date for purposes of reimbursement may have surface appeal, neither the law, nor the plain language of SB 1895 supports that position. For the reasons provided below, the Commission finds that SB 1895 gives the Commission the jurisdiction to reconsider only the original Commission decision, *Handicapped and Disabled Students* (CSM 4282). The Commission does not have the jurisdiction in this case to reconsider *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05), or the jurisdiction to address the statutory and regulatory amendments made to the program since 1985 that have been pled in *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49). The Commission further finds, based on the language of SB 1895, that the period of reimbursement for the Commission's decision on reconsideration begins July 1, 2004.

A. SB 1895 directs the Commission to reconsider only the original Commission decision, *Handicapped and Disabled Students* (CSM 4282)

It is a well-settled issue of law that administrative agencies, such as the Commission, are entities of limited jurisdiction. Administrative agencies have only the powers that have been conferred on them, expressly or by implication, by statute or constitution. An administrative agency may not substitute its judgment for that of the Legislature. When an administrative agency acts in excess of the powers conferred upon it by statute or constitution, its action is void.[22]

Since the Commission was created by the Legislature (Gov. Code, §§ 17500 et seq.), its powers are limited to those authorized by statute. Government Code section 17551 requires the Commission to hear and decide upon a claim by a local agency or school district that the local agency or school district is entitled to reimbursement pursuant to article XIII B, section 6 of the California Constitution. Government Code section 17521 defines the test claim as the first claim filed with the Commission alleging that a particular statute or executive order imposes costs mandated by the state.

Thus, the Government Code gives the Commission jurisdiction only over those statutes and/or executive orders pled by the claimant in the test claim. The Commission does not have the authority to consider a claim for reimbursement on statutes or executive orders that have not been pled by the claimant.

In addition, if the Commission approves the test claim, the period of reimbursement is calculated based on the date the test claim is filed by the claimant. Government Code section 17557, subdivision (e), states "[a] test claim shall be submitted on or before June 30 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year." Thus, if a test claim is filed on June 30, 2004, and is approved by the Commission, the reimbursement period would begin in fiscal year 2002-2003. Reimbursement is not based on the effective and operative date of the particular statute or executive order pled in the test claim, unless the effective and operative date falls after the period of reimbursement.

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[22] *Ferdig v. State Personnel Board* (1969) 71 Cal.2d 96, 103-104.

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Furthermore, Government Code section 17559 grants the Commission the authority to reconsider prior final decisions only within 30 days after the Statement of Decision is issued.

In the present case, the Commission's jurisdiction is based solely on SB 1895. Absent SB 1895, the Commission would have no jurisdiction to reconsider any of its decisions relating to Chapter 26.5 of the Government Code since the two decisions on those statutes and regulations were adopted and issued well over 30 days ago.

Thus, the Commission must act within the jurisdiction granted by SB 1895, and may not substitute its judgment regarding the scope of its jurisdiction on reconsideration for that of the Legislature.[23] Since an action by the Commission is void if its action is in excess of the powers conferred by statute, the Commission must narrowly construe the provisions of SB 1895.

Under the rules of statutory construction, when the statutory language is plain the court is required to enforce the statute according to its terms. The California Supreme Court determined that:

> In statutory construction cases, our fundamental task is to ascertain the intent of the lawmakers so as to effectuate the purpose of the statute. We begin by examining the statutory language, giving the words their usual and ordinary meaning. If the terms of the statute are unambiguous, we presume the lawmakers meant what they said, and the plain meaning of the language governs. [Citations omitted.][24]

Neither the court, nor the Commission, may disregard or enlarge the plain provisions of a statute or go beyond the meaning of the words used when the words are clear and unambiguous. Thus, the Commission, like the court, is prohibited from writing into a statute, by implication, express requirements that the Legislature itself has not seen fit to place in the statute.[25] To the extent there is any ambiguity in the language used in the statute, the legislative history of the statute may be reviewed to interpret the intent of the Legislature.[26]

SB 1895 states the following:

> Notwithstanding any other law, the Commission on State Mandates shall, on or before December 31, 2005, reconsider its decision relating to included services and administrative and travel costs associated with services provided pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, and the parameters and guidelines for calculating the state reimbursements for these costs.

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[23] *Cal. State Restaurant Assn. v. Whitlow* (1976) 58 Cal.App.3d 340, 346-347.

[24] *Estate of Griswald* (2001) 25 Cal.4th 904, 910-911.

[25] *Whitcomb v. California Employment Commission* (1944) 24 Cal.2d 753, 757.

[26] *Estate of Griswald, supra*, 25 Cal.4th at page 911.

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First, the Commission does not have the jurisdiction to "reconsider" the statutory and regulatory amendments enacted after 1985 to the Handicapped and Disabled program that were pled in *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49) since the Commission has not yet adopted a decision on that claim. Pursuant to Government Code section 17557, subdivision (e), *Handicapped and Disabled Students II* will have a reimbursement period beginning July 1, 2001, if the Commission finds that the statutory and regulatory amendments pled in the claim constitute a reimbursable state-mandated program.

Second, the Commission finds that the Commission does not have the jurisdiction to reconsider the Commission's decision in *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05). The express language enacted by the Legislature in SB 1895 refers to one decision with the use of the singular word "decision." According to the analysis on the bill prepared by the Senate Rules Committee dated August 25, 2004, SB 1895 "[d]irects the Commission on State Mandates (CSM), on or before December 31, 2005, to reconsider its decision relating to administrative and travel costs for AB 3632 (Brown), Chapter 1747, Statutes of 1984 and its parameters and guidelines for calculating state reimbursement costs." The legislative history cites only to the author and one of the statutes pled in the original *Handicapped and Disabled Students* (CSM 4282) test claim. Although, as argued by the Counties, the statutes pled in *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) are included in Chapter 26.5 of the Government Code, there is no indication in the plain language of SB 1895 or in the Senate Rules Committee analysis that the Legislature intended to give the Commission jurisdiction to reconsider *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05). The SEDs test claim was filed on a 1996 statute (Assem. Bill 2726), introduced by another author who is not identified in SB 1895 or in the legislative history.[27]

Therefore, the Commission finds that the Commission has jurisdiction to reconsider only the original Commission decision, *Handicapped and Disabled Students* (CSM 4282).

Finally, SB 1895 directs the Commission to reconsider its decision relating to "*included services* and administrative and travel costs" associated with services provided pursuant to Chapter 26.5 of the Government Code. The phrase "included services" is broad and does not limit the scope of this reconsideration to any particular service required by the statutes or regulations pled in *Handicapped and Disabled Students*. Therefore, the Commission finds that SB 1895 requires the Commission to reconsider the entire test claim in *Handicapped and Disabled Students*.

B. The period of reimbursement for the Commission's decision on reconsideration begins July 1, 2004

SB 1895, enacted as a 2004 statute, directs the Commission to reconsider its 1990 Statement of Decision on the *Handicapped and Disabled Students* program. The parameters and guidelines for this program were originally adopted in 1991, with a reimbursement period beginning July 1, 1986. Over the last 14 years, reimbursement

[27] Statutes 1996, chapter 654 was introduced by Assembly Member Woods.

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claims have been filed with the State Controller's Office for payment on this program, payments have been made by the state, and audits have occurred.

SB 1895, however, does not specify the period of reimbursement for the Commission's decision on reconsideration.[28] The question is whether the Legislature intended to apply the Commission's decision on reconsideration retroactively back to the original reimbursement period of July 1, 1986 (i.e., to reimbursement claims that have already been filed and have been audited and/or paid), or to prospective claims filed in the current and future budget years. If the Commission's decision on reconsideration is applied retroactively, the decision may impose new liability on the state that did not otherwise exist or change the legal consequences of these past events.

For the reasons below, the Commission finds the Legislature intended that the Commission's decision on reconsideration apply prospectively, to current and future budget years only.

The California Supreme Court has recently upheld its conclusion that there is a strong presumption against retroactive legislation. Statutes generally operate prospectively only. A statute may be applied retroactively only if the statute contains "express language of retroactively [sic] or if other sources provide a clear and unavoidable implication that the Legislature intended retroactive application."[29] The court explained its conclusion as follows:

> "Generally, statutes operate prospectively only." [Citation omitted.] "The presumption against retroactive legislation is deeply rooted in our jurisprudence, and embodies a legal doctrine centuries older than our Republic. Elementary considerations of fairness dictate that individuals should have an opportunity to know what the law is and to conform their conduct accordingly ... For that reason, the "principle that the legal effect of conduct should ordinarily be assessed under the law that existed when the conduct took place has timeless and universal appeal." [Citation omitted.] "The presumption against statutory retroactivity has consistently been explained by reference to the unfairness of imposing new burdens on persons after the fact." [Citation omitted.]
>
> This is not to say that a statute may never apply retroactively. "A statute's retroactivity is, *in the first instance, a policy determination for the Legislature* and one to which courts defer absent 'some constitutional objection' to retroactivity." [Citation omitted.] But it has long been established that a statute that interferes with antecedent rights will not operate retroactively unless such retroactivity be "the unequivocal and

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[28] In this respect, SB 1895 is different than another recent statute directing the Commission to reconsider a prior final decision. Statutes 2004, chapter 227, directs the Commission to reconsider Board of Control test claims relating to regional housing. Section 109 of the bill states "[a]ny changes by the commission shall be deemed effective July 1, 2004."

[29] *McClung v. Employment Development Department* (2004) 34 Cal.4th 467, 475.

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> inflexible import of the terms, and the manifest intention of the legislature." [Citation omitted.] "*A statute may be applied retroactively only if it contains express language of retroactively [sic] or if other sources provide a clear and unavoidable implication that the Legislature intended retroactive application.*" [Citation omitted.] (Emphasis added.)[30]

There is nothing in the plain language of SB 1895 or its legislative history to suggest that the Legislature intended to apply the Commission's decision on reconsideration retroactively. Section 10 of SB 1895 states that the act was necessary to implement the Budget Act of 2004 and, thus, supports the conclusion that the statute was intended to apply prospectively to the current and future budget years. Similarly, the legislative history contained in the analysis of the Senate Rules Committee supports the conclusion that the statute applies to current and future budget years only. Page seven of the analysis states that "[t]his bill proposes to provide clarification and accountability *regarding the funds provided in the 2004-05 Budget Act* for mental health services for individuals with special needs." (Emphasis added.)

Moreover, had the Legislature intended to apply the Commission's decision on reconsideration retroactively, it would have included retroactive language in the bill similar to the language in other statutes relating to this program. For example, Statutes 2002, chapter 1167, addressed the funding and reimbursement for the Handicapped and Disabled program. The effective and operative date of the statute was September 30, 2002. However, the plain language in section 38 of the bill contains retroactive language that the terms of the statute applied to reimbursement claims for services delivered beginning in fiscal year 2001-2002. Section 41 of the bill also states that county reimbursement claims already submitted to the Controller for reimbursement for mental health treatment services in fiscal years up to and including fiscal year 2000-2001 were not subject to a dispute by the Controller's Office regarding the percentage of reimbursement claimed by the county.

Based on the case law cited above and the plain language of SB 1895, the Commission finds that the period of reimbursement for the Commission's decision on reconsideration begins July 1, 2004. Thus, to the extent there are new activities included in the program that are now reimbursable, reimbursement would begin July 1, 2004.

II. Does the test claim legislation constitute a state-mandated new program or higher level of service?

At the hearing, the Department of Finance argued that the state has chosen to make mental health services related to IEPs the responsibility of the counties and that current federal law allows the state to choose the agency or agencies responsible for service. Thus, the Department of Finance contends that the activities performed by counties under the Handicapped and Disabled Students program are federally mandated and not mandated by the state within the meaning of article XIII B, section 6 of the California Constitution. The Commission disagrees with the Department of Finance.

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[30] *Ibid.*

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In 1993, the Sixth District Court of Appeal, in *County of Santa Clara v. State of California*, issued an unpublished decision in the present case upholding the Commission's decision that the test claim legislation constitutes a reimbursable state-mandated program pursuant to article XIII B, section 6 of the California Constitution.[31] Once a court has ruled on a question of law in its review of an agency's action, the agency cannot act inconsistently with the court's order. Instead, absent "unusual circumstances," or an intervening change in the law, the decision of the reviewing court establishes the law of the case and binds the agency and the parties to the action in all further proceedings addressing the particular claim.[32]

Although there have been subsequent amendments to the original test claim legislation that have provided more specificity in the activities performed by counties and that have modified financial responsibilities for the Handicapped and Disabled program, these amendments do not create an "unusual circumstance" or constitute an "intervening change in the law" that would support a finding on reconsideration that the test claim should be denied.[33]

Although the Commission finds that the activities identified in the original Statement of Decision and the financial responsibilities for the program should be further clarified on reconsideration, the decision in *County of Santa Clara* that the test claim legislation is a reimbursable state-mandated program, is binding on the Commission and the parties for purposes of this reconsideration.

Moreover, other case law interpreting article XIII B, section 6, which is described below, further supports the conclusion that the test claim legislation mandates a new program or higher level of service on counties.

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[31] *County of Santa Clara v. Commission on State Mandates*, Sixth District Court of Appeal Case No. H009520, filed January 11, 1993. The court stated the following:

> The intent of section 6 was to preclude the state from shifting to local government the financial responsibility for providing services in light of the restrictions imposed by Proposition 13 on the taxing and spending powers of local government. (*Lucia Mar Unified School Dist. v. Honig* (1988) 44 Cal.3d 830, 835-836.) Here it is undisputed that the provision of psychotherapy and other mental health services to special education students resulted in a higher level of service within County's Short-Doyle program.

[32] *George Arakelian Farms, Inc. v. Agricultural Labor Relations Board* (1989) 49 Cal.3d 1279, 1291.

[33] The amendments addressing financial responsibilities for this program are included in this analysis. The amendments enacted after 1985 that modify the activities performed by counties, however, are addressed in the *Handicapped and Disabled Students II* test claim filed by the Counties of Los Angeles and Stanislaus (02-TC-40 and 02-TC-49).

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A. Case law supports the conclusion that the test claim legislation mandates a new program or higher level of service

The test claim legislation implements federal law that requires states to guarantee to disabled pupils the right to receive a free and appropriate public education that emphasizes special education and related services designed to meet the pupil's unique educational needs.

In 1988, the California Supreme Court held that education of handicapped children is "clearly" a governmental function providing a service to the public.[34] Thus, the test claim legislation qualifies as a program that is subject to article XIII B, section 6 of the California Constitution.

In 1992, the Third District Court of Appeal, in *Hayes v. Commission on State Mandates*, determined that the federal law at issue in the present case imposes a federal mandate on the states.[35] The *Hayes* case involved test claim legislation requiring school districts to provide special education services to disabled pupils. The school districts in the *Hayes* case alleged that the activities mandated by the state that exceeded federal law were reimbursable under article XIII B, section 6 of the California Constitution.

The court in *Hayes* determined that the state's "alternatives [with respect to federal law] were to participate in the federal program and obtain federal financial assistance and the procedural protections accorded by the act, or to decline to participate and face a barrage of litigation with no real defense and ultimately be compelled to accommodate the educational needs of handicapped children in any event."[36] The court concluded that the state had no "true choice" but to participate in the federal program and, thus, there was a federal mandate on the state.[37]

Although the court concluded that the federal law was a mandate on the states, the court remanded the case to the Commission for further findings to determine if the state's response to the federal mandate constituted a state-mandated new program or higher level of service on the school districts.[38] The court held as follows:

> In our view the determination whether certain costs were imposed upon the local agency by a federal mandate must focus upon the local agency which is ultimately forced to bear the costs and how those costs came to be imposed upon that agency. If the state freely chose to impose the costs upon the local agency as a means of implementing a federal program then the costs are the result of a reimbursable state mandate regardless whether the costs were imposed upon the state by the federal government.[39]

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[34] *Lucia Mar Unified School District, supra*, 44 Cal.3d at page 835.

[35] *Hayes v. Commission on State Mandates* (1992) 11 Cal.App.4th 1564, 1592.

[36] *Hayes, supra*, 11 Cal.App.4th at page 1591.

[37] *Ibid.*

[38] *Ibid.*

[39] *Id.* at pages 1593-1594.

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The court described its conclusion as follows:

> The Education of the Handicapped Act [renamed IDEA] is a comprehensive measure designed to provide all handicapped children with basic educational opportunities. While the act includes certain substantive and procedural requirements which must be included in the state's plan for implementation of the act, it leaves primary responsibility for implementation to the state. (20 U.S.C. §§ 1412, 1413.) In short, even though the state had no real choice in deciding whether to comply with the federal act, the act did not necessarily require the state to impose all of the costs of implementation upon local school districts. To the extent the state implemented the act by freely choosing to impose new programs or higher levels of service upon local school districts, the costs of such programs or higher levels of service are state mandated and subject to subvention.[40]

The federal law relevant to this case is summarized on pages 1582-1594 of the *Hayes* decision, and its requirements that existed at the time the test claim legislation was enacted are described below.

1. Pursuant to the court's ruling in *Hayes*, federal special education law imposes a federal mandate on the state

Before the mid-1970s, a series of landmark court cases established the right to an equal educational opportunity for children with disabilities. The federal courts determined that children with disabilities were entitled to a free public program of education and training appropriate to the child's capacity and that the children and their parents were entitled to a due process hearing when dissatisfied with placement decisions.[41]

In 1973, Congress responded with the Rehabilitation Act of 1973, section 504. Section 504 of the Rehabilitation Act of 1973 imposes an obligation on local school districts to accommodate the needs of children with disabilities. Section 504 provides that "[n]o otherwise qualified handicapped individual in the United States, as defined in section 706(7) [now 706(8)] of this title, shall solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . . ." (29 U.S.C. 794.) "Since federal assistance to education is pervasive, ... section 504 was applicable to virtually all public educational programs in this and other states."[42] Section 504 gives school districts "the duty of analyzing individually the needs of each handicapped student and devising a program which will enable each individual handicapped student to receive an appropriate, free public education. The failure to perform this analysis and structure a program suited to the needs of each handicapped

[40] *Id.* at page 1594.

[41] *Id.* at pages 1582-1584.

[42] *Id.* at page 1584.

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child, constitutes discrimination against that child and a failure to provide an appropriate, free public education for the handicapped child."[43]

In 1974, Congress became dissatisfied with the progress under earlier efforts to stimulate the states to accommodate the educational needs of children with disabilities. Thus, in 1975, Congress enacted the Education for All Handicapped Children Act. In 1990, the Education for All Handicapped Act was renamed the Individuals with Disabilities Education Act (IDEA).[44]

Since 1975, the IDEA has guaranteed to disabled children the right to receive a free appropriate public education that emphasizes special education and related services designed to meet the child's individual needs. The IDEA further guarantees that the rights of disabled children and their parents are protected.[45] States are eligible for "substantial federal financial assistance" under the IDEA when the state agrees to adhere to the substantive and procedural terms of the act and submits a plan specifying how it will comply with federal requirements.[46] At the time the test claim legislation was enacted, the requirements of the IDEA applied to each state and each political subdivision of the state "involved in the education of handicapped children."[47]

Special education is defined under the IDEA as "specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.[48] To be eligible for services under the IDEA, a child must be between the ages of three and twenty-one and have a qualifying disability.[49] If it is suspected that a pupil has a qualifying disability, the Individual Education Program, or IEP, process begins. The IEP is a written statement for a handicapped child that is developed and implemented in accordance with federal IEP regulations.[50] Pursuant to federal regulations on the IEP process, the child must be evaluated in all areas of suspected handicaps by a multidisciplinary team. Parents also have the right to obtain an independent assessment of the child by a qualified professional. Local educational

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[43] *Id.* at pages 1584-1585.

[44] Public Law 101-476 (Oct. 30, 1990), 104 Stat.1143.

[45] 20 United States Code section 1400(c).

[46] *Hayes, supra,* 11 Cal.App.4th at page 1588; 20 United States Code sections 1411, 1412.

[47] Title 34 Code of Federal Regulations, sections 300.2 and 300.11. These regulations defined "public agency" to mean "all political subdivisions of the State *that are involved in the education of handicapped children.*"

[48] Former Title 20 United States Code section 1401(a)(16). The definition can now be found in Title 20 United States Code section 1401(25).

[49] Title 20 United States Code section 1412.

[50] Title 20 United States Code section 1401; Title 34 Code of Federal Regulations section 300.340 et seq.

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agencies are required to consider the independent assessment as part of their educational planning for the child.[51]

If it is determined that the child is handicapped within the meaning of IDEA, an IEP meeting must take place. Participants at the IEP meeting include a representative of the local educational agency, the child's teacher, one or both of the parents, the child if appropriate, other individuals at the discretion of the parent or agency, and evaluation personnel for children evaluated for the first time.[52] The local educational agency must take steps to insure that one or both of the parents are present at each meeting or are afforded the opportunity to participate, including giving the parents adequate and timely notice of the meeting, scheduling the meeting at a mutually convenient time, using other methods to insure parent participation if neither parent can attend, and taking whatever steps are necessary to insure that the parent understands the proceedings.[53] The IEP document must include the following information:

- a statement of the child's present levels of educational performance;
- a statement of annual goals, including short term instructional objectives;
- a statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular educational programs;
- the projected dates for initiation of services and the anticipated duration of the services; and
- appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved.[54]

Each public agency must provide special education and related services to a handicapped child in accordance with the IEP.[55] In addition, each public agency must have an IEP in effect at the beginning of each school year for every handicapped child who is receiving special education from that agency. The IEP must be in effect before special education and related services are provided, and special education and related services set out in a child's IEP must be provided as soon as possible after the IEP is finalized.[56] Each public agency shall initiate and conduct IEP meetings to periodically review each child's IEP

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[51] Former Title 34 Code of Federal Regulations section 300.503. The requirement is now at Title 34 Code of Federal Regulation section 300.502.

[52] Title 34 Code of Federal Regulations section 300.344.

[53] Title 34 Code of Federal Regulations section 300.345.

[54] Former Title 34 Code of Federal Regulations section 300.346. The IEP requirements are now found in Title 34 Code of Federal Regulations section 300.347.

[55] Former Title 34 Code of Federal Regulations section 300.349. The requirement is now found in Title 34 Code of Federal Regulations section 300.343.

[56] Title 34 Code of Federal Regulations section 300.342.

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and, if appropriate, revise its provisions. A meeting must be held for this purpose at least once a year.[57]

A child that is assessed during the IEP process as "seriously emotionally disturbed" has a qualifying disability under the IDEA.[58] "Seriously emotionally disturbed" children are children who have an inability to learn which cannot be explained by intellectual, sensory, or health factors; who are unable to build or maintain satisfactory interpersonal relationships with peers and teachers; who exhibit inappropriate types of behavior or feelings under normal circumstances; who have a general pervasive mood of unhappiness or depression; and/or who have a tendency to develop physical symptoms or fears associated with personal or school problems. One or more of these characteristics must be exhibited over a long period of time and to a marked degree, and must adversely affect educational performance in order for a child to be classified as "seriously emotionally disturbed." Schizophrenic children are included in the "seriously emotionally disturbed" category. Children who are socially maladjusted are not included unless they are otherwise determined to be emotionally disturbed.[59]

Related services designed to assist the handicapped child to benefit from special education are defined to include "transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes the early identification and assessment of handicapping conditions in children."[60] Federal regulations define "psychological services" to include the following:

- administering psychological and educational tests, and other assessment procedures;
- interpreting assessment results;
- obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;

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[57] Title 34 Code of Federal Regulations section 300.343.

[58] Former Title 20 United States Code section 1401(a)(1). The phrase "serious emotionally disturbed" has been changed to "serious emotional disturbance." (See, 20 U.S.C. § 1401(3)(A)(i).)

[59] Former Title 34 Code of Federal Regulations section 300.5, subdivision (b)(8). "Serious emotional disturbance" is now defined in Title 34 Code of Federal Regulations section 300.7(c)(3).

[60] Title 20 United States Code section 1401; former Title 34 Code of Federal Regulations section 300.13 (the definition of "related services" can now be found in 34 C.F.R. § 300.24.)

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- consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations; and
- planning and managing a program of psychological services, including psychological counseling for children and parents.[61]

The comments to section 300.13 of the federal regulations further state that "[t]he list of related services is not exhaustive and may include other developmental, corrective, or supportive services . . . if they are required to assist a handicapped child to benefit from special education."

Furthermore, if placement in a public or private residential program is necessary to provide special education and related services to a handicapped child, the program, including non-medical care and room and board, must be at no cost to the parents or child.[62]

The IDEA also requires states and local educational agencies to establish and maintain due process procedures to assure that handicapped children and their parents are guaranteed procedural safeguards. The procedures must include an opportunity for the parents to examine all relevant records and to obtain an independent educational evaluation; procedures to protect the rights of children who do not have parents or guardians to assert their rights, including procedures for appointment of a surrogate for the parents; prior written notice to the parents whenever the educational agency proposes to initiate, change, or refuse to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child; procedures designed to assure that the required notice fully informs the parents in the parents' native language of all the procedures available; and an opportunity to present complaints. There must also be impartial due process hearing procedures that include the right to be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of handicapped children; the right to present evidence; the right to confront, cross-examine, and compel the attendance of witnesses; the right to a written or electronic verbatim record of the hearing; the right to written findings of fact and decisions; the right to appeal the determination of the due process hearing officer; and the right to bring a civil action in court. The court in its discretion may award attorney's fees and costs in certain circumstances.[63]

Finally, the state is ultimately responsible for insuring the requirements of the IDEA. For example, the state educational agency is responsible for assuring that all education and related services required for a handicapped child will be under the general supervision of persons responsible for educational programs for handicapped children in the state educational agency and shall meet the education standards of the state educational

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[61] *Ibid.*

[62] Title 20 United States Code section 1412; Title 34 Code of Federal Regulations section 300.302.

[63] Title 20 United States Code 1415.

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agency.[64] The state educational agency is responsible for insuring that each public agency develops and implements an IEP for each handicapped child.[65] Furthermore, the state educational agency must provide services directly if no other agency provides them.[66] The comments to section 300.600 of the federal regulations describe the purpose of making the states ultimately responsible for providing special education and related services:

> The requirement in § 300.600(a) is taken essentially verbatim from section 612(6) of the statute and reflects the desire of the Congress for a central point of responsibility and accountability in the education of handicapped children with each State. With respect to State educational agency responsibility, the Senate Report on Pub. L. 94-142 includes the following statements:
>
> This provision is included specifically to assure a single line of responsibility with regard to the education of handicapped children, and to assure that in the implementation of all provisions of this Act and in carrying out the right to education for handicapped children, the State educational agency shall be the responsible agency . . . .
>
> Without this requirement, there is an abdication of responsibility for the education of handicapped children. Presently, in many States, responsibility is divided, depending upon the age of the handicapped child, sources of funding, and type of services delivered. While the committee understands that different agencies may, in fact, deliver services, the responsibility must remain in a central agency overseeing the education of handicapped children, so that failure to deliver services or the violation of the rights of handicapped children is squarely the responsibility of one agency. (Sen. Rep. 94-168, p. 24 (1975)).

There have been several amendments to the IDEA since the test claim legislation was originally enacted in 1984. Congress' 1997 amendment to the IDEA is relevant for purposes of this action. In 1997, Congress amended the IDEA to "strengthen the requirements on ensuring provisions of services by non-educational agencies ..." (Sen. Rep. 105-17, dated May 9, 1997.) The amendment clarified that the state or local educational agency responsible for developing a child's IEP could look to non-educational agencies to pay for or provide those services the educational agencies are otherwise responsible for. The amendment further clarified that if a non-educational agency failed to provide or pay for the special education and related services, the state or local educational agency responsible for developing the IEP remain ultimately responsible for ensuring that children receive all the services described in their IEPs in a

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[64] Former Title 20 United States Code section 1412(6). The requirement is now in Title 20 United States Code section 1412(a)(11).

[65] Title 34 Code of Federal Regulations section 300.341.

[66] Former Title 34 Code of Federal Regulation section 300.600. The requirement is now in Title 34 Code of Federal Regulations section 300.142.

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timely fashion and the state or local educational agency shall provide or pay for the services.[67] Federal law does not require states to use non-educational agencies to pay for or provide services. A states' decision regarding how to implement of the IDEA is still within the discretion of the state.

2. The state "freely chose" to mandate a new program or higher level of service on counties to implement the federal law

The court in *Hayes* held that if the state freely chose to impose the costs upon the local agency as a means of implementing a federally mandated program, regardless of whether the costs were imposed on the state by the federal government, then the costs are the result of a reimbursable state mandate pursuant to article XIII B, section 6.[68]

As more fully described below, the Commission finds that the state, with the enactment of the test claim legislation, freely chose to mandate a new program or higher level of service on counties.

The federal IDEA includes certain substantive and procedural requirements that must be included in the state's plan for implementation. But, as outlined above, federal law leaves the primary responsibility for implementation to the state.

Before the enactment of the test claim legislation, the state enacted comprehensive legislation (Ed. Code, §§ 56000 et seq.) to comply with federal law that required local educational agencies to provide special education services, including mental health and residential care services, to special education students.[69] Education Code section 56000 required that students receive public education and related services through the Master Plan for Special Education. Under the master plan, special education local plan areas (SELPAs), which consist of school districts and county offices of education, were responsible for developing and implementing a plan consistent with federal law to provide an appropriate education for individuals with special needs.[70] Each district, SELPA, or county office of education was required to establish IEP teams to develop, review, and revise education programs for each student with special needs.[71] The IEP team may determine that mental health or residential treatment services were required to support the student's special education needs.[72] The following mental health services were identified in statute: counseling and guidance; psychological services, other than assessment and development of the IEP; parent counseling and training; health and

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[67] Title 20 United States Code sections 1412 (a)(12)(A), (B), and (C), and 1401 (8); Title 34 Code of Federal Regulations section 300.142. (See also, Letters from the Department of Education dated July 28, 1998 and August 2, 2004, to all SELPAs, COEs, and LEAs on the requirements of 34 C.F.R. 300.142; and *Tri-County Special Education Local Plan Area v. County of Tuolumne* (2004) 123 Cal.App.4th 563, 578.)

[68] *Hayes, supra*, 11 Cal.App.4th at pages 1593-1594.

[69] Statutes 1980, chapter 1218.

[70] Education Code sections 56140 and 56200.

[71] Education Code sections 56340 and 56341.

[72] Education Code sections 56363 and 56365.

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nursing services; and social worker services.[73] In such cases, the school districts and county offices of education were solely responsible for providing special education services, including mental health and residential care services, for special education students under the state's statutory scheme.[74] The state Superintendent of Public Instruction was, and still is, responsible for supervising education and related services for handicapped children pursuant to the IDEA.[75]

In 1984 and 1985, the Legislature enacted the test claim legislation, which added Chapter 26.5 to the Government Code to shift the responsibility and funding of mental health services required by a pupil's IEP to county mental health departments. Generally, the test claim legislation requires counties to:

- renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement;
- perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team;
- participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary;
- act as the lead case manager, as specified in statute and regulations, if the IEP calls for residential placement of a seriously emotionally disturbed pupil;
- issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils;
- provide psychotherapy or other mental health services, as defined in regulations, when required by the IEP; and
- participate in due process hearings relating to issues involving mental health assessments or services.

The purpose of the test claim legislation was recently described in the report prepared by Stanford Law School as follows:

> With the passage of AB 3632, California's approach to mental health services was restructured with the intent to address the increasing number of emotionally disabled students who were in need of mental health services. Instead of relying on LEAs to acquire qualified staff to handle

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[73] Education Code section 56363.

[74] Education Code section 56363; see also, Report by the Office of the Auditor General, dated April 1987, entitled "A Review of the Costs of Providing Noneducational Services to Special Education Students." The report states that in fiscal year 1985-86, the year immediately before the effective date of the test claim legislation, local education agencies provided psychotherapy and other mental health services to 941 students and residential services to 225 students.

[75] Education Code section 56135 and Government Code section 7570.

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> the needs of these students, the state sought to have CMH [county mental health] agencies – who were already in the business of providing mental health services to emotionally disturbed youth and adults – assume the responsibility for providing needed mental health services to children who qualified for special education. Moreover, it was believed at the time that such mental health services would be most cost-efficiently provided by CMH agencies.[76]

Federal law does not require the state to impose any requirements relating to special education and related services on counties. At the time the test claim legislation was enacted, the requirements under federal law were imposed only on states and local educational agencies.[77] Today, federal law authorizes, but does not require, states to shift some of the special education requirements to non-educational agencies, such as county mental health departments.[78] But, if a county does not provide the service, federal law requires the state educational agency to be ultimately responsible for providing the services directly.[79] Thus, the decision to shift the mental health services for special education pupils from schools to counties was a policy decision of the state.

Moreover, the mental health services required by the test claim legislation for special education pupils were new to counties. At the time the test claim legislation was enacted, the counties had the existing responsibility under the Short-Doyle Act to provide mental health services to eligible children and adults. (Welf. & Inst. Code, §§ 5600 et seq.) But as outlined in a 1997 report prepared by the Department of Mental Health and the Department of Education, the requirements of the test claim legislation are different than the requirements under the Short-Doyle program. For example, mental health services under the Short-Doyle program for children are provided until the age of 18, are provided year round, and the clients must pay the costs of the services based on the ability to pay. Under the special education requirements, mental health services may be provided until the pupil is 22 years of age, are generally provided during the school year, and must be provided at no cost to the parent. Furthermore, the definition of "serious emotional disturbance" as a disability requiring special education and related services focuses on the pupil's functioning in school, a standard that is different than the standard provided under the Short-Doyle program.[80] Thus, with the enactment of the test claim legislation,

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[76] "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004, page 12.

[77] Title 34 Code of Federal Regulations section 300.2.

[78] Title 20 United States Code section 1412(a)(12).

[79] Title 20 United States Code sections 1412(a)(12)(A), (B), and (C), and 1401(8); Title 34 Code of Federal Regulations section 300.142.

[80] "Mental Health Services for Special Education Pupils, A Report to the State Department of Mental Health and the California Department of Education," dated March 1997. The construction of statutes by the officials charged with its administration is entitled to great weight. (*Whitcomb, supra*, 24 Cal.2d at pp. 756-757.)

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counties are now required to perform mental health activities under two separate and distinct provisions of law: the Government Code (the test claim legislation) and the Welfare and Institutions Code.

Since article XIII B, section 6 "was intended to preclude the state from shifting to local agencies the financial responsibility for providing public services in view of restrictions on the taxing and spending power of the local entities,"[81] the Commission finds that the shift of mental health services for special education pupils to counties constitutes a new program or higher level of service.

Accordingly, the Commission finds that the Commission's conclusion adopted in the 1990 Statement of Decision, that the test claim legislation mandates a new program or higher level of service, was correctly decided. The new activities mandated by the state are described below.

B. Activities expressly required by the test claim legislation that constitute a state-mandated new program or higher level of service on counties

The findings and conclusion in the Commission's 1990 Statement of Decision generally identify the following state-mandated activities: assessment, participation on the expanded IEP team, case management services for seriously emotionally disturbed pupils, and providing psychotherapy and other mental health services required by the pupil's IEP. The 1990 Statement of Decision states:

> The Commission concludes that, to the extent that the provisions of Government Code section 7572 and section 60040, Title 2, Code of California Regulations, require county participation in the mental health assessment for "individuals with exceptional needs," such legislation and regulations impose a new program or higher level of service upon a county.
>
> Moreover, the Commission concludes that any related participation on the expanded IEP team and case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed," pursuant to subdivisions (a), (b), and (c) of Government Code section 7572.5 and their implementing regulations, impose a new program or higher level of service upon a county. …
>
> The Commission concludes that the provisions of Welfare and Institutions Code section 5651, subdivision (g), result in a higher level of service within the county Short-Doyle program because the mental health services, pursuant to Government Code sections 7571 and 7576 and their implementing regulations, must be included in the county Short-Doyle annual plan. In addition, such services include psychotherapy and other mental health services provided to "individuals with exceptional needs," including those designated as "seriously emotionally disturbed," and required in such individual's IEP. …

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[81] *San Diego Unified School Dist., supra*, 33 Cal.4th at page 876.

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As described below, the Commission finds that the 1990 Statement of Decision does not fully identify all of the activities mandated by the test claim legislation.

1. Renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement (Gov. Code, § 7571; Cal Code Regs., tit. 2, §§ 60030, 60100)[82]

Government Code section 7571 requires the Secretary of Health and Welfare to designate a single agency in each county to coordinate the service responsibilities described in Government Code section 7572. To implement this requirement, section 60030 of the joint regulations adopted by the Department of Mental Health and the Department of Education (Cal. Code Regs., tit. 2, §§ 60000 et seq.) require the local mental health director to appoint a liaison person for the local mental health program to ensure that an interagency agreement is developed before July 1, 1986, with the county superintendent of schools.[83] The requirement to develop the initial interagency agreement before July 1, 1986 is not reimbursable because the original reimbursement period for this claim began on or after July 1, 1986, and the reimbursement period for purposes of this reconsideration is July 1, 2004.

But the regulations require that the interagency agreement be renewed every three years, and revised if necessary. The interagency agreement "shall include, but not be limited to, a delineation of the process and procedure for" the following:

- Interagency referrals of pupils, which minimize time line delays. This may include written parental consent on the receiving agency's forms.
- Timely exchange of pupil information in accordance with applicable procedures ensuring confidentiality.

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[82] The regulations pled in the original test claim were enacted by the Departments of Mental Health and Education as emergency regulations (Cal. Code Regs., tit. 2, §§ 60000 through 60610, filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28)). These regulations were repealed and were superceded by new regulations, effective July 1, 1998. The 1998 regulations are the subject of *Handicapped and Disabled Students II* (02-TC-40, 02-TC-49). Most of the activities required by the original regulations remain the law. However, as indicated in this decision, several activities have been deleted in the 1998 regulations. Since the reimbursement period of this reconsideration begins July 1, 2004, those activities deleted by the 1998 regulations no longer constitute a state-mandated new program or higher level of service for purposes of the original test claim. The analysis of activities that have been modified by the 1998 regulations is provided in the staff analysis for *Handicapped and Disabled Students II* (02-TC-40, 02-TC-49).

[83] The local mental health program is the county community mental health program established in accordance with the Short-Doyle Act (Welf. & Inst. Code, §§ 5600 et seq.) or the county welfare agency when designated pursuant to Government Code section 7572.5. (Cal. Code of Regs., tit. 2, § 60020, subd. (d)).

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- Participation of mental health professionals, including those contracted to provide services, at IEP team meetings pursuant to Government Code sections 7572 and 7576.
- Developing or amending the mental health related service goals and objectives, and the frequency and duration of such services indicated on the pupil's IEP.
- Transportation of individuals with exceptional needs to and from the mental health service site when such service is not provided at the school.
- Provision by the school of an assigned, appropriate space for delivery of mental health services or a combination of education and mental health services to be provided at the school.
- Continuation of mental health services during periods of school vacation when required by the IEP.
- Identification of existing public and state-certified nonpublic educational programs, treatment modalities, and location of appropriate residential placements which may be used for placement by the expanded IEP program team.
- Out-of-home placement of seriously emotionally disturbed pupils in accordance with the educational and treatment goals on the IEP.[84]

In addition, section 60100, subdivision (a), of the regulations requires the local mental health program and the special education local plan area liaison person to define the process and procedures for coordinating local services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils.

Accordingly, the Commission finds that Government Code section 7571, and sections 60030 and 60100 of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Renew the interagency agreement every three years, and revise if necessary.
- Define the process and procedures for coordinating local services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils.

2. <u>Perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team (Gov. Code, § 7572, Cal. Code Regs., tit. 2, § 60040)</u>

Government Code section 7572, subdivision (a), provides that "a child shall be assessed in all areas related to the suspected handicap by those qualified to make a determination of the child's need for the service before any action is taken with respect to the provision of related services or designated instruction and services to a child, including, but not limited to, services in the area of, … psychotherapy, and other mental health assessments." Government Code section 7572, subdivision (c), states that psychotherapy and other mental health assessments shall be conducted by qualified mental health

[84] California Code of Regulations, title 2, section 60030, subdivision (b).

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professionals as specified in regulations developed by the Department of Mental Health and the Department of Education.

Section 60040 of the regulations governs the referral to and the initial assessment by the county. Section 60040, subdivision (a), states that a local education agency may refer a pupil suspected of needing mental health services to the county mental health program when a review of the assessment data documents that the behavioral characteristics of the pupil adversely affect the pupil's educational performance. The pupil's educational performance is measured by standardized achievement tests, teacher observations, work samples, and grade reports reflecting classroom functioning, or other measures determined to be appropriate by the IEP team; the behavioral characteristics of the pupil cannot be defined solely as a behavior disorder or a temporary adjustment problem, or cannot be resolved with short-term counseling; the age of onset was from 30 months to 21 years and has been observed for at least six months; the behavioral characteristics of the pupil are present in several settings, including the school, the community, and the home; and the adverse behavioral characteristics of the pupil are severe, as indicated by their rate of occurrence and intensity.

Section 60040, subdivision (c), states that when a local education agency refers a pupil to the county, the local education agency shall obtain written parental consent to forward educational information to the county and to allow the county mental health professional to observe the pupil during school. The educational information includes a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, and a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.

Section 60040, subdivision (d), states that "[t]he local mental health program shall be responsible for reviewing the educational information [identified in the paragraph above], observing *if necessary*, the pupil in the school environment, and determining if mental health assessments are needed." (Emphasis added.) Subdivision (d)(1) provides that *"[i]f mental health assessments are deemed necessary by a mental health professional*, a mental health assessment plan shall be developed and the parent's written consent obtained ..." (Emphasis added.) This regulation includes language that implies that the observation of the pupil and the preparation of the mental health assessment plan are activities within the discretion of the county. The Commission finds, however, that these activities are mandated by the state when necessary to provide the pupil with a free and appropriate education under federal law. Under the rules of statutory construction, section 60040, subdivision (d), must be interpreted in the context of the entire statutory scheme so that the statutory scheme may be harmonized and have effect.[85] In addition, it is presumed that the administrative agency, like the Departments of Mental Health and Education, did not adopt a regulation that alters the terms of a legislative enactment.[86]

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[85] *Select Base Materials v. Board of Equalization* (1959) 51 Cal.2d 640, 645; *City of Merced v. State of California* (1984) 153 Cal.App.3d 777, 781-782.

[86] *Wallace v. State Personnel Board* (1959) 168 Cal.App.2d 543, 547.

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Federal law, through the IDEA, requires the state to *identify*, locate, and evaluate *all* children with disabilities, including children attending private schools, who are in need of special education and related services.[87] The state is also required by federal law to conduct a full and individual initial evaluation to determine whether a child is a child with a qualifying disability and the educational needs of the child.[88] Government Code section 7572, subdivision (a), is consistent with federal law and requires that a child shall be assessed in all areas related to the suspected handicap by those qualified to make a determination of the child's need for the service. In cases where the pupil is suspected of needing mental health services, the state has delegated to the counties the activity of determining the need for service. Accordingly, the Commission finds that the following activities, identified in section 60040, subdivision (d) and (d)(1), are new activities mandated by the state:

- Review the following educational information of a pupil referred to the county by a local education agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.
- If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.
- If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.

The county is then required by section 60040, subdivision (d)(2), to complete the assessment within the time required by Education Code section 56344 (except as expressly provided, the IEP shall be developed within a total time not to exceed 50 days from the date of receipt of the parent's written consent for assessment.) If a mental health assessment cannot be completed within the time limits, the county mental health program shall notify the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.

Section 60040, subdivision (e), requires the county to provide to the IEP team a written assessment report in accordance with Education Code section 56327. Education Code section 56327 requires that the report include the following information:

- Whether the pupil may need special education and related services.
- The basis for making the determination.
- The relevant behavior noted during the observation of the pupil in the appropriate setting.

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[87] 20 United States Code section 1412, subdivision (a)(3).

[88] 20 United States Code section 1414, subdivision (a).

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- The relationship of that behavior to the pupil's academic and social functioning.
- The educationally relevant health and development, and medical findings, if any.
- For pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services.
- A determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate.
- The need for specialized services, materials, equipment for pupils with low incidence disabilities.

After the assessment by the county is completed, Government Code section 7572, subdivision (d)(1), requires that the recommendation of the person who conducted the assessment be reviewed and discussed with the parent and the appropriate members of the IEP team before the IEP team meeting. When the proposed recommendation has been discussed with the parent and there is disagreement on the recommendation pertaining to the related service, the parent shall be notified in writing and may require the person from the county who conducted the assessment to attend the IEP team meeting. Government Code section 7572, subdivision (d)(1), states that "the person who conducted the assessment shall attend the individualized education program team meeting if requested."

Government Code section 7572, subdivision (e), requires the local education agency to invite the county to meet with the IEP team to determine the need for the related service and to participate in developing the IEP. The Commission finds, however, that the county's attendance at the IEP meeting at the request of the local education agency is not mandated by the state for the following reasons. Government Code section 7572, subdivision (e), states that *if* the county representative cannot meet with the IEP team, then the representative is required to provide the local education agency written information concerning the need for the service. The Commission finds that the assessment report required by section 60040, subdivision (e), of the regulations satisfies the written information requirement of Government Code section 7572, subdivision (e), and that Government Code section 7572, subdivision (e), does not impose any further requirement on the county to prepare additional written reports. The conclusion that the county is not required by the state to attend the IEP team meeting at the request of the local education agency is further supported by the sentence added to subdivision (e) by Statutes 1985, chapter 1274. That sentence provides the following: "If the responsible public agency representative will not be available to participate in the individualized education program meeting, the local educational agency shall ensure that a qualified substitute is available to explain and interpret the evaluation pursuant to subdivision (d) of Section 56341 of the Education Code.[89] There is no requirement in the law that the qualified substitute has to be a county representative.

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[89] Education Code section 56341, subdivision (e), stated the following when the test claim legislation was enacted (as amended by Stats. 1982, ch. 1201): "If a team is developing, reviewing, or revising the individualized education program of an individual

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In addition, Government Code section 7572, subdivision (e), imposes a requirement on the county to provide a copy of the written information to the parent or any adult for whom no guardian or conservator has been appointed.

Finally, Government Code section 7572, subdivision (d)(2), provides that if a parent obtains an independent assessment regarding psychotherapy or other mental health services, and the independent assessment is submitted to the IEP team, the county is required to review the independent assessment. The county's recommendation shall be reviewed and discussed with the parent and with the IEP team before the meeting of the IEP team. The county shall attend the IEP team meeting if requested.

Accordingly, the Commission finds that Government Code section 7572 and section 60040 of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Review the following educational information of a pupil referred to the county by a local education agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.
- If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.
- If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.
- Assess the pupil within the time required by Education Code section 56344.[90]

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with exceptional needs who has been assessed for the purpose of that individualized education program, the district, special education local plan area, or county office, shall ensure that a person is present at the meeting who has conducted an assessment of the pupil or who is knowledgeable about the assessment procedures used to assess the pupil and is familiar with the results of the assessment. The person shall be qualified to interpret the results if the results or recommendations, based on the assessment, are significant to the development of the pupil's individualized education program and subsequent placement."

[90] The existing parameters and guidelines allow reimbursement for mental health assessments and include within that activity the interview with the child and the family, and collateral interviews, as necessary. These activities are not expressly required by the test claim legislation. However, when reconsidering the parameters and guidelines for this program, the Commission has the jurisdiction to consider "a description of the most reasonable methods of complying with the mandate." (Cal. Code Regs., tit. 2, § 1183.1, subd. (a)(1)(A)(4).)

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- If a mental health assessment cannot be completed within the time limits, provide notice to the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.
- Prepare and provide to the IEP team, and the parent or guardian, a written assessment report in accordance with Education Code section 56327. The report shall include the following information: whether the pupil may need special education and related services; the basis for making the determination; the relevant behavior noted during the observation of the pupil in the appropriate setting; the relationship of that behavior to the pupil's academic and social functioning; the educationally relevant health and development, and medical findings, if any; for pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services; a determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate; and the need for specialized services, materials, equipment for pupils with low incidence disabilities.
- Review and discuss the county recommendation with the parent and the appropriate members of the IEP team before the IEP team meeting.
- In cases where the local education agency refers a pupil to the county for an assessment, attend the IEP meeting if requested by the parent.
- Review independent assessments of a pupil obtained by the parent.
- Following review of the independent assessment, discuss the recommendation with the parent and with the IEP team before the meeting of the IEP team.
- In cases where the parent has obtained an independent assessment, attend the IEP team meeting if requested.

3. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary (Gov. Code, § 7572.5, subds. (a) and (b); Cal. Code Regs., tit. 2, § 60100)

Government Code section 7572.5, subdivision (a), and section 60100, subdivision (b), of the regulations provide that when an assessment determines that a child is seriously emotionally disturbed as defined in section 300.5 of the Code of Federal Regulations, and any member of the IEP team recommends residential placement based on relevant assessment information, the IEP team shall be expanded to include a representative of the county. Government Code section 7572.5, subdivision (b), requires the expanded IEP team to review the assessment and determine whether (1) the child's needs can reasonably be met through any combination of nonresidential services, preventing the need for out-of-home care; (2) residential care is necessary for the child to benefit from educational services; and (3) residential services are available, which address the needs identified in the assessment and which will ameliorate the conditions leading to the seriously emotionally disturbed designation. Section 60100, subdivision (d), similarly states that the expanded IEP team shall consider all possible alternatives to out-of-home placement.

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Section 60100, subdivision (c), states that if the county determines that additional mental health assessments are needed, the county is required to assess or re-assess the pupil in accordance with section 60040.

Section 60100, subdivision (e), states that when residential placement is the final decision of the expanded IEP team, the team shall develop a written statement documenting the pupil's educational and mental health treatment needs that support the recommendation for the placement.

Section 60100, subdivision (f), requires the expanded IEP team to identify one or more appropriate, least restrictive and least costly residential placement alternatives, as specified in the regulation.

Finally, section 60100, subdivision (g), requires the county representative on the expanded IEP team to notify the Local Mental Health Director or designee of the team's decision within one working day of the IEP team meeting. However, effective July 1, 1998, section 60100 of the regulations was amended and this activity is no longer required. Since the reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that the activity of notifying the local mental health director of the decision is not a state-mandated new program or higher level of service.

Accordingly, the Commission finds that Government Code section 7572.5, subdivisions (a) and (b), and section 60100 of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary.
- Re-assess the pupil in accordance with section 60400 of the regulations, if necessary.

4. Act as the lead case manager, as specified in statute and regulations, if the IEP calls for residential placement of a seriously emotionally disturbed pupil (Gov. Code, §§ 7572.5, subd. (c)(1), 7579; Cal. Code Regs., tit. 2, § 60110)

Government Code section 7572.5, subdivision (c)(1), provides that if the review of the expanded IEP team calls for residential placement of the seriously emotionally disturbed pupil, the county shall act as the lead case manager. That statute further states that "the mental health department shall retain financial responsibility for provision of case management services."

Section 60110, subdivision (a), requires the Local Mental Health Director or the designee to designate a lead case manager to finalize the pupil placement plan with the approval of the parent and the IEP team within 15 days from the decision to place the pupil in a residential facility. Subdivision (c) defines case management duties to include the following activities:

- Convening parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.

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- Verifying with the educational administrator or designee the approval of the local governing board of the district, special education service region, or county office pursuant to Education Code section 56342.[91]
- Completing the local mental health program payment authorization in order to initiate out of home care payments.
- Coordinating the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.
- Coordinating the completion of the residential placement as soon as possible.
- Developing the plan for and assisting the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.
- Facilitating the enrollment of the pupil in the residential facility.
- Conducting quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.
- Notifying the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.
- Coordinating the six-month expanded IEP team meeting with the local education agency administrator or designee.

As of July 1, 1998, however, the activity of verifying with the educational administrator or designee the approval of the local governing board pursuant to Education Code section 56342 is no longer required by section 60100 of the regulations. In addition, the activity of coordinating the six-month expanded IEP team meeting with the local education agency administrator or designee was repealed as of July 1, 1998. Since the

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[91] Education Code section 56342 states in relevant part the following:

> Prior to recommending a new placement in a nonpublic, nonsectarian school, the individualized education program team shall submit the proposed recommendation to the local governing board of the district and special education local plan area for review and recommendation regarding the cost of placement.
>
> The local governing board shall complete its review and make its recommendations, if any, at the next regular meeting of the board. A parent or representative shall have the right to appear before the board and submit written and oral evidence regarding the need for nonpublic school placement for his or her child. Any recommendations of the board shall be considered at an individualized education program team meeting, to be held within five days of the board's review.

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reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that these two activities are not a state-mandated new program or higher level of service.

Moreover, on April 30, 1986, the Department of Mental Health issued DMH Letter No. 86-12 to all local mental health directors, program chiefs, and administrators, and to county administrative officers regarding the implementation of the test claim legislation. (p. 1513.) On page 1521 of the record, the Department lists the case management duties for seriously emotionally disturbed pupils placed in a residential facility and includes "coordinating the pupil's transportation needs" as a case management duty of the county. This letter issued by the Department of Mental Health was not identified or pled as an executive order in the original test claim, and the activity of "coordinating the pupil's transportation needs" is not expressly required by the test claim statutes or regulations. Moreover, section 60110 was amended on July 1, 1998, to include as a case management activity "coordinating the transportation of the pupil to the facility if needed." Section 60110, as amended on July 1, 1998, is the subject of a pending test claim, *Handicapped and Disabled II* (02-TC-40 and 02-TC-49). Therefore, the Commission finds that "coordinating the pupil's transportation needs" is not mandated by the test claim legislation before the Commission in this reconsideration.

Finally, Government Code section 7579, subdivision (a), requires courts, regional centers for the developmentally disabled, or other non-educational public agencies that engage in referring children to, or placing children in, residential facilities, to notify the administrator of the special education local plan area (SELPA) in which the residential facility is located before the pupil is placed in an out-of-home residential facility. The intent of the legislation, as stated in subdivision (c), is to "encourage communication between the courts and other public agencies that engage in referring children to, or placing children in, residential facilities, and representatives of local educational agencies." Government Code section 7579, subdivision (a), however, does not apply to county mental health departments. The duty imposed by section 7579 to notify the SELPA before the pupil is placed in a residential facility is a duty imposed on a placing agency, like a court or a regional center for the developmentally disabled. This test claim was filed on behalf of county mental health departments.[92] Thus, the Commission finds that Government Code section 7579 does not impose a state-mandated new program or higher level of service on county mental health departments.

Accordingly, the Commission finds that Government Code sections 7572.5, subdivision (c)(1), and section 60110 of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Designate a lead case manager when the expanded IEP team recommends out-of-home residential placement for a seriously emotionally disturbed pupil. The lead case manager shall perform the following activities:
    1. Convene parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.

[92] Test claim (CSM 4282) filed by County of Santa Clara.

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2. Complete the local mental health program payment authorization in order to initiate out of home care payments.
3. Coordinate the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.
4. Coordinate the completion of the residential placement as soon as possible.
5. Develop the plan for and assist the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.
6. Facilitate the enrollment of the pupil in the residential facility.
7. Conduct quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.
8. Notify the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.

5. Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (e))

Government Code section 7581 requires the county to be financially responsible for the residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility. Section 7581 states the following:

> The residential and noneducational costs of a child placed in a medical or residential facility by a public agency, other than a local education agency, or independently placed in a facility by the parent of the child, shall not be the responsibility of the state or local education agency, but shall be the responsibility of the placing agency or parent [if the parent places the child].

Consistent with Government Code section 7581, section 60200, subdivision (e), of the regulations requires the county welfare department to issue the payments to providers of out-of-home facilities in accordance with Welfare and Institutions Code section 18351, upon receipt of authorization documents from the State Department of Mental Health or a designated county mental health agency. The authorization documents are required to include information sufficient to demonstrate that the child meets all eligibility criteria established in the regulations for this program. (Welf. & Inst. Code, § 18351.) The Department of Social Services is required to determine the rates to be paid to the residential providers in accordance with Welfare and Institutions Code section 18350. (Cal. Code Regs., tit. 2, § 60200, subd. (d).)

Thus, the test claim regulations require that payments to providers of 24-hour out-of-home care be made in accordance with Welfare and Institutions Code sections 18350 and

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18351. Welfare and Institutions Code sections 18350 and following govern the payments to 24-hour out-of-home care providers for seriously emotionally disturbed pupils, and were added by the 1985 test claim statute. Welfare and Institutions Code sections 18350 and following were not pled in the original *Handicapped and Disabled Students* test claim. However, since Welfare and Institutions Code sections 18350 and 18351 were identified in the regulations that were pled in the test claim, and sections 18350 and 18351 define the scope of the activity and the costs at issue in this case, the Commission finds that the Commission may properly consider sections 18350 and 18351 on reconsideration of this claim.

Welfare and Institutions Code section 18351, subdivision (a), requires the county welfare department located in the same county as the county mental health agency designated to provide case management services to issue payments to residential care providers upon receipt of authorization documents from the State Department of Mental Health or a designated county mental health agency. Subdivision (a) further states that "[a]uthorization documents shall be submitted directly to the county welfare department clerical unit responsible for issuance of warrants and shall include information sufficient to demonstrate that the child meets all eligibility criteria established in regulations by the State Department of Mental Health, developed in consultation with the State Department of Education."

Welfare and Institutions Code section 18350, subdivision (c), states that "[p]ayments shall be based on rates established in accordance with Sections 11461, 11462, and 11463 and shall be based on providers' actual allowable costs." At the time the test claim legislation was enacted, Welfare and Institutions Code section 11462, subdivision (b), defined "allowable costs" as follows:

> As used in this section, "allowable costs" means: (A) the reasonable cost of, and the cost of providing food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation; (B) reasonable cost of administration and operation necessary to provide the items described in paragraph (A); and (C) reasonable activities performed by social workers employed by group home providers which are not otherwise allowable as daily supervision or as the costs of administration.

Welfare and Institutions Code section 11462 was repealed and replaced in 1989, before the Commission adopted the 1990 Statement of Decision in this case.[93] A similar definition of allowable costs for care and supervision of the pupil in the residential facility remains the law, however, and can now be found in Welfare and Institutions Code section 11460, subdivision (b).[94] Since Government Code section 7581 requires counties to be responsible for the residential and *non-educational* costs of the pupil only, the

[93] Statutes 1989, chapter 1294.

[94] Welfare and Institutions Code section 11460 was added by Statutes 1989, chapter 1294.

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Commission finds that the cost for school supplies are not required to be paid to residential care providers by the counties.

In addition, effective July 1, 1998, the regulations were amended to provide a definition of "care and supervision." The definition does not include issuing payments for the reasonable cost of administration and operation, and the reasonable activities performed by social workers employed by group home providers, which are not otherwise allowable as daily supervision or as the costs of administration.[95] Therefore, since the reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that the activity of issuing payments for the reasonable cost of administration and operation, and the reasonable activities performed by social workers employed by group home providers which are not otherwise allowable as daily supervision or as the costs of administration, do not constitute a state-mandated new program or higher level of service.

Thus, the Commission finds that the requirement to issue payments to providers of 24-hour out-of-home facilities for the costs of food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation, constitutes a state-mandated new program or higher level of service.

Welfare and Institutions Code section 18351, subdivision (b), further requires the county welfare department to submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed pupils for 24-hour out-of-home care.

Accordingly, the Commission finds that Government Code section 7581 and section 60200, subdivision (e), of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils. Payments are for the costs of food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation.
- Submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed pupils for 24-hour out-of-home care.

6. <u>Provide psychotherapy or other mental health services, as defined in regulations, when required by the IEP (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60020, subd. (a), 60200, subds. (a) and (b))</u>

Government Code section 7576 requires the State Department of Mental Health, or any designated community mental health service (i.e., the county), to provide psychotherapy or other mental health services when required by a pupil' s IEP. Psychotherapy or other mental health services may be provided directly or by contracting with another public

[95] See California Code of Regulations, title 2, section 60025, subdivision (a), (eff. July 1, 1998).

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agency, qualified individual, or a state-certified nonpublic, nonsectarian school or agency.

Section 60020, subdivision (a), defines "psychotherapy and other mental health services" as "those services defined in Sections 542 to 543, inclusive, of Title 9 of the California Administrative Code [Department of Mental Health regulations], and provided by a local mental health program directly or by contract." Section 542 of the Department of Mental Health regulations governs the definition of "day services": services that are designed to provide alternatives to 24-hour care and supplement other modes of treatment and residential services. Day services include day care intensive services, day care habilitative services, vocational services and socialization services. These services are defined in section 542 of the regulations as follows:

- Day care intensive services are "services designed and staffed to provide a multidisciplinary treatment program of less than 24 hours per day as an alternative to hospitalization for patients who need active psychiatric treatment for acute mental, emotional, or behavioral disorders and who are expected, after receiving these services, to be referred to a lower level of treatment, or maintain the ability to live independently or in a supervised residential facility."
- Day care habilitative services are "services designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence at the best possible functional level for the patient with chronic psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service."[96]
- Vocational services are "services designed to encourage and facilitate individual motivation and focus upon realistic and obtainable vocational goals. To the extent possible, the intent is to maximize individual client involvement in skill seeking and skill enhancement, with the ultimate goal of meaningful productive work."

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[96] In comments to the draft staff analysis, the County of Los Angeles asserts that "rehabilitation" should be specifically defined to include the activities identified in section 1810.243 of the regulations adopted by the Department of Mental Health under the Medi-Cal Specialty Mental Health Services Consolidation program. (Cal. Code Regs., tit. 9, § 1810.243.) These activities include "assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources and/or medication education."

The Commission disagrees with the County's request. The plain language of test claim regulations (Cal. Code Regs., tit. 2, §§ 60000 et seq.) does not require or mandate counties to perform the activities defined by section 1810.243 of the Department's title 9 regulations. In addition, the test claim regulations do not reference section 1810.243 of the Department's title 9 regulations for any definition relevant to the program at issue in this case.

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- Socialization services are "services designed to provide life-enrichment and social skill development for individuals who would otherwise remain withdrawn and isolated. Activities should be gauged for multiple age groups, be culturally relevant, and focus upon normalization."

Section 543 of the Department of Mental Health regulations defines "outpatient services," which are defined as "services designed to provide short-term or sustained therapeutic intervention for individuals experiencing acute or ongoing psychiatric distress." Outpatient services include the following:

- Collateral services, which are "sessions with significant persons in the life of the patient, necessary to serve the mental health needs of the patient."
- Assessment, which is defined as "services designed to provide formal documented evaluation or analysis of the cause or nature of the patient's mental, emotional, or behavioral disorder. Assessment services are limited to an intake examination, mental health evaluation, physical examination, and laboratory testing necessary for the evaluation and treatment of the patient's mental health needs."
- Individual therapy, which is defined as "services designed to provide a goal directed therapeutic intervention with the patient which focuses on the mental health needs of the patient."
- Group therapy, which are "services designed to provide a goal directed, face-to-face therapeutic intervention with the patient and one or more other patients who are treated at the same time, and which focuses on the mental health needs of the patient."
- Medication, which is defined to include "the prescribing, administration, or dispensing of medications necessary to maintain individual psychiatric stability during the treatment process. This service shall include the evaluation of side effects and results of medication."
- Crisis intervention, which means "immediate therapeutic response which must include a face-to-face contact with a patient exhibiting acute psychiatric symptoms to alleviate problems which, if untreated, present an imminent threat to the patient or others."

The County of Los Angeles, in comments to the draft staff analysis, argues that all of the activities listed above should be identified as reimbursable state-mandated activities. However, as of July 1, 1998, the activities of providing vocational services, socialization services, and crisis intervention to pupils are no longer required by section 60020 of the regulations. The final statement of reasons for the 1998 adoption of section 60020 of the regulations by the Departments of Mental Health and Education provides the following reason for the deletion of these activities:

> The provision of vocational services is assigned to the State Department of Rehabilitation by Government Code section 7577.
>
> Crisis service provision is delegated to be "from other public programs or private providers, as appropriate" by these proposed regulations in

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> Section 60040(e) because crisis services are a medical as opposed to educational service. They are, therefore, excluded under both the Tatro and Clovis decisions. These precedents apply because "medical" specialists must deliver the services. A mental health crisis team involves specialized professionals. Because of the cost of these professional services, providing these services would be a financial burden that neither the schools nor the local mental health services are intended to address in this program.
>
> The hospital costs of crisis service provision are explicitly excluded from this program in the Clovis decision for the same reasons.
>
> Additionally, the IEP process is one that responds slowly due to the problems inherent in convening the team. It is, therefore, a poor avenue for the provision of crisis services. While the need for crisis services can be a predictable requirement over time, the particular medical requirements of the service are better delivered through the usual local mechanisms established specifically for this purpose.[97]

Since the reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that the activities of providing vocational services, socialization services, and crisis intervention to pupils do not constitute a state-mandated new program or higher level of service.

In addition, the County of Los Angeles specifically requests reimbursement for "medication monitoring." The phrase "medication monitoring" was not included in the original test claim legislation. "Medication monitoring" was added to the regulations for this program in 1998 (Cal. Code Regs. tit. 2, § 60020.) "Medication monitoring" is part of the new, and current, definition of "mental health services" that was adopted by the Departments of Mental Health and Education in 1998. The current definition of "mental health services" and "medication monitoring" is the subject of the pending test claim, *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49), and will not be specifically analyzed here. But, as of 1998, "dispensing of medications necessary to maintain individual psychiatric stability during the treatment process" was deleted from the definition of "mental health services." Since the reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that the activity of "dispensing of medications necessary to maintain individual psychiatric stability during the treatment process" does not constitute a state-mandated new program or higher level of service.

Finally, section 60200, subdivisions (a) and (b), of the regulations clarifies that counties are financially responsible for providing the mental health services identified in the IEP of a seriously emotionally disturbed pupil placed in an out-of-home residential facility located within the State of California. Mental health services provided to a seriously emotionally disturbed pupil shall be provided either directly or by contract.

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[97] Final Statement of Reasons, pages 55-56.

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Accordingly, the Commission finds that Government Code section 7576, and sections 60020 and 60200 of the regulations constitute a state-mandated new program or higher level of service for the following activity:

- Providing psychotherapy or other mental health services identified in a pupil's IEP, as defined in sections 542 and 543 of the Department of Mental Health regulations. However, the activities of providing vocational services, socialization services, and crisis intervention to pupils, and dispensing medications necessary to maintain individual psychiatric stability during the treatment process, do *not* constitute a state-mandated new program or higher level of service.

7. Participate in due process hearings relating to issues involving mental health assessments or services (Gov. Code, § 7586; Cal. Code Regs., tit. 2, § 60550)

Government Code section 7586, subdivision (a), addresses the due process procedures when disputes regarding special education and related services arise. That section requires all state departments and their designated local agencies to be governed by the procedural safeguards required by federal law. The designated local agency is the county mental health program established in accordance with the Short-Doyle Act.[98]

Government Code section 7586, subdivision (a), states the following:

> All state departments, and their designated local agencies, shall be governed by the procedural safeguards required in Section 1415 of Title 20 of the United States Code. A due process hearing arising over a related service or designated instruction and service shall be filed with the Superintendent of Public Instruction. Resolution of all issues shall be through the due process hearing process established in Chapter 5 (commencing with Section 56500) of Part 30 of Division 4 of the Education Code. The decision issued in the due process hearing shall be binding on the department having responsibility for the services in issue as prescribed by this chapter.[99]

The due process hearing procedures identified in Education Code section 56501 allow the parent and the public education agency to initiate the due process hearing procedures when there is a proposal to initiate or change the identification, assessment, or educational placement of the child or the provision of a free, appropriate public education to the child; there is a refusal to initiate or change the identification, assessment, or educational placement of the child or the provision of a free, appropriate public education to the child; or when the parent refuses to consent to an assessment of the child. The due

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[98] Government Code section 7571; California Code of Regulations, title 2, section 60020, subdivision (d).

[99] Section 60550 of the regulations contains similar language and provides that "[d]ue process hearing procedures apply to the resolution of disagreements between parents and a public agency regarding the proposal or refusal of a public agency to initiate or change the identification, assessment, educational placement, or the provision of special education and related services to the pupil."

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process hearing rights include the right to a mediation conference pursuant to Education Code section 56500.3 at any point during the hearing process; the right to examine pupil records; and the right to a fair and impartial administrative hearing at the state level, before a person knowledgeable in the laws governing special education and administrative hearings, under contract with the department, pursuant to Education Code section 56505.

Education Code section 56505, subdivision (e), further affords the parties the right to be accompanied and advised by counsel and by individuals with special knowledge or training relating to the problems of children and youth with disabilities; the right to present evidence, written arguments, and oral arguments; the right to confront, cross-examine, and compel the attendance of witnesses; the right to written findings of fact and decision; the right to be informed by the other parties to the hearing of the issues in dispute; and the right to receive a copy of all documents and a list of witnesses from the opposing party.

The Commission finds that the county's participation in the due process hearings relating to issues involving mental health assessments or services constitutes a state-mandated new program or higher level of service. Although federal law mandates the due process hearing procedures (20 U.S.C. § 1415), it is state law, rather than federal law, that requires counties to participate in due process hearings involving mental health assessment or service issues.

This finding is consistent with the Supreme Court's decision in the recent case of *San Diego Unified School District v. Commission on State Mandates*.[100] In the *San Diego Unified School District* case, the Supreme Court held that all due process hearing costs with respect to a mandatory expulsion of a student (those designed to satisfy the minimum requirements of federal due process, and those due process requirements enacted by the state that may have exceeded federal law) were reimbursable pursuant to article XIII B, section 6 since it was state law that required school districts to incur the hearing costs.[101]

Accordingly, the Commission finds that Government Code section 7586 and section 60550 of the regulations constitute a state-mandated new program or higher level of service for the following activity:

- Participation in due process hearings relating to issues involving mental health assessments or services.

III. Does the test claim legislation impose costs mandated by the state within the meaning of article XIII B, section 6 and Government Code section 17514?

In order for the activities listed above to impose a reimbursable, state-mandated program under article XIII B, section 6 of the California Constitution, two additional elements must be satisfied. First, the activities must impose costs mandated by the state pursuant

[100] *San Diego Unified School District, supra*, 33 Cal.4th 859.

[101] *Id.* at pages 881-882.

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to Government Code section 17514.[102] Second, the statutory exceptions to reimbursement listed in Government Code section 17556 cannot apply.

Government Code section 17514 defines "costs mandated by the state" as any increased cost a local agency or school district is required to incur as a result of a statute that mandates a new program or higher level of service.

Government Code section 17556 states that the Commission shall not find costs mandated by the state, as defined in section 17514, in any claim submitted by a local agency or school district, if, after a hearing, the commission finds that:

> (a) The claim is submitted by a local agency or school district that requested legislative authority for that local agency or school district to implement the program specified in the statute, and that statute imposes costs upon that local agency or school district requesting the legislative authority. A resolution from the governing body or a letter from a delegated representative of the governing body of a local agency or school district that requests authorization for that local agency or school district to implement a given program shall constitute a request within the meaning of this paragraph.
>
> (b) The statute or executive order affirmed for the state a mandate that had been declared existing law or regulation by action of the courts.
>
> (c) The statute or executive order imposes a requirement that is mandated by a federal law or regulation and results in costs mandated by the federal government, unless the statute or executive order mandates costs that exceed the mandate in that federal law or regulation. This subdivision applies regardless of whether the federal law or regulation was enacted or adopted prior to or after the date on which the state statute or executive order was enacted or issued.
>
> (d) The local agency or school district has the authority to levy service charges, fees, or assessments sufficient to pay for the mandated program or increased level of service.
>
> (e) The statute, executive order, or an appropriation in a Budget Act or other bill provides for offsetting savings to local agencies or school districts that result in no net costs to the local agencies or school districts, or includes additional revenue that was specifically intended to fund the costs of the state mandate in an amount sufficient to fund the cost of the state mandate.
>
> (f) The statute or executive order imposed duties that were expressly included in a ballot measure approved by the voters in a statewide or local election.
>
> (g) The statute created a new crime or infraction, eliminated a crime or infraction, or changed the penalty for a crime or infraction, but only for

[102] See also, *Lucia Mar Unified School Dist.*, *supra*, 44 Cal.3d 830, 835

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> that portion of the statute relating directly to the enforcement of the crime or infraction.

Except for Government Code section 17556, subdivision (e), the Commission finds that the exceptions listed in section 17556 are not relevant to this claim, and do not apply here. Since the Legislature has appropriated funds for this program in the 2004 Budget Bill, however, Government Code section 17556, subdivision (e), is relevant and is analyzed below.

A. Government Code section 17556, subdivision (e), does not apply to deny this claim

Government Code section 17556, subdivision (e), states the Commission shall not find costs mandated by the state if the Commission finds that:

> The statute, executive order, or an appropriation in a Budget Act or other bill provides for offsetting savings to local agencies or school districts that result in no net costs to the local agencies or school districts, *or includes additional revenue that was specifically intended to fund the costs of the state mandate in an amount sufficient to fund the cost of the state mandate*. (Emphasis added.)

The Budget Acts of 2003 and 2004 contain appropriations " considered offsetting revenues within the meaning of Government Code section 17556, subdivision (e)." The Budget Act of 2003 appropriated $69 million from the federal special education fund to counties to be used exclusively to support mental health services identified in a pupil's IEP and provided during the 2003-04 fiscal year by county mental health agencies pursuant to the test claim legislation. (Stats. 2003, ch. 157, item 6110-161-0890, provision 17.) The bill further states in relevant part that the funding shall be considered offsetting revenue pursuant to Government Code section 17556, subdivision (e):

> This funding shall be considered offsetting revenues within the meaning of subdivision (e) of section 17556 of the Government Code for any reimbursable mandated cost claim for provision of these mental health services provided in 2003-04.

The Budget Act of 2004 similarly appropriated $69 million to counties from the federal special education fund to be used exclusively to support mental health services provided during the 2004-05 fiscal year pursuant to the test claim legislation. (Stats. 2004, ch. 208, item 6110-161-0890, provision 10.) The appropriation was made as follows:

> Pursuant to legislation enacted in the 2003-04 Regular Session, of the funds appropriated in Schedule (4) of this item, $69,000,000 shall be used exclusively to support mental health services provided during the 2004-05 fiscal year by county mental health agencies pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of the Government Code and that are included within an individualized education program pursuant to the Federal Individuals with Disabilities Education Act (IDEA).

The Budget Act of 2004 does not expressly identify the $69 million as "offsetting revenues within the meaning of Government Code section 17556, subdivision (e)." But

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the statute does contain language that the appropriation was made "Pursuant to legislation enacted in the 2003-04 Regular Session." As indicated above, it is the 2003-04 Budget Bill that contains the language regarding the Legislature's intent that the $69 million is considered offsetting revenue within the meaning of Government Code section 17556, subdivision (e).

In order for Government Code section 17556, subdivision (e), to apply to deny this claim for fiscal year 2004-05, the plain language of the statute requires that two elements be satisfied. First, the statute must include additional revenue that was specifically intended to fund the costs of the state mandate. Second, the appropriation must be in an amount sufficient to fund the cost of the state mandate.

The Commission finds that the Legislature intended to fund the costs of this state-mandated program for fiscal year 2004-05 based on the language used by the Legislature that the funds "shall be considered offsetting revenues within the meaning of Government Code section 17556, subdivision (e)." Under the rules of statutory construction, it is presumed that the Legislature is aware of existing laws and that it enacts new laws in light of the existing law.[103] In this case, the Legislature specifically referred to Government Code section 17556, subdivision (e), when appropriating the $69 million. Thus, it must be presumed that the Legislature was aware of the plain language of Government Code section 17556, subdivision (e), and that its application results in a denial of a test claim.

But, based on public records, the second element under Government Code section 17556, subdivision (e), requiring that the appropriation must be *in an amount sufficient* to fund the cost of the state mandate, has not been satisfied. According to the State Controller's Deficiency Report issued on May 2, 2005, the amounts appropriated for this program in fiscal years 2003-04 and 2004-05 are not sufficient to pay the claims received by the State Controller's Office. Unpaid claims for fiscal year 2003-04 total $66,915,606. The unpaid claims for fiscal year 2004-05 total $68,958,263.[104]

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[103] *Williams v. Superior Court* (2001) 92 Cal.App.4th 612, 624.

[104] The State Controller's Deficiency Report is prepared pursuant to Government Code section 17567. Government Code section 17567 requires that in the event the amount appropriated for reimbursement of a state-mandated program is not sufficient to pay all of the claims approved by the Controller, the Controller shall prorate claims in proportion to the dollar amount of approved claims timely filed and on hand at the time of proration. The Controller shall then issue a report of the action to the Department of Finance, the Chairperson of the Joint Legislative Budget Committee, and the Chairperson of the respective committee in each house of the Legislature that considers appropriations. The Deficiency Report is, thus, an official record of a state agency and is properly subject to judicial notice by the court. (*Munoz v. State* (1995) 33 Cal.App.4th 1767, 1773, fn. 2; *Chas L. Harney, Inc. v. State of California* (1963) 217 Cal.App.2d 77, 85-87.)

The Deficiency Report lists the total unpaid claims for this program as follows:

1999 and prior Local Government Claims Bills	$ 8,646
2001-02	124,940,258

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This finding is further supported by the 2004 report published by Stanford Law School, which indicates that "$69 million represented only approximately half of the total funding necessary to maintain AB 3632 services."[105]

Accordingly, the Commission finds that Government Code section 17556, subdivision (e), does not apply to deny this claim for fiscal year 2004-05. Eligible claimants are, however, required to identify the funds received from the $69 million appropriation as an offset to be deducted from the costs claimed.[106]

Based on the program costs identified by the State Controller's Office, the Commission further finds that counties do incur increased costs mandated by the state pursuant to Government Code section 17514 for this program. However, as more fully discussed below, the state has established cost-sharing mechanisms for some of the mandated activities that affect the total costs incurred by a county.

B. Increased costs mandated by the state for providing psychotherapy or other mental health treatment services, and for the residential and non-educational costs of a pupil placed in an out-of-home residential facility

In the Commission's 1990 Statement of Decision, the Commission concluded that the costs incurred for providing psychotherapy or other mental health treatment services were subject to the Short-Doyle Act. Under the Short-Doyle Act, the state paid 90 percent of the total costs of mental health treatment services and the counties paid the remaining 10 percent. Thus, the Commission concluded that counties incurred increased costs mandated by the state in an amount that equaled 10 percent of the total psychotherapy or other mental health treatment costs. The Commission further concluded that conducting assessments, participation on an expanded IEP team, and case management services for seriously emotionally disturbed pupils placed in residential facilities were not subject to the Short-Doyle Act and, thus, were 100 percent reimbursable. The Statement of Decision contains no findings regarding the activity of issuing and paying providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils.

Since the Statement of Decision was issued, the law with respect to the funding of psychotherapy or other mental health treatment services has changed. In addition, the Commission finds that the original Statement of Decision does not reflect the cost sharing ratio established by the Legislature in Welfare and Institutions Code section 18355 with respect to the residential care of seriously emotionally disturbed pupils. These issues are addressed below.

2002-03	124,871,698
2003-04	66,915,606
2004-05	68,958,263

[105] "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004, page 20.

[106] Government Code section 17514; California Code of Regulations, title 2, section 1183.1.

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1. The costs for providing psychotherapy or other mental health treatment services

The test claim legislation (Stats. 1985, ch. 1274) amended Welfare and Institutions Code section 5651 to require that the annual Short-Doyle plan for each county include a description of the services required by Government Code sections 7571 and 7576 (psychotherapy or other mental health treatment services), including the cost of the services. Section 60200 of the regulations required the county to be financially responsible for the provision of mental health treatment services and that reimbursement to the provider of the services shall be based on a negotiated net amount or rate approved by the Director of Mental Health as provided in Welfare and Institutions Code section 5705.2, or the provider's reasonable actual cost. Welfare and Institutions Code section 5705.2 imposed a cost-sharing ratio for mental health treatment services between the state and the counties, with the state paying 90 percent and the counties paying 10 percent of the total costs.

In 1993, the Sixth District Court of Appeal in the *County of Santa Clara* case upheld the Commission's finding that psychotherapy or other mental health treatment services were to be funded as part of the Short-Doyle Act and, thus, only 10 percent of the total costs for treatment were reimbursable under article XIII B, section 6. The court interpreted the test claim legislation as follows:

> County entered into an NNA [negotiated net amount] contract with the state in lieu of the Short-Doyle plan and budget. (Welf. & Inst. Code, § 5705.2.) The NNA contract covers mental health services in the contracting county. The amount of money the state provides is the same whether the county signs a NNA contract or adopts a Short-Doyle plan.... By adding subdivision (g) to Welfare and Institutions Code section 5651, the legislature designated that the mental health services provided pursuant to Government Code section 7570 et seq. were to be funded as part of the Short-Doyle program. County's NNA contract was consistent with this intent. Accordingly, the fact that County entered into an NNA contract rather than a Short-Doyle plan and budget is not relevant.

Based on these findings, the court concluded that only 10 percent of the costs were "costs mandated by the state" and, thus, reimbursable under article XIII B, section 6. The court held as follows:

> By placing these services within Short-Doyle, however, the legislature limited the extent of its mandate for these services to the funds provided through the Short-Doyle program. A Short-Doyle agreement or NNA contract sets the maximum obligation incurred by a county for providing the services listed in the agreement or contract. "Counties may elect to appropriate more than their 10 per cent share, but in no event can they be required to do so." (*County of Sacramento v. Loeb* (1984) 160 Cal.App.3d 446, 450.) Since the services were subject to the Short-Doyle formula under which the state provided 90 per cent of the funds and the county 10 per cent, that 10 per cent was reimbursable under

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> section 6, article XIII B of the California Constitution. (Emphasis in original.)

There have been "intervening changes in the law" with respect to the costs for psychotherapy or other mental health treatment services, however. Thus, the decision in the *County of Santa Clara* case with respect to the inclusion of mental health treatment services for special education pupils in the Short-Doyle plan no longer applies and is not binding on the Commission for purposes of this reconsideration.[107]

In 1991, the Legislature enacted realignment legislation that repealed the Short-Doyle Act and replaced the sections with the Bronzan-McCorquodale Act. (Stats. 1991, ch. 89, §§ 63 and 173.) The realignment legislation became effective on June 30, 1991. The parties have disputed whether the Bronzan-McCorquodale Act keeps the cost-sharing ratio, with the state paying 90 percent and the counties paying 10 percent, for the cost of psychotherapy or other mental health treatment services for special education pupils.

The Commission finds, however, that the dispute does not need to be resolved for purposes of this reconsideration. Section 38 of Statutes 2002, chapter 1167 (Assem. Bill 2781) prohibits the funding provisions of the Bronzan-McCorquodale Act from affecting the responsibility of the state to fund psychotherapy and other mental health treatment services for handicapped and disabled pupils and requires the state to provide reimbursement to counties for those services for all allowable costs incurred. Section 38 also states the following:

> *For reimbursement claims for services delivered in the 2001-02 fiscal year and thereafter*, counties are *not* required to provide any share of those costs or to fund the cost of any part of these services with money received from the Local Revenue Fund [i.e. realignment funds]. (Emphasis added.)

In addition, SB 1895 (Stats. 2004, ch. 493, § 6) provides that realignment funds used by counties for this program "are eligible for reimbursement from the state *for all allowable costs* to fund assessments, psychotherapy, and other mental health services . . . ," and that the finding by the Legislature is "declaratory of existing law." (Emphasis added.)

Therefore, beginning July 1, 2001, the 90 percent-10 percent cost-sharing ratio for the costs incurred for psychotherapy and other mental health treatment services no longer applies. Since the period of reimbursement for purposes of this reconsideration begins July 1, 2004, and section 38 of Statutes 2002,chapter 1167 is still in effect, all of the county costs for psychotherapy or other mental health treatment services are reimbursable, less any applicable offsets that are identified below.

2. <u>The residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility</u>

Government Code section 7581 requires the county to be financially responsible for the residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility. As described above, the residential and non-

[107] *George Arakelian Farms, Inc., supra,* 49 Cal.3d 1279, 1291.

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educational costs include the costs for food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation.

Welfare and Institutions Code section 18355 describes a cost-sharing formula for the payment of these costs. That section states in relevant part the following:

> Notwithstanding any other provision of law, 24-hour out-of-home care for seriously emotionally disturbed children who are placed in accordance with Section 7572.5 of the Government Code shall be funded from a separate appropriation in the budget of the State Department of Social Services in order to fund both 24-hour out-of-home care payment and local administrative costs. Reimbursement for 24-hour out-of-home payment costs shall be from that appropriation, *subject to the same sharing ratio as prescribed in subdivision (c) of Section 15200*, and available funds... (Emphasis added.)

Since 1991, Welfare and Institutions Code section 15200, subdivision (c)(1), has provided that for counties that meet the performance standards or outcome measures in Welfare and Institutions Code section 11215, the state shall appropriate 40 percent of the sum necessary for the adequate care of each child. Thus, for those counties meeting the performance measures, their increased cost mandated by the state would equal 60 percent of the total cost of care for each special education child placed in an out-of-home residential facility, less any applicable offset.

When a county does not meet the performance standards or outcome measures in Welfare and Institutions Code section 11215, state funding for the program decreases and the counties are liable for the decreased cost.[108] The Commission finds that a county's cost incurred for the decrease in the state's share of the costs as a result of the county's failure to meet the performance standards, are not costs mandated by the state and are not reimbursable. Counties are mandated by the state to meet the performance standards for residential facilities.[109]

Therefore, the Commission finds that counties incur increased costs mandated by the state in an amount that equals 60 percent of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility.

C. Identification of offsets

Reimbursement under article XIII B, section 6 and Government Code section 17514 is required only for the increased costs mandated by the state. As determined by the California Supreme Court, the intent behind section 6 was to prevent the state from

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[108] Welfare and Institutions Code sections 15200, subdivision (c)(2), and 11215, subdivision (b)(5).

[109] *Ibid.*

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forcing new programs on local governments that require an increased expenditure by local government of their limited tax revenues.[110]

The 1990 Statement of Decision does not identify any offsetting revenues. The parameters and guidelines for this program lists the following reimbursements that must be deducted from the costs claimed:

- Any direct payments (categorical funding) received from the State which are specifically allocated to this program; and
- Any other reimbursements for this mandate (excluding Short-Doyle funding, private insurance payments, and Medi-Cal payments), which is received from any source, e.g. federal, state, etc.

The Commission agrees with the identification of any direct payments or categorical funds appropriated by the Legislature specifically for this program as an offset to be deducted from the costs claimed. In the past, categorical funding has been provided by the state for this program in the amount of $12.3 million.[111] The categorical funding was eliminated, however, in the Budget Acts of 2002 through 2004.

If, however, funds are appropriated in the Budget Act for this program, such as the $69 million appropriation in the 2004-05 Budget Act, such funds are required to be identified as an offset.

The Commission disagrees with the language in the existing parameters and guidelines that excludes private insurance payments as offsetting revenue. Federal law authorizes public agencies to access private insurance proceeds for services provided under the IDEA if the parent consents.[112] Thus, to the extent counties obtain private insurance proceeds with the consent of a parent for purposes of this program, such proceeds must be identified as an offset and deducted from the costs claimed. This finding is consistent with the California Supreme Court's decision in *County of Fresno v. State of California*. In the *County of Fresno* case, the court clarified that article XIII B, section 6 requires reimbursement by the state only for those expenses that are recoverable from tax revenues. Reimbursable costs under article XIII B, section 6, do not include reimbursement received from other non-tax sources.[113]

The Commission further disagrees with the language in the existing parameters and guidelines that excludes Medi-Cal payments as offsetting revenue. Federal law authorizes public agencies, with certain limitations, to use public insurance benefits, such as Medi-Cal, to provide or pay for services required under the IDEA.[114] Federal law limits this authority as follows:

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[110] *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 487; *County of San Diego, supra*, 15 Cal.4th at page 81.

[111] Budget Acts of 1994-2001, Item 4440-131-0001.

[112] 34 Code of Federal Regulations section 300.142, subdivision (f).

[113] *County of Fresno, supra,* 53 Cal.3d at page 487.

[114] 34 Code of Federal Regulations section 300.142, subdivision (e).

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(2) With regard to services required to provide FAPE [free appropriate public education] to an eligible child under this part, the public agency-

(i) May not require parents to sign up for or enroll in public insurance programs in order for their child to receive FAPE under Part B of the Act;

(ii) May not require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services provided pursuant to this part, but pursuant to paragraph (g)(2) of this section, may pay the cost that the parent would be required to pay;

(iii) May not use a child's benefits under a public insurance program if that use would

(A) Decrease available lifetime coverage or any other insured benefit;

(B) Result in the family paying for services that would otherwise be covered by the public insurance program and that are required for the child outside of the time the child is in school;

(C) Increase premiums or lead to the discrimination of insurance; or

(D) Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.[115]

According to the 2004 report published by Stanford Law School, 51.8 percent of the students receiving services under the test claim legislation are Medi-Cal eligible.[116] Thus, the Commission finds to the extent counties obtain proceeds under the Medi-Cal program from either the state or federal government for purposes of this mandated program, such proceeds must be identified as an offset and deducted from the costs claimed.

In addition, Government Code section 7576.5 describes offsetting revenue to counties transferred from local educational agencies for this program as follows:

> If funds are appropriated to local educational agencies to support the costs of providing services pursuant to this chapter, the local educational agencies shall transfer those funds to the community mental health services that provide services pursuant to this chapter in order to reduce

[115] 34 Code of Federal Regulations section 300.142, subdivision (e)(2)

[116] "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004, page 20.

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> the local costs of providing these services. These funds shall be used exclusively for programs operated under this chapter and are offsetting revenues in any reimbursable mandate claim relating to special education programs and services.

Government Code section 7576.5 was added by the Legislature in 2003 (Stats. 2003, ch. 227) and became operative and effective on August 11, 2003. Thus, the Commission finds money received by counties pursuant to Government Code section 7576.5 shall be identified as an offset and deducted from the costs claimed.

Finally, the existing parameters and guidelines do not require eligible claimants to offset any Short-Doyle funding, and specifically excludes such funding as an offset. As indicated above, the Short-Doyle Act was repealed and replaced with the realignment legislation of the Bronzan-McCorquodale Act. Based on the plain language of SB 1895 (Stats. 2004, ch. 493, § 6), realignment funds used by a county for this mandated program are not required to be deducted from the costs claimed. Section 6 of SB 1895 adds, as part of the Bronzan-McCorquodale Act, section 5701.6 to the Welfare and Institutions Code. Section 5701.6 states in relevant part the following:

> Counties may utilize money received from the Local Revenue Fund [realignment] ...to fund the costs of any part of those services provided pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code. *If money from the Local Revenue Fund is used by counties for those services, counties are eligible for reimbursement from the state for all allowable costs* to fund assessments, psychotherapy, and other mental health services allowable pursuant to Section 300.24 of Title 34 of the Code of Federal Regulations [IDEA] and required by Chapter 26.5 ... of the Government Code. (Emphasis added.)

Thus, the Commission finds that realignment funds used by a county for this mandated program are not required to be identified as an offset and deducted from the costs claimed.

Accordingly, the Commission finds that the following revenue and/or proceeds must be identified as offsets and be deducted from the costs claimed:

- Funds received by a county pursuant to Government Code section 7576.5.
- Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes funds received by a county pursuant to the $69 million appropriation to counties for purposes of this mandated program in the Budget Act of 2004 ((Stats. 2004, ch. 208, item 6110-161-0890, provision 10).
- Private insurance proceeds obtained with the consent of a parent for purposes of this program.

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- Medi-Cal proceeds obtained from the state or federal government that pay a portion of the county services provided to a pupil under this mandated program in accordance with federal law.
- Any other reimbursement received from the federal or state government, or other non-local source.[117]

CONCLUSION

The Commission concludes that the test claim legislation imposes a reimbursable state-mandated program on counties pursuant to article XIII B, section 6 of the California Constitution and Government Code section 17514 for the *increased costs* in performing the following activities:

1. Renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement (Gov. Code, § 7571; Cal. Code Regs., tit. 2, §§ 60030, 60100)
   - Renew the interagency agreement every three years, and revise if necessary.
   - Define the process and procedures for coordinating local services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils.
2. Perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team (Gov. Code, § 7572, Cal. Code Regs., tit. 2, § 60040)
   - Review the following educational information of a pupil referred to the county by a local educational agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.
   - If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.
   - If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.
   - Assess the pupil within the time required by Education Code section 56344.
   - If a mental health assessment cannot be completed within the time limits, provide notice to the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.
   - Prepare and provide to the IEP team, and the parent or guardian, a written assessment report in accordance with Education Code section 56327. The report

[117] *County of Fresno, supra,* 53 Cal.3d at page 487; California Code of Regulations, title 2, section 1183.1, subdivision (a)(8).

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shall include the following information: whether the pupil may need special education and related services; the basis for making the determination; the relevant behavior noted during the observation of the pupil in the appropriate setting; the relationship of that behavior to the pupil's academic and social functioning; the educationally relevant health and development, and medical findings, if any; for pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services; a determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate; and the need for specialized services, materials, equipment for pupils with low incidence disabilities.

- Review and discuss the county recommendation with the parent and the appropriate members of the IEP team before the IEP team meeting.
- In cases where the local education agency refers a pupil to the county for an assessment, attend the IEP meeting if requested by the parent.
- Review independent assessments of a pupil obtained by the parent.
- Following review of the independent assessment, discuss the recommendation with the parent and with the IEP team before the meeting of the IEP team.
- In cases where the parent has obtained an independent assessment, attend the IEP team meeting if requested.

3. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary (Gov. Code, § 7572.5, subds. (a) and (b); Cal. Code Regs., tit. 2, § 60100)

   - Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary.
   - Re-assess the pupil in accordance with section 60400 of the regulations, if necessary.

4. Act as the lead case manager if the IEP calls for residential placement of a seriously emotionally disturbed pupil (Gov. Code, § 7572.5, subd. (c)(1); Cal. Code Regs., tit. 2, § 60110)

   - Designate a lead case manager when the expanded IEP team recommends out-of-home residential placement for a seriously emotionally disturbed pupil. The lead case manager shall perform the following activities:

     1. Convene parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.
     2. Complete the local mental health program payment authorization in order to initiate out of home care payments.

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3. Coordinate the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.
4. Coordinate the completion of the residential placement as soon as possible.
5. Develop the plan for and assist the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.
6. Facilitate the enrollment of the pupil in the residential facility.
7. Conduct quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.
8. Notify the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.

5. Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (e))

   - Issue payments to providers of out-of-home residential facilities for the residential and non-educational costs of seriously emotionally disturbed pupils. Payments are for the costs of food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation. Counties are eligible to reimbursed for 60 percent of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility.
   - Submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed pupils for 24-hour out-of-home care.

6. Provide psychotherapy or other mental health services, as defined in regulations, when required by the IEP (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60020, subd. (a), 60200, subds. (a) and (b))

   - Provide psychotherapy or other mental health services identified in a pupil's IEP, as defined in sections 542 and 543 of the Department of Mental Health regulations. However, the activities of providing vocational services, socialization services, and crisis intervention to pupils, and dispensing medications necessary to maintain individual psychiatric stability during the treatment process, do *not* constitute a state-mandated new program or higher level of service.

7. Participate in due process hearings relating to mental health assessments or services (Gov. Code, § 7586; Cal. Code Regs., tit. 2, § 60550)

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The Commission further concludes that the following revenue and/or proceeds must be identified as offsets and be deducted from the costs claimed:

- Funds received by a county pursuant to Government Code section 7576.5
- Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes funds received by a county pursuant to the $69 million appropriation to counties for purposes of this mandated program in the Budget Act of 2004 ((Stats. 2004, ch. 208, item 6110-161-0890, provision 10).
- Private insurance proceeds obtained with the consent of a parent for purposes of this program.
- Medi-Cal proceeds obtained from the state or federal government that pay a portion of the county services provided to a pupil under this mandated program in accordance with federal law.
- Any other reimbursement received from the federal or state government, or other non-local source

The period of reimbursement for this decision begins July 1, 2004.

Finally, any statutes and/or regulations that were pled in *Handicapped and Disabled Students* (CSM 4282) that are not identified above do not constitute a reimbursable state-mandated program.

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STATE OF CALIFORNIA ARNOLD SCHWARZENEGGER, *Governor*

COMMISSION ON STATE MANDATES
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SACRAMENTO, CA 95814
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FAX: (916) 445-0278
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February 27, 2009

Ms. Denise M. Arend
Deputy Director, Community Services Division
Department of Mental Health
1600 9th Street
Sacramento, CA 95814

And Affected State Agencies and Interested Parties (See Enclosed Mailing List)

RE: **Request for Clarification Filed by Department of Mental Health**
Reconsideration of Handicapped and Disabled Students (04-RL-4282-10)
Handicapped and Disabled Students II (02-TC-40/02-TC-49)
Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services (97-TC-05)
Government Code Sections 7570-7588; Statutes 1984, Chapter 1747 (Assem. Bill No. 3632); Statutes 1985, Chapter 1274 (Assem. Bill No. 882); Statutes 1994, Chapter 1128 (Assem. Bill No. 1892); Statutes 1996, Chapter 654 (Assem. Bill No. 2726);
California Code of Regulations, Title 2, Sections 60000-60610 (Emergency regulations effective January 1, 1986 [Register 86, No. 1], and re-filed June 30, 1986, designated effective July 12, 1986 [Register 86, No. 28]; and Emergency regulations effective July 1, 1998 [Register 98, No. 26], final regulations effective August 9, 1999 Register 99, No. 33])

Dear Ms. Arend:

I am in receipt of your letter dated February 19, 2009, requesting clarification in the *Handicapped and Disabled Students* program regarding the Commission's basis for excluding rehabilitation, as defined by Title 9, California Code of Regulations, section 1810.243, as a mental health service eligible for reimbursement.

Please be advised that the Commission no longer has jurisdiction over these consolidated test claims. A Statement of Decision on the *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10) was adopted on May 26, 2005, finding that rehabilitation services, as defined by section 1810.243, is not reimbursable for the following reasons:

> The plain language of the test claim regulations (Cal. Code. Regs., tit. 2, §§ 60000 et seq.) does not require or mandate counties to perform the activities defined by section 1810.243 of the Department's title 9 regulations. In addition, the test claim regulations do not reference section 1810.243 of the Department's title 9 regulations for any definition relevant to the program at issue in this case. (Statement of Decision, p. 39, fn. 96.)

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The Statement of Decision was not challenged by the parties and, thus, remains the final decision of the Commission. The Commission has no authority to consider or change a prior final decision.

However, Government Code section 17557, subdivision (d), and Title 2, California Code of Regulations, section 1183.2, authorizes a local agency or the state to file a written request with the Commission to amend, modify, or supplement the parameters and guidelines to the extent the request is consistent with the Statement of Decision. The Commission may, after public notice and hearing, amend, modify, or supplement the parameters and guidelines.

In addition, if the test claim statutes or regulations are amended, a local agency has the authority pursuant to Government Code sections 17551 and 17553 to file a new test claim on the statute(s) or regulation(s) as amended.

Please feel free to contact me at (916) 323-8215 with any further questions.

Sincerely,

CAMILLE SHELTON
Chief Legal Counsel

Enclosure: Department of Mental Health Letter Dated February 19, 2009

J:mandates/legreconsiderations/2004/SB1895Handicapped/PsGs/Consolidated/LtrtoDMH(209)

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1600 9th Street, Sacramento, CA 95814
(916) 654-3551

February 19, 2009

Camille Shelton
Chief Legal Counsel
Commission on State Mandates
980 9th Street
Suite 300
Sacramento, CA 95814

Dear Ms. Shelton:

The Department of Mental Health (DMH) requests clarification on reimbursable activities under the *Handicapped and Disabled Students (HDS)* (04-RL-4282-10), *Handicapped and Disabled Students II (HDS II)* (02-TC-40/02-TC-49), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) consolidated program. Specifically, DMH seeks clarification on the Commission on State Mandate's (Commission) basis for excluding rehabilitation as a mental health service eligible for reimbursement through the *HDS, HDS II, and SED Pupils: Out-of-State Mental Health Services* consolidated program.

In February 2005, Los Angeles County Department of Mental Health (County) submitted a declaration to the Commission after reviewing a January 20, 2005 Commission Staff Analysis regarding a Reconsideration of the *HDS Program* (04-RL-4284-10)[1]. In that declaration, the County asserted that "Rehabilitation", as defined in Section 1810.243 of Title 9 of the California Code of Regulations[2], should be included in the array of mental health services available to children served through the *HDS Program*[3].

On May 26, 2005, the Commission on State Mandates issued a Final Staff Analysis that addressed the County's assertion. In footnote #103, beginning on page SA-39 of the Final Staff Analysis, Commission Staff disagreed with the County's request. In part, footnote #103 reads:

---

[1] The HDS Program (04-RL-4284-10) was consolidated with the HDS II Program (02-TC-40/02-TC-49) and the Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services (97-TC-05) commencing in Fiscal Year 2006-07.

[2] Section 1810.243 of Title 9 of the California Code of Regulations defines Rehabilitation as a "service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources and/or medication education"

[3] The *HDS, HDS II*, and *SED Pupils: Out-of-State Mental Health Services* consolidated program is also known as the "AB 3632" or "Chapter 26.5" program.

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> "...The plain language of test claim regulations (Cal. Code Regs., tit. 2, §§ 60000 et seq.) does not require or mandate counties to perform the activities defined by section 1810.243 of the Department's title 9 regulations. In addition, the test claim regulations do not reference section 1810.243 of the Department's title 9 regulations for any definition relevant to the program at issue in this case."

On October 26, 2006, the Commission on State Mandates adopted Consolidated Parameters and Guidelines for the *HDS, HDS II*, and *SED Pupils: Out-of-State Mental Health Services* consolidated program, which identifies reimbursable activities under this program. However, the Parameters and Guidelines do not specifically exclude rehabilitation, as a mental health service, from the list of reimbursable activities. Page 9 of the Parameters and Guidelines states "*When providing psychotherapy or other mental health services, the activities of crisis intervention, vocational services, and socialization services are not reimbursable*" but makes no mention of rehabilitation. Rehabilitation services are also not mentioned in the list of mental health services eligible for reimbursement. However, DMH questions the need to specifically identify rehabilitation as a particular type of mental health service allowable under this program. Pursuant to the Final Statement of Reasons for Section 1810.243 of Title 9 of the California Code of Regulations, rehabilitation is an essential component of many mental health services.

Based on the above information, DMH seeks clarification on the Commission's basis for excluding rehabilitation as a mental health service eligible for reimbursement through the *HDS, HDS II, and SED Pupils: Out-of-State Mental Health Services* consolidated program.

To discuss this issue further, please contact me at (916) 654-3551. We appreciate your cooperation and look forward to your timely response.

Sincerely,

DENISE M. AREND
Deputy Director
Community Services Division

cc: Stan Bajorin, Acting Chief Deputy, Department of Mental Health
Mark Heilman, Policy Advisor, Community Services Division
Sophie Cabrera, Branch Chief, Local Program Support
Barbara Marquez, Branch Chief, State Level Programs

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PROVIDER SYSTEM DOCUMENTATION

California Department of Mental Health

August 2008

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PROVIDER SYSTEM

OVERVIEW

The DMH Provider (PRV) System manages information regarding Legal Entities and Providers of public mental health services in California. The term "Legal Entity" applies to a corporation, individual, or county that directly owns a facility offering public mental health services. The term "Provider" applies to those facilities delivering mental health services. There are approximately 1,200 Legal Entities in California and approximately 5,000 Providers.

Staff in Statistics and Data Analysis (SDA) section of the California Department of Mental Health (DMH) maintains data in the files. These files were set up to record information on the numerous Legal Entities and Providers that are operated by or contracted with county mental health programs. SDA staff has ongoing contact with counties to collect new information, update current entries, and advise county staff of changes to the files.

The Legal Entity File records information regarding Legal Entities such as the name, address, county of location, and federal taxpayer identification number. These terms are defined in the Legal Entity Information section of the Provider System Documentation. When entered into the file, each Legal Entity is assigned a 5-digit Legal Entity Number. Legal Entity Numbers are assigned on a statewide basis. The Legal Entity Number is also used for cost reporting purposes.

The Provider File is a record of all information regarding mental health service providers funded by county mental health programs. The information in the Provider file includes the name, address, modes of service, service functions, revenue/procedure codes, Medi-Cal certification, Legal Entity Number and National Provider Identifier (NPI) numbers. These terms are defined in the Provider File Information section of the Provider System Documentation. When entered into the file, each Provider is assigned a 4-digit Provider Number. Provider Numbers are assigned on a county basis with a separate number given for each county using that provider. The Provider Number is used to report to the Client and Service Information (CSI) System and for claiming in the Short-Doyle/Medi-Cal System. A Provider Number can be issued **only** if there is a corresponding Legal Entity Number. Programs licensed by different state departments will need to be given separate Provider Numbers.

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Mode & Service Function Information

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PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

S/D Mode 05 =	24-Hour Services	SD/MC Mode 05 =	Residential/PHF
		SD/MC Mode 07 =	General Hospital
		SD/MC Mode 08 =	Psych Hospital: Age < 21
		SD/MC Mode 09 =	Psych Hospital: Age > 64
S/D Mode 10 =	Day Services	SD/MC Mode 12 =	Hospital Outpatient
S/D Mode 15 =	Outpatient Services	SD/MC Mode 18 =	Non-Hospital Outpatient

S/D Mode of Service	Service Function		*SD/MC Mode of Service*
05	10-18	Hospital Inpatient	07 08 09
05		**19 Hosp. IP Admin Day**	07 08 09
05	20-29	PHF	05
05	30-34	SNF Intensive	Not Medi-Cal Eligible
05		**35 IMD Basic - No Patch**	Not Medi-Cal Eligible
05	36-39	IMD with Patch	Not Medi-Cal Eligible
05	40-49	Adult Crisis Residential	05
05	50-59	Jail Inpatient	Not Medi-Cal Eligible
05	60-64	Residential Other	Not Medi-Cal Eligible
05	65-79	Adult Residential	05
05	80-84	Semi Supervised Living	Not Medi-Cal Eligible
05	85-89	Independent Living	Not Medi-Cal Eligible
05	90-94	MH Rehab Centers	Not Medi-Cal Eligible
10	20-24	Crisis Stabilization ER	12 18
10	25-29	Crisis Stab. Urgent Care	12 18
10	30-39	Vocational	Not Medi-Cal Eligible
10	40-49	Socialization	Not Medi-Cal Eligible
	60-69	SNF Augmentation	Not Medi-Cal Eligible
10	81-84	Day TX Intensive ½ Day	12 18
10	85-89	Day TX Intensive Full Day	12 18
10	91-94	Day Rehabilitation ½ Day	12 18
10	95-99	Day Rehabilitation Full Day	12 18
15	01-09	Case Management/Brokerage	12 18
15	10-19	Mental Health Services (MHS)	12 18
15	30-57,	59 MHS	12 18
15	58	TBS	12 18
15	60-69	Medication Support	12 18
15	70-79	Crisis Intervention	12 18

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PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

S/D Mode of Service	Service Function	*SD/MC Mode of Service*
20 – 42	**00 Administration**	Not Medi-Cal Eligible
45	10-19 Mental Health Promotion	Not Medi-Cal Eligible
45	**20-29 Community Client Services**	Not Medi-Cal Eligible
55	01-03 Medi-Cal Outreach	Not Medi-Cal Eligible
55	04-06 Medi-Cal Eligibility Intake	Not Medi-Cal Eligible
55	07-09 Medi-Cal Contract Admin.	Not Medi-Cal Eligible
55	11-13 Crisis Referral	Not Medi-Cal Eligible
55	14-16 MHS Contract Admin.	Not Medi-Cal Eligible
55	17-19 Discounted MH Outreach	Not Medi-Cal Eligible
55	21-23 SPMP Case Management	Not Medi-Cal Eligible
55	24-26 SPMP Program Planning	Not Medi-Cal Eligible
55	27-29 SPMP MAA Training	Not Medi-Cal Eligible
55	31-34 Non-SPMP Case Management	Not Medi-Cal Eligible
55	35-39 Non-SPMP Program Planning	Not Medi-Cal Eligible
60	20-29 Conservatorship Investigation	Not Medi-Cal Eligible
60	30-39 Conservatorship Administration	Not Medi-Cal Eligible
60	40-49 Life Support/Board & Care	Not Medi-Cal Eligible
60	60-69 Case Management Support	Not Medi-Cal Eligible
60	70 Client Housing Support Expenditures	Not Medi-Cal Eligible
60	71 Client Housing Operating Expenditures	Not Medi-Cal Eligible
60	72 Client flexible Support Expenditures	Not Medi-Cal Eligible
60	75 Non-Medi-Cal Capital Assets	Not Medi-Cal Eligible
60	78 Other Non-Medi-Cal Client support Expenditures	Not Medi-Cal Eligible

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DEFINITION OF MODE OF SERVICE

A mode of service identifies the different kinds of services or activities provided to clients in the local mental health program.

Cost Reports and CSI (Client and Service Information System) Modes of Service are used for Cost Reports and Settlement and CSI.

SD/MC Modes of Service are used for Billing.

DEFINITION OF SERVICE FUNCTIONS

Service functions are the most specific level of reporting under modes of service. The numeric codes for service functions are usually expressed as ranges. This feature allows local programs the option of collecting cost and service data at an even more specific level. Not all modes of service have service functions.

SPECIFIC MODES AND SERVICE FUNCTIONS

MODE 05: *24-Hour Mode of Service*

Services designed to provide a therapeutic environment of care and treatment within a residential setting. Depending on the severity of mental disorder, and the need for related medical care, treatment would be provided in one of a variety of settings.

The following SD/MC Modes are included in Cost Reports and CSI Mode 05:

05 – Psychiatric Health Facility, Adult Crisis Residential, or Adult Residential

07 – Inpatient Hospital Services of an acute care general hospital

08 – Psychiatric Hospital Services for individuals under 21

09 - Psychiatric Hospital Services for individuals age 65 and older

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 05:

Service Functions 10-18: *Hospital Inpatient*

Service Functions 10-18: Hospital Inpatient

Services provided in an acute psychiatric hospital or a distinct acute psychiatric part of a general hospital that is approved by the Department of Health Services to provide psychiatric services. Those services are medically necessary for diagnosis or treatment of a mental disorder in accordance with Section 1820.205.

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MODE 05: Service Functions (continued)

Service Function 19: *Hospital Inpatient Administrative Days*

"Administrative Day Services" means psychiatric inpatient hospital services provided to a beneficiary who has been admitted to the hospital for acute psychiatric inpatient hospital services, and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric inpatient hospital services due to a temporary lack of residential placement options at nonacute residential treatment facilities that meet the needs of the beneficiary. (CCR, Title 9, Section 1810.202)

Service Functions 20-29: *Psychiatric Health Facility (PHF)*

"Psychiatric Health Facility" means a facility licensed by the Department under the provisions of California Code of Regulations, Title 22, Chapter 9, Division 5, beginning with Section 77001. For the purposes of this Chapter, psychiatric health facilities that have been certified by the State Department of Health Services as Medi-Cal providers of inpatient hospital services will be governed by the provisions applicable to hospitals and psychiatric inpatient hospital services, except when specifically indicated in context. (CCR, Title 9, Section 1810.236)

"Psychiatric Health Facility Services" means therapeutic and/or rehabilitative services provided in a psychiatric health facility, other than a psychiatric health facility that has been certified by the State Department of Health Services as a Medi-Cal provider of inpatient hospital services, on an inpatient basis to beneficiaries who need acute care, which is care that meets the criteria of California Code of Regulations, Title 9, Section 1820.205, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. (CCR, Title 9, Section 1810.237)

Service Functions 30-34:
Intensive Skilled Nursing Facility (SNF)

A licensed skilled nursing facility which is funded and staffed to provide intensive psychiatric care and meets Title 9 staffing standards for inpatient services.

Service Function 35:
Institute for Mental Disease (IMD) Basic – No Patch

For this service function an IMD is a SNF where more than 50% of the patients are diagnosed with a mental disorder. The federal government has designated these facilities as IMDs.

Service Functions 36-39: IMD With Patch

Organized therapeutic activities that augment and are integrated into an existing skilled nursing facility.

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Mode 05: Service functions (continued)

Service Functions 40-49: Adult Crisis Residential

"Crisis Residential Treatment Service" means therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention. (CCR, Title 9, Section 1810.208)

Service Functions 50-59: Jail Inpatient

A distinct unit within an adult or juvenile detention facility which is staffed to provide intensive psychiatric treatment of inmates.

Service Functions 60-64: Residential Other

This service function includes children's residential programs, former SB 155 programs, former Community Care Facility (CCF) augmentation, and other residential programs that are not Medi-Cal certified or defined elsewhere.

Service Functions 65-79: *Adult Residential*

"Adult Residential Treatment Service" means rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain and apply interpersonal and independent living skills and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. (CCR, Title 9, Section 1810.203)

Service Functions 80-84: *Semi-Supervised Living*

A program of structured living arrangements for persons who do not need intensive support but who, without some support and structure, may return to a condition requiring hospitalization. Housing units, which are to be shared by three to five persons, shall function as independent households with staff support in case of emergency as well as for regular assessments and assistance with he problems of daily living. This program may be a transition to independent living. Services may include provision of a rent subsidy.

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Mode 05: Service Functions (continued)

Service Functions 85-89: *Independent Living*

This program is for persons who need minimum support in order to live in the community. Clients may require rent subsidy and other assistance.

Service Functions 90-94:
Mental Health Rehabilitation Center

This is a 24-hour program, licensed by the State Department of Mental Health, which provides intensive support and rehabilitation services designed to assist persons 18 years or older, with mental disorders who would have been placed
n a state hospital or another mental health facility to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.

MODE 10: *Day Mode of Service*

Services that provide a range of therapeutic and rehabilitative programs as an alternative to inpatient care.

The following SD/MC Mode is included in Cost Reports and CSI Mode 10:

12 – Outpatient Hospital Services

18 – Non-Residential Rehabilitative Treatment

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 10:

Service Functions 20-24:
Crisis Stabilization - Emergency Room

"Crisis Stabilization" means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.210) Crisis Stabilization shall be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP to perform crisis stabilization (CCR, Title 9, Section 1840.338 (a)). The maximum allowance provided in CCR, Title 22, Section 51516, for "crisis stabilization-emergency room" shall apply when the service is provided in a 24-hour facility, including a hospital outpatient department. (CCR, Title 9, Section 1840.105(a)(4))

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Mode 10: Service Functions (continued)

Service Functions 25-29: *Crisis Stabilization - Urgent Care*

"Crisis Stabilization" means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.210). Crisis Stabilization shall be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP to perform crisis stabilization (CCR, Title 9, Section 1840.338 (a)). The maximum allowance for "crisis stabilization-urgent care" shall apply when the service is provided in any other appropriate site. (CCR, Title 9, Section 1840.105(a)(4)).

Service Functions 30-39: *Vocational Services*

Services designed to encourage and facilitate client motivation and focus upon realistic and attainable vocational goals. To the extent possible, the intent is to maximize client involvement in skill seeking and skill enhancement, with an ultimate goal of self-support.

Service Functions 40-49: *Socialization Services*

Services designed to provide activities for persons who require structured support and the opportunity to develop the skills necessary to move toward more independent functioning.

Service Functions 60-69: *SNF Augmentation*

Organized therapeutic activities that augment and are integrated into an existing skilled nursing facility.

Service Functions 81-84: *Day Treatment Intensive - 1/2 Day*
Service Functions 85-89: *Day Treatment Intensive - Full Day*

"Day Treatment Intensive" means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. (CCR,Title9,Section1810.213)

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Mode 10: Service Functions (continued)

Service Functions 91-94: *Day Rehabilitation - 1/2 Day*

Service Functions 95-99: *Day Rehabilitation - Full Day*

"Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. (CCR, Title 9, Section 1810.212)

MODE 15: *Outpatient Mode of Service*

Services designed to provide short-term or sustained therapeutic intervention for clients experiencing acute and/or ongoing psychiatric distress.

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 15:

Service Functions 01-09: *Case Management/Brokerage*

Case Management/Brokerage means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development. (CCR, Title 9, Section 1810.249)

Service Functions 10-18, 30-38, 40-48, 50-57: *Mental Health Services*

"Mental Health Services" means individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.
(CCR, Title 9, Section 1810.227)

Service Function 58: *Therapeutic Behavioral Services (TBS)*

"Therapeutic Behavioral Services" (TBS) are one-to-one therapeutic contacts for a specified short-term period of time between a mental health provider and a child or youth with serious emotional disturbances (SED). TBS is designed to maintain the child/youth's residential placement at the lowest appropriate level by resolving target behaviors and

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Service Function 58: TBS (continued)

achieving short-term treatment goals. TBS is available to full-scope Medi-Cal beneficiaries under 21 years of age who meet MHP medical necessity criteria (children/youth with SED), are members of the certified class and meet the criteria for needing these services. A contact is considered therapeutic if it is intended to provide the child/youth with skills to effectively manage the behaviors or symptoms that are barriers to achieving residence in the lowest possible level.

The person providing TBS must be available on-site to provide individualized one-to-one, face-to-face behavioral assistance and one-to-one interventions to accomplish outcomes specified in the written treatment plan. The critical distinction between TBS and other rehabilitative mental health services is that a significant component of this service activity is having one provider on-site and immediately available to intervene for a specified period of time. The expectation is that the mental health provider would be with the child/youth for a designated time period specified in the treatment plan and that the entire time spent with the child/youth would be reimbursable. These designated time periods may vary in length and may be up to 24 hours a day, depending upon the needs of the child/youth. (See DMH Letter No.: 99-03)

Service Functions 19, 39, 49, 59:
Mental Health Services – Professional Inpatient Visit

These services are the same as Mental Health Services except the services are provided in a non-SD/MC inpatient setting by professional (former non-SD/MC Fee-For-Service) staff.

Service Functions 60-68: *Medication Support Services*

"Medication Support Services" means those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the beneficiary. (CCR, Title 9, Section 1810.225)

Service Function 69:
Medication Support – Professional Inpatient Visit

These services are the same as Medication Support except the services are provided in a non-SD/MC inpatient setting by professional (former non-SD/MC Fee-For-Service) staff.

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Mode 15: Service Functions (continued)

Service Functions 70-78: *Crisis Intervention*

"Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements described in Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.209)

Service Functions 79: Crisis Intervention – Professional Inpatient Visit

These services are the same as Crisis Intervention except the services are provided in a non-SD/MC inpatient setting by professional (former non-SD/MC Fee-For-Service) staff.

MODE 20: *Administrative Support Mode of Service*

Services provided in the administration of the total county mental health program.

Service Function 00: *Administration*

MODE 25: *Research and Evaluation Mode of Service*

Research – Centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders.

Evaluation – Scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms.

Service Function 00: *Administration*

MODE 40: *Formal Training Mode of Service*

Educational activities which are specifically designed to enhance the skills and knowledge of mental health staff. The educational activity is formally organized by a qualified instructor with specific learning objectives and is designed either to improve the quality of mental health services or improve the administration of the mental health program. Routine orientation of new staff is not included.

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Received on 3/25/2008

CLINICAL RECORD DOCUMENTATION MANUAL FOR OUTPATIENT MENTAL HEALTH SERVICES

Santa Clara County
Department of Mental Health

Quality Improvement Program
408.793.5894
408.288.6113 (fax)

July 2004

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V. Service Activity

B. Mental Health Services – Rehabilitation

Definition

Rehabilitation (Rehab) focuses on assisting the client to improve, maintain, or restore functional skills.

Activities

Rehab activities are usually face-to-face or by telephone with the client and may be provided in the office or in the community.

- Education, training, and counseling for the client in relation to functional skills:
  - Health – medication education and compliance, grooming and personal hygiene skills, meal preparation skills.
  - Daily Activities – money management, leisure skills.
  - Social Relationships – social skills, developing and maintaining a support system.
  - Living Arrangement – maintaining current housing situation.

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V. Service Activity

B. Mental Health Services – Rehabilitation (cont.)

Progress Notes

☹ Progress notes that fail to provide adequate information about the intervention(s) are at risk of disallowance because it may be unclear if the Rehab activity was provided.

Group

➢ If providing the Rehab activity in a group setting (i.e., two or more clients), then the progress note needs to include the following:

- Type or name of group.
- Total staff time (i.e., time spent in group plus documentation time, but may also include travel time).
- Number of clients.
- Number of clinicians and their names (if there is more than one clinician).

Group Duration per Client

➢ Group Rehab calculation of duration is the total staff time (include the time from all staff) divided by the number of clients.

- Example: Group A had one clinician and 6 clients. The total staff time was 120 minutes. The duration for each client is 120 divided by 6, which equals 20 minutes.

- Example: Group B had two clinicians and 8 clients. The total staff time was 360 minutes (both clinicians contributed 180 minutes). The duration for each client is 360 divided by 8, which equals 45 minutes.

➢ If the group calculation for duration includes decimals (e.g., 26.7 minutes), then round down to the nearest whole number.

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V. Service Activity

E. Day Rehabilitation

Definition

Day Rehabilitation (DR) is a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development.

Activities

Service activities may include assessment, plan development, collateral, rehabilitation, and therapy.

Progress Notes

- DR services require weekly summaries that are reviewed and signed by a QMHP.

Miscellaneous

Billing

- For Medi-Cal reimbursement, the client must be present for at least 50 percent of the scheduled hours of operation for that day.
- Medication Support Services are billed separately from DR.

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9 CA ADC § 1810.212

9 CCR § 1810.212

Cal. Admin. Code tit. 9, § 1810.212

Barclays Official California Code of Regulations Currentness
Title 9. Rehabilitative and Developmental Services
Division 1. Department of Mental Health
Chapter 11. Medi-Cal Specialty Mental Health Services
Subchapter 1. General Provisions
Article 2. Definitions, Abbreviations and Program Terms
➡§ 1810.212. Day Rehabilitation.

"Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

Note: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

HISTORY

1. New section filed 10-31-97 as an emergency; operative 11-1-97 (Register 97, No. 44). A Certificate of Compliance must be transmitted to OAL by 3-2-98 or emergency language will be repealed by operation of law on the following day.

2. New section refiled 3-2-98 as an emergency; operative 3-2-98 (Register 98, No. 10). A Certificate of Compliance must be transmitted to OAL by 6-30-98 or emergency language will be repealed by operation of law on the following day.

3. New section refiled 6-17-98 as an emergency; operative 6-30-98 (Register 98, No. 25). Pursuant to Chapter 324 (Statutes of 1998) Item 4440-103-0001(4), a Certificate of Compliance must be transmitted to OAL by 7-1-99 or emergency language will be repealed by operation of law on the following day.

4. Editorial correction ofHistory3 (Register 98, No. 39).

5. Editorial correction extending Certificate of Compliance date to 7-1-2001 pursuant to Chapter 50 (Statutes of 1999) Item 4440-103-0001(4) (Register 99, No. 33). Notwithstanding any other provision of law, emergency regulations adopted pursuant to Welfare and Institutions Code section 14680 to implement the second phase of mental health managed care as provided in this part shall remain in effect until permanent regulations are adopted, or June 30, 2006, whichever occurs first.

6. Editorial correction ofHistory5 (Register 2000, No. 42).

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7. Editorial correction ofHistory5 and repealer and new section filed 5-19-2006; operative 6-18-2006 (Register 2006, No. 20).

9 CCR § 1810.212, 9 CA ADC § 1810.212
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9 CA ADC § 1810.243

9 CCR § 1810.243

Cal. Admin. Code tit. 9, § 1810.243

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Title 9. Rehabilitative and Developmental Services
Division 1. Department of Mental Health
Chapter 11. Medi-Cal Specialty Mental Health Services
Subchapter 1. General Provisions
Article 2. Definitions, Abbreviations and Program Terms
➡§ 1810.243. Rehabilitation.

"Rehabilitation" means a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

Note: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4 and 14684, Welfare and Institutions Code.

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2. New section refiled 3-2-98 as an emergency; operative 3-2-98 (Register 98, No. 10). A Certificate of Compliance must be transmitted to OAL by 6-30-98 or emergency language will be repealed by operation of law on the following day.

3. New section refiled 6-17-98 as an emergency; operative 6-30-98 (Register 98, No. 25). Pursuant to Chapter 324 (Statutes of 1998) Item 4440-103-0001(4), a Certificate of Compliance must be transmitted to OAL by 7-1-99 or emergency language will be repealed by operation of law on the following day.

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9 CCR § 1810.243, 9 CA ADC § 1810.243
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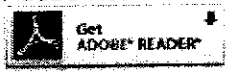

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Regular Progress Note

SERVICE DATE	LENGTH	LOC	SERVICE	SERVICE FUNCTION
12/11/2005	298	Out of Office	MH = Mental Health	Rehabilitation

Progress Note Type: Daily **Service Sub-Function:**

NOTES:

This writer traveled from Los Gatos to San Jose (TTT: 34 minutes) for a planned visit with to support him with meeting his treatment plan goals. Goal 1: For to learn to de-escalate his aggressive behavior. Goal 2: For to show respect to his family members. Upon Staff's arrival, appeared to be in a positive space (friendly, upbeat). Staff assisted with preparing for a trip with his grandmother. His mother has reported that has become agitated and angry when asked to keep up with his hygiene especially his hair. Cheryl reported that she wanted support with managing behavior as he was prepared for the trip by getting a hair cut, packing etc. Staff processed with about his hair. was frustrated and stated that he wanted to keep his hair long and as it was. refuses to wash his hair, comb it or get a hair cut. He further expressed that "it was nobody's business" what he did with his hair. Staff assisted with understanding that he could express himself with his clothing and hair as long as he was clean. Staff supported by making suggestions about how to wear his hair as he liked while maintaining appropriate hygiene. was responsive to Staff's suggestions. Staff then prompted to wash his hair. was compliant and washed his hair but not thoroughly. Staff directed to wash his hair again and to take his time to make sure it was clean. was able to refrain from aggressive behavior and follow Staff's directives. In the past, would blow out and be non-compliant. Staff provided a supportive presence for and praised him for completing the task. Staff then engaged in a discussion about how he chose to style his hair. was able to show several examples of hair styles that he liked (members of rock bands, people on television). Staff also encouraged to modify his hair style so that he could focus on the trip with his grandmother instead of getting into power struggles. was responsive to Staff and was able to choose a style that he and his family agreed on. Staff praised for calmly negotiating this matter. Staff then engaged in a discussion about music that he was watching. The videos glorified aggressive behavior. reported that he thought the music was "cool". Staff encouraged to discuss how he felt about the lyric. reported that he understood that the it was "just music" and he did not feel that it necessarily influenced his behavior. Staff assisted with understanding the difference between aggression in music for entertainment and the consequences of aggressive behavior in real life. was appropriately responsive to and engaged with Staff. Staff then prompted to take his medication to support him with managing aggression. was compliant. Staff will continue to engage in discussions and activities to redirect him from aggressive behavior. Staff informed the team about the details of this visit.

Disclosure Details

No Disclosures Reported

Document Signed By: Tasha Owens, MHRS
Owens, Tashia MHRS 3486

Date Completed: 12/14/05

EMQ *Children & Family Services*

Client ID	Admission Date	06/20/2001
Individual's Name		
Date of Birth		
Program U-589		UPLIFT
County Client ID		

Staff Completing Reports	Owens, Tashia MHRS 3486

-Confidential W&I Code 5328-

Document ID: 815428

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CALIFORNIA CODES
BUSINESS AND **PROFESSIONS CODE**
SECTION 2900-2919

2900. The Legislature finds and declares that practice of psychology in California affects the public health, safety, and welfare and is to be subject to regulation and control in the public interest to protect the public from the unauthorized and unqualified practice of psychology and from unprofessional conduct by persons licensed to practice psychology.

2901. This chapter shall be known and may be cited as the "Psychology Licensing Law."

2902. As used in this chapter, unless the context clearly requires otherwise and except as in this chapter expressly otherwise provided the following definitions apply:

(a) "Licensed psychologist" means an individual to whom a license has been issued pursuant to the provisions of this chapter, which license is in force and has not been suspended or revoked.

(b) "Board" means the Board of Psychology.

(c) A person represents himself or herself to be a psychologist when the person holds himself or herself out to the public by any title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychology consultation," "psychology consultant," "psychometry," "psychometrics" or "psychometrist," "psychotherapy," "psychotherapist," "psychoanalysis," or "psychoanalyst," or when the person holds himself or herself out to be trained, experienced, or an expert in the field of psychology.

(d) "Accredited," as used with reference to academic institutions, means the University of California, the California State University, or an institution that is accredited by a national or an applicable regional accrediting agency recognized by the United States Department of Education.

(e) "Approved," as used with reference to academic institutions, means an institution having "approval to operate", as defined in Section 94718 of the Education **Code**.

2903. No person may engage in the practice of psychology, or represent himself or herself to be a psychologist, without a license granted under this chapter, except as otherwise provided in this chapter. The practice of psychology is defined as rendering or offering to render for a fee to individuals, groups, organizations or the public any psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality

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characteristics, emotions, and motivations.

The application of these principles and methods includes, but is not restricted to: diagnosis, prevention, treatment, and amelioration of psychological problems and emotional and mental disorders of individuals and groups.

Psychotherapy within the meaning of this chapter means the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffectual or maladjustive.

As used in this chapter, "fee" means any charge, monetary or otherwise, whether paid directly or paid on a prepaid or capitation basis by a third party, or a charge assessed by a facility, for services rendered.

2903.1. A psychologist licensed under this chapter may use biofeedback instruments which do not pierce or cut the skin to measure physical and mental functioning.

2904. The practice of psychology shall not include prescribing drugs, performing surgery or administering electroconvulsive therapy.

2904.5. A psychologist licensed under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care practitioner subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.

2905. The practice of psychology shall be as defined as in Section **2903**, any existing statute in the State of California to the contrary notwithstanding.

2907. Corporations shall have no professional rights, privileges, or powers, and shall not be permitted to practice psychology, nor shall the liability of any licensed psychologist be limited by a corporation.

2907.5. Nothing in Section 2907 shall be deemed to apply to the acts of a psychological corporation practicing pursuant to the Moscone-Knox Professional Corporation Act, as contained in Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations **Code** and Article 9 (commencing with Section 2995) when the psychological corporation is in compliance with (a) the Moscone-Knox Professional Corporation Act; (b) Article 9 (commencing with Section 2995); and (c) all other statutes now or hereafter enacted or adopted pertaining to such corporation and the conduct of its affairs.

2908. Nothing in this chapter shall be construed to prevent

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Senate Bill No. 163

CHAPTER 795

An act to amend Sections 18250, 18251, 18252, 18253, 18254, 18255, 18256, and 18257 of, to amend the heading of Chapter 4 (commencing with Section 18250) of Part 6 of Division 9 of, and to add Sections 18253.5 and 18256.5 to, the Welfare and Institutions Code, relating to public social services.

[Approved by Governor October 8, 1997. Filed with Secretary of State October 9, 1997.]

LEGISLATIVE COUNSEL'S DIGEST

SB 163, Solis. Children: wrap-around services.

Existing law creates the Aid to Families with Dependent Children-Foster Care program, under which a combination of federal, state, and county funds are used to provide reimbursement to families and facilities providing foster care to eligible children.

Existing law also requires each county to provide child welfare services.

Existing law also provides, until July 1, 2001, for the establishment in Santa Clara County, at the county's option, of a pilot project to continue the provision of intensive wrap-around services, as defined, to eligible children in foster care or at imminent risk of this placement. These provisions would be repealed on January 1, 2002.

This bill would, instead, permit each county to participate in this pilot project, if approval for the county's participation is given by the State Department of Social Services, and would make various other changes in these pilot project provisions.

The bill would also extend the operative date of these provisions until October 1, 2003, and the date of their repeal until April 1, 2004.

The people of the State of California do enact as follows:

SECTION 1. The heading of Chapter 4 (commencing with Section 18250) of Part 6 of Division 9 of the Welfare and Institutions Code is amended to read:

CHAPTER 4. COUNTY WRAP-AROUND SERVICES PILOT PROJECT

SEC. 1.5. Section 18250 of the Welfare and Institutions Code is amended to read:

18250. (a) It is the intent of the Legislature that all counties be authorized to provide children with service alternatives to group home care through the development of expanded family-based

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services programs. These programs shall include individualized or "wrap-around" services, where services are wrapped around a child living with his or her birth parent, relative, adoptive parent, licensed or certified foster parent, or guardian. The wrap-around services developed under this section shall build on the strengths of each eligible child and family and be tailored to address their unique and changing needs.

(b) It is further the intent of the Legislature that the pilot project include the following elements:

(1) Making available to the county the state share of nonfederal reimbursement for group home placement, minus the state share, if any, of any concurrent out-of-home placement costs, for children eligible under this chapter, for the purpose of allowing the county to develop family-based service alternatives.

(2) Enabling the county to access all possible sources of federal funds for the purpose of developing family-based service alternatives.

(3) Encouraging collaboration among persons and entities including, but not limited to, parents, county welfare departments, county mental health departments, county probation departments, county health departments, special education local planning agencies, school districts, and private service providers for the purpose of planning and providing individualized services for children and their birth or substitute families.

(4) Ensuring local community participation in the development and implementation of wrap-around services by county placing agencies and service providers.

(5) Preserving and using the service resources and expertise of nonprofit providers to develop family-based and community-based service alternatives.

SEC. 2. Section 18251 of the Welfare and Institutions Code is amended to read:

18251. As used in this chapter:

(a) "County" means each county participating in an individualized or "wrap-around" pilot project.

(b) "County placing agency" means a county welfare or probation department, or a county mental health department with respect to those children placed pursuant to Section 7572.5 of the Government Code.

(c) "Eligible child" means a child who is any of the following:

(1) A child who has been adjudicated as either a dependent or ward of the juvenile court pursuant to Section 300, 601, or 602 and who would be placed in a group home licensed by the department at a rate classification level of 12 or higher.

(2) A child who would be voluntarily placed in out-of-home care pursuant to Section 7572.5 of the Government Code.

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(3) A child who is currently, or who would be, placed in a group home licensed by the department at a rate classification level of 12 or higher.

(d) "Wrap-around services" means community-based intervention services that emphasize the strengths of the child and family and includes the delivery of coordinated, highly individualized unconditional services to address needs and achieve positive outcomes in their lives.

(e) "Service allocation slot" means a specified amount of funds available to the county to pay for an individualized intensive wrap-around services package for an eligible child. A service allocation slot may be used for more than one child on a successive basis.

SEC. 3. Section 18252 of the Welfare and Institutions Code is amended to read:

18252. Each county shall, at the county's option, develop a county plan for intensive wrap-around services and monitor the provision of those services in accordance with the plan. This plan shall be submitted to the department for informational purposes. Where a county operates both systems of care under the Children's Mental Health Services Act, Part 4 (commencing with Section 5850) of Division 5, and wrap-around services, these plans shall be coordinated. Each county's plan shall include all the following elements:

(a) A process and protocol for reviewing the eligibility of children and families for service and for monitoring accessibility and availability of service to the targeted population. Children shall be determined as eligible for wrap-around services pursuant to subdivision (c) of Section 18251, except that:

(1) Once a child is determined to be eligible for wrap-around services under this chapter, he or she shall remain eligible for the time period specified in his or her individualized services plan.

(2) A child and family participating in a family maintenance services program as described in Section 16506 and the wrap-around services program, shall not be subject to the time limitations specified in Section 16506.

(b) A process to accept, modify, or deny proposed individualized service plans for eligible children and families.

(c) A process for parent support, mentoring, and advocacy that ensures parent understanding of, and participation in, wrap-around services programs.

(d) A planning and review process to support and facilitate the following principles in delivering intensive wrap-around services to eligible children and families:

(1) Focusing on an individual child and family through the creation of service plans designed specifically to address the unique needs and strengths of each child and his or her family.

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(2) Providing services geared toward enabling children to remain in the least restrictive, most family-like setting possible.

(3) Developing a close collaborative relationship with each child's family in the planning and provision of wrap-around services.

(4) Conducting a thorough, strengths-based assessment of each child and family that will form the basis for the development of the individualized intervention plan.

(5) Designing and delivering services that incorporate the religious customs, and regional, racial, and ethnic values and beliefs of the children and families served.

(6) Measuring consumer satisfaction to assess outcomes.

(e) Written interagency agreements or memorandums of understanding between the county departments of mental health, social services, and probation that specify jointly provided or integrated services, staff tasks and responsibilities, facility and supply commitments, budget considerations, and linkage and referral services.

SEC. 4. Section 18253 of the Welfare and Institutions Code is amended to read:

18253. Each county shall ensure that an evaluation of the pilot project is conducted to determine the cost and treatment effectiveness of outcomes such as family functioning and social performance, preventing placement in more restrictive environments, improving emotional and behavioral adjustments, school attendance, and academic performance for eligible children. Systems of care outcomes shall be included to the extent they are applicable to the target population.

SEC. 5. Section 18253.5 is added to the Welfare and Institutions Code, to read:

18253.5. Each county shall ensure that staff participating in the pilot projects have completed training provided or approved by the department, on providing individualized wrap-around services.

SEC. 6. Section 18254 of the Welfare and Institutions Code is amended to read:

18254. (a) Reimbursement rates for intensive wrap-around services, under this pilot project, shall be based on the average cost of rate classification levels 12 to 14, inclusive, in each county, minus the cost, if any, of concurrent out-of-home placement of those children.

(b) The annual maximum limit on funding available for the pilot project authorized by this chapter shall be based on the average cost, determined pursuant to subdivision (a), for the number of service allocation slots assigned to each county.

(c) The department shall reimburse each county, for the purpose of providing intensive wrap-around services, up to 100 percent of the state share of nonfederal funds, to be matched by each county's share of cost as established by law, and to the extent permitted by federal

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law, up to 100 percent of the federal funds allocated for group home placements of eligible children, at the rate authorized pursuant to subdivision (a).

(d) State and, to the extent permitted by federal law, federal foster care funds shall remain with the administrative authority of the county welfare department, which may enter into an interagency agreement to transfer those funds, and shall be used to provide intensive wrap-around services.

(e) General Fund costs for the provision of benefits to eligible children pursuant to subdivision (c) of Section 18251 at rates authorized by subdivision (a) through the pilot project authorized by this chapter shall not exceed the costs which would otherwise have been incurred had the eligible children been placed in a group home.

SEC. 7. Section 18255 of the Welfare and Institutions Code is amended to read:

18255. This pilot project may be extended to any county that applies to, and is granted approval, by the department. The number of service allocation slots assigned to each county shall be determined by each county and approved by the department.

SEC. 8. Section 18256 of the Welfare and Institutions Code is amended to read:

18256. Each county shall evaluate its pilot project, prepare interim and final evaluations, and submit them to the appropriate committees of the Legislature and to the department. The interim report shall be submitted not later than six months following the start of the third year of the pilot project. The final report shall be submitted not later than six months following the end of the five-year pilot project. These reports shall assess the effectiveness of the pilot project authorized by this chapter. The reports shall include, but need not be limited to, all of the following:

(a) The effectiveness of the project in reducing the level of out-of-home services required, and in reducing the average length of stay in out-of-home care.

(b) A comparison of the cost of placement and services for children in the pilot project with the average cost of out-of-home placement for the same number of children.

(c) The effectiveness of the pilot project in assisting children and families in attaining their service goals.

SEC. 9. Section 18256.5 is added to the Welfare and Institutions Code, to read:

18256.5. At the end of a county's pilot project, in order to prevent disruption to the child, each child remaining in the pilot project shall continue to receive all planned services specified in the child's individualized services plan until his or her case is closed.

SEC. 10. Section 18257 of the Welfare and Institutions Code is amended to read:

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18257. This chapter shall become inoperative on October 1, 2003, and, as of April 1, 2004, is repealed, unless a later enacted statute, that becomes operative on or before April 1, 2004, deletes or extends the dates on which it becomes inoperative and is repealed.

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Tab 16

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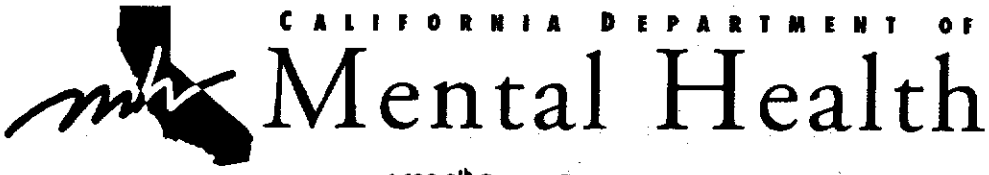

1600 9th Street, Sacramento, CA 95814

AB 3632 Conference Call: Mental Health Rehabilitation Services
August 28, 2009
9:00 am – 12:00 pm

Call-In Number: 1-800-230-1074
Reference materials are available at:
http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/AB3632.asp

Background:
The Special Education Pupils Program (Chapter 1747, Statutes of 1984, Assemblyman Brown), implements the federal Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.) that entitles pupils with a disability to a free and appropriate public education. The State legislation (AB 3632) was passed in 1985; however, the final regulations were not adopted until 1999. The program is codified in Government Code Title 1, Division 7, Chapter 26.5 (commencing with Section 7570) and in the California Code of Regulations (CCR), Title 2, Division 9, Joint Regulations for Pupils with Disabilities (commencing with Section 60000).

As part of the mandate determination process, the Commission on State Mandates (CSM) is responsible for adopting Parameters and Guidelines, based on governing statute, that dictate reimbursable activities under the AB 3632 program. The CSM adopted Parameters and Guidelines for the AB 3632 program on October 26, 2006 that do not include rehabilitation services as a type of mental health service eligible for reimbursement. The decision to exclude rehabilitation services from reimbursement was based on the exclusion of reference to "rehabilitation" in the definition of "mental health services" in CCR Title 2, Section 60020(i) [1].

Purpose of the Call:
Concern has been raised about excluding rehabilitation services from the array of mental health services available to children served by AB 3632. As a result, changes to Title 2 regulations governing AB 3632 are being considered to address this issue. The August 28, 2009 conference call has been arranged because DMH is interested in soliciting comments and suggestions on amending the definition of "mental health services" (2 CCR §60020(i)) to include "rehabilitation services". During the call, callers

[1] 2 CCR §60020(i): "Mental health services" means mental health assessments and the following services when delineated on an [Individualized Education Program] IEP in accordance with Section 7572(d) of the Government Code; psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management. These services shall be provided directly or by contract as the discretion of the community mental health service of the county of origin."

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can comment on the following options for defining "rehabilitation services" within the scope of the AB 3632 program:

OPTION 1:

County mental health departments may provide rehabilitation services through the Medi-Cal program to children in AB 3632, if those children are Medi-Cal eligible and medical necessity criteria are met. One option for defining rehabilitation services for the AB 3632 program is to mirror the existing definition of "rehabilitation" in Title 9 Medi-Cal regulations. Section 1810.243 of Chapter 11 of Title 9 of the CCR defines "rehabilitation" as follows:

> "Rehabilitation" means a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education."

OPTION 2:

The following definition is largely based on the definition of "rehabilitation counseling" in federal IDEA regulations (34 CFR §300.34(c)(12))[2]. This definition differs from the Medi-Cal definition of "rehabilitation" (above) by removing reference to certain service activities, such as improving grooming and personal hygiene skills and meal preparation skills.

> "Rehabilitation Counseling" is a supplemental mental health service, provided by a qualified mental health professional to disabled students individually or in a group, that focuses specifically on career development preparation, achieving independence, and integration into the workplace and community. Services include, but are not limited to, activities designed to improve, maintain, or restore a student's functional skills, specifically to enable the student to benefit from Special Education. Services are complimentary, not duplicative, of rehabilitation services provided by the local education agency personnel or Department of Rehabilitation programs funded under the Rehabilitation Act of 1973."

OPTION 3:

The following definition defines "rehabilitation services" as mental health services that are rehabilitative in nature and specific to the restoration of functioning related to a pupil's ability to benefit from Special Education. This definition also differs from the Medi-Cal definition of "rehabilitation" (Option 1) by removing reference to certain service

[2] 34 CFR §300.34(c)(12): "Rehabilitation counseling services" means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration into the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with a disability by vocational rehabilitation programs funded under the Rehabilitation Act of 1973, as amended, 29 U.S.C. 701 *et seq.*"

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activities, such as improving grooming and personal hygiene skills and meal preparation skills.

"Rehabilitation Services" means mental health services appropriate for maximum reduction of mental health impairment impacting the pupil's ability to benefit from Special Education. Rehabilitation services may facilitate restoration of functioning consistent with requirements for learning and development, specifically related to the pupil's ability to benefit from Special Education. Rehabilitation services are complimentary, not duplicative, of Rehabilitation Counseling services, as defined in Section 300.34 (c)(12) of the Code of Federal Regulations, provided by the local education agency personnel or Department of Rehabilitation programs funded under the Rehabilitation Act of 1973."

OPTION 4:

The following definition is similar to the definition of "rehabilitation services" in Option 3 (above), but is more detailed in describing the scope and provision of services. This definition also differs from the Medi-Cal definition of "rehabilitation" (Option 1) by removing reference to certain service activities, such as improving grooming and personal hygiene skills and meal preparation skills.

"Rehabilitation Services" are supplemental mental health services provided to disabled students individually or in a group by a mental health professional, as defined by the community mental health agency. Services focus on personal independence and functioning, consistent with requirements for learning and development. Rehabilitation services include, but are not limited to, activities designed to improve, maintain, or restore a student's functional skills, and utilization of educational support resources to enable the student to benefit from Special Education. Rehabilitation services are complimentary, not duplicative, of rehabilitation services provided by the local education agency personnel or Department of Rehabilitation programs funded under the Rehabilitation Act of l973."

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INCORRECT REDUCTION CLAIM FILED BY SANTA CLARA COUNTY APRIL 12, 2010 AND AMENDED ON MAY 14, 2010

HANDICAPPED AND DISABLED STUDENTS PROGRAM
CHAPTER 1747, STATUTES OF 1984;
AND CHAPTER 1274, STATUTES OF 1985

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STATE OF CALIFORNIA ARNOLD SCHWARZENEGGER, Governor

COMMISSION ON STATE MANDATES
980 NINTH STREET, SUITE 300
SACRAMENTO, CA 95814
PHONE: (916) 323-3562
FAX: (916) 445-0278
E-mail: csminfo@csm.ca.gov

Recd Audits
6/10/10

June 8, 2010

Ms. Greta S. Hansen
Office of the County Counsel
County of Santa Clara
70 W. Hedding Street, East Wing 9th Floor
San Jose, CA 95110

Ms. Jill Kanemasu
Division of Accounting and Reporting
State Controller's Office
3301 C Street, Suite 501
Sacramento, CA 95816

Re: **Incorrect Reduction Claim**
Handicapped and Disabled Students, 09-4282-I-5
Government Code Sections 7570 et seq. (AB 3632)
Fiscal Years: 2003-2004, 2004-2005 and, 2005-2006
Santa Clara County, Claimant

Dear Ms. Hansen and Ms. Kanemasu:

The Commission on State Mandates received Santa Clara County's incorrect reduction claim (IRC) and subsequent amendment for the *Handicapped and Disabled Students* program for fiscal years 2003-2004, 2004-2005 and 2005-2006, for a total of $8,658,336. Commission staff determined that the IRC filings are complete.

State Controller's Office (SCO) Review and Response. Please file the SCO response and supporting documentation regarding this claim within 90 days of the date of this letter. Please include an explanation of the reason(s) for the reductions and the computation of reimbursements. All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information or belief. The Commission's regulations also require that the responses (opposition or recommendation) filed with the Commission be simultaneously served on the claimants and their designated representatives, and accompanied by a proof of service (Cal. Code Regs., tit. 2, § 1185.01).

The failure of the SCO to respond within this 90-day timeline shall not cause the Commission to delay consideration of this IRC.

Claimant's Rebuttal. Upon receipt of the SCO response, the claimant and interested parties may file rebuttals. The rebuttals are due 30 days from the service date of the response.

Prehearing Conference. A prehearing conference will be scheduled if requested.

Public Hearing and Staff Analysis. The cover letter accompanying the submission of this IRC requested expedited resolution of this matter. We understand your need for expedited resolution; however, pursuant to section 1185.1, subdivision (b) of the Commission's regulations, the SCO has 90 days to file written oppositions or recommendations and supporting documentation regarding this IRC.

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In addition, there are currently 155 IRCs pending before the Commission that were filed before your IRC was filed. The Commission is working on the pending caseload, and will make a determination on your claim as resources allow.

The public hearing on this claim will be scheduled after the record closes. A staff analysis will be issued on the IRC at least eight weeks prior to the public hearing.

Dismissal of Incorrect Reduction Claims. Under section 1188.31 of the Commission's regulations, IRCs may be dismissed if postponed or placed on inactive status by the claimant for more than one year. Prior to dismissing a claim, the Commission will provide 60 days notice and opportunity for the claimant to be heard on the proposed dismissal.

Please contact me at (916) 323-8217 if you have any questions.

Sincerely,

NANCY PATTON
Assistant Executive Director

Enclosure: Incorrect Reduction Claim Filings (SCO only)

J:mandates/IRC/2009/09-4282-I-5/completeltr

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OFFICE OF THE COUNTY COUNSEL
COUNTY OF SANTA CLARA

70 West Hedding Street, 9th Floor
San Jose, California 95110-1770
(408) 299-5900 / (408) 292-7240 (FAX)

Miguel Márquez
ACTING COUNTY COUNSEL

Winifred Botha
Orry P. Korb
Lori E. Pegg
ASSISTANT COUNTY COUNSEL

April 12, 2010

VIA OVERNIGHT MAIL

RECEIVED
APR 13 2010
COMMISSION ON
STATE MANDATES

Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

Re: *Audit of Mental Health Services Provided to Disabled Students by the County of Santa Clara in Fiscal Years 2004, 2005, and 2006*

To the Commission on State Mandates:

The County of Santa Clara hereby submits an Incorrect Reduction Claim (IRC) challenging the State Controller's disallowance of $8,606,362 in costs claimed by the County of Santa Clara for providing mental health rehabilitation services to disabled students pursuant to the AB 3632 program. Enclosed, please find one original and two copies of the County's Incorrect Reduction Claim.

The County respectfully requests expedited resolution of its IRC for three reasons. First, the County needs immediate clarification of its obligations under the AB 3632 program so that it can (1) avoid incurring additional costs that may later be disallowed and (2) ensure that it continues to provide disabled children with all services it is mandated to provide under state and federal law. Second, expedited resolution of the County's IRC is also necessary given the significant impact the Controller's decision will have on the County's mental health budget. Furthermore, expedited review is warranted because the Controller plans to begin making deductions from payments to the County on June 1, 2010. Third, if the Commission were to overturn the Controller's audit decision after June 1, 2010, the Controller may not have the funds necessary to repay the County for the amounts previously deducted. Accordingly, the County respectfully requests that the Commission schedule a hearing on this Incorrect Reduction Claim before June 1, 2010, or that it direct the Controller not to deduct any funds from payments to the County until a hearing on the County's claim has taken place, thereby maintaining the status quo until the Commission can reach a decision on the County's IRC.

The County requests that the Commission identify the date on which its IRC will be heard in its notice advising the County that its IRC is complete.

If you have any questions regarding the County's IRC, please do not hesitate to contact me

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at 408-299-5930 or by email at greta.hansen@cco.sccgov.org.

Very truly yours,

MIGUEL MÁRQUEZ
Acting County Counsel

GRETA S. HANSEN
Deputy County Counsel

CC: Lynn Pasahow, Ryan Tyz, & Betsy White, Fenwick & West, LLP

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RECEIVED
Filing Date:
APR 13 2010
COMMISSION ON
STATE MANDATES
IRC #: 09-4282-I-5

Controller's Audit of the County of Santa Clara's Claims for Reimbursement for Services Provided Pursuant to AB 3632

The County of Santa Clara
Name of Local Agency or School District

Dr. Nancy Peña
Claimant Contact

Mental Health Director
Title

820 S. Bascom Avenue
Street Address

San Jose, CA 95128
City, State, Zip

408-885-5783
Telephone Number

408-813-4262
Fax Number

Nancy.Pena@hhs.sccgov.org
E-Mail Address

Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Greta S. Hansen
Claimant Representative Name

Deputy County Counsel
Title

Office of the County Counsel, County of Santa Clara
Organization

70 W. Hedding Street, East Wing 9th Floor
Street Address

San Jose, CA 95110
City, State, Zip

408-299-5930
Telephone Number

408-2927240
Fax Number

Greta.Hansen@cco.sccgov.org
E-Mail Address

Please specify the subject statute or executive order that claimaint alleges is not being fully reimbursed pursuant to the adopted parameters and guidelines.

California Government Code Sections 7570 et seq. (AB 3632)

Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.

Fiscal Year	Amount of Reduction
2004	$3,145,054.00
2005	$2,776,529.00
2006	$2,684,779.00
TOTAL:	$8,606,362.00

Please check the box below if there is intent to consolidate this claim.

☐ **Yes, this claim is being filed with the intent to consolidate on behalf of other claimants.**

Sections 7 through 11 are attached as follows:

7. Written Detailed Narrative: pages 1 to 34.

8. Documentary Evidence and Declarations: Exhibit A.

9. Claiming Instructions: Exhibit B.

10. Final State Audit Report or Other Written Notice of Adjustment: Exhibit C.

11. Reimbursement Claims: Exhibit D.

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Read, sign, and date this section and insert at the end of the incorrect reduction claim submission. *

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or belief.

Greta S. Hansen
Print or Type Name of Authorized Local Agency or School District Official

Deputy County Counsel
Print or Type Title

Signature of Authorized Local Agency or School District Official

4/12/2010
Date

** If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the incorrect reduction claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

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OFFICE OF THE COUNTY COUNSEL
COUNTY OF SANTA CLARA

70 West Hedding Street, 9th Floor
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Miguel Márquez
ACTING COUNTY COUNSEL

Winifred Botha
Orry P. Korb
Lori E. Pegg
ASSISTANT COUNTY COUNSEL

May 14, 2010

VIA EMAIL & U.S. MAIL

RECEIVED
MAY 20 2010
COMMISSION ON
STATE MANDATES

Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
csminfo@csm.ca.gov

Re: *Audit of Mental Health Services Provided to Disabled Students by the County of Santa Clara in Fiscal Years 2004, 2005, and 2006*

To the Commission on State Mandates:

On April 12, 2010, the County of Santa Clara submitted an Incorrect Reduction Claim (IRC) seeking reversal of the State Controller's audit decision disallowing reimbursement for costs incurred by the County in providing mental health rehabilitation services to disabled students pursuant to AB 3632. The County's IRC included copies of all written correspondence between the County and the State Controller's Office related to the audit that had been exchanged prior to the filing of the IRC. I write to supplement the County's IRC submission with a letter I received from the Controller on May 12, 2010, and to amend the amount of the incorrect reduction challenged in our IRC in light of the Controller's letter.

On January 15, 2010, the County sent the State Controller a letter requesting reconsideration of his audit finding, along with evidence supporting reversal of that finding. On March 11, 2010, the County supplemented that request though a letter to the Controller with a declaration of Laura Champion, the Bay Area Director of EMQ Families First, one of the organizations with which the County contracts to provide the mental health rehabilitation services at issue in the Controller's audit. The County's March 11th letter also asked the Controller to confirm that the total disallowance for mental health rehabilitation services was $8, 606,362. On March 16, 2010, the County received a letter from the Controller denying the County's request for reconsideration. On April 12, 2010, the County filed its IRC with the Commission. Both the March 11, 2010 letter from the County to the Controller and the Controller's letter denying the County's request for reconsideration were included in the written correspondence that the County submitted to the Commission with its IRC.

Two days ago, we received a letter from the State Controller's Office dated May 7, 2010 responding to our letter of March 11, 2010. In that letter, the Controller reaffirmed his denial of the County's request for reconsideration of his audit decision. The Controller also informed the

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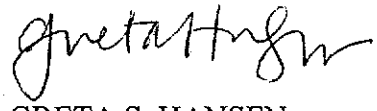
County that the amount of the disallowance for mental health rehabilitation services was greater than the County believed it to be. Accordingly, I write to supplement our IRC submission with a copy of the Controller's May 7th letter. That letter is attached. I also write to amend the amount of the incorrect reduction challenged in our IRC. According to the Controller's May 7th letter, the amount of the disallowance was $3,172,403 for fiscal year 2004, $2,791,393 for fiscal year 2005, and $2,694,540 for fiscal year 2006. Thus, the total amount of the incorrect reduction is $8,658,336 rather than $8,606,362, the amount set forth on the County's IRC claim form. Attached is an amended claim form reflecting the $8,658,336 that the County is now challenging through its IRC.

Very truly yours,

MIGUEL MÁRQUEZ
Acting County Counsel



GRETA S. HANSEN
Deputy County Counsel

CC: Lynn Pasahow, Ryan Tyz, and Betsy White, Fenwick & West, LLP

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April 22, 2011
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JOHN CHIANG

California State Controller

May 7, 2010

Greta S. Hansen
Deputy County Counsel
Santa Clara County
70 West Hedding Street, 9th Floor
San Jose, CA 95110-1770

Re: Santa Clara County's Request for State Controller's Office to Reconsider Audit Findings

Dear Ms. Hansen:

This is in response to your March 11, 2010, letter that provided additional support for Santa Clara County's January 15, 2010, request that we reconsider the validity of unallowable services identified in our final audit report issued June 30, 2010. In that report, we audited costs claimed for the legislatively mandated Handicapped and Disabled Students Program for the period of July 1, 2003, through June 30, 2006. My staff reviewed the additional documentation and believes that our conclusion continues to be valid.

The additional support discusses the appropriateness of rehabilitation services. As discussed in our final audit report and prior response dated March 10, 2010, an assessment of the appropriateness of rehabilitation services is outside the scope of our audit. Our audit objective was to determine whether costs of county-filed claims are reimbursable under the program's parameters and guidelines adopted by the Commission on State Mandates (CSM).

Our audit report and prior response letter maintain that rehabilitation services are not included in the program's parameters and guidelines and the underlying State regulations, Title 2, California Code of Regulations, section 60020, subdivision (i), that form the basis for the program services. As rehabilitation services are not identified in the underlying regulation, it has not been pled before the CSM as part of a related test claim.

Your letter also requested confirmation of the unallowable rehabilitation costs. The unallowable rehabilitation costs total $8,658,336 ($3,172,403 for fiscal year [FY] 2003-04, $2,791,393 for FY 2004-05, and $2,694,540 for FY 2005-06). We provided the county the detailed audit adjustments and discussed them with county representatives prior to issuing the May 22, 2009, draft report.

300 Capitol Mall, Suite 1850, Sacramento, CA 95814 ♦ P.O. Box 942850, Sacramento, CA 94250 ♦ (916) 445-2636 ♦ Fax: (916) 322-4404
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www.sco.ca.gov

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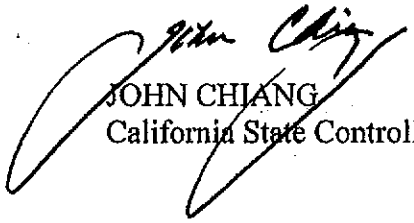
As discussed in our final audit report and prior response, if the county continues to disagree with the audit findings, it may file an Incorrect Reduction Claim (IRC) with the CSM. The IRC must be filed within three years following the date that we notify the county of a claim reduction. The county may obtain information at CSM's Web site link at www.csm.ca.gov/docs/IRCForm.pdf.

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849.

Sincerely,



JOHN CHIANG
California State Controller

cc: Jeffrey V. Brownfield, Chief
Division of Audits, State Controller's Office
Jim L. Spano, Bureau Chief
Division of Audits, State Controller's Office

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For CSM Use Only
Filing Date:
IRC #:

1. INCORRECT REDUCTION CLAIM TITLE

Controller's Audit of the County of Santa Clara's Claims for Reimbursement for Services Provided Pursuant to AB 3632

2. CLAIMANT INFORMATION

The County of Santa Clara
Name of Local Agency or School District

Dr. Nancy Peña
Claimant Contact

Mental Health Director
Title

820 S. Bascom Ave.
Street Address

San Jose, CA 95128
City, State, Zip

408-885-5783
Telephone Number

408-813-4262
Fax Number

Nancy.Pena@hhs.sccgov.org
E-Mail Address

3. CLAIMANT REPRESENTATIVE INFORMATION

Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Greta S. Hansen
Claimant Representative Name

Deputy County Counsel
Title

Office of the County Counsel, County of Santa Clara
Organization

70 W. Hedding Street, East Wing 9th Floor
Street Address

San Jose, CA 95110
City, State, Zip

408-299-5930
Telephone Number

408-292-7240
Fax Number

Greta.Hansen@cco.sccgov.org
E-Mail Address

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

Please specify the subject statute or executive order that claimaint alleges is not being fully reimbursed pursuant to the adopted parameters and guidelines.

California Government Code Sections 7570 et seq. (AB 3632)

5. AMOUNT OF INCORRECT REDUCTION

Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.

Fiscal Year	Amount of Reduction
2004	$3,172,403.00
2005	$2,791,393.00
2006	$2,694,540.00
TOTAL:	$8,658,336.00

6. NOTICE OF INTENT TO CONSOLIDATE

Please check the box below if there is intent to consolidate this claim.

☐ **Yes, this claim is being filed with the intent to consolidate on behalf of other claimants.**

Sections 7 through 11 are attached as follows:

7. Written Detailed Narrative: pages 1 to 34.

8. Documentary Evidence and Declarations: Exhibit A.

9. Claiming Instructions: Exhibit B.

10. Final State Audit Report or Other Written Notice of Adjustment: Exhibit C.

11. Reimbursement Claims: Exhibit D.

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Sections 7 through 11 shall be included with each incorrect reduction claim submittal.

7. WRITTEN DETAILED NARRATIVE

Under the heading "7. Written Detailed Narrative," please describe the alleged incorrect reduction(s). The narrative shall include a comprehensive description of the reduced or disallowed area(s) of cost(s).

8. DOCUMENTARY EVIDENCE AND DECLARATIONS

If the narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact, such assertions or representations shall be supported by testimonial or documentary evidence and shall be submitted with the claim under the heading "8. Documentary Evidence and Declarations." All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based upon the declarant's personal knowledge or information or belief.

9. CLAIMING INSTRUCTIONS

Under the heading "9. Claiming Instructions," please include a copy of the Office of State Controller's claiming instructions that were in effect during the fiscal year(s) of the reimbursement claim(s).

10. FINAL STATE AUDIT REPORT OR OTHER WRITTEN NOTICE OF ADJUSTMENT

Under the heading "10. Final State Audit Report or Other Written Notice of Adjustment," please include a copy of the final state audit report, letter, remittance advice, or other written notice of adjustment from the Office of State Controller that explains the reason(s) for the reduction or disallowance.

11. REIMBURSEMENT CLAIMS

Under the heading "11. Reimbursement Claims," please include a copy of the subject reimbursement claims the claimant submitted to the Office of State Controller.

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12. CLAIMS CERTIFICATION

Read, sign, and date this section and insert at the end of the incorrect reduction claim submission. *

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or belief.

Greta S. Hansen
Print or Type Name of Authorized Local Agency or School District Official

Deputy County Counsel
Print or Type Title

Greta Hansen
Signature of Authorized Local Agency or School District Official

5/14/10
Date

** If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the incorrect reduction claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

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ITEM 7: WRITTEN DETAILED NARRATIVE

OFFICE OF THE COUNTY COUNSEL
COUNTY OF SANTA CLARA
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Attorneys for
COUNTY OF SANTA CLARA

STATE OF CALIFORNIA
COMMISSION ON STATE MANDATES

In Re:	)	
	)	
STATE CONTROLLER'S	)	INCORRECT REDUCTION CLAIM
AUDIT OF THE COUNTY	)	BY THE COUNTY OF SANTA CLARA
OF SANTA CLARA'S CLAIMS	)	
FOR REIMBURSEMENT	)	
FOR MENTAL HEALTH	)	
SERVICES PROVIDED	)	
PURSUANT TO AB 3632	)	
	)	

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INTRODUCTION

The Legislature has charged county mental health departments with the responsibility of providing disabled children with the mental health services to which they are entitled under the Individuals with Disabilities Education Act ("IDEA"). In doing so, it imposed upon counties state-mandated costs that must be reimbursed in accordance with the California Constitution. Among the services to which eligible children are entitled under the IDEA are "mental health rehabilitation services." The County had been providing these state-mandated services for more than a decade when the Controller abruptly and erroneously determined that the County is not entitled to reimbursement for these services based on an incorrect reading of the law and of the Parameters and Guidelines. If this incorrect reduction is allowed to stand, the Controller will deprive the County of its constitutional right to reimbursement of the $8.6 million in state-mandate costs it incurred in providing these services in fiscal years 2004 through 2006. This Incorrect Reduction Claim challenges the Controller's erroneous disallowance of the County's claims for reimbursement of these costs.

The federal IDEA, 20 U.S.C. § 1400 *et seq.*, requires that any state receiving federal education funding provide disabled children with a "free appropriate public education." *Id.* § 1412(a)(1). As a recipient of federal IDEA funds, the State of California is obligated to provide the "special education[al]" accommodations and "related services" that are necessary to enable disabled children to benefit from a "free appropriate public education." *Id.* § 1401(26)(A). "[R]elated services" include "such developmental, corrective, and other supportive services (including . . . psychological services . . . [and] counseling services, including rehabilitation counseling . . .) as may be required to assist a child with a disability to benefit from special education," *id.*, and the term is to be construed broadly to effectuate the purpose of the IDEA. *Cedar Rapids Community School Dist. v. Garret F.*, 526 U.S. 66, 73 (1999). The IDEA requires that an individualized determination be made about the services a particular child needs to benefit from special education. 20 U.S.C. § 1414.

Through Assembly Bill 3632 ("AB 3632"), now codified at California Government Code §7570 *et seq.*, the state legislature charged county mental health departments with the responsibility of providing disabled children with the mental health services to which they are entitled under the IDEA. Because AB 3632 imposes state-mandated costs upon counties, the California Constitution requires the State to reimburse counties for costs associated with carrying

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out the AB 3632 mandate. *See* Cal. Const. Art. XIIB § 6; *see also* Attached Exhibits ("Ex.") at 280 (Statement of Decision, *Handicapped and Disabled Students* at 14 (CSM No. 4282, April 26, 1990) ("1990 Statement of Decision")); Ex. at 338 (Statement of Decision, *Reconsideration of Handicapped and Disabled Students* at 56 (CSM No. 04-RL-4282-10, May 26, 2005) ("2005 Statement of Decision")); Ex. at 399 (Statement of Decision, *Handicapped and Disabled Students II*, No. 02-TC-40/02-TC-49 at 59 (May 26, 2005) ("2005 Test Claim Decision")).

In June 2009, the State Controller completed an audit of the County of Santa Clara's claims for reimbursement of costs incurred in providing mental health care to disabled children in fiscal years 2004 through 2006. In Finding One of its final audit decision, the Controller denied reimbursement for approximately $8.6 million the County expended providing mental health rehabilitation services, a form of one-on-one counseling for seriously emotionally disturbed children that provides an alternative to institutional placement.[1] The Controller reasoned that neither the Parameters and Guidelines nor the regulations setting forth the services to be provided by county mental health departments include mental health rehabilitation services, and thus that counties are not entitled to reimbursement for these services.

The Controller's audit decision is based upon a misinterpretation of the Parameters and Guidelines and the state statutes and regulations upon which they are required to be based. The decision also runs afoul of the federal IDEA, which clearly requires the provision of the mental health rehabilitation services here at issue to disabled children who need those services to benefit from a free appropriate public education. Although the Controller "d[id] not dispute the need for nor the basis to provide rehabilitation services . . . in accordance with federal IDEA regulations," Ex. at 416 (Final Audit Report at 12), he nonetheless concluded that the state's regulations did not require the provision of these services by County mental health departments, and therefore the County was not entitled to reimbursement, notwithstanding the fact that the "intent" of the regulations upon which the Controller's decision is based "is to assure conformity with the federal Individuals with Disabilities Education Act . . . and its implementing regulations." 2 Cal. Code Regs., § 60000.

[1] Adjusting for other disallowances, which the County does not here dispute, the amounts by which the Controller incorrectly reduced the County's SB 90 claims are $3,145,054 for fiscal year 2004, $2,776,529 for fiscal year 2005, and $2,684,779 for fiscal year 2006. Thus, the total reduction for these three fiscal years was $8,606,362. *See* Ex. at 174.

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Allowing the Controller's decision to stand will deprive the County of its constitutional right to reimbursement for the costs of carrying out this state mandate. *See* Cal. Const. Art. XIIB § 6. As a practical matter, the County will be forced either to stop providing rehabilitation services to disabled children who need them to benefit from special education and to avoid a more restrictive placement, or to cut other crucial services provided by the County's Mental Health Department. Accordingly, the County of Santa Clara files this Incorrect Reduction Claim seeking a reversal of Finding One of the Controller's audit decision.

FACTUAL AND PROCEDURAL BACKGROUND

I. STATUTORY AND REGULATORY BACKDROP

The federal IDEA requires any state receiving federal education funding to provide disabled children[2] with such "special education" accommodations and "related services" as are necessary to enable them to benefit from a "free appropriate public education." 20 U.S.C. §§ 1401(3)(A)(ii), 1412(a)(1). Those "related services" are defined explicitly by federal law as including all "developmental, corrective, and other supportive services . . . as may be required to assist a child with a disability to benefit from special education," including "psychological services" and "counseling services, including rehabilitation counseling." *Id.* § 1401(26)(A). The definition of "related services" is construed broadly so as to allow a child's parents or guardians, teachers, school administrators, and other necessary parties to develop an individualized education program ("IEP") tailored to meet the child's needs. *See id.* § 1414; *Cedar Rapids*, 526 U.S. at 73.

To receive federal IDEA funding, the State of California must comply with the IDEA's requirements by ensuring that all related services, including all mental health services, identified in a disabled student's IEP are provided to that child. *See* 20 U.S.C. §§ 1411, 1412(a). The IDEA places ultimate responsibility for ensuring that its requirements are met on state education agencies, but it also provides that the responsibility for the provision and payment of specific services may be delegated to other agencies within the state. *See id.* § 1412(a)(11)(A)-(B); 34 C.F.R. § 300.149(a)(1).

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[2] The IDEA defines "children with disabilities" as children between the ages of 3 and 21, inclusive, who have special education needs because of "mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance . . . , orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities." 20 U.S.C. §§ 1401(3)(A)(i), 1412(a)(1)(A).

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In 1984, the California Legislature enacted Assembly Bill 3632 ("AB 3632"), now codified at California Government Code § 7570 *et seq.*, which, among other things, shifted from school districts to county mental health departments the responsibility for providing disabled students with the mental health services called for under the IDEA. Cal. Gov. Code § 7576(a); *see also* 2 Cal. Code Regs. § 60200(c). As explained below, AB 3632 thereby imposed a state mandate on county mental health departments, triggering the State Constitution's requirement that counties be reimbursed for the costs associated with carrying out that mandate. Cal. Const. Art. XIIB § 6; *see also* Cal. Gov. Code, § 17561.

II. THE COMMISSION ON STATE MANDATES' INTERPRETATIONS OF AB 3632 AND THE MEANING OF "MENTAL HEALTH SERVICES"

The Commission on State Mandates has determined that AB 3632 imposes a state mandate on local governments by requiring county mental health departments to provide the mental health services called for by children's IEPs. *See* Ex. at 280 (1990 Statement of Decision at 14); Ex. at 338 (2005 Statement of Decision at 56); Ex. at 399 (2005 Test Claim Decision at 59). In light of that mandate, the California Constitution requires the State to reimburse localities for the costs associated with providing these mental health services. *See* Cal. Const. Art. XIIB § 6.

AB 3632 explicitly incorporates the federal IDEA's definition of "related services," of which "mental health services" are a part, into state law. Cal. Gov. Code, § 7570 (discussing "related services, as defined in Section 1401(26) of Title 20 of the United States Code"). AB 3632 does not, however, provide a definition of the term "mental health services." Instead, it directed the State Department of Mental Health to define the term in regulations drafted in consultation with the State Department of Education. Cal. Gov. Code, § 7576(a).

The State Departments of Mental Health and Education first promulgated emergency regulations defining "mental health services" for purposes of AB 3632 in 1985. *See* Former 2 Cal. Code Regs., § 60020(a). The emergency regulations defined "[m]ental health services" as "those services defined in Sections 542 to 543, inclusive," of Title 9 of the California Code of Regulations, preexisting regulations that implemented a separate statutory scheme known as the Short-Doyle Act, codified at Cal. Welf. & Inst. Code, § 5600 *et seq.*

In 1998, the State Department of Mental Health replaced the emergency AB 3632 regulations with permanent regulations, which deleted the reference to the Short-Doyle

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regulations and substituted a stand-alone definition of "mental health services" for purposes of AB 3632. *See* 2 Cal. Code Regs., § 60020(i). The amended section 60020, which is still in force, defines "[m]ental health services" as "psychotherapy . . . provided to the pupil individually or in a group[;] collateral services[;] medication monitoring[;] intensive day treatment[;] day rehabilitation[;] and case management." 2 Cal. Code Regs., § 60020(i).

The Commission on State Mandates has adopted several Parameters and Guidelines to govern various aspects of reimbursements under AB 3632, all of which have been amended several times since the program's inception. The version relevant to the audit here at issue is *Handicapped and Disabled Students II*, No. 02-TC-40, 02-TC-49. *See* Ex. at 255-65.

III. THE COUNTY'S AB 3632 PROGRAM AND MENTAL HEALTH REHABILITATION SERVICES

To carry out the mandate imposed upon it by AB 3632, Santa Clara County's Mental Health Department, through several contractors, provides mental health services to children with disabilities pursuant to their individualized education programs ("IEPs"). Among the services provided by the County, for those children who need them, are "mental health rehabilitation services," which consist of one-on-one mental health interventions individually tailored to equip children with the skills they need to benefit from their education and to avoid a more restrictive placement, such as institutional or group home placement. *See* Ex. at 176-78 (Champion Decl. at 1-3); Ex. at 15-16 (Peña Letter at 1-2).

The County's mental health rehabilitation services are provided by a counselor who has been trained in cognitive behavioral interventions. The counselor typically meets with the child in familiar, everyday environments—at home, in school, or in other community settings—to provide targeted, behaviorally focused counseling interventions designed to address the mental health goals identified in the child's IEP. The counselor works with the child by redirecting, role-modeling, and supporting the development of coping mechanisms to teach, reinforce, and support positive behavioral change. These interventions are tailored to achieve the child's specified IEP goals—such as managing anger, impulsivity, anxiety, or oppositional behavior—and to ameliorate the symptoms of the child's mental health diagnosis that would otherwise make it difficult or impossible for the child to function in an educational environment. *See* Ex. at 176-77 (Champion Decl. at 1-2); Ex. at 15-16 (Peña Letter at 1-2).

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The mental health rehabilitation services provided by the County represent common, effective, researched-based modes of mental health treatment for seriously emotionally disturbed children. *See* Ex. at 177 (Champion Decl. at 2); Ex. at 143 (Rea Decl. at 3). These services offer the children an alternative to the traumatic experience of institutionalization, group-home placement, or other similarly restrictive placements. *See* Ex. at 178-79 (Champion Decl. at 3-4). Many of the children who receive rehabilitation services in Santa Clara County would require treatment in a more restrictive (and more costly) setting if rehabilitation services were not provided to them. *See id.*

IV. THE STATE CONTROLLER'S 2009 AUDIT AND DECISION

A. The Controller's draft audit reports and the County's responses

In 2008, the State Controller advised the County that it was initiating an audit of the County's AB 3632 reimbursement claims for fiscal years 2004, 2005, and 2006. After completing its audit, the Controller's Office issued an initial draft audit report on March 13, 2009, which identified several claims it considered non-reimbursable. *See* Ex. at 3-14 (Initial Draft Audit Report). That initial draft report did not discuss the County's mental health rehabilitation services. *See id.* In late April 2009, however, the Controller's Office contacted the County by phone to advise the County of an additional, planned disallowance of approximately $8.6 million for mental health rehabilitation services.

In May 2009, Dr. Nancy Peña, Director of the County Mental Health Department, submitted a letter to the Controller's Office describing the nature of mental health rehabilitation services and the County's basis for concluding that they qualify as reimbursable mental health services for purposes of the AB 3632 program. Ex. at 15 (Peña Letter). Dr. Peña's letter was accompanied by supporting letters from five of the service providers through which these services are provided and excerpts from twenty patient files of children who received mental health rehabilitation services during the audited period.[3] Ex. at 17-26. Each patient file included, along with other documents, a sample of the "progress notes" written by the counselor who provided mental health rehabilitation services, which contain detailed narratives describing

[3] Patient files have been excluded from the documents filed with the Commission pursuant to the federal Health Insurance Portability and Accountability Act (HIPAA). If the Commission wishes to view these files, please contact the County so that we may identify a means through which the Commission may view these files in accordance with HIPAA.

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the mental health interventions provided during individual mental health rehabilitation service sessions.

On May 22, 2009, after receiving the County's submission, the Controller's Office issued a revised draft audit report stating that the County had "[c]laimed . . . ineligible . . . rehabilitation services for the entire period." Ex. at 36 (Revised Draft Audit Report at 6). The revised draft audit report did not address Dr. Peña's letter or the supporting documentation submitted by the County, and it provided no explanation for the Controller's conclusion that the mental health rehabilitation services at issue were non-reimbursable.

On June 19, 2009, Vinod Sharma, the County's Controller-Treasurer, submitted a letter to the Controller's Office describing in detail the County's view that both federal and state law make plain that the rehabilitation services provided by the County must be provided pursuant to AB 3632 and the IDEA and are therefore reimbursable. Ex. at 40-48.

B. <u>The Controller's final audit report</u>

On June 30, 2009, the Controller's Office issued its "final audit report." In that report, the Controller's Office did not dispute any of the legal assertions presented in Mr. Sharma's letter, *see* Ex. at 414 (Final Audit Report at 10), and it "d[id] not dispute the need for nor the basis to provide rehabilitation services prescribed within a pupil's IEP in accordance with federal IDEA regulations." Ex. at 416 (Final Audit Report at 12). Nevertheless, the Controller's Office concluded that "the services provided [are] outside of the program's [P]arameters and [G]uidelines and [therefore] are not subject to reimbursement under the state-mandated cost program." *Id.*

The Controller's Office based its conclusion primarily on its reading of 2 Cal. Code. Regs. § 60020, the part of the AB 3632 regulations that "provide[s] the basis for the [mental health] services in the state mandated cost program." Ex. at 414 (Final Audit Report at 10). The Controller's Office looked to the old, emergency version of section 60020, which prior to 1998 defined "[m]ental health services" as "those services defined in Sections 542 to 543, inclusive, of Title 9 of the California Administrative Code," former 2 Cal. Code Regs., § 60020(a), and concluded that neither section 542 nor 543 encompassed mental health rehabilitation services. Specifically, the Controller's Office based its disallowance on the following rationales:

First, the Controller concluded that what the County called "mental health rehabilitation services" are not reimbursable outpatient services within the meaning of section 543 of the

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Short-Doyle regulations, which from 1985 to 1998 provided a definition of covered "outpatient services" for the AB 3632 program. Ex. at 415 (Final Audit Report at 11).

Second, the Controller noted that, in a footnote in the Commission's 2005 Statement of Decision regarding the scope of the AB 3632 mandate, the Commission "refused to define rehabilitation services to match the Medi-Cal definition of rehabilitation services provided in 9 [Cal. Code Regs.,] § 1810.243." Ex. at 415 (Final Audit Report at 11); *see also* Ex. at 321 (2005 Statement of Decision at 39 fn. 96). The Controller assumed that because the Commission had declined to adopt the broad Medi-Cal definition of rehabilitation services for purposes of AB 3632, it must have intended to exclude *all* rehabilitation services from eligibility. *See* Ex. at 415 (Final Audit Report at 11) ("CSM's refusal to include rehabilitation services renders them ineligible under the state-mandated cost program.").

Finally, the Controller concluded that the services offered by the County do not constitute "day care habilitative services" as defined in section 542 of the Short-Doyle regulations because "[d]ay care habilitative (rehabilitation) services do not include vocational services or socialization services." Ex. at 415 (Final Audit Report at 11). The Controller concluded that the County's rehabilitation services "include elements of socialization and vocational services" and therefore cannot be classified as "day care habilitative services." *Id.* The Controller's sole basis for concluding that the County's rehabilitation services include impermissible vocational and socialization services was a quotation taken from the County's 2004 Clinical Record Documentation Manual for Outpatient Mental Health Services. The Manual's description, however, pertains generally to child and adult mental health services and is not specific to the AB 3632 program. Nor has the County ever represented that the Manual describes the scope of services offered under the AB 3632 program, or any other specific program. Indeed, the Manual itself cautions that "[t]his new documentation manual applies to all clients, regardless of payor source" and that "[s]ome programs . . . may be subject to unique documentation standards." Ex. at 83 (Documentation Manual at 1). The Controller's analysis gave no indication that he had considered the patient progress notes that the County had submitted in support of its reimbursement claim, which make it abundantly clear that mental health rehabilitation services consisted not of "vocational and socialization services" but of evidence-based mental health treatments tailored to enable children to remain in a less restrictive educational environment and to avoid out of home placement.

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Based on these rationales, the Controller categorically disallowed reimbursement for the County's claimed mental health rehabilitation costs for fiscal years 2004, 2005, and 2006. The cover letter to the final audit report stated that "[i]f the County subsequently provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, we will revise the final report as appropriate." Ex. at 402.

C. **The County's request for reconsideration and the Controller's denial**

At the Controller's invitation, the County prepared a request for reconsideration supported by additional evidence demonstrating that its mental health rehabilitation services are reimbursable. Prior to submitting this request, the County retained Dr. Margaret Rea, an independent psychologist and researcher at the University of California at Davis who specializes in child and adolescent psychology, to review a representative sample of patient files for children who received mental health rehabilitation services from the County under the AB 3632 program during fiscal years 2004, 2005, and 2006. In total, Dr. Rea reviewed 53 files, which contained all of the relevant documents pertaining to each child's treatment, including all of the "progress notes" from the three audited years describing individual mental health rehabilitation service visits. *See* Ex. at 141-42 (Rea Decl. at 1-2); Ex. at 127-28 (Request for Reconsideration at 6-7).

The County asked Dr. Rea to determine, based on her professional experience and expertise concerning the various modes of treatment provided to seriously emotionally disturbed children, whether the services described in the progress notes in each of those files documented a specific and identifiable mode of treatment, and whether, in her professional judgment, that mode of treatment aligned with any of the service functions listed as covered "mental health services" in 2 Cal. Code Regs., § 60020. As described in detail in her report, Dr. Rea concluded that "[t]he services provided by the County under the label 'mental health rehabilitation services,' as described in the patient files considered for this expert report, fit within the definition of 'mental health services' under both the pre-amendment and post-amendment versions of [2 Cal. Code Regs.,] § 60020." Ex. at 147 (Rea Decl. at 7).

On January 15, 2010, the County submitted a letter to the Controller's Office requesting reconsideration of the June 2009 audit decision, along with Dr. Rea's report. Ex. at 122 (Request for Reconsideration). The County's request explained various errors in the Controller's legal analysis of the relevant regulations and the program's Parameters and Guidelines, as well as various factual errors regarding the nature of the services at issue. On March 11, 2010, as

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additional support for its request for reconsideration, the County submitted the declaration of Laura Champion, the regional director of one of the service providers through which the County provides mental health rehabilitation services. Ex. at 174.

On March 16, 2010, the County received the Controller's response denying the County's request for reconsideration. Ex. at 181 (Denial of Reconsideration). As it had done in its final audit decision, the Controller's Office pointed to the footnote in the Commission's 2005 Reconsideration Decision and to the quotation from the County's Documentation Manual to support its conclusion that the County's mental health rehabilitation services are categorically excluded from the scope of reimbursable mental health services under AB 3632. *Id.* The Controller did not address Dr. Rea's expert report or the other evidence the County had submitted to demonstrate the nature of the services at issue.

ARGUMENT

The federal IDEA requires the State of California to provide disabled children with all mental health services, including mental health rehabilitation services, necessary to allow them to benefit from a "free appropriate public education" in the "least restrictive environment." 20 U.S.C. §§ 1412(a)(1), 1412(a)(5). *See infra*, Section II(A). In order to satisfy this requirement, the State Legislature enacted AB 3632, which delegated to county mental health departments responsibility for providing the mental health services to which disabled children are entitled under the IDEA. Cal. Gov. Code, § 7576(a). The scope of AB 3632's delegation must be interpreted in light of the federal statutory scheme pursuant to which it was enacted—the IDEA—which requires that the State of California offer mental health rehabilitation services to any eligible child who needs them in order to benefit from a free appropriate public education. *See infra*, Section II(B). Given the State's obligations under controlling federal law, the scope of the state statute's delegation to county mental health departments also must be interpreted in light of the absence of any other legislative enactment or regulatory system ensuring the provision of these services by any entity other than county mental health departments. *See id.*

Similarly, the regulation setting forth the mental health services counties are required to provide under AB 3632, 2 Cal. Code Regs., § 60020, must be interpreted consistently with AB 3632's text and purpose, as well as with the IDEA, to avoid a construction that would establish that the State has been violating and is continuing to violate basic substantive and procedural requirements of the IDEA. *See infra*, Sections II(B)-(C). If at all possible, interpretations of §

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60020 that are inconsistent with AB 3632 or the IDEA must be avoided so as to prevent unnecessary invalidation of the regulation. The Controller's view that § 60020 does not require county mental health departments to provide mental health rehabilitation services to children who need them is fundamentally at odds with both AB 3632 and the IDEA, and therefore must be rejected. When read together, the scope of the AB 3632 mandate and the definition of mental health services established in § 60020 clearly encompass the mental health rehabilitation services that the IDEA requires states to make available and that the Controller erroneously disallowed. Accordingly, the Controller's audit decision must be overturned.

I. THE CONTROLLER MISINTERPRETED THE PARAMETERS AND GUIDELINES AND § 60020 IN CONCLUDING THAT THE COUNTY'S MENTAL HEALTH REHABILITATION SERVICES ARE NOT REIMBURSABLE.

The Controller's conclusion that the County's mental health rehabilitation services fall "outside of the program's [P]arameters and [G]uidelines and [therefore] are not subject to reimbursement under the state-mandated cost program," Ex. at 416 (Final Audit Report at 12), is based on a misreading of § 60020, the salient language of which is reiterated in the Parameters and Guidelines. Contrary to the Controller's conclusion, the mental health rehabilitation services provided by the County are reimbursable under the applicable Parameters and Guidelines and governing regulations.

A. The Parameters and Guidelines specifically identify "day rehabilitation" as a reimbursable mental health service.

The Parameters and Guidelines relevant to this audit—*Handicapped and Disabled Students II*, No. 02-TC-40, 02-TC-49—state that "the following activities are eligible for reimbursement: . . . Provid[ing] Psychotherapy or Other Mental Health Treatment Services (Cal. Code Regs., tit. 2, §[] 60020, subd. (i)[).]" Ex. at 257-60 (Parameters and Guidelines at 3, 6). The Parameters and Guidelines thereby incorporate the definition of "mental health services" set forth in the current section 60020, which reads as follows:

> "Mental health services" means mental health assessments and the following services when delineated on an IEP in accordance with Section 7572(d) of the Government Code: psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, *day rehabilitation*, and

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> case management. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin.

2 Cal. Code Regs., § 60020(i) (emphasis added).

Section 60020(i) identifies "day rehabilitation" as one of several mental health service functions that are reimbursable under AB 3632. As Dr. Rea explains in her expert report, "rehabilitation," as used in the mental health field, refers to a particular type of treatment intervention that aims to restore an individual to an appropriate level of functioning. *See* Ex. at 144-46 (Rea Decl. at 4-6). The word "day," in "day rehabilitation," "implies that the treatment is not a continuous 24-hour intervention." Ex. at 144 (Rea Decl. at 4). Thus, relying on her "experience in the mental health field and [her] familiarity with the terminology used to describe various modes of treatment" by mental health professionals in the field, Dr. Rea concluded that

> "day rehabilitation" is a broad treatment category that would include any interventions aimed at restoring a child's previous level of functioning or helping a child develop an age-appropriate level of functioning that would maximize their ability to meet appropriate educational goals.

Ex. at 144 (Rea Decl. at 4). Dr. Rea further concluded that the mental health rehabilitation services described in the County's patient files fit squarely within this definition of "day rehabilitation":

> Based on my review of the progress notes describing the mental health rehabilitation services here at issue, the services being provided by the service providers with whom the County of Santa Clara contracts fall within the category of "day rehabilitation." In the files I reviewed, all the rehabilitation services provided were in the form of structured behavioral techniques based on a cognitive behavioral framework, which focused on assisting the child to restore a more adaptive and healthy level of functioning. The interventions were aimed at helping the children develop the highest level of independent functioning possible given their significant psychiatric diagnoses. Many notes further indicate specific interventions aimed at preventing these children from posing danger to themselves or to others. Applying the common professional understanding of the term "rehabilitation," which is widely used and well accepted in the field of psychology, these interventions fit that definition.

Ex. at 144-45 (Rea Decl. at 4-5).

There is nothing in the Parameters and Guidelines, the regulations, or in AB 3632 that suggests that the term "day rehabilitation" as used in section 60020 should be given a

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construction that is at odds with that used by professionals in the field. Accordingly, the Controller erred in concluding that § 60020(i)'s definition of "mental health services" excludes mental health rehabilitation services.

B. The Short-Doyle Regulations Provide Further Support for the County's Position that Mental Health Rehabilitation Services Fall Within the AB 3632 Regulations' Definition of Reimbursable Mental Health Services.

As noted above, the current § 60020 has been in effect since 1998. Before that, the emergency regulations implementing AB 3632, first promulgated by the State Departments of Mental Health and Education in 1985, defined "[m]ental health services" as "those services defined in Sections 542 to 543, inclusive, of Title 9 of the California Administrative Code," *See* Former 2 Cal. Code Regs., § 60020(a), implementing the Short-Doyle Act. Although the State Department of Mental Health deleted the reference to the Short-Doyle regulations and substituted a stand-alone definition of "mental health services" for purposes of AB 3632 when it amended the regulations in 1998, *see* 2 Cal. Code Regs., § 60020(i), this Commission found that the amended "[s]ection 60020 . . . continues to include mental health assessments, collateral services, intensive day treatment, and day rehabilitation within the definition of 'mental health services.' These services are not new." Ex. at 376 (2005 Test Claim Decision at 36)). Accordingly, the service descriptions provided in the Short-Doyle regulations are instructive in interpreting the current section 60020.[4]

The service function in the Short-Doyle regulations that most closely corresponds to "day rehabilitation" in the amended section 60020(i) is "[d]ay [c]are [h]abilitative [s]ervices," one of the "[d]ay services" defined at 9 Cal. Code Regs., § 542. Day services generally are defined to "mean services designed to provide alternatives to 24-hour care and supplement other modes of treatment and residential services." *Id.*, § 542. Day care habilitative services, specifically, are defined as follows:

> Day Care Habilitative Services . . . mean services designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence at the best possible functional level for the patient with chronic psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service.

[4] Presumably for this reason, the Controller's final audit report, although recognizing that the amended section 60020(i) is the controlling regulatory definition of "mental health services," looked to the Short-Doyle regulations to illuminate what those services are. *See* Ex. at 414-16 (Final Audit Report at 10-12).

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Id., § 542(b). The County's mental health rehabilitation services fit squarely within this definition. Restoring or maintaining personal independence is a primary goal of the County's mental health rehabilitation services. *See* Ex. at 176-79 (Champion Decl. at 1-4); Ex. at 143-44 (Rea Decl. at 3-7). The County's services are designed to keep seriously emotionally disturbed children in their current environments (often at home, where they live "semi-independently" with parents or guardians) and to avoid group-home placement or other, more restrictive institutional placement, by providing children with intensive mental health counseling that enables them to function at home and at school. *See id.* The County's mental health rehabilitation services are thus specifically "designed to provide *alternatives* to 24-hour care and supplement other modes of treatment and residential services," as are all day services under section 542. 9 Cal. Code Regs., § 542 (emphasis added).

In assessing whether the services provided by the County fall within the above definition of day care habilitative services, Dr. Rea reached the following conclusions:

> Based on the definitions described in the regulation, and based on my experience in the mental health field and my familiarity with the terminology used to describe various modes of treatment, "day care habilitative services" is, like "day rehabilitation," a broad service category that would include all of the therapeutic interventions described in the progress notes. Most certainly, the files I reviewed described interventions that were aimed at restoring functioning at the best possible level for the children involved. The goals of all the interventions described were to assist the children to better manage their psychiatric symptoms so that they could function in the least restrictive environment in school as well as at home. The goals of the interventions were just as described in . . . [section 542's definition of "day care habilitative services"] – they were designed to provide counseling and rehabilitation so the child could develop more adaptive coping skills to function independently or at least at the best possible level given their chronic psychiatric diagnoses.

Ex. at 147 (Rea Decl. at 7).

Both the plain language of section 542 and Dr. Rea's analysis establish that the rehabilitation services provided by the County fall squarely within the category of "day care habilitative services."

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C. The State Department of Mental Health's exclusion of vocational and socialization services from the definition of "mental health services" under AB 3632 is immaterial, as the County's rehabilitation services do not consist of vocational and socialization services.

In its final audit report, the Controller concluded that the County's mental health rehabilitation services "include elements of vocational and socialization services" and therefore are not reimbursable. Ex. at 415 (Final Audit Report at 11). In reaching this conclusion, the Controller misinterpreted and misapplied the relevant regulations and misconstrued the nature of the services here at issue.

First, the Controller's factual determination that the mental health rehabilitation services impermissibly include elements of vocational and socialization services was unsupported. The Controller's sole basis for this characterization was a quotation taken from the County's 2004 Clinical Record Documentation Manual for Outpatient Mental Health Services, which states that "rehabilitation services" generally may include "[e]ducation, training, and counseling for the client in relation to functional skills" in the following areas: "[h]ealth—medication education and compliance, grooming and personal hygiene skills, meal preparation skills[;] [d]aily [a]ctivities—money management, leisure skills[;] [s]ocial [r]elationships—social skills, developing and maintaining a support system[;] and [l]iving [a]rrangement—maintaining current housing situation." Ex. at 415-16 (Final Audit Report at 11-12) (quoting Santa Clara Valley Health and Hospital System, Clinical Record Documentation Manual for Outpatient Mental Health Services (July 2004)). The Manual's description, however, pertains to general adult and child mental health services and is not specific to the AB 3632 program. Nor has the County ever represented that the Manual describes the scope of services offered under the AB 3632 program, or any other specific program. Indeed, the Manual itself cautions that "[t]his new documentation manual applies to all clients, regardless of payor source" and that "[s]ome programs . . . may be subject to unique documentation standards." Ex. at 83 (Documentation Manual at 1).

In concluding that the County's rehabilitation services are non-reimbursable because they support "socialization" and "vocational" skills, the Controller's Office ignored the only relevant evidence before it regarding the nature of the mental health rehabilitation services provided to children in the County: the service provider notes describing the services that were actually billed by the County's providers during the audit period. Those notes describe in detail the

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mental health rehabilitation services that were included in the County's request for reimbursement, and they make it abundantly clear that those services consisted not of "vocational and socialization services" but of evidence-based mental health treatment interventions tailored to enable children to avoid out-of-home placement and remain in a less restrictive educational environment. *See* Ex. at 176-79 (Champion Decl. at 1-4); Ex. at 143-44 (Rea Decl. at 3-7). In concluding that the County's rehabilitation services "include elements of vocational and socialization services" and thus cannot be considered reimbursable "day care habilitative services" based solely upon its reading of the County's all-purpose billing Manual, rather than on patient files that describe the actual nature of the services here at issue, the Controller ignored critical evidence demonstrating that the services at issue were in fact reimbursable.

Second, the Controller's determination that the County's rehabilitation services are non-reimbursable because they "include elements of vocational and socialization services" was also based upon a misinterpretation of the applicable laws and regulations. The Controller's Office is correct that the 1998 interagency amendments to the AB 3632 regulations removed "vocational" and "socialization" services from the definition of "mental health services." *See* 2 Cal. Code Regs., § 60020(i); *see also* Ex. at 189-239 (Final Statement of Reasons, Joint Regulations for Handicapped Children, Government Code, Title 2, Chapter 26.5, Division 9 (Ord. 0697-16, 1998) ("Final Statement of Reasons")). The Controller's Office erred, however, in concluding that *any* mental health intervention that might contribute to a child's ability to function socially, interpersonally, and eventually professionally is therefore categorically excluded from AB 3632's definition of "mental health services." Nothing in the amended regulation or the Department of Mental Health's Final Statement of Reasons for amending the regulation supports that result and, as set forth in Section II, *infra*, such a result would contravene both AB 3632 and the IDEA.

As the County's patient files make clear, the purpose of mental health rehabilitation services is to provide a means of advancing mental health goals established in the IEP, so that the child may overcome the mental health-related problems that keep him or her from benefiting from a free appropriate public education. For example, a counselor may conduct a role-playing activity centered on a child's ability to communicate with teachers and peers when the child is anxious or angry. Such an activity is not aimed primarily at improving the child's social

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relationships; rather, it is aimed at helping the child understand and moderate expression of emotions so that the child can communicate appropriately with others in order to function safely in a school environment. Accordingly, after reviewing the County's patient files, Dr. Rea concluded:

> Although some of the specific interventions described in the progress notes may develop children's "socialization" or "vocational" skills, it was clear that the primary goal of these interventions was to equip these children with the skills necessary to enable them to function in the least restrictive manner in an educational setting by enabling them to behave appropriately in interactions with teachers and peers – e.g. teaching them anger management, management of emotional impulses, etc. Indeed, it was clear that the ultimate goal of the treatment in such cases was to assist the child in managing their symptoms in order to enable the child to meaningfully participate in an educational setting; it was not to develop social or vocational skills for their own sake. If, as for many of these children, their anger management difficulties and lack of impulse control precluded a healthy and safe relationship with peers, then behavioral intervention aimed at supporting peer socialization would be crucial.

Ex. at 146 (Rea Decl. at 6).

The explicit intent of the regulations implementing AB 3632 is "to assure conformity with the federal Individuals with Disabilities Education Act . . . [and] its implementing regulations[.]" 2 Cal. Code Regs., § 60000; *accord* Final Statement of Reasons at 1. Indeed, section 60000 states that "provisions of this chapter shall be construed as supplemental to, and in the context of, federal and state laws and regulations relating to interagency responsibilities for providing services to pupils with disabilities." 2 Cal. Code Regs., § 60000. One of the IDEA's central purposes is to ensure that appropriate educational opportunities are afforded to seriously emotionally disturbed children, children whose mental health diagnoses make it difficult for them to interact safely and appropriately with others in an educational setting. *See* 34 C.F.R. § 300.8(c)(4)(i) ("[Serious] [e]motional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: . . . (B) *An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.*") (emphasis added). Helping these children learn to communicate and to build safe, productive relationships with teachers and peers is essential to their ability to function in a school environment and benefit from a free appropriate public education.

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The IDEA further requires that a free appropriate public education be provided in the "least restrictive environment" possible given each student's unique needs, 20 U.S.C. § 1412(a)(5), and it evinces a clear preference that, "to the maximum extent possible," disabled children be educated together "with children who are not handicapped." *Id.* § 1412(a)(5)(A); *see also Board of Ed. of Hendrick Hudson Central School Dist. v. Rowley*, 458 U.S. 176, 202-03 (1982) (discussing Congress's "mainstreaming" intent). Given these federal requirements, to interpret the exclusion of socialization services from the 1998 regulatory amendments as precluding reimbursement for *any* mental health service that may provide incidental socialization benefits stymies the very purpose of the statutory scheme that the regulations are meant to implement. In light of the IDEA and AB 3632's central purpose of enabling disabled children to benefit from a free appropriate public education in the least restrictive environment, it simply cannot be the case that any mental health service that helps a child to become aware of and moderate his or her behavior toward others, thereby enabling him or her to function with peers at school, is a "socialization" service ineligible for reimbursement, as the Controller seems to suggest.

Similarly, if a counselor facilitates the development of time management skills in the context of a treatment plan that aims to help the child control his or her impulsivity or lack of control in order to curb its negative impact on his or her ability to function at school (e.g. recurrent tardiness), the fact that these services also arguably could be useful in preparing the child for eventual employment cannot render the entire rehabilitation relationship impermissibly "vocational."

Reading the regulations consistently with the relevant federal and state laws and regulations yields the only logical conclusion: services that are necessary to enable a child to manage symptoms of a mental health diagnoses that are interfering with the child's ability to benefit from a free appropriate public education, like the mental health rehabilitation services here at issue, fall within section 60020's definition of "mental health services." The fact that such services incidentally support development of social and vocational skills does not transform them into "socialization" or "vocational" services divorced from the ultimate goal of supporting access to education. The Controller's interpretation of the exclusion for socialization and vocational services conflicts with the plain meaning of the federal and state laws that must guide interpretation of these regulations; indeed, it is such an expansive interpretation that it threatens

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to undermine the basic requirement of the IDEA that states provide "related services" necessary to enable a child to benefit from a free appropriate public education.

D. Contrary to the Controller's assertions, the Commission on State Mandates' 2005 Statement of Decision does not define mental health rehabilitation services as non-reimbursable.

The Controller's final audit report and its denial of the County's request for reconsideration both point to a footnote in the Commission on State Mandates' 2005 Statement of Decision as a basis for deeming mental health rehabilitation services non-reimbursable. That footnote explained that Los Angeles County had urged the Commission to define "mental health services" for purposes of AB 3632 to include all services falling under the broad definition of "rehabilitation" that appears in the Medi-Cal regulations:

> "Rehabilitation" means a service activity which includes, but is not limited to[,] assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

9 Cal. Code Regs., § 1810.243. The Commission declined to adopt this Medi-Cal definition of rehabilitation for purposes of AB 3632, reasoning that the emergency AB 3632 regulations had referred not to the Medi-Cal regulations, but rather to the Short-Doyle regulations, to define covered services. *See* Ex. at 321 (2005 Statement of Decision at 39, fn. 96). In this footnote, the Commission expressed no view on whether some *other* definition of rehabilitation services might qualify as a "mental health service" for purposes of AB 3632. Indeed, nothing in the 2005 Statement of Decision requires the categorical exclusion of all mental health treatments that are rehabilitative, nor could it. The Statement of Decision held only that the Medi-Cal definition, which includes such activities as assistance in leisure skills and meal preparation and which is not tailored to developing skills necessary to benefit from education, is too capacious to be applied in the AB 3632 context. But the Commission's footnote does not state, nor can it be reasonably interpreted as asserting, that *all* mental health services that might come within the Medi-Cal definition are excluded from the range of services allowable under AB 3632. Such a reading of the Commission's footnote would require the exclusion of a substantial number of the mental health service functions that are routinely reimbursed, including, most obviously, "day rehabilitation." It would also conflict directly with federal law, which mandates the provision of "counseling services, including rehabilitation counseling," to any eligible child who needs those

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services. 20 U.S.C. § 1401(26)(A). The Controller erred, therefore, in interpreting the Commission's footnote to require the disallowance of the County's mental health rehabilitation services.

E. Whether the County's Rehabilitation Services Fall Within the Broad Medi-Cal Definition of "Rehabilitation" Has No Bearing on Whether They Are Covered by § 60020.

In its letter denying the County's request for reconsideration, the Controller supported its disallowance by stating that "[t]he county's rehabilitation services definition is consistent with section 1810.243" of the Medi-Cal regulations. Ex. at 181-82 (Denial of Reconsideration at 1-2). In basing its disallowance on this conclusion, the Controller apparently assumed that the Medi-Cal definition of "rehabilitation" and the definition of "mental health services" under § 60020 are mutually exclusive categories. That assumption is erroneous. The fact that the County's services fit under the Medi-Cal regulations' wide umbrella definition of "rehabilitation" does not mean that they fall outside the more specific definition of mental health services set forth in § 60020.

The Medi-Cal regulations define "'[r]ehabilitation'" to mean:

> a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

9 Cal. Code Regs., § 1810.243. This definition, which applies to services for children and adults alike, includes a broad swath of activities. The "mental health services" defined in §60020, by contrast, are a narrower set of services specifically tailored to achieve education-related mental health goals. Some mental health interventions falling under the Medi-Cal "rehabilitation" definition are included in §60020; others are not. The County's mental health rehabilitation services are among the services that fall both into the broad Medi-Cal category, and the more narrow category defined in §60020. For example, the Medi-Cal definition of rehabilitation includes activities that develop "grooming and personal hygiene skills" and "meal preparation skills," *id.*, which are not a part of the mental health rehabilitation services provided to children by the County under the AB 3632 program. The County's mental health rehabilitation services do, however, help to restore a child's "functional skills," *id.*, so they fit within the Medi-Cal

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definition of rehabilitation.[5] They *also* plainly fall within the scope of mental health services as defined in § 60020. *See supra*, Sections I(A)-(C). The Controller's view that Medi-Cal "rehabilitation" and "mental health services" under § 60020 are mutually exclusive is without merit.

In its letter denying the County's request for reconsideration, the Controller further concluded that the County's services could not qualify as "day rehabilitation" under § 60020 because the Medi-Cal regulations define "day rehabilitation" as a service that is billed to the Medi-Cal program in "half-day or full-day increments"—not in minutes, as the County's mental health rehabilitation services are billed. Ex. at 181-82 (Denial of Reconsideration at 1-2); *see also* 9 Cal. Code Regs., § 1810.212. The nature of the units used for billing certain services under the Medi-Cal program has no bearing on whether the services here at issue are reimbursable under the AB 3632 program. As the Commission and the Controller have emphasized, the Medi-Cal regulations do not apply in the AB 3632 context. *See* Ex. at 321 (2005 Statement of Decision at 39 fn. 96); Ex. at 185-86 (Shelton Letter at 1-2); Ex. at 415 (Final Audit Report at 11). In relying on the Medi-Cal regulations to conclude that the County's mental health rehabilitation services do not qualify as "day rehabilitation" services for purposes of the AB 3632 program, the Controller erred.

F. The State Department of Mental Health, the Entity that Promulgated § 60020, Has Confirmed that Mental Health Rehabilitation Services Fall Within the Scope of that Regulation.

That mental health rehabilitation services fall within the scope of reimbursable mental health services is further demonstrated by a letter sent by the California Department of Mental Health ("DMH") to the Commission on State Mandates on February 19, 2009, seeking to clarify this issue. *See* Ex. at 151-52 (DMH Letter). In that letter, DMH acknowledged that the term "rehabilitation services" is not specifically included in the list of reimbursable activities in the applicable Parameters and Guidelines, but "question[ed] the need to specifically identify rehabilitation as a particular type of mental health service allowable under this [AB3632] program" since "rehabilitation is an essential component of many mental health services." Ex. at 152 (DMH Letter at 2). DMH's view that rehabilitation services are a part of other mental health services specifically listed as falling within the scope of the AB 3632 mandate is highly

[5] It is for this reason that the County bills mental health rehabilitation services to Medi-Cal when a child is enrolled in the Medi-Cal program, as the County is required to do before seeking reimbursement under AB 3632.

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persuasive, given that DMH is the entity charged with promulgating the regulations that define the scope of mental health services that must be provided by county mental health departments under AB 3632. *See* Cal. Gov. Code § 7576(a); 2 Cal. Code Regs. § 60020.[6]

G. The Controller's View that These Services Were Not Covered by Decisions on Prior Test Claims is Incorrect.

In denying the County's request for reconsideration, the Controller concluded that mental health rehabilitation services "have not been pled before the C[ommission] as part of a related test claim" and thus are non-reimbursable is simply incorrect. Ex. at 181 (Denial of Reconsideration at 1). As explained above, the County's mental health rehabilitation services are already encompassed within the definition of "mental health services" provided in both the emergency regulations in place prior to 1998 and the amended regulations in place since that time. The Commission on State Mandates, moreover, has already issued statements of decision determining that AB 3632 imposes a state mandate on counties to provide "mental health services" *as defined in those regulations*. *See* Ex. at 280 (1990 Statement of Decision at 14); Ex. at 324 (2005 Statement of Decision at 42); Ex. at 35-37 (2005 Test Claim Decision at 35). Accordingly, no new test claim is needed to determine whether the County's services are included within the mandate and are therefore eligible for reimbursement.

II. IF § 60020 EXCLUDED MENTAL HEALTH REHABILITATION SERVICES FROM THE DEFINITION OF "MENTAL HEALTH SERVICES," IT WOULD BE INCONSISTENT WITH BOTH AB 3632 AND THE FEDERAL IDEA AND THEREFORE INVALID.

If the Controller were correct that § 60020 excludes mental health rehabilitation services from the set of the "mental health services" that county mental health departments are obligated to provide, the regulations would be inconsistent with state and federal law, and therefore invalid.

A. Federal law requires the provision of mental health rehabilitation services to disabled children who need them in order to benefit from a free appropriate public education.

[6] DMH's letter leaves open the possibility that *all* of the mental health services that fall within the Medi-Cal definition of "rehabilitation" as defined at 9 Cal. Code Regs., § 1810.243, should also qualify as "mental health services" for purposes of AB 3632. The Commission need not address this question in deciding the County's Incorrect Reduction Claim, however, because, as explained in Section I(E) above, the mental health rehabilitation services the County provides under the AB 3632 program are narrower than the services described in the Medi-Cal regulation.

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Federal law unequivocally provides that the State of California, as a recipient of IDEA funds from the federal government, is *required* to provide all mental health services to which disabled children are entitled under the IDEA. Specifically, the IDEA requires that the State provide disabled children with the "special education[al]" accommodations and "related services," 20 U.S.C. § 1401(26)(A), that are necessary to enable them to benefit from a "free appropriate public education" in the "least restrictive environment" possible given that student's unique needs. *Id.* §§ 1412(a)(1), 1412(a)(5). These "related services" are explicitly defined by the IDEA to include all those "developmental, corrective, and other supportive services . . . as may be required to assist a child with a disability to benefit from special education," "including . . . psychological services . . . [and] counseling services, including rehabilitation counseling." *Id.* § 1401(26)(A). The County's mental health rehabilitation services indisputably fall within this definition.

Courts interpreting the meaning of "related services" for purposes of the IDEA have consistently emphasized that it is a broad category encompassing *any* counseling and psychological services that may be required to enable a disabled child to benefit from special education. *See Cedar Rapids Cmty. Sch. Dist. v. Garrett F.*, 526 U.S. 66, 73 ("The text of the 'related services' definition . . . broadly encompasses those supportive services that 'may be required to assist a child with a disability to benefit from special education.'"); *see also J.B. v. Killingly Bd. of Educ.*, 990 F. Supp. 57, 75-78 (D. Conn. 1997).[7]

This broad interpretation of "related services" is supported by the regulations implementing the IDEA, which not only explicitly provide for "counseling services" and "rehabilitation counseling," *see* 34 C.F.R. §§ 300.34(c)(2), 300.34(c)(12), but which also state that "the list of [related] services in § 300.34 is not exhaustive and may include other developmental, corrective, or supportive services if they are required to assist a child with a

[7] While courts recognize that the definition of "related services" under the IDEA is very broad, this does not, of course, entitle a child to demand any particular service from the universe of related services that federal law requires states to make available. *See Rowley*, 458 U.S. at 207-08. Rather, the appropriateness of a given service is a fact-based determination requiring a careful weighing of the child's "unique needs" by the IEP team, 20 U.S.C. § 1400(c), and courts will not order that a particular related service be provided to a child unless the record shows that, in the absence of that service, the child's IEP is not "reasonably calculated to enable the child to receive educational benefits." *Id.* at 207. As the Controller concedes, the dispute here is not whether mental health rehabilitation services are "appropriate" for any particular child. *See* Ex. at 181 (Denial of Reconsideration at 1). Rather, the dispute is whether mental health rehabilitation services are excluded in the first place from the range of "mental health services" that may be provided by county mental health departments pursuant to AB 3632 in order to ensure State compliance with the IDEA.

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disability to benefit from special education." 34 C.F.R., Analysis of Comments and Changes, Subpart A (Aug. 14, 2006). These federal regulations govern "each state that receives payments under" the IDEA, as well as "all political subdivisions of the State that are involved in the education of children with disabilities, including . . . Departments of Mental Health." 34 C.F.R. § 300.2.

The Controller does not dispute that mental health rehabilitation services qualify as "related services" under federal law. *See* Ex. at 416 (Final Audit Report at 12). Nevertheless, the Controller insists that rehabilitation services fall outside of list of the services set forth in § 60020, *see* Ex. at 415 (Final Audit Report at 11), notwithstanding the regulations' prefatory statement that their "intent . . . is to assure conformity with the federal Individuals with Disabilities Education Act . . . and its implementing regulations." 2 Cal. Code Regs., § 60000. The Controller's view that § 60020 excludes mental health rehabilitation services is at odds with controlling state and federal law for the reasons set forth below.

B. <u>AB 3632 delegated the State's responsibility to provide any mental health services required under IDEA to county mental health departments. If § 60020 does not require county mental health departments to provide mental health rehabilitation services to eligible children who need them, § 60020 would be inconsistent with AB 3632 and therefore invalid.</u>

AB 3632 provides that "the State Department of Mental Health, or a c[ounty] mental health [department] . . . designated by the State Department of Mental Health, is responsible for the provision of mental health services, as defined in regulations by the State Department of Mental Health, developed in consultation with the State Department of Education, if required in the individualized education program of a pupil." Cal. Gov. Code, § 7576(a). The plain intent of this section is to charge the State Department of Mental Health (DMH)—and, through it, county mental health departments throughout the State—with the responsibility for providing the mental health services that the State is required to provide to eligible children under the IDEA.[8]

[8] A child becomes eligible for mental health services at the determination of his or her "IEP team," which consists of the child's parents, at least one "regular education teacher" and one "special education teacher," a representative of the school district, and others when appropriate. 20 U.S.C. § 1414(d)(1)(B); 34 C.F.R. § 300.321. If a child is "suspected of needing mental health services," and if several other statutorily required factors are satisfied, the IEP team "may refer [the child] . . . to a c[ounty] mental health [department]" for the provision of mental health services. If such a referral is made, a representative of the county mental health department joins the IEP team and participates in drafting the IEP goals and objectives that will govern the provision of mental health services.

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To be valid, regulations must be "consistent and not in conflict with the statute" pursuant to which they were promulgated. Cal. Gov. Code, § 11342.2. In order for § 60020 to be read consistently with AB 3632, it must be read to assign to county mental health departments the provision of all mental health services to which children in their care are entitled under the IDEA, including mental health rehabilitation services. If, as the Controller suggests, § 60020 should be read as assigning to county mental health departments a smaller subset of mental health services, § 60020 would be *ultra vires*—outside the statutory delegation of authority—and therefore invalid. DMH cannot, by promulgating regulations, absolve itself and county mental health departments of any obligation conferred on them by state statute. *See Ontario Community Foundations, Inc. v. State Bd. of Equalization*, 35 Cal.3d 811, 816-17 (1984) ("There is no agency discretion to promulgate a regulation which is inconsistent with the governing statute. . . . . Administrative regulations that alter or amend the statute or enlarge or impair its scope are void.") (emphasis omitted)". *See also Physicians & Surgeons Laboratories, Inc. v. Department of Health Services*, 6 Cal.App.4th 968, 982 (2 Dist. 1992) (an authorized administrative agency may "'fill up the details' [in a statute] by prescribing administrative rules and regulations. . . . [but] the rulemaking authority of an agency is circumscribed by the substantive provisions of the law governing the agency. . . . [R]egulations that alter or amend the statute or enlarge or impair [the statute's] scope are void.") (internal brackets, quotation marks, and citations omitted; emphasis added); *accord Sabatasso v. Superior Court*, 167 Cal.App.4th 791, 796-97 (4 Dist. 2008); *Caldo Oil Co. v. State Water Resources Control Bd.*, 44 Cal.App.4th 1821, 1827 (3 Dist. 1996). Nothing in AB 3632 gave DMH the freedom to accept or reject parts of the delegation, the Legislature would have been required under the IDEA to specify a mandatory mechanism by which another state or local agency would bear the responsibility for providing whatever mental health services DMH declined to accept.

The IDEA permits participating states to delegate the provision of related services to state or local agencies. 20 U.S.C. § 1414(a)(12)(B). States choosing to delegate part of their IDEA obligations must, however, establish clear *interagency coordination mechanisms* "in order to ensure that all services . . . that are needed to ensure a free and appropriate public education are provided," and "to promote the coordination and timely and appropriate delivery of services," including "related services." *Id.* § 1412(a)(12)(A)-(B). As a condition of continued eligibility for federal IDEA funds, each state must "submit[] a plan [to the federal authorities] that provides

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assurances" that the state has mechanisms in place to ensure that all IDEA-mandated services are being provided to disabled children. *Id.* § 1412(a). Each year, including 2009, the State of California has submitted such assurances to the federal authorities. *See* Ex. at 240-43 (Letter from Patricia Guard, Acting Director, Office of Special Education Programs (July 1, 2009)). The State has not charged any entity other than county mental health departments (e.g. school districts) with the responsibility for providing mental health rehabilitation services, nor has any other entity provided them. School districts, like the County, have interpreted AB 3632 as transferring to county mental health departments the responsibility for providing all IDEA-required mental health services to children referred to them for mental health treatment. *See Tuolumne,* 123 Cal. App. 4th at 570. Accordingly, to the County's knowledge, no school district has attempted to provide mental health rehabilitation services to eligible children, nor would they have the resources or expertise to do so. Because the State unequivocally has an obligation under federal law to provide mental health services (including mental health rehabilitation services) to eligible children for whom those services are necessary, and because the State has not directed any other state or local entity to provide them, any interpretation of § 60020 that excludes mental health rehabilitation services from the definition of the "mental health services" that county mental health departments are required to provide would put the State in violation of its obligations under federal law.

Such a reading would conflict directly with the stated intent of the AB 3632 regulations of which § 60020 is a part, which "is to assure conformity with the federal Individuals with Disabilities Education Act . . . and its implementing regulations." 2 Cal. Code Regs., § 60000. In light of controlling federal law, the clear intent of AB 3632, and the express purpose of the regulations, the Controller's reading of § 60020 cannot be accepted, as it would render the State scheme in violation of federal law. *Cf. People v. Bratis,* 73 Cal. App.3d 751, 757-59 (1977) ("It is elementary that, if possible, statutes will be so construed as to avoid absurd applications and to uphold their validity. A statute will not be given an interpretation in conflict with its clear purpose."); *accord Association for Retarded Citizens v. Department of Developmental Services,* 38 Cal.3d 384, 394 (1985). Given that no other entity in California has been charged with providing these services, the only permissible reading of § 60020 is that it requires county mental health departments to provide mental health rehabilitation services, along with other mental health services, to eligible children who are entitled to those services under the IDEA.

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This reading of § 60020 is supported by DMH's longstanding interpretation of § 60020. In June 2008, DMH sent a formal notice to county mental health departments stating:

> *Any mental health service* required by a pupil's Individualized Education Program (IEP) to allow educational benefit *must be provided* by the appropriate local agency. *Mental health services may include mental health rehabilitation services when such services are determined to be the most appropriate in meeting a student's specialized needs.*

Ex. at 183 (California Dept. of Mental Health Information Notice No. 08-15 (June 23, 2008)) (emphases added). The next year, DMH rescinded this particular notice after the Commission on State Mandates pointed out that it had not been issued through the proper procedural channels. Ex. at 187. Nevertheless, in its letter rescinding the 2008 notice, DMH emphasized to county mental health departments that the rescission did not change the counties' obligation to provide all the mental health services encompassed by federal law to children who are referred for mental health treatment. Ex. at 187-88. As noted above, DMH's view that rehabilitation services are included among the services set forth in § 60020 is highly persuasive, given that DMH is the entity charged with promulgating the regulations that define the scope of mental health services that must be provided by county mental health departments under AB 3632. *See* Cal. Gov. Code § 7576(a).

To be consistent with the state law pursuant to which it was promulgated, § 60020 must be read to include mental health rehabilitation services.

C. <u>If § 60020 is not read to include mental health rehabilitation services, the State has violated its obligations under the IDEA.</u>

If § 60020 and AB 3632 are not read together to include a mandate for county mental health departments to provide mental health rehabilitation services to children who need them to benefit from special education, the State will have failed to comply with its obligation to ensure that all related services to which children are entitled under the IDEA are being provided to children who need them. As noted above, the IDEA requires states to "ensure that all services . . . that are needed to ensure a free and appropriate public education are provided," and "to promote the coordination and timely and appropriate delivery of services," including "related services." 20 U.S.C. § 1412(a)(12)(A)-(B). Because mental health rehabilitation services must be provided to any eligible child who needs them to benefit from special education, and because the State has not delegated the responsibility to provide mental health rehabilitation services to

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any entity other than county mental health departments, if § 60020 is read not to include such a delegation, the State will have failed to "ensure that all services . . . that are needed to ensure a free and appropriate public education are provided." Such an interpretation of § 60020 would contravene the State's submissions submission to the federal government that all IDEA-mandated services are being provided, and would place the State in violation of the IDEA. Accordingly, such an interpretation of § 60020 must be rejected. *See* Cal. Gov. Code, § 11342.2.

D. **The core purposes underlying both AB 3632 and the IDEA also counsel in favor of reading § 60020 as including all mental health services, including mental health rehabilitation services.**

Central purposes underlying both AB 3632 and the IDEA—minimizing unnecessary institutionalization of disabled children and minimizing both the long- and short-term costs of caring for the educational needs of children with disabilities—also counsel in favor of reading § 60020 to include all of the mental health services that the IDEA requires be provided to eligible children.

First, it would fly in the face of AB 3632's strong preference for avoiding out-of-home care to interpret § 60020 to exclude mental health rehabilitation services from the range of services county mental health departments are required to provide to children who need them. When any member of a child's IEP team "recommends residential placement," the IEP team, including a representative of the county mental health department, must determine whether "[t]he child's needs can reasonably be met through any combination of nonresidential services, preventing the need for out-of-home care." Cal. Gov. Code, §§ 7572.5(a), 7572.5(b)(1). If residential placement is found to be the only means of providing a free appropriate public education, the IEP team must revisit that determination every six months to assess "the continuing need for out-of-home placement" and to monitor "progress toward [the goal of] alleviating the need for out-of-home care." *Id.* § 7572.5(c)(2); *see also id.* § 7576(a) ("A local educational agency is not required to place a pupil in a more restrictive educational environment in order for the pupil to receive the mental health services specified in his or her individualized education program if the mental health services can be appropriately provided in a less restrictive setting.").

AB 3632's preference for avoiding out-of-home placement reflects one of the central purposes of the IDEA: to avoid the unnecessary institutionalization of disabled children. *See Ashland School Dist. v. Parents of Student R.J.*, 588 F.3d 1004, 1009 (9th Cir. 2009) (explaining

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that placement in "a residential facility . . . is appropriate *only if it is necessary* to provide special education and related services.") (internal quotation marks and citations omitted; emphasis added). The IDEA requires that a disabled child be provided with a free appropriate public education in the "least restrictive environment" possible given the child's unique needs. 20 U.S.C. § 1412(a)(5). The IDEA clearly evinces a preference for keeping children in regular schools, with residential placement as a last resort. *See* 34 C.F.R. § 300. To this end, the IDEA obliges states "to the maximum extent possible" to educate handicapped children "with children who are not handicapped." 20 U.S.C. § 1412(5). *See also Rowley*, 458 U.S. at 202-03 (discussing Congress's "mainstreaming" intent).

Reading § 60020 to charge county mental health departments with the responsibility of providing mental health rehabilitation services is consistent with this overarching purpose of the IDEA and AB 3632. Mental health rehabilitation services are highly effective in enabling seriously emotionally disturbed children to remain in their homes, especially when traditional psychotherapy has proven inadequate. *See* Ex. at 177-78 (Champion Decl. at 2-3). The children to whom the County has provided mental health rehabilitation services suffer from emotional disorders serious enough to prevent them from functioning independently in school. Many of these children are at imminent risk of residential or other institutional placement. *See* Ex. at 178-79 (Champion Decl. at 3-4) ("All of the children receiving mental health rehabilitation services from EMQFF have a demonstrable need for these services documented in their IEPs. . . . All of these children would, if not for mental health rehabilitation services, have to be treated in a more restrictive setting. For many children, that would mean out-of-home residential placement . . . ."); *see also* Ex. at 144 (Rea Decl. at 4). The County's mental health rehabilitation services keep these children out of residential placement, thereby achieving the IDEA's mandate that the State provide services to disabled children in the least restrictive environment possible. *Id.*

Second, reading § 60020 as including mental health rehabilitation services is consistent with the State Legislature's stated purpose of ensuring "cost-effective" services. Cal. Gov. Code, § 7576(a) (discussing the "intent of the Legislature" that local education agencies and county mental health departments cooperate to identify a placement that meets the IDEA's requirements and "is cost effective for both public agencies"). *See also id.* § 7570 (describing the statute's purpose as "[e]nsuring maximum utilization of all state and federal resources available to provide a child with a disability . . . with . . . the provision of related services."); *id.* §

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7576.5 (calling for the transfer of funds from "local educational agencies . . . to the community mental health services that provide services pursuant to this chapter in order to reduce the local costs of providing those services."). Residential placement, particularly when out of state, can involve high short-term costs that must be borne by the State of California. The long-term costs associated with residential placement are even more significant. "[R]esidential placement often is a deeply traumatic and life-altering experience for children that can cause permanent harms that are likely to generate substantial long-term costs to the State—e.g. increased risk of life-long institutionalization, increased risk of criminality and incarceration, etc." *See* Ex. at 179 (Champion Decl. at 4). Sparing a child the trauma associated with displacement from his or her family can dramatically improve the child's chances of educational and life success, ultimately yielding significant monetary savings for State and local governments.

It cannot be that the Legislature intended for a cost-effective, evidence-based mental health service to be unavailable when that service is, for some children, the only appropriate alternative to residential placement, particularly when the IDEA *requires* the State to make such related services available when necessary to enable a child to benefit from special education. *See* Ex. at 179 (Champion Decl. at 4); *see also* Ex. at 147 (Rea Decl. at 7). An interpretation of § 60020 that excluded mental health rehabilitation services would be inconsistent with the Legislature's intent in enacting AB 3632, and inconsistent with both the intent and the requirements of the federal IDEA. On that basis, such an interpretation of § 60020 must be rejected.

CONCLUSION

The federal IDEA requires the State of California to provide each disabled child with the related services, including mental health rehabilitation, that are necessary to enable the child to benefit from a free appropriate public education. The State has created only one means through which it can comply with the IDEA's requirement that these services be provided: its delegation of the provision of IDEA-mandated mental health services to county mental health departments. Section 60020, the regulation defining the scope of this delegation, can and must be interpreted consistently with the IDEA and AB 3632's purpose to ensure that all necessary mental health services, including mental health rehabilitation services, are provided to disable children. The Controller's conclusion that § 60020 does not authorize the provision of mental health rehabilitation services contravenes the interpretation of that regulation by DMH, the entity that

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promulgated it, contravenes the statute pursuant to which § 60020 was promulgated, and would place the state in violation of the federal IDEA. Accordingly, the Controller's interpretation of § 60020 must be rejected, and its audit decision must be overturned.

Dated: April 12, 2010

Respectfully submitted,

GRETA S. HANSEN
Deputy County Counsel

Counsel for the COUNTY OF SANTA CLARA

EXHIBIT A

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Commission on
State Mandates

County of Santa Clara
Incorrect Reduction Claim
Handicapped & Disabled Students, AB 3632
FY 2004, 2005, and 2006

ITEM 8: DOCUMENTARY EVIDENCE AND DECLARATIONS (Correspondence between the County of Santa Clara and the State Controller's Office, Other Correspondence in the County's Possession, and Authenticating Declaration)

1. Declaration of Greta Hansen, Deputy County Counsel for the County of Santa Clara, authenticating correspondence and other documents 1

2. Draft Audit Report (dated March 13, 2009) 3

3. Letter from Nancy Pena, Ph.D., Director of the County Mental Health Department, to Christopher Ryan, Audit Manager, State Controller's Office (dated May 5, 2009) 15

   Attachment 1: Letter from Miguel Valencia, Ph.D., Mental Health Director of Gardner Family Care Corporations

   Attachment 2: Letter from AchieveKids

   Attachment 3: Letter from Jerry Doyle, Chief Executive Officer of EMQ FamiliesFirst

   Attachment 4: Letter from Mary Kaye Gerski, Executive Director of Rebekah Children's Services

   Attachment 5: Letter from Sarita Kohli, Director of Mental Health Programs of Asian Americans for Community Involvement

   Attachment 6: Set of 20 patient files[1]

4. Revised Draft Audit Report (dated May 22, 2009) 27

5. Letter from Vinod Sharma, Controller-Treasurer of the County of Santa Clara, to Jim Spano, Chief of the Compliance, Audits Bureau of the State Controller's Office (dated June 19, 2009) 40

   Attachment: County's response to the Revised Draft Audit Report

6. Final Audit Report (dated June 30, 2009) 50

7. Department of Mental Health, Santa Clara Valley Health and Hospital System, *Clinical Record Documentation Manual for Outpatient Mental Health Services* (dated July 2004) 79

8. Letter from Vinod Sharma, Controller-Treasurer of Santa Clara County, to the State Controller (dated September 10, 2009) 117

9. Letter from Jeffrey Brownfield, Chief of the Division of Audits of the State Controller's Office, to Liz Kniss, President of the Santa Clara County Board of Supervisors (dated September 11, 2009) 119

[1] Patient files have been excluded from the documents filed with the Commission pursuant to the federal Health Insurance Portability and Accountability Act (HIPAA). If the Commission wishes to view these files, please contact the County so that we may identify a means through which the Commission may view these files in accordance with HIPAA.

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County of Santa Clara
Incorrect Reduction Claim
Handicapped & Disabled Students, AB 3632
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Attachment: Revised Cover Letter for Final Audit Report

10. Letter from Greta Hansen, Deputy County Counsel for the County of Santa Clara, to the State Controller requesting reconsideration (dated January 15, 2010) 122

    Attachment 1: Report of Margaret Rea, Ph.D.

    Attachment 2: Disc of 53 patient files[2]

    Attachment 3: February 19, 2009, letter from Denise Arend, Deputy Director of the Community Services Division of the California Department of Mental Health, to Camille Shelton, Chief Legal Counsel for the Commission on State Mandates, requesting clarification

11. Letter from Greta Hansen, Deputy County Counsel for the County of Santa Clara, to the State Controller amending the County's letter requesting reconsideration (dated January 19, 2010) 153

    Attachment: Report of Margaret Rea, Ph.D., with Curriculum Vitae

12. Letter from Greta Hansen, Deputy County Counsel for the County of Santa Clara, to the State Controller submitting additional declarations (March 11, 2010) 174

    Attachment: Declaration of Laura Champion, Bay Area Director of EMQ FamiliesFirst

13. Letter from Jeffrey Brownfield, Chief of the Division of Audits of the State Controller's Office, to Greta Hansen, denying the County's request for reconsideration (dated March 10, 2010; received on March 16, 2010) 181

14. California Department of Mental Health Information Notice 08-15 (dated June 23, 2008) 183

15. Letter from Camille Shelton, Chief Legal Counsel for the Commission on State Mandates, to Denise Arend, Deputy Director of the Community Services Division of the California Department of Mental Health, responding to Department of Mental Health's request for clarification (dated February 27, 2009) 185

16. California Department of Mental Health Information Notice 09-04 (dated April 15, 2009) 187

17. California Office of Administrative Law, Notice of Approval of Regulatory Action and Final Statement of Reasons, Joint Regulations for Handicapped Children, Government Code, Title 2, Chapter 26.5, Division 9 (Ord. 0697-16, 1998) (dated August 9, 1999) (excerpts) 189

18. Letter from Patricia Guard, Acting Director of the Office of Special Education Programs, U.S. Department of Education, to Jack O'Connell, Superintendent of Public Education, California Department of Education (dated July 1, 2009) 240

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[2] These patient files have been excluded from the documents filed with the Commission pursuant to HIPAA, as explained in note 1, *supra*.

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Attorneys for
COUNTY OF SANTA CLARA

STATE OF CALIFORNIA
COMMISSION ON STATE MANDATES

In Re: STATE CONTROLLER'S AUDIT OF THE COUNTY OF SANTA CLARA'S CLAIMS FOR REIMBURSEMENT FOR MENTAL HEALTH SERVICES PROVIDED PURSUANT TO AB 3632	)	DECLARATION OF GRETA HANSEN

I, GRETA HANSEN, declare as follows:

I am a Deputy County Counsel for the County of Santa Clara, and am representing the County in this matter. All of the correspondence and other documents attached hereto are true

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and correct copies of correspondence between the County and the State Controller's Office, other correspondence between various state entities that is in the County's possession, and other documents relevant to this matter.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and based upon my personal knowledge.

Executed at San Jose, California on April 9, 2010.

GRETA S. HANSEN
Deputy County Counsel
County of Santa Clara

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JOHN CHIANG

California State Controller

March 13, 2009

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

John V. Guthrie
Director of Finance
Santa Clara County
County Government Center, East Wing, 2nd Floor
70 West Hedding Street
San Jose, CA 95110-1705

Dear Mr. Guthrie:

The State Controller's Office audited the costs claimed by the Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006.

The county claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that $11,038,819 is allowable and $11,245,651 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs; and understated offsetting revenues. The State paid the county $15,543,249. The amount paid exceeds allowable costs claimed by $4,504,430.

Please submit your management representation letter and any comments concerning the draft report within 15 calendar days after you receive this letter. In particular, you should address the accuracy of the audit findings. We may modify the report based on your comments or additional data that develops as we complete the audit. Also, we will include your comments in the final report.

Please send your response to Jim L. Spano, Chief, Mandated Cost Audits Bureau, at the State Controller's Office, Division of Audits, Post Office Box 942850, Sacramento, California 94250-5874. If we do not receive your comments within the specified time, we will release the report as final.

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5874
SACRAMENTO 300 Capitol Mall, Suite 518, Sacramento, CA 95814 (916) 324-8907
LOS ANGELES 600 Corporate Pointe, Suite 1000, Culver City, CA 90230 (310) 342-5656

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This draft audit report is confidential. We limit report access and distribution to those referenced in this letter. However, when we issue the final audit report, it becomes a public record.

If you have any questions, please contact Mr. Spano at (916) 323-5849.

Sincerely,

JEFFREY V. BROWNFIELD
Chief, Division of Audits

JVB/sk

Attachment

cc: Lesha Luu, Division Manager-Accounting
Controller/Treasurer Department
Santa Clara County Finance Agency
Martha Paine, Director of General Fund Financial Services
Santa Clara Valley Health & Hospital System

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SANTA CLARA COUNTY

Audit Report

HANDICAPPED AND DISABLED STUDENTS PROGRAM

Chapter 1747, Statutes of 1984,
and Chapter 1274, Statutes of 1985

July 1, 2003, through June 30, 2006

DRAFT

JOHN CHIANG
California State Controller

March 2009

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Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by the Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006.

The county claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that $11,038,819 is allowable and $11,245,651 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs; and understated offsetting revenues. The State paid the county $15,543,249. The amount paid exceeds allowable costs claimed by $4,504,430.

Background

Chapter 26 of the Government Code, commencing with section 7570 and Welfare and Institutions Code section 5651 (added and amended by Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) require counties to participate in the mental health assessment for "individuals with exceptional needs," participate in the expanded "Individualized Education Program" (IEP) team, and provide case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed." These requirements impose a new program or higher level of service on counties.

On April 26, 1990, the Commission on State Mandates (CSM) determined that this legislation imposed a state mandate reimbursable under Government Code section 17561.

The program's parameters and guidelines establish the state mandate and define reimbursement criteria. The CSM adopted the parameters and guidelines for the Handicapped and Disabled Students Program on August 22, 1991 and last amended them on August 29, 1996. In compliance with Government Code section 17558, the SCO issues claiming instructions, to assist local agencies and school district in claiming mandated program reimbursable costs.

The parameters and guidelines for the Handicapped and Disabled Students Program state that only 10% of mental health treatment costs are reimbursable. However, on September 30, 2002, Assembly Bill 2781 (Chapter 1167, Statutes of 2002) changed the regulatory criteria by stating that the percentage of treatment costs claimed by counties for fiscal year (FY) 2000-01 and prior fiscal years is not subject to dispute by the SCO. Further, this legislation states that, for claims filed in FY 2001-02 and thereafter, counties are not required to provide any share of these costs or to fund the costs of any part of these services with money received from Local Revenue Fund established by Welfare and Institutions Code Section 17600 et seq. (realignment funds).

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Furthermore, Senate Bill 1895 (Chapter 493, Statutes of 2004) states that realignment funds used by counties for the Handicapped and Disabled Students Program "are eligible for reimbursement from the state *for all allowable costs* [emphasis added] to fund assessments, psychotherapy, and other mental health services . . ." and that the finding by the Legislature is "declaratory of existing law."

On May 26, 2005, the CSM adopted a statement of decision for the Handicapped and Disabled Students II Program that incorporates the above legislation and further identified medication support as a reimbursable costs effective July 1, 2001. The CSM adopted the parameters and guidelines for this new program on December 9, 2005, and made technical corrections to it on July 21, 2006.

The parameters and guidelines for the Handicapped and Disabled Students II Program states that "Some costs disallowed by the State Controller's Office (SCO) in prior years are now reimbursable beginning July 1, 2001 (e.g., medication monitoring). Rather than claimants re-filing claims for these costs incurred, beginning July 1, 2001, the State Controller's Office will reissue the audit reports." Consequently, we are allowing medication support costs commencing July 1, 2001.

On January 26, 2006, CSM amended the parameters and guidelines for the Handicapped and Disabled Students Program, and corrected then on July 21, 2006, allowing reimbursement for out-of-home residential placements beginning July 1, 2004.

Objective, Scope, and Methodology

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Handicapped and Disabled Students Program for the period of July 1, 2003, through June 30, 2006.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

We conducted this performance audit under the authority of Government Code sections 12410, 17558.5, and 17561. We did not audit the county's financial statements. We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We limited our review of the county's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

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Conclusion

Our audit disclosed instances of noncompliance with the requirements outlined above. These instances are described in the accompanying Summary of Program Costs (Schedule 1) and in the Findings and Recommendations section of this report.

For the audit period, the Santa Clara County claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for costs of the Handicapped and Disabled Students Program. Our audit disclosed that $11,038,819 is allowable and $11,245,651 is unallowable.

For the fiscal year (FY) 2003-04 claim, the State made no payment to the county. Our audit disclosed that $2,956,805 is allowable. The State will pay allowable costs claimed that exceed the amount paid, totaling $2,956,805, contingent upon available appropriations.

For the FY 2004-05 claim, the State paid the county $7,987,359. Our audit disclosed that $3,894,672 is allowable. The State will offset $4,092,687 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

For the FY 2005-06 claim, the State paid the county $7,555,890. Our audit disclosed that $4,187,342 is allowable. The State will offset $3,368,548 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

Views of Responsible Officials

We conducted an exit conference on December 9, 2008, and discussed our audit results with Martha Paine, Director of General Fund Financial Services; Lesha Luu, Division Manager-Accounting; Ram Vankalesan, SB-90 Coordinator, and other county representatives. At the exit conference, we stated that the final report will include the views of responsible officials.

Restricted Use

This report is solely for the information and use of the Santa Clara County, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.

JEFFREY V. BROWNFIELD
Chief, Division of Audits

_____, 2009

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Schedule 1—
Summary of Program Costs
July 1, 2003, through June 30, 2006

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference [1]
July 1, 2003, through June 30, 2004				
Assessment/case management costs	$ 2,916,448	$ 2,448,139	$ (468,309)	Finding 1
Administrative costs	327,705	217,084	(110,621)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(660,446)	(530,750)	129,696	Finding 3
State categorical funds (EPSDT and IDEA [2])	(1,234,699)	(1,361,396)	(126,697)	Finding 3
Net assessment/case management costs	1,349,008	773,077	(575,931)	
Treatment costs	13,505,487	10,282,243	(3,223,244)	Finding 1
Administrative costs	1,517,536	1,045,704	(471,832)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,643,031)	(2,702,685)	940,346	Finding 3
State categorical funds (EPSDT and IDEA [2])	(5,986,779)	(6,440,534)	(453,755)	Finding 3
Net treatment costs	5,393,213	2,184,728	(3,208,485)	
Total costs	6,742,221	2,957,805	(3,784,416)	
Less late claim penalty	(1,000)	(1,000)	—	
Net costs	$ 6,741,221	2,956,805	$ (3,784,416)	
Less amount paid by the State				
Allowable costs claimed in excess of (less than) amount paid		$ 2,956,805		
July 1, 2004, through June 30, 2005				
Assessment/case management costs	$ 3,632,443	$ 3,013,464	$ (618,979)	Finding 1
Administrative costs	585,060	181,632	(403,428)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(701,686)	(497,450)	204,236	Finding 3
State categorical funds (EPSDT and IDEA [2])	(1,550,169)	(1,602,088)	(51,919)	Finding 3
Net assessment/case management costs	1,965,648	1,095,558	(870,090)	
Treatment costs	12,987,816	10,501,251	(2,486,565)	Finding 1
Administrative costs	2,091,885	707,784	(1,384,101)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,503,392)	(2,335,913)	1,167,479	Finding 3
State categorical funds (EPSDT and IDEA [2])	(5,554,598)	(6,074,008)	(519,410)	Finding 3
Net treatment costs	6,021,711	2,799,114	(3,222,597)	
Total costs	7,987,359	3,894,672	(4,092,687)	
Less late claim penalty	—	—	—	
Net costs	$ 7,987,359	3,894,672	$ (4,092,687)	
Less amount paid by the State		(7,987,359)		
Allowable costs claimed in excess of (less than) amount paid		$ (4,092,687)		

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Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference[1]
July 1, 2005, through June 30, 2006				
Assessment/case management costs	$ 3,723,702	$ 3,060,385	$ (663,317)	Finding 1
Administrative costs	434,297	160,885	(273,412)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(636,167)	(483,811)	152,356	Finding 3
State categorical funds (EPSDT and IDEA[2])	(1,126,462)	(1,654,661)	(528,199)	Finding 3
Net assessment/case management costs	2,395,370	1,082,798	(1,312,572)	
Treatment costs	12,878,460	10,873,989	(2,004,471)	Finding 1
Administrative costs	1,502,020	606,769	(895,251)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,313,672)	(2,258,022)	1,055,650	Finding 3
State categorical funds (EPSDT and IDEA[2])	(5,906,288)	(6,118,192)	(211,904)	Finding 3
Net treatment costs	5,160,520	3,104,544	(2,055,976)	
Total costs	7,555,890	4,187,342	(3,368,548)	
Less late claim penalty	—	—	—	
Net costs	$ 7,555,890	4,187,342	$ (3,368,548)	
Less amount paid by the State		(7,555,890)		
Allowable costs claimed in excess of (less than) amount paid		$ (3,368,548)		
Summary: July 1, 2003, through June 30, 2006				
Assessment/case management costs	$ 10,272,593	$ 8,521,988	$ (1,750,605)	
Administrative costs	1,347,062	559,601	(787,461)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(1,998,299)	(1,512,011)	486,288	
State categorical funds (EPSDT and IDEA[2])	(3,913,330)	(4,618,145)	(706,815)	
Net assessment/case management costs	5,710,026	2,951,433	(2,758,593)	
Treatment costs	39,371,763	31,657,483	(7,714,280)	
Administrative costs	5,111,441	2,360,257	(2,751,184)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(10,460,095)	(7,296,620)	3,163,475	
State categorical funds (EPSDT and IDEA[2])	(17,447,665)	(18,632,734)	(1,185,069)	
Net treatment costs	16,575,444	8,088,386	(8,487,058)	
Total costs	22,285,470	11,039,819	(11,245,651)	
Less late claim penalty	(1,000)	(1,000)	—	
Net costs	$ 22,284,470	11,038,819	$ (11,245,651)	
Less amount paid by the State		(15,543,249)		
Allowable costs claimed in excess of (less than) amount paid		$ (4,504,430)		

[1] See the Findings and Recommendations section.

[2] The county received $6,003,824, $5,918,277, and $5,918,277 in Individuals with Disabilities Education Act (IDEA) funds for FY 2003-04, FY 2004-05, and FY 2005-06, respectively. This amount is included in the Allowable per Audit column.

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Findings and Recommendations

FINDING 1—Overstated assessment and treatment costs

The county overstated costs by $9,464,885 for the audit period. The county did not prepare its claims based on its actual costs to implement the mandate program.

In the prior SCO audit, we reported that the county's claimed costs were not based on actual program costs because its automated system did not have unique procedure codes to identify mandate-related services. The county used an extraction program to accumulate all mandate-related units of service for its clients assessed at four main sites. At these sites, the extraction program erroneously picked up clients who were denied services and for whom cases were closed.

In the current audit, the county's extraction program again picked up clients for whom cases were closed. The county implemented a new system beginning October 1, 2003; the new system become fully functional in the middle of fiscal year (FY) 2003-04. This mid-year implementation caused additional errors and irregularities for FY 2003-04. In merging the client data from the two systems, other problems became apparent such as data loss, overstated units, and ineligible clients.

When prepared its claims, the county:

- Claimed unsupported costs.
- Claimed ineligible crisis intervention services and board and care costs for FY 2003-04 and ineligible therapeutic behavioral services for the entire audit period.
- Commingled in-state and out-of-state residential placement; we moved eligible out-of-state costs to the Seriously Emotionally Disturbed Pupils: Out-of-State Mental Health Services Program.
- Duplicated costs by claiming out-of-county residential placement and related services that were included in the pool of costs used to determine unit rates.
- Omitted reimbursable costs; we considered these costs in determining our adjustments.

We adjusted costs based on actual units of service provided to eligible clients using the appropriate unit cost that represented the actual cost to the county.

The program's parameters and guidelines specify that only the following services are reimbursable: case management, assessment, individual therapy, collateral therapy and contacts, group therapy, day treatment, and day rehabilitation. Beginning with FY 2001-02, medication monitoring is reimbursable as well. Beginning with FY 2004-05, reimbursable out-of-home residential placement costs include mental health treatment and room-and-board costs; previously, only mental health treatment costs were reimbursable.

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The following table summarizes the overstated costs claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment costs	$ (468,309)	$ (618,979)	$ (663,317)	$(1,750,605)
Treatment costs	(3,223,244)	(2,486,565)	(2,004,471)	(7,714,280)
Total	$(3,691,553)	$(3,105,544)	$(2,667,788)	$(9,464,885)

Recommendation

We recommend that the county implement policies and procedures to ensure that it uses the actual units of service and costs per unit and claims only eligible services in accordance with the mandate program. Furthermore, we recommend that the county implement an automated system that can accurately accumulate and report all mandate-related units of service.

FINDING 2—Overstated administrative costs

The county overstated its administrative costs by $3,538,645 for the audit period.

The county miscalculated its administrative cost rates because it did not include all offsetting revenues. In the prior audit, the county did not offset its administrative costs by revenues received. We adjusted administrative rates calculations by offsetting administrative costs by all relevant revenues. The adjustments resulted in a reduction to administrative rates applied for the audit period. The overstatement is also due to the county's application of the administrative rates to ineligible costs, duplicated costs, and overstated direct costs that are not based on actual program costs.

The parameters and guidelines specify that administrative costs incurred in the performance of the mandated activities and adequately documented are reimbursable.

The parameters and guidelines further specify that to the extent the State Department of Mental Health has not alrea dy compensated reimbursable indirect costs from categorical funding sources, the costs may be claimed.

The following table summarizes the overstated administrative costs claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment	$ (110,621)	$ (403,428)	$ (273,412)	$ (787,461)
Treatment	(471,832)	(1,384,101)	(895,251)	(2,751,184)
Total	$ (582,453)	$(1,787,529)	$(1,168,663)	$(3,538,645)

Recommendation

We recommend that the county consider relevant offsetting revenues in its calculation of administrative cost rates and apply the rates to eligible direct costs.

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FINDING 3—
Overstated offsetting revenues

The county overstated offsetting revenues by $1,757,879 for the audit period.

The county miscalculated revenues by using inaccurate Medi-Cal units; applying incorrect funding percentages for Short-Doyle/Medi-Cal FFP (SD/MC) and Early and Periodic, Screening, Diagnosis and Treatment (EPSDT); and including revenues related to disallowed costs.

We re-calculated total revenues by applying the appropriate cost per unit to eligible units of service, using the correct funding percentages for SD/MC and EPSDT, and excluding revenues related to unallowable costs.

The parameters and guidelines specify that any direct payments (categorical funds, Short Doyle/Medi-Cal FFP, and other offsets such as private insurance) received from the State that are specifically allocated to the program, and/or any other reimbursement received as a result of the mandate, must be deducted from the claim.

The following table summarizes the overstated offsetting revenues claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment:				
Short-Doyle/Medi-Cal funds	$ 129,696	$ 204,236	$ 152,356	$ 486,288
State categorical funds (EPSDT and IDEA)	(126,697)	(51,919)	(528,199)	(706,815)
Total Assessment	2,999	152,317	(375,843)	(220,527)
Treatment:				
Short-Doyle/Medi-Cal funds	940,346	1,167,479	1,055,650	3,163,475
State categorical funds (EPSDT and IDEA)	(453,755)	(519,410)	(211,904)	(1,185,069)
Total Treatment	486,591	648,069	843,746	1,978,406
Total	$ 489,590	$ 800,386	$ 467,903	$1,757,879

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Recommendation

We recommend that the county use accurate SD/MC units and apply the appropriate reimbursement percentages and all applicable revenue sources when computing offsetting revenues.

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Dedicated to the Health of the Whole Community

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May 5, 2009

Christopher B. Ryan, CIA
Audit Manager
State Controller's Office
Division of Audits/Mandated Cost Audits Bureau
300 Capitol Mall #518
Sacramento CA 95814

Re: Santa Clara County Handicapped and Disabled Students (HDS) Program Audit

Dear Mr. Ryan:

Thank you for the opportunity offered to the Santa Clara County Mental Health Department to provide a response to the State Controller's Office (SCO) audit findings on the issue of services provided under the Mental Health Service label of "Rehabilitation Services". We are confident that the information included in the attached materials demonstrates how Mental Health "Rehabilitation Services" fall under the broader category of Mental Health Treatment as outlined in the Mental Health Treatment Plan established pursuant to the Individualized Education Plan (IEP) of the cases reviewed by the SCO audit team.

Mental Health "Rehabilitation Services" is a sub-category (service function) under the broader label "Mental Health Services" created by Santa Clara County for internal administrative reasons. The services that are rendered and categorized under the "Rehabilitation Services" sub-category are intensive mental health treatment interventions provided within the context of intensive outpatient mental health services, and are provided by mental health practitioners pursuant to a Mental Health Treatment Plan for the purposes of mitigating symptoms of the psychiatric diagnoses that meet medical necessity. As such, these interventions are recognized mental health outpatient treatment interventions that are the same as services routinely approved as eligible costs for other California counties in accordance with the parameters and guidelines of the mandate program (i.e., HDS I for 03-04, and HDS II for 04-05 and 05-06). Santa Clara County should not be penalized simply because it utilizes an administrative sub-category under Mental Health Services that is not specifically identified in the parameters and guidelines of the mandate program even though the underlying services are clearly reimbursable.
We are enclosing supporting documentation from four impacted providers who rendered the genuinely reimbursable services and include:

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1. Treatment summaries
2. Copies of relevant psychiatric assessments
3. Copies of relevant IEP's
4. Copies of relevant Mental Health Treatment Plans
5. ***Copies of relevant Progress Notes of Mental Health Services – Rehabilitation Services***

In conclusion, the services provided under mode 15, service function code 35 (Rehabilitation) are eligible costs in accordance with the parameters and guidelines of the mandate program (i.e., HDS I for 03-04, and HDS II for 04-05 and 05-06) as amply and clearly demonstrated by the enclosed documentation. All of these services are reimbursable under the parameters and guidelines, and reimbursement must not be denied. We understand that Santa Clara County will be accorded all due process and other procedural rights should the State Controller's Office disagree with our position. In any event, we thank you for this opportunity to submit supplemental information for your consideration.

Please do not hesitate to call my office at 408-885-5782 if you have further questions regarding this material.

Thank you for your attention to this matter.

Sincerely,

Nancy Peña, Ph.D., Director
Mental Health Department
Santa Clara Valley Health and Hospital System

c/ Nancy Kaatz, Chief Financial Officer, SCVHHS
Martha Paine, Director, GF Financial Services, SCVHHC
Ram Venkatesan, SB90 Coordinator, and SCC Controller/Treasurer's Office
Theresa Fuentes, SCC Deputy County Counsel

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Santa Clara County SB90 Audit (FY '04, '05, '06)
Provider Response April, 2009

Gardner Family Care Corporation provides Mental Health Services to Children classified as 26.5. These Mental Health services include rehabilitation, collateral and group sessions that are provided to the AB3632 identified children referred by the SCC assessment sites. The children identified as AB3632 meet the necessary criteria for medical necessity and thus qualify to receive mental health services under the "Rehabilitation Option Model". Gardner provides Mental Health Rehabilitation Services provided by SCC Mental health agencies require those intensive and individualized mental health interventions in order to be able to participate in a Free Appropriate Public Education (FAPE).

The clinicians working with children identified as AB3632 work closely with the school system, the child's immediate family and other community agencies. The mental health services are very flexible and are provided in the child's natural environment (at school or home). The rehabilitation services are intensive community based services aimed at increasing the child's ability to adjust to natural settings and prevent costly out-of-home placement.

Mental health services provided to children with special educational needs are a necessary component of overall healthy development. The rehabilitation services include one-on-one sessions to help children identify triggers of acting out behavior and learn appropriate coping skills. Such life skills training help children better cope with the stress in the environment and succeed in school. Services also include collateral sessions with parents and care-givers to coach them with parenting and discipline techniques, to help them create a healthy and safe environment at home for children to grow.

The rehabilitation services allow the children the opportunity to continue to grow and learn by receiving comprehensive services wherever they need them. These are behavioral, cognitive, and environmental interventions individualized to the needs of each child helps us ensure positive outcomes and minimize costly out of home placement. Thus utilizing such a comprehensive approach to services helps ensure sustainability and success for children and their families.

Miguel Valencia,Ph D,
Mental Health Director
Gardner Family Care Corporation

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Provider Response to Santa Clara County SB90 Audit (FY '04, '05, '06)
May 1, 2009

Achievekids in accordance with its contract, as a Family & Children's Outpatient Mental Health Service Agency with the Santa Clara County Mental Health Department, provides Mental Health Services to children classified as 26.5. These children receive Mental Health Rehabilitation Services as part of their intensive and individualized mental health interventions in order to be able to participate in a Free Appropriate Public Education (FAPE).

These children are placed through their home school districts at Achievekids Non-Public-Schools in Palo Alto and San Jose and receive mental health services that include services labeled "Rehabilitation Services." These services are approved during the children's **Individualized Education Program (IEP)** meetings.

These children meet the **"Medical Necessity"** criteria and are placed in our Non-Public-Schools to receive intensive outpatient community-based services that serve **to a less restrictive alternative to prevent costly out-of-home placement** such as residential treatment, group homes or hospitalization.

Like other Santa Clara County Mental Health Agencies, Achievekids has contracted with the county Mental Health Department to provide intensive community-based mental health services to AB3632 (26.5) identified children **which include "rehabilitation services" as delineated in the contracts.** These are intensive mental health interventions provided in the therapeutic environment of the NPS classroom, in individual, group and collaborative sessions with a licensed, licensed waivered Mental Health Professional or Behavior Specialist working under the supervision of a licensed clinician.

Rehabilitation Services are always provided in the context of the children's IEP goals and objectives and are supported by the mental health treatment plan that is individualized to the mental health needs of each child.

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EMQ FamiliesFirst

Santa Clara County SB90 Audit (FY '04, '05, '06)
EMQ FamiliesFirst Response
April 2009

EMQ FamiliesFirst (EMQFF) is alarmed by the Commission of State mandates' Auditors' proposed disallowance of all Mental Health services provided to handicapped and disabled students that happened to have been coded under Mode 15, Service Function 35. Under Public Law 94-142 handicapped and disabled students have a right to a Free and Appropriate Public Education (FAPE), and all necessary related services. Furthermore, under the Olmstead decision, they have a right to receive these services in the least restrictive environment. Although in California, under AB3632, these Mental Health services are provided through the County Mental Health system, either directly or by contract, the right to receive the service in the least restrictive environment flows from Public Law 94-142, a Federal entitlement program.

Virtually all the Mental Health services to AB3632 children served by EMQ FamiliesFirst programs are provided as an alternative to more restrictive and more costly group home placement, either in California or in out-of-state placements. The comprehensive and coordinated services provided to these students by EMQFamiliesFirst are essential to their ability to benefit from a public education and avoid more restrictive and costly residential treatment or other institutional placement. All the AB3632 children receiving these intensive Mental Health services from EMQ FamiliesFirst have had the need for these services documented and approved through an Individual Education Plan (IEP) meeting, attended by appropriate public education and County Mental Health staff. The children were then referred to the County inter-agency Resource Intensive Services Committee (RISC), which must review and approve all referrals for residential treatment or other institutional placement. All of these children were determined to be at imminent risk of residential treatment or other institutional placement and they meet the "Medical Necessity" criteria. It was further determined by the inter-agency RISC Committee that the comprehensive and coordinated services provided by EMQ FamiliesFirst would be, a cost effective alternative to residential treatment. Subsequently, these children were referred to EMQ FamiliesFirst (see attached AB-3632, MH Integration Flow chart). Santa Clara County has contracted with EMQFamiliesFirst to provide intensive, comprehensive and coordinated services delineated in the contracts as "Rehabilitation Services" to AB3632 identified children.

It is noteworthy that the Commission on State Mandates' Amended Parameters and Guidelines adopted on October 26, 2006 specifically require that the expanded IEP team, with the County as a participant "shall develop a plan for using less restrictive

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alternatives and in-state alternatives as soon as they become available...." These Parameters and Guidelines further require that the expanded IEP team, with the County as a participant "shall document the alternatives to residential treatment that were considered and the reasons why they were rejected." If the proposed disallowance of these services is allowed to stand, we will no longer be able to provide these children with a cost effective alternative to residential placement. These children would then be placed in residential treatment or other institutional placements either within or outside of California at far greater cost to California taxpayers. Ironically, the expanded IEP team would be placed in a position to have to explain that although cost effective alternatives to residential treatment did in fact exist in the community, they were not available to the student because the Commission on State Mandates refused to pay for them. This would be a clear violation of the student's rights under Public Law 94-142 to receive necessary related services in the least restrictive environment.

The mental health services provided by EMQ FamiliesFirst meet the criteria from the California Code of Regulations Title 9 Rehabilitative and Developmental Services Division 1. Department of Mental Health Adopt: Chapter 11. Medi-Cal Specialty Mental Health Services 1810.227 defines mental health services as; "Mental Health Services" means individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. NOTE: Authority: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14021.4, and 1468.

Mental Health Rehabilitation Services are targeted mental health interventions that are provided in therapeutic doses and at various times of day/night and in community and home settings, consistent with the therapeutic needs of the child/youth as defined by the child's diagnosis and needs identified in the IEP. This flexible accessibility maximizes the positive effect and therefore reduces the length of stay in services as compared to the alternative treatment of a lengthier out-of-home placement.

Mental Health Rehabilitation Services are targeted mental health interventions that are successful in mitigating the symptoms of the diagnoses that establish the medical necessity criteria. They include interventions prescribed in Evidence-Based Practices such as Cognitive Behavioral Treatments (CBT) and Positive Behavioral Interventions and Supports (PBIS). These interventions can include but are not limited to;

- de-escalation
- redirection
- reframing
- verbalizing emotions
- limit setting
- reflective listening
- problem solving
- anger management
- self-soothing techniques
- assertiveness training

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- communication skills
- conflict resolution
- modeling
- monitoring
- stimulus/antecedent control
- prompting
- proximity
- response prevention
- response cost

Due to the nature of severe mental illness, interventions need to occur in a comprehensive manner as the child frequently experiences symptoms at any time of the day or night and in any setting. It is also essential that targeted behavioral interventions work in concert with consistent environmental interventions to maximize the opportunity to increase the level of functioning in the child's life. Examples of environmental interventions include but are not limited to;

- Assisting a family with an assaultive and hyperactive child to organize the home environment in such a way that it reduces distractions, lends itself to focusing the child on limited tasks at hand and maximizes safety by reducing easy access to sharps and heavy, hand-held objects.

Improving a child's level of functioning by intervening in a wide variety of settings and whenever the behavior occurs ensures that we can effectively intervene to prevent and ameliorate the most pervasive and debilitating effects of severe mental illness. These behavioral, cognitive, and environmental interventions are delivered and taught experientially. We ensure sustainability and transition when we take a comprehensive approach to services.

Mental Health Rehabilitation Services are provided in concert with Collateral Services when they coordinate interventions and support to the caregiver or teacher to support the behavioral plan. The staff member delivering interventions models and coaches the parent/caregiver/teacher while the child is demonstrating the symptoms that cause concern. This ensures that the transition of skills to the parent/caregiver/teacher and they youth occurs. When a child is served through an out of home placement this comprehensive, coordinated service delivery does not typically occur and contributes to a much longer length of stay and failure to sustain therapeutic gains made while in care.

EMQ FamiliesFirst is appealing the proposed '04-'06 SB90 Audit disallowances specific to all services categorized as "Rehabilitation Services." Our appeal is based on the fact that these children needed these services in order to participate in a Free, Appropriate Public Education (FAPE) in the least restrictive environment. All of these children have 26.5 classification, have been approved for intensive Mental Health Services through their IEP meetings, have been referred for comprehensive and coordinated services by the county MH department 26.5 supervisor, and have been approved by the mandated county RISC committee. Of the 5% sampling of potentially disallowed services that EMQFamiliesFirst provided, all ten children improved in school functioning as a result of the intensive Mental Health Rehabilitation Services; of those 10 children, 5 were mainstreamed, 1 increased in grade level, and 4 were stabilized in their current schools.

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All of the children were served successfully without requiring a more restrictive level of care.

In support of the EMQFF appeal, we are including a 5% sampling of 10 children's records which include;

1. Service Delivery Summary
2. Mental Health Assessments
3. Treatment Plans
4. Discharge Summary
5. IEP forms
6. Progress Notes

In closing, all children have increased their level of functioning as a result of receiving EMQ FamilesFirst's intensive, comprehensive and coordinated care and have subsequently stabilized and improved in their education domain without requiring a more restrictive level of care. Given these compelling outcomes, we appeal the potential disallowance of our Rehabilitation Services in support of 3632 children and their right to receive a Free Appropriate Public Education.

Jerry Doyle, CEO
EMQ FamilesFirst

5-1-09
Date

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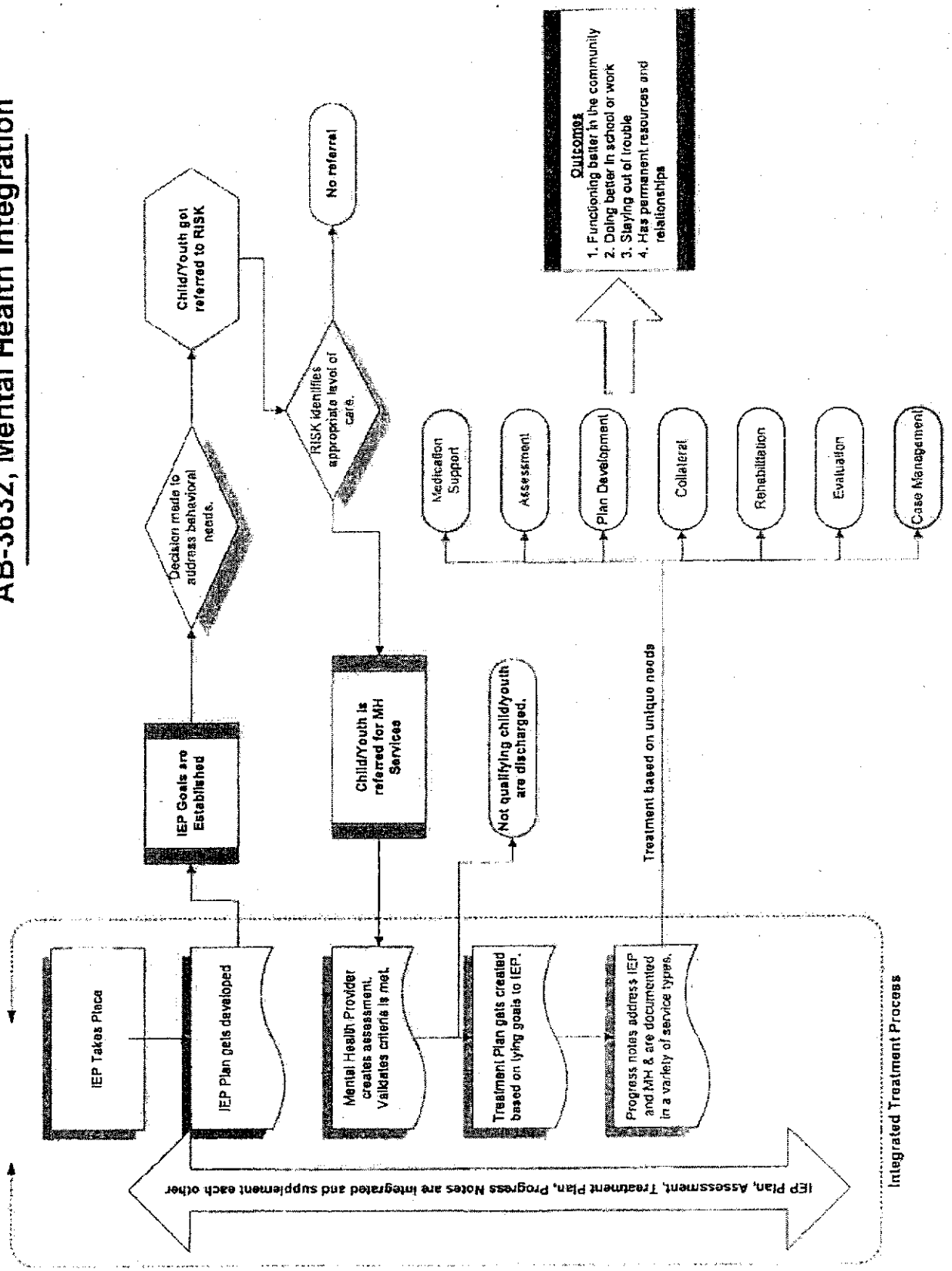
AB-3632, Mental Health Integration



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REBEKAH
CHILDREN'S SERVICES
Main office: 290 IOOF Ave., Gilroy, CA 95020 ♦ (408) 846-2100
Satellite office: 1600 W. Campbell Ave. Ste 201, Campbell, CA 95008 (408) 871-4900

May 1, 2009

Nancy Pena Ph.D.
Director of Mental Health
Santa Clara County Department of Mental Health
828 S. Bascom Ave.
San Jose, CA 95128

Re: Provider Response to Santa Clara County SB90 Audit (FY '04, '05, '06)

Dear Ms. Pena:

This summary is being written in response to the Santa Clara County SB90 Audit for FY 2004, 2005, 2006. As you are aware, Rebekah Children's Services is a contract provider of comprehensive intensive community based mental health services for Santa Clara County; Included in those that receive these services, are children with 26.5 classifications (or AB 3632). These classifications of consumers require intensive and individualized mental health interventions to successfully participate in a Free Appropriate Public Education (FAPE). These intensive mental health services include "Rehabilitation Services" and individual behavior interventions have been indicated as necessary and approved during the children's Individualized Education Program (IEP) meetings. After approval, they are referred by the county Mental Health Department's 26.5 supervisor to the county RISC committee in compliance with the "Parameters and Guidelines" mandate (E.6). Intensive community-based services are a less restrictive alternative to costly out-of-home placement or other inpatient settings.

These intensive mental health interventions are flexibly provided as indicated in therapeutic doses and at various times of day/night and in numerous community/home settings. This flexible accessibility allows for in vivo coaching and the transition of sustainable skills sets to the caregiver which would not be possible if the child were in residential treatment.

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Intensive one to one mental health interventions referenced as "Rehabilitation" services in this document are designed to successfully mitigate the symptoms of diagnoses that meet medical necessity. These include Evidence-Based interventions such as but not limited to redirection, training/coaching on verbalizing emotions, limit setting, communication skills, social skills, problem solving reflective listening, prompting, self-soothing techniques, assertiveness training stimulus/antecedent control. Due to the intense nature of severe mental illness, these and other interventions need to occur in a comprehensive manner at any time and in congruency with environmental interventions to ensure that the skill sets being developed can then be generalized to increase a youth's overall level of functioning. Examples of environmental interventions include utilizing calm neutral tone of voice when addressing a child, creating a predictable schedule of daily activities with visual prompts, locking up sharp objects, decreasing audio visual stimuli, etc..

It is essential that these intensive community based services be allowed to continue in order to maintain or restore personal independence and functioning, consistent with the learning and developmental (social and emotional) goals that are integrated in the IEP as a critical component of the success of the child or youth. It is further necessary to ensure that all behavioral, cognitive and environmental interventions be delivered in a manner that results in positive progress in the child's ability to function in the school, home and community.

In short, we believe that the process that we as a county/provider collaborative have engaged in to identify the children and youth who would have been unable to benefit from a free and public education without these interventions is a sound process. Further, that the interventions that have been utilized are directly tied to the difficulties described in the IEP and other supporting documents and that they have effected improvements in the youth's ability to benefit from the educational setting. I trust that the documents included with this cover letter will demonstrate evidence of the significant need of the child and the positive outcomes that have resulted from these interventions.

Regards,

Mary Kaye Gerski, MHRM
Executive Director

California Alliance
OF CHILD AND FAMILY SERVICES

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To,
Peter Antons,
SCC MHD

RE: SB90 Audit response

Asian Americans for Community Involvement (AACI) has contracted with the County Mental Health department to provide intensive community-based mental health services to AB3632 identified children which include "rehabilitation services" as delineated in the contracts. Children with 26.5 classifications who receive Mental Health Rehabilitation Services provided by SCC Mental health agencies require those intensive and individualized mental health interventions in order to be able to participate in a Free Appropriate Public Education (FAPE). Intensive community-based services meet the criteria for using a less restrictive alternative to costly out-of-home placement.

Rehabilitation Services are intensive mental health interventions that are successful in mitigating the symptoms of the diagnoses that meet medical necessity. These interventions can include but are not limited to - reflective listening, problem solving, conflict resolution, limit setting, role plays, communication skills, coaching on verbal skills, anger management, self soothing techniques.

Rehabilitation Services as provided by SCC Mental Health agencies, including AACI are intensive mental health interventions that are provided in therapeutic doses and at various times of day/night and in numerous community/home settings. This flexible accessibility maximizes the positive effect.

Rehabilitation Services work in concert with Collateral services if they are applied in vivo with both the child and caregiver present. The staff member delivering the interventions has the ability to model and then coach the parent/caregiver while the child is experiencing the symptoms. This transition of skill sets to the parent/caregiver is not possible in an out-of-home placement and contributes to a much longer length of stay and a lack of sustainability of therapeutic gains made while in care.

AACI's counselors have provided these rehabilitation services, along with collateral, case management and other mental health services to ensure maximum improvement in the client's school, social and emotional functioning. The outcomes reflect that with AACI's interventions clients have avoided out of home placements, and showed substantial improvement in school attendance and social and emotional functioning. A sample case is enclosed.

Sarita Kohli, LMFT
Director of Mental Health Programs
Asian Americans for Community Involvement.

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JOHN CHIANG

California State Controller

May 22, 2009

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

John V. Guthrie
Director of Finance
Santa Clara County
County Government Center, East Wing, 2nd Floor
70 West Hedding Street
San Jose, CA 95110-1705

Dear Mr. Guthrie:

The State Controller's Office audited the costs claimed by the Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006. This revised draft report supersedes our previous draft report issued on March 13, 2009.

The county claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs and understated offsetting revenues. The State paid the county $15,543,249. The amount paid exceeds allowable costs claimed by $12,947,168.

Please submit your management representation letter and any comments concerning the draft report within 15 calendar days after you receive this letter. In particular, you should address the accuracy of the audit findings. We may modify the report based on your comments or additional data that develops as we complete the audit. Also, we will include your comments in the final report.

Please send your response to Jim L. Spano, Chief, Mandated Cost Audits Bureau, at the State Controller's Office, Division of Audits, Post Office Box 942850, Sacramento, California 94250-5874. If we do not receive your comments within the specified time, we will release the report as final.

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5874
SACRAMENTO 300 Capitol Mall, Suite 518, Sacramento, CA 95814 (916) 324-8907
LOS ANGELES 600 Corporate Pointe, Suite 1000, Culver City, CA 90230 (310) 342-5656

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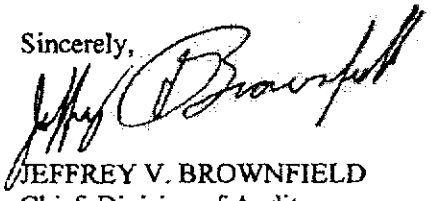
This draft audit report is confidential. We limit report access and distribution to those referenced in this letter. However, when we issue the final audit report, it becomes a public record.

If you have any questions, please contact Mr. Spano at (916) 323-5849.

Sincerely,



JEFFREY V. BROWNFIELD
Chief, Division of Audits

JVB/sk:vb

Attachment

cc: Lesha Luu, Division Manager-Accounting
Controller/Treasurer Department
Santa Clara County Finance Agency
Martha Paine, Director of General Fund Financial Services
Santa Clara Valley Health & Hospital System

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SANTA CLARA COUNTY

Audit Report

HANDICAPPED AND DISABLED STUDENTS PROGRAM

Chapter 1747, Statutes of 1984,
and Chapter 1274, Statutes of 1985

July 1, 2003, through June 30, 2006

REVISED DRAFT

JOHN CHIANG
California State Controller

May 2009

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Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by the Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006.

The county claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs and understated offsetting revenues. The State paid the county $15,543,249. The amount paid exceeds allowable costs claimed by $12,947,168.

Background

Chapter 26 of the Government Code, commencing with section 7570 and Welfare and Institutions Code section 5651 (added and amended by Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) require counties to participate in the mental health assessment for "individuals with exceptional needs," participate in the expanded "Individualized Education Program" (IEP) team, and provide case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed." These requirements impose a new program or higher level of service on counties.

On April 26, 1990, the Commission on State Mandates (CSM) determined that this legislation imposed a state mandate reimbursable under Government Code section 17561.

The program's parameters and guidelines establish the state mandate and define reimbursement criteria. The CSM adopted the parameters and guidelines for the Handicapped and Disabled Students Program on August 22, 1991 and last amended them on August 29, 1996. In compliance with Government Code section 17558, the SCO issues claiming instructions, to assist local agencies and school district in claiming mandated program reimbursable costs.

The parameters and guidelines for the Handicapped and Disabled Students Program state that only 10% of mental health treatment costs are reimbursable. However, on September 30, 2002, Assembly Bill 2781 (Chapter 1167, Statutes of 2002) changed the regulatory criteria by stating that the percentage of treatment costs claimed by counties for fiscal year (FY) 2000-01 and prior fiscal years is not subject to dispute by the SCO. Further, this legislation states that, for claims filed in FY 2001-02 and thereafter, counties are not required to provide any share of these costs or to fund the costs of any part of these services with money received from Local Revenue Fund established by Welfare and Institutions Code Section 17600 et seq. (realignment funds).

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Furthermore, Senate Bill 1895 (Chapter 493, Statutes of 2004) states that realignment funds used by counties for the Handicapped and Disabled Students Program "are eligible for reimbursement from the state *for all allowable costs* [emphasis added] to fund assessments, psychotherapy, and other mental health services . . ." and that the finding by the Legislature is "declaratory of existing law."

On May 26, 2005, the CSM adopted a statement of decision for the Handicapped and Disabled Students II Program that incorporates the above legislation and further identified medication support as a reimbursable cost effective July 1, 2001. The CSM adopted the parameters and guidelines for this new program on December 9, 2005, and made technical corrections to it on July 21, 2006.

The parameters and guidelines for the Handicapped and Disabled Students II Program states that "Some costs disallowed by the State Controller's Office (SCO) in prior years are now reimbursable beginning July 1, 2001 (e.g., medication monitoring). Rather than claimants re-filing claims for these costs incurred, beginning July 1, 2001, the State Controller's Office will reissue the audit reports." Consequently, we are allowing medication support costs commencing July 1, 2001.

On January 26, 2006, CSM amended the parameters and guidelines for the Handicapped and Disabled Students Program, and corrected them on July 21, 2006, allowing reimbursement for out-of-home residential placements beginning July 1, 2004.

Objective, Scope, and Methodology

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Handicapped and Disabled Students Program for the period of July 1, 2003, through June 30, 2006.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

We conducted this performance audit under the authority of Government Code sections 12410, 17558.5, and 17561. We did not audit the county's financial statements. We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We limited our review of the county's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

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Conclusion

Our audit disclosed instances of noncompliance with the requirements outlined above. These instances are described in the accompanying Summary of Program Costs (Schedule 1) and in the Findings and Recommendations section of this report.

For the audit period, Santa Clara County claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for costs of the Handicapped and Disabled Students Program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable.

For the fiscal year (FY) 2003-04 claim, the State made no payment to the county. Our audit disclosed that the entire $6,741,221 is unallowable.

For the FY 2004-05 claim, the State paid the county $7,987,359. Our audit disclosed that $1,103,279 is allowable. The State will offset $6,884,080 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

For the FY 2005-06 claim, the State paid the county $7,555,890. Our audit disclosed that $1,492,802 is allowable. The State will offset $6,063,088 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

Views of Responsible Officials

We conducted an exit conference on December 9, 2008, and discussed our audit results with Martha Paine, Director of General Fund Financial Services; Lesha Lim, Division Manager-Accounting; Ram Venkatesan, SB-90 Coordinator; and other county representatives. At the exit conference, we stated that the final report will include the views of responsible officials.

On May 15, 2009, we contacted the county regarding the revision to the audit adjustments and re-issuance of the draft report. The adjustments are based on the county's inclusion of ineligible rehabilitation costs. Martha Paine, Director of General Fund Financial Services, stated that the county would decline a second exit conference to discuss the rehabilitation costs, as the county would like additional time to review the issue. We informed the county that it could discuss the issue further with us after issuance of the revised draft report.

Restricted Use

This report is solely for the information and use of Santa Clara County, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.

JEFFREY V. BROWNFIELD
Chief, Division of Audits

_____, 2009

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Schedule 1—
Summary of Program Costs
July 1, 2003, through June 30, 2006

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference [1]
July 1, 2003, through June 30, 2004				
Assessment/case management costs	$ 2,916,448	$ 2,448,139	$ (468,309)	Finding 1
Administrative costs	327,705	217,084	(110,621)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(660,446)	(530,750)	129,696	Finding 3
State categorical funds (EPSDT and IDEA [2])	(1,234,699)	(1,361,396)	(126,697)	Finding 3
Net assessment/case management costs	1,349,008	773,077	(575,931)	
Treatment costs	13,505,487	5,554,893	(7,950,594)	Finding 1
Administrative costs	1,517,536	564,933	(952,603)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,643,031)	(1,394,465)	2,248,566	Finding 3
State categorical funds (EPSDT and IDEA [2])	(5,986,779)	(5,713,036)	273,743	Finding 3
Net treatment costs	5,393,213	(987,675)	(6,380,888)	
Subtotal	6,742,221	(214,598)	(6,956,819)	
Adjustment to eliminate negative balance	—	215,598	215,598	
Less late claim penalty	(1,000)	(1,000)	—	
Net costs	$ 6,741,221	—	$ (6,741,221)	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		$ —		
July 1, 2004, through June 30, 2005				
Assessment/case management costs	$ 3,632,443	$ 3,013,464	$ (618,979)	Finding 1
Administrative costs	585,060	181,632	(403,428)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(701,686)	(497,450)	204,236	Finding 3
State categorical funds (EPSDT and IDEA [2])	(1,550,169)	(1,602,088)	(51,919)	Finding 3
Net assessment/case management costs	1,965,648	1,095,558	(870,090)	
Treatment costs	12,987,816	6,374,218	(6,613,598)	Finding 1
Administrative costs	2,091,885	429,622	(1,662,263)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,503,392)	(1,339,985)	2,163,407	Finding 3
State categorical funds (EPSDT and IDEA [2])	(5,554,598)	(5,456,134)	98,464	Finding 3
Net treatment costs	6,021,711	7,721	(6,013,990)	
Subtotal	7,987,359	1,103,279	(6,884,080)	
Less late claim penalty	—	—	—	
Total program costs	$ 7,987,359	1,103,279	$ (6,844,080)	
Less amount paid by the State		(7,987,359)		
Allowable costs claimed in excess of (less than) amount paid		$ (6,884,080)		

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Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference[1]
July 1, 2005, through June 30, 2006				
Assessment/case management costs	$ 3,723,702	$ 3,060,385	$ (663,317)	Finding 1
Administrative costs	434,297	160,885	(273,412)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(636,167)	(483,811)	152,356	Finding 3
State categorical funds (EPSDT and IDEA[2])	(1,126,462)	(1,654,661)	(528,199)	Finding 3
Net assessment/case management costs	2,395,370	1,082,798	(1,312,572)	
Treatment costs	12,878,460	6,766,962	(6,111,498)	Finding 1
Administrative costs	1,502,020	377,596	(1,124,424)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,313,672)	(1,278,745)	2,034,927	Finding 3
State categorical funds (EPSDT and IDEA[2])	(5,906,288)	(5,455,809)	450,479	Finding 3
Net treatment costs	5,160,520	410,004	(4,750,516)	
Subtotal	7,555,890	1,492,802	(6,063,088)	
Total program costs	$ 7,555,890	1,492,802	$ (6,063,088)	
Less amount paid by the State		(7,555,890)		
Allowable costs claimed in excess of (less than) amount paid		$ (6,063,088)		
Summary: July 1, 2003, through June 30, 2006				
Assessment/case management costs	$ 10,272,593	$ [illegible]	(1,750,605)	
Administrative costs	1,347,062	[illegible]	(787,461)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(1,998,299)	(1,512,011)	486,288	
State categorical funds (EPSDT and IDEA[2])	(3,911,330)	(4,618,145)	(706,815)	
Net assessment/case management costs	5,710,026	2,951,433	(2,758,593)	
Treatment costs	39,371,763	18,696,073	(20,675,690)	
Administrative costs	5,111,441	1,372,151	(3,739,290)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(10,460,095)	(4,013,195)	6,446,900	
State categorical funds (EPSDT and IDEA[2])	(17,447,665)	(16,624,979)	822,686	
Net treatment costs	16,575,444	(569,950)	(17,145,394)	
Subtotal	22,285,470	2,381,483	(19,903,987)	
Adjustment to eliminate negative balance	—	215,598	215,598	
Less late claim penalty	(1,000)	(1,000)	—	
Total program costs	$ 22,284,470	2,596,081	$ (19,688,389)	
Less amount paid by the State		(15,543,249)		
Allowable costs claimed in excess of (less than) amount paid		$(12,947,168)		

[1] See the Findings and Recommendations section.

[2] The county received $6,003,824, $5,918,277, and $5,918,277 in Individuals with Disabilities Education Act (IDEA) funds for FY 2003-04, FY 2004-05, and FY 2005-06, respectively. This amount is included in the Allowable per Audit column.

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Findings and Recommendations

FINDING 1—Overstated assessment and treatment costs

The county overstated costs by $22,426,295 for the audit period. The county did not prepare its claims based on its actual costs to implement the mandated program.

In the prior SCO audit of this program for fiscal year (FY) 2000-01 and FY 2001-02, dated October 31, 2006, we reported that the county's claimed costs were not based on actual program costs because its automated system did not have unique procedure codes to identify mandate-related services. The county used an extraction program to accumulate all mandate-related units of service for its clients assessed at four main sites. At these sites, the extraction program erroneously picked up clients who were denied services and for whom cases were closed.

In the current audit, the county's extraction program again picked up clients for whom cases were closed. The county implemented a new system beginning October 1, 2003; the new system became fully functional in the middle of FY 2003-04. This mid-year implementation caused additional errors and irregularities for FY 2003-04. When the client data from the two systems were merged, other problems became apparent, such as data loss, overstated units, and ineligible clients.

When preparing its claims, the county:

- Claimed unsupported costs;
- Claimed ineligible crisis-intervention services and board and care costs for FY 2003-04 and ineligible therapeutic behavioral services and rehabilitation services for the entire audit period;
- Commingled in-state and out-of-state residential placement; we moved eligible out-of-state costs to the Seriously Emotionally Disturbed Pupils: Out-of-State Mental Health Services Program;
- Duplicated costs by claiming out-of-county residential placement and related services that were included in the pool of costs used to determine unit rates; and
- Omitted reimbursable costs; we considered these costs in determining our adjustments.

We adjusted costs based on actual units of service provided to eligible clients using the appropriate unit cost that represented the actual cost to the county.

The program's parameters and guidelines specify that only the following services are reimbursable: case management, assessment, individual therapy, collateral therapy and contacts, group therapy, day treatment, and day rehabilitation. Beginning with FY 2001-02, medication monitoring is reimbursable as well. Beginning with FY 2004-05, reimbursable out-of-home residential placement costs include mental health treatment and room-and-board costs; previously, only mental health treatment costs were reimbursable.

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The following table summarizes the overstated costs claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment costs	$ (468,309)	$ (618,979)	$ (663,317)	$ (1,750,605)
Treatment costs	(7,950,594)	(6,613,598)	(6,111,498)	(20,675,690)
Total	$(8,418,903)	$(7,232,577)	$(6,774,815)	$(22,426,295)

Recommendation

We recommend that the county ensure that it uses the actual units of service and costs per unit, and claims only eligible services in accordance with the mandated program. Furthermore, we recommend that the county implement an automated system that can accurately accumulate and report all mandate-related units of service.

FINDING 2—Overstated administrative costs

The county overstated its administrative costs by $4,526,751 for the audit period.

The county miscalculated its administrative cost rates because it did not include all offsetting revenues. In the prior audit noted in Finding 1, the county did not offset its administrative costs by revenues received. We adjusted administrative rates calculations by offsetting administrative costs by all relevant revenues. The adjustments resulted in a reduction to administra-tive rates applied for the audit period. The overstatement is also due to the county's application of the administrative rates to ineligible costs, duplicated costs, and overstated direct costs that are not based on actual program costs.

The parameters and guidelines specify that administrative costs incurred in the performance of the mandated activities and adequately documented are reimbursable.

The parameters and guidelines further specify that to the extent the State Department of Mental Health has not already compensated reimbursable indirect costs from categorical funding sources, the costs may be claimed.

The following table summarizes the overstated administrative costs claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment	$ (110,621)	$ (403,428)	$ (273,412)	$ (787,461)
Treatment	(952,603)	(1,662,263)	(1,124,424)	(3,739,290)
Total	$(1,063,224)	$(2,065,691)	$(1,397,836)	$(4,526,751)

Recommendation

We recommend that the county consider relevant offsetting revenues in its calculation of administrative cost rates and apply the rates to eligible direct costs.

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FINDING 3—
Overstated offsetting revenues

The county overstated offsetting revenues by $7,049,059 for the audit period.

The county miscalculated revenues by using inaccurate Medi-Cal units; applying incorrect funding percentages for Short-Doyle/Medi-Cal FFP (SD/MC) and Early and Periodic, Screening, Diagnosis and Treatment (EPSDT); and including revenues related to unallowable costs.

We recalculated total revenues by applying the appropriate cost per unit to eligible units of service, using the correct funding percentages for SD/MC and EPSDT, and excluding revenues related to unallowable costs.

The parameters and guidelines specify that any direct payments (categorical funds, Short Doyle/Medi-Cal FFP, and other offsets such as private insurance) received from the State that are specifically allocated to the program, and/or any other reimbursement received as a result of the mandate, must be deducted from the claim.

The following table summarizes the overstated offsetting revenues claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment:				
Short-Doyle/Medi-Cal funds	$ 129,696	$ 204,236	$ 152,356	$ 486,288
State categorical funds (EPSDT and IDEA)	(126,697)	(51,919)	(528,199)	(706,815)
Total assessment	2,999	152,317	(375,843)	(220,527)
Treatment:				
Short-Doyle/Medi-Cal funds	2,248,566	2,163,407	2,034,927	6,446,900
State categorical funds (EPSDT and IDEA)	273,743	98,464	450,479	822,686
Total treatment	$2,522,309	2,261,871	2,485,406	7,269,586
Total	$2,525,308	$2,414,188	$2,109,563	$ 7,049,059

REVISED DRAFT

Recommendation

We recommend that the county use accurate SD/MC units and apply the appropriate reimbursement percentages and all applicable revenue sources when computing offsetting revenues.

As regards rehabilitation and other services provided relative to the wrap-around program, we reiterate that the county should identify all relevant revenues associated with the services provided to mandated-program clients. These revenues include wrap-around program funds provided by the California Department of Social Services.

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State Controller's Office
Division of Audits
Post Office Box 942850
Sacramento, CA 94250-5874

http://www.sco.ca.gov

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County of Santa Clara
Finance Agency
Controller-Treasurer Department

County Government Center
70 West Hedding Street, East Wing 2nd floor
San Jose, California 95110-1705
(408) 299-5200 FAX 289-8629

DATE: June 19, 2009

TO: Jim L. Spano
Chief, Compliance Audits Bureau,
State Controller's Office, Division of audits,
Post Office Box 942850,
Sacramento, CA 94250-5874

FROM: Vinod K.Sharma
Controller-Treasurer

SUBJECT: Legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984) revised audit report for the period of July1, 2003, through June 30, 2006-Response from the County of Santa Clara.

Enclosed are our responses to the audit findings in the draft report on the claim. Please incorporate these responses in your audit report. In case you need any clarifications, please contact Mr. Ram Venkatesan at 408-299-5210.

Thank you,

Vinod Sharma

Controller-Treasurer

Santa Clara County

Board of Supervisors: Donald F. Gage, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss
Acting County Executive: Gary A. Graves

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The County of Santa Clara (the "County") submits the following response to the Revised Draft Audit Report ("Draft Report") for the Handicapped and Disabled Students Program for the periods July 1, 2003 through June 30, 2006. The Draft Report was received by the County on May 27, 2009. The County was provided an extension by the State Controller's Office until June 19, 2009 to respond to the Draft Report.

Views of Responsible Officials

COUNTY'S RESPONSE

The County disagrees with the statement made in the "Views of Responsible Officials" section of the Draft Report, which states: "On May 15, 2009, we contacted the county regarding the revision to the audit adjustments and re-issuance of the draft report. The adjustments are based on the county's inclusion of ineligible rehabilitation costs. Martha Paine, Director of General Fund Financial Services, stated that the county would decline a second exit conference to discuss the rehabilitation costs, as the county would like additional time to review the issue." The County advised the auditor that it needed more time to review the rehabilitation services issue, which was first brought up to the County by the auditors in late April 2009, a month after the State Controller issued a draft report for this audit with no mention of the rehabilitation service disallowance. Given the magnitude of the disallowance and the fact that it was sprung on the County at the last minute, the County requested additional time to review the matter. The County advised the auditors that the additional time was needed in order to have meaningful discussions at the exit conference. The auditor declined to grant any additional time to the County. After it became apparent that the State Controller's Office would be issuing the Draft Report without additional time, the County requested an exit conference, which was held on June 3, 2009. The Draft Report was issued on May 27, 2009, prior to the exit conference. The County objects to the issuance of the Draft Report prior to the exit conference, and reserves all rights and remedies with respect thereto.

With respect to the Findings and Recommendations contained in the Draft Report, the County submits the following responses.

Findings and Recommendations

FINDING 1 AS STATED IN THE DRAFT REPORT:

FINDING 1— Overstated assessment and treatment costs
The county overstated costs by $22,426,295 for the audit period. The county did not prepare its claims based on its actual costs to implement the mandated program.

In the prior SCO audit of this program for fiscal year (FY) 2000-01 and FY 2001-02, dated October 31, 2006, we reported that the county's claimed costs were not based on actual program costs because its automated system did not have unique procedure codes to identify mandate-related services. The county used an extraction program to accumulate all mandate-related units of service for its clients assessed at four main sites. At these sites, the extraction program erroneously picked up clients who were denied services and for whom cases were closed.

In the current audit, the county's extraction program again picked up clients for whom cases were closed. The county implemented a new system beginning October 1, 2003; the new system became fully functional in the middle of FY 2003-04. This mid-year implementation caused

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additional errors and irregularities for FY 2003-04. When the client data from the two systems were merged, other problems became apparent, such as data loss, overstated units, and ineligible clients.

When preparing its claims, the county:

Claimed unsupported costs;

- Claimed ineligible crisis-intervention services and board and care costs for FY 2003-04 and ineligible therapeutic behavioral services and rehabilitation services for the entire audit period;
- Commingled in-state and out-of-state residential placement; we moved eligible out-of-state costs to the Seriously Emotionally Disturbed Pupils: Out-of-State Mental Health Services Program;
- Duplicated costs by claiming out-of-county residential placement and related services that were included in the pool of costs used to determine unit rates; and
- Omitted reimbursable costs; we considered these costs in determining our adjustments.

We adjusted costs based on actual units of service provided to eligible clients using the appropriate unit cost that represented the actual cost to the county.

The program's parameters and guidelines specify that only the following services are reimbursable: case management, assessment, individual therapy, collateral therapy and contacts, group therapy, day treatment, and day rehabilitation. Beginning with FY 2001-02, medication monitoring is reimbursable as well. Beginning with FY 2004-05, reimbursable out-of-home residential placement costs include mental health treatment and room-and-board costs; previously, only mental health treatment costs were reimbursable.

Recommendation
We recommend that the county ensure that it uses the actual units of service and costs per unit, and claims only eligible services in accordance with the mandated program. Furthermore, we recommend that the county implement an automated system that can accurately accumulate and report all mandate-related units of service.

COUNTY'S RESPONSE TO FINDING 1

A. Unsupported Costs

The Draft Report states that the County claimed unsupported costs because the County's extraction program erroneously picked up costs for ineligible clients. The County responds that prior to the initiation of this audit it discovered that its computer program improperly claimed costs for dates that were outside the bounds of the IEPs. In other words, once an IEP was in place, the computer system picked up costs for services rendered to the client (who may have already been an existing County Mental Health client), including services rendered before or after the effective dates of the IEP. The County self-reported this error to the auditors prior to the audit and provided new units of service information based on the actual effective dates of the IEPs for all three years. The County agrees that it cannot claim costs for services that are outside the dates of the IEPs and has remedied the problem with its computer system.

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B. Crisis Intervention and Therapeutic Behavorial Services

The Draft Report states that the County claimed ineligible crisis-intervention services and therapeutic behavioral services (TBS). The County claimed costs for crisis intervention services in FY04, however, removed all such services from any subsequent claims. The County agrees that it claimed TBS services that were deemed ineligible by the State, and either removed or will remove those services from subsequent claims, but reserves all rights and remedies available.

C. Rehabilitation Services

The Draft Report states that the County claimed ineligible rehabilitation services. The County disagrees that rehabilitation costs are ineligible for reimbursement for the reasons stated below. In addition, the County is currently reviewing the claimed costs identified in its accounting system and by its contractors as rehabilitation services to determine if these claimed costs can be claimed for activities reimbursable under the mandate. The State Controller's Office has agreed that if the County provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, the final report will be revised as appropriate.

The federal Individuals with Disabilities Education Act (IDEA) entitles qualifying students to a free appropriate public education (FAPE) in the least restrictive environment. *See, generally, 20 U.S.C. §1400 et seq; 34 C.F.R. §300 et seq.* FAPE is defined as special education and related services "to meet the unique needs of a child with a disability." *20 U.S.C. §1401(29); 34 C.F.R. §300.39(a); Cal. Educ. Code §56031.* Related services are defined to be any supportive services required to assist a child with a disability benefit from special education, including "psychological services, physical and occupational therapy, recreation, including therapeutic recreation, ... [and] counseling services, including rehabilitation counseling." *20 U.S.C. §1401(26); 34 C.F.R. §300.34(a); Cal. Educ. Code §56363; 5 C.C.R. §3051-52.* The "list of related services is not exhaustive and may include other developmental, corrective, or supportive services if they are required to assist a child with a disability to benefit from special education." *34 C.F.R. §300 Appendix A.* A student is entitled to related services, including rehabilitation, if such services are necessary for the student to benefit from special education, if rehabilitation constitutes the related service provided in the LRE, or if rehabilitation services would allow the student to remain in their "regular" school.

In addition to FAPE, the IDEA requires local education agencies (LEAs) to place special education students in the least restrictive environment. Specifically, the IDEA entitles special education students to be educated, "to the maximum extent possible", with their non-disabled peers. *20 U.S.C. §1412(a)(5); 34 C.F.R. 300.114(a)(2)(i); Cal. Educ. Code §56031.*

Under California law, mental health services must be provided to special education students in the least restrictive environment. Cal. Gov. Code §7576(a) states that "[i]t is the intent of the Legislature that the local educational agency and the community mental health service vigorously attempt to develop a mutually satisfactory placement that is acceptable to the parent and addresses the educational and mental health treatment needs of the pupil in a manner that is cost effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment."

The IDEA places the responsibility for providing all special education and related services squarely on the state education agency and LEAs. *34 C.F.R. 300.341; 20 U.S.C. 1214(a)(11); 34*

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C.F.R. 300.600. The California Department of Education (CDE), or an LEA, may provide services through other agencies, non-profit organizations, or private service providers, but if the other organization or agency fails or refuses to provide the specified service, the LEA or CDE must do so. *20 U.S.C. 1412(a)(12)(B).*

With the passage AB 3632, the State of California shifted responsibility for providing mental health services required by a student's IEP from LEAs to counties, specifically to local offices of county mental health (CMH). *Cal. Gov. Code § 7570 et seq.* In doing so, the state sought to have CMH agencies, who were already providing mental health services to emotionally disturbed youth and adults, assume the responsibility for providing needed mental health services to children who qualified for special education. Moreover, it was believed that mental health services would be most cost efficiently provided by CMH agencies.

Specifically, California made the California Department of Mental Health (CDMH) and local CMH agencies "responsible for the provision of mental health services, as defined in regulations by the State Department of Mental Health, developed in consultation with the State Department of Education, if required in the individualized education program of a pupil." *Cal. Gov. Code § 7576(a).* Thus, CMH agencies are responsible for mental health services that are necessary for the child to benefit from special education, that are beyond the capacity of the school's counseling and guidance services, and that come within the definition of mental health services which CDMH must provide under regulations.

CDMH regulations define mental health services as "mental health assessments and … psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management." *2 C.C.R. § 60020(t).* This section of the California Code of Regulations refers to 9 C.C.R. §§ 542-543.While "day rehabilitation" is not defined, "day care habilitative services" is defined as "services designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence at the best possible functional level for the patient with chronic psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service." *9 C.C.R. §542(b).* The components of day care habilitative services, which are rendered to individuals in a group setting, are the same components of mental health rehabilitation services, which are rendered to individuals in an individual setting. On May 26, 2005, the Commission on State Mandates adopted the Statement of Decision on the *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), which recognized day care habilitative services, as defined by 9 C.C.R. §542, as a reimbursable service. Given that day care habilitative services (which are reimbursable) have the same service components as mental health rehabilitation services, the mental health rehabilitation services should similarly be reimbursable.
Moreover, the claimed"rehabilitation services" are a sub-category (service function) under the broader label "mental health services." The services that are rendered and categorized under the "rehabilitation services" sub-category are mental health treatment interventions provided within the context of intensive outpatient mental health services, and are provided by mental health practitioners pursuant to the a mental health treatment plan for the purposes of mitigating symptoms of psychiatric diagnoses that meet medical necessity. As such, these interventions are recognized mental health outpatient treatment interventions that are the same services that have been routinely approved as eligible costs in accordance with the parameters and guidelines of the mandate program (i.e., HDS 1 for 03-04, and HDS II for 04-05, and 05-06).

In 2005, the Commission on State Mandates refused to specifically define rehabilitation services to match the Medi-Cal definition of rehabilitation services provided in 9 C.C.R. §1810.243. *04-*

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RL-4282-10, p. SA-39, 40, footnote 103. The Commission reasoned that there was no support for adopting this definition, as neither 2 C.C.R. §60020 nor the sections to which it refers, 9 C.C.R. §§542-543, reference 9 C.C.R. §1810.243. *Id.* The Commission's decision not to adopt this specific definition of rehabilitation services is not an indicator of whether the counties are responsible for providing rehabilitation services, or that rehabilitation services are not reimbursable under the mandate. On the contrary, rehabilitation services are, by definition, designed to provide students reasonable and necessary mental health services in the least restrictive environment, and are thus reimbursable under the mandate, as are similar and equivalent day rehabilitative services currently reimbursable under the mandate.

For all of these reasons, the County's claimed costs for rehabilitation services should not be denied. The County reserves the right to pursue all remedies available to it should these rehabilitation services be disallowed, including but not limited to filing an Incorrect Reduction Claim.

D. Comingled in-state and out-of-state placement

The Draft Report states that the County comingled in-state and out-of-state placement costs. In other words, the County submitted one claim for in-state services and one claim for out-of-state services, and mixed some of the in-state services in the out-of-state claim, and vice versa. The County understands that the auditor adjusted these services in the appropriate claims and no disallowance was made on the basis of the comingled placement. This will no longer be an issue as the State has consolidated the two mandated cost claims into a single claim..

E. Duplicated Costs

The Draft Report states that the County duplicated costs by claiming out-of-county residential placement and related services that were included in the pool of costs used to determine unit rates. This issue arose when the County erroneously submitted out-of-county and out-of-state travel/case management costs when these costs were charged to the County outpatient clinics and therefore were already included in the unit cost rate. The County no longer claims out-of-county or out-of-state travel/case management separately.

FINDING 2 AS STATED IN THE DRAFT REPORT
FINDING 2— Overstated administrative costs

The county overstated its administrative costs by $4,526,751 for the audit period.

The county miscalculated its administrative cost rates because it did not include all offsetting revenues. In the prior audit noted in Finding 1, the county did not offset its administrative costs by revenues received. We adjusted administrative rates calculations by offsetting administrative costs by all relevant revenues. The adjustments resulted in a reduction to administrative rates applied for the audit period. The overstatement is also due to the county's application of the

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administrative rates to ineligible costs, duplicated costs, and overstated direct costs that are not based on actual program costs.

The parameters and guidelines specify that administrative costs incurred in the performance of the mandated activities and adequately documented are reimbursable.

The parameters and guidelines further specify that to the extent the State Department of Mental Health has not already compensated reimbursable indirect costs from categorical funding sources, the costs may be claimed.

Recommendation
We recommend that the county consider relevant offsetting revenues in its calculation of administrative cost rates and apply the rates to eligible direct costs.

COUNTY'S RESPONSE TO FINDING 2

The FY04 – FY06 claims as originally filed utilized the administrative cost methodology developed with the State Controller's Office during the course of the County's FY01 – FY02 audit. This methodology specifically included offsetting MediCal Administrative Reimbursement (MAR), Utilization Review (UR) and MediCal Administrative Activities (MAA) revenues. Documentation of this methodology showing the offsetting revenues was given to the auditor at the commencement of the audit. The County does not agree with the conclusion in the Audit Report that the original claims did not include offsetting revenues in the administrative cost calculations.

The auditor requested documentation of the administrative cost calculations utilized in the County's FY04 – FY06 Short Doyle MediCal cost reports. These work papers are utilized in the cost report to determine the County's total administrative costs eligible for MediCal Administrative Reimbursement. The auditor apparently interpreted these work papers as proposed SB90 claim administrative rate proposals rather than simply the work papers upon which administrative costs are calculated. It was not the County's intent that the percentages included in the work papers be interpreted in that fashion.

The County disagrees with any disallowance of administrative costs associated with services that the County alleges are reimburseable.

The County also notes that the auditor appears to have used different administrative cost rates for assessment as opposed to treatment services in each of the three years. For FY04, for example, audited treatment costs of $2,448,139 and administrative costs of $217,084 are shown, for an administrative/treatment cost ratio of 8.87%. The corresponding ratio for treatment services, however, was 10.17%. Smaller but similar differences are seen with the FY05 and FY06 data. The County questions why these percentages would be different for assessment and treatment services and requests that the final report accurately reflect the correct administrative cost rate.

The County reserves the right to continue investigating these issues and to pursue all remedies available to it with respect to the disallowance of administrative costs, including but not limited to filing an Incorrect Reduction Claim.

FINDING 3 AS STATED IN THE DRAFT REPORT

FINDING 3— Overstated offsetting revenues

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The county overstated offsetting revenues by $7,049,059 for the audit period.

The county miscalculated revenues by using inaccurate Medi-Cal units; applying incorrect funding percentages for Short-Doyle/Medi-Cal FFP (SD/MC) and Early and Periodic, Screening, Diagnosis and Treatment (EPSDT); and including revenues related to unallowable costs.

We recalculated total revenues by applying the appropriate cost per unit to eligible units of service, using the correct funding percentages for SD/MC and EPSDT, and excluding revenues related to unallowable costs.

The parameters and guidelines specify that any direct payments (categorical funds, Short Doyle/Medi-Cal FFP, and other offsets such as private insurance) received from the State that are specifically allocated to the program, and/or any other reimbursement received as a result of the mandate, must be deducted from the claim.

Recommendation
We recommend that the county use accurate SD/MC units and apply the appropriate reimbursement percentages and all applicable revenue sources when computing offsetting revenues.

As regards rehabilitation and other services provided relative to the wrap-around program, we reiterate that the county should identify all relevant revenues associated with the services provided to mandated-program clients. These revenues include wrap-around program funds provided by the California Department of Social Services.

COUNTY'S RESPONSE TO FINDING 3

The FY04 – FY06 claims as originally filed did in fact utilize correct percentages for Short Doyle MediCal FFP. For FY04, the percentage was 54.35% for 3 months and 52.95% for 9 months; for FY05 and FY06, the percentage was 50% for twelve months. However, when it became necessary for the County to rerun all of the units of service due to the discovery of the ineligible claims prior to the audit (as referenced in the County's response to Finding 1) , the County inadvertently utilized a 50% rate for 2004 instead of the 54.35% and 52.95% rates. The correct percentages were utilized for both FY05 and FY06.

The County concurs that certain EPSDT revenues were underestimated. EPSDT revenues will necessarily always be estimates at the time SB90 claims are filed as the State Department of Mental Health (SDMH) does not issue EPSDT cost settlements until 18 months after the end of the fiscal year and the SB90 claims are due seven months after the end of the fiscal year. Further, SDMH did not send the County its FY04, FY05 or FY06 cost settlement schedules at the time they were completed, and subsequent queries as to their whereabouts were not answered. The County received copies of these documents from the State Controller's Office auditor rather than from SDMH. In the absence of this settlement information, the County was carrying over proportional MediCal FFP: EPSDT amounts from prior years. In the future, the County will ensure that its estimates are based on the most current SDMH EPSDT cost settlement data available.

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Lastly, the County disagrees with any disallowances associated with services that the County alleges are reimbursable, and the County reserves all rights and remedies available to it, including but not limited to filing an Incorrect Reduction Claim.

The Draft Report states that "the County should identify all relevant revenues associated with the services provided to mandated-program clients. These revenues include wrap-around program funds provided by the California Department of Social Services." This statement in the Draft Report is dicta. No portion of the County's claim was evaluated or disallowed on the basis of alleged failure to identify offsetting revenues available to the Mental Health Department for mental health services. The County is reviewing this issue and reserves all rights and remedies available to it.

CONCLUSION

In view of the clarifications and explanations furnished by the County contesting the disallowances as above, The County requests that no adjustments for these disallowances (insofar as these relate to the disputed disallowances) be made from the payments due to the County on this or any other SB 90 mandated programs for past or future claims until the Incorrect reduction claim is heard by the Commission on Mandates and completion of all other appropriate administrative and legal measures if any, that will be taken by the County of Santa Clara.

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SANTA CLARA COUNTY

Audit Report

HANDICAPPED AND DISABLED STUDENTS PROGRAM

Chapter 1747, Statutes of 1984,
and Chapter 1274, Statutes of 1985

July 1, 2003, through June 30, 2006

JOHN CHIANG
California State Controller

June 2009

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April 22, 2011
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JOHN CHIANG
California State Controller

June 30, 2009

The Honorable Liz Kniss, President
Santa Clara County Board of Supervisors
70 West Hedding Street
San Jose, CA 95110-1768

Dear Ms. Kniss:

The State Controller's Office audited the costs claimed by the Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006. This revised draft report supersedes our previous draft report issued on March 13, 2009.

The county claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs and understated offsetting revenues. The State paid the county $15,543,249. The amount paid exceeds allowable costs claimed by $12,947,168.

The county is reviewing claimed costs identified in its accounting system by its contractors as rehabilitation services to determine if these claimed costs are for activities reimbursable under the mandate. If the county subsequently provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, we will revise the final report as appropriate.

If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (CSM). The IRC must be filed within three years following the date that we notify you of a claim reduction. You may obtain IRC information at CSM's Web site link at www.csm.ca.gov/docs/IRCForm.pdf.

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849.

Sincerely,

JEFFREY V. BROWNFIELD
Chief, Division of Audits

JVB/sk

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cc: Lesha Luu, Division Manager-Accounting
Controller/Treasurer Department
Santa Clara County Finance Agency
Martha Paine, Director of General Fund Financial Services
Santa Clara Valley Health & Hospital System
Vinod K. Sharma, CPA
Controller-Treasurer
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Attachment—County's Response to Draft Audit Report

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Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by the Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006.

The county claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs and understated offsetting revenues. The State paid the county $15,543,249. The amount paid exceeds allowable costs claimed by $12,947,168.

Background

Chapter 26 of the Government Code, commencing with section 7570 and Welfare and Institutions Code section 5651 (added and amended by Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) require counties to participate in the mental health assessment for "individuals with exceptional needs," participate in the expanded "Individualized Education Program" (IEP) team, and provide case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed." These requirements impose a new program or higher level of service on counties.

On April 26, 1990, the Commission on State Mandates (CSM) determined that this legislation imposed a state mandate reimbursable under Government Code section 17561.

The program's parameters and guidelines establish the state mandate and define reimbursement criteria. The CSM adopted the parameters and guidelines for the Handicapped and Disabled Students Program on August 22, 1991 and last amended them on August 29, 1996. In compliance with Government Code section 17558, the SCO issues claiming instructions, to assist local agencies and school district in claiming mandated program reimbursable costs.

The parameters and guidelines for the Handicapped and Disabled Students Program state that only 10% of mental health treatment costs are reimbursable. However, on September 30, 2002, Assembly Bill 2781 (Chapter 1167, Statutes of 2002) changed the regulatory criteria by stating that the percentage of treatment costs claimed by counties for fiscal year (FY) 2000-01 and prior fiscal years is not subject to dispute by the SCO. Further, this legislation states that, for claims filed in FY 2001-02 and thereafter, counties are not required to provide any share of these costs or to fund the costs of any part of these services with money received from Local Revenue Fund established by Welfare and Institutions Code Section 17600 et seq. (realignment funds).

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Furthermore, Senate Bill 1895 (Chapter 493, Statutes of 2004) states that realignment funds used by counties for the Handicapped and Disabled Students Program "are eligible for reimbursement from the state *for all allowable costs* [emphasis added] to fund assessments, psychotherapy, and other mental health services . . ." and that the finding by the Legislature is "declaratory of existing law."

On May 26, 2005, the CSM adopted a statement of decision for the Handicapped and Disabled Students II Program that incorporates the above legislation and further identified medication support as a reimbursable cost effective July 1, 2001. The CSM adopted the parameters and guidelines for this new program on December 9, 2005, and made technical corrections to it on July 21, 2006.

The parameters and guidelines for the Handicapped and Disabled Students II Program states that "Some costs disallowed by the State Controller's Office (SCO) in prior years are now reimbursable beginning July 1, 2001 (e.g., medication monitoring). Rather than claimants re-filing claims for these costs incurred, beginning July 1, 2001, the State Controller's Office will reissue the audit reports." Consequently, we are allowing medication support costs commencing July 1, 2001.

On January 26, 2006, CSM amended the parameters and guidelines for the Handicapped and Disabled Students Program, and corrected them on July 21, 2006, allowing reimbursement for out-of-home residential placements beginning July 1, 2004.

Objective, Scope, and Methodology

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Handicapped and Disabled Students Program for the period of July 1, 2003, through June 30, 2006.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

We conducted this performance audit under the authority of Government Code sections 12410, 17558.5, and 17561. We did not audit the county's financial statements. We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We limited our review of the county's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

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Conclusion

Our audit disclosed instances of noncompliance with the requirements outlined above. These instances are described in the accompanying Summary of Program Costs (Schedule 1) and in the Findings and Recommendations section of this report.

For the audit period, Santa Clara County claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for costs of the Handicapped and Disabled Students Program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable.

For the fiscal year (FY) 2003-04 claim, the State made no payment to the county. Our audit disclosed that the entire $6,741,221 is unallowable.

For the FY 2004-05 claim, the State paid the county $7,987,359. Our audit disclosed that $1,103,279 is allowable. The State will offset $6,884,080 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

For the FY 2005-06 claim, the State paid the county $7,555,890. Our audit disclosed that $1,492,802 is allowable. The State will offset $6,063,088 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

Views of Responsible Official

We issued a revised draft audit report on May 22, 2009. Vinod K. Sharma, Controller-Teasurer, responded by letter dated June 19, 2009 (Attachment), disagreeing with the audit results, except Finding 3. This final audit report includes the county's response.

Restricted Use

This report is solely for the information and use of Santa Clara County, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.

JEFFREY V. BROWNFIELD
Chief, Division of Audits

June 30, 2009

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Schedule 1—
Summary of Program Costs
July 1, 2003, through June 30, 2006

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference[1]
July 1, 2003, through June 30, 2004				
Assessment/case management costs	$ 2,916,448	$ 2,448,139	$ (468,309)	Finding 1
Administrative costs	327,705	217,084	(110,621)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(660,446)	(530,750)	129,696	Finding 3
State categorical funds (EPSDT and IDEA[2])	(1,234,699)	(1,361,396)	(126,697)	Finding 3
Net assessment/case management costs	1,349,008	773,077	(575,931)	
Treatment costs	13,505,487	5,554,893	(7,950,594)	Finding 1
Administrative costs	1,517,536	564,933	(952,603)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,643,031)	(1,394,465)	2,248,566	Finding 3
State categorical funds (EPSDT and IDEA[2])	(5,986,779)	(5,713,036)	273,743	Finding 3
Net treatment costs	5,393,213	(987,675)	(6,380,888)	
Subtotal	6,742,221	(214,598)	(6,956,819)	
Adjustment to eliminate negative balance	—	215,598	215,598	
Less late claim penalty	(1,000)	(1,000)	—	
Net costs	$ 6,741,221	—	$ (6,741,221)	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		$ —		
July 1, 2004, through June 30, 2005				
Assessment/case management costs	$ 3,632,443	$ 3,013,464	$ (618,979)	Finding 1
Administrative costs	585,060	181,632	(403,428)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(701,686)	(497,450)	204,236	Finding 3
State categorical funds (EPSDT and IDEA[2])	(1,550,169)	(1,602,088)	(51,919)	Finding 3
Net assessment/case management costs	1,965,648	1,095,558	(870,090)	
Treatment costs	12,987,816	6,374,218	(6,613,598)	Finding 1
Administrative costs	2,091,885	429,622	(1,662,263)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,503,392)	(1,339,985)	2,163,407	Finding 3
State categorical funds (EPSDT and IDEA[2])	(5,554,598)	(5,456,134)	98,464	Finding 3
Net treatment costs	6,021,711	7,721	(6,013,990)	
Subtotal	7,987,359	1,103,279	(6,884,080)	
Less late claim penalty	—	—	—	
Total program costs	$ 7,987,359	1,103,279	$ (6,844,080)	
Less amount paid by the State		(7,987,359)		
Allowable costs claimed in excess of (less than) amount paid		$ (6,884,080)		

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Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference[1]
July 1, 2005, through June 30, 2006				
Assessment/case management costs	$ 3,723,702	$ 3,060,385	$ (663,317)	Finding 1
Administrative costs	434,297	160,885	(273,412)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(636,167)	(483,811)	152,356	Finding 3
State categorical funds (EPSDT and IDEA[2])	(1,126,462)	(1,654,661)	(528,199)	Finding 3
Net assessment/case management costs	2,395,370	1,082,798	(1,312,572)	
Treatment costs	12,878,460	6,766,962	(6,111,498)	Finding 1
Administrative costs	1,502,020	377,596	(1,124,424)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,313,672)	(1,278,745)	2,034,927	Finding 3
State categorical funds (EPSDT and IDEA[2])	(5,906,288)	(5,455,809)	450,479	Finding 3
Net treatment costs	5,160,520	410,004	(4,750,516)	
Subtotal	7,555,890	1,492,802	(6,063,088)	
Total program costs	$ 7,555,890	1,492,802	$ (6,063,088)	
Less amount paid by the State		(7,555,890)		
Allowable costs claimed in excess of (less than) amount paid		$ (6,063,088)		
Summary: July 1, 2003, through June 30, 2006				
Assessment/case management costs	$ 10,272,593	$ 8,521,988	$ (1,750,605)	
Administrative costs	1,347,062	559,601	(787,461)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(1,998,299)	(1,512,011)	486,288	
State categorical funds (EPSDT and IDEA[2])	(3,911,330)	(4,618,145)	(706,815)	
Net assessment/case management costs	5,710,026	2,951,433	(2,758,593)	
Treatment costs	39,371,763	18,696,073	(20,675,690)	
Administrative costs	5,111,441	1,372,151	(3,739,290)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(10,460,095)	(4,013,195)	6,446,900	
State categorical funds (EPSDT and IDEA[2])	(17,447,665)	(16,624,979)	822,686	
Net treatment costs	16,575,444	(569,950)	(17,145,394)	
Subtotal	22,285,470	2,381,483	(19,903,987)	
Adjustment to eliminate negative balance	—	215,598	215,598	
Less late claim penalty	(1,000)	(1,000)	—	
Total program costs	$ 22,284,470	2,596,081	$ (19,688,389)	
Less amount paid by the State		(15,543,249)		
Allowable costs claimed in excess of (less than) amount paid		$(12,947,168)		

[1] See the Findings and Recommendations section.

[2] The county received $6,003,824, $5,918,277, and $5,918,277 in Individuals with Disabilities Education Act (IDEA) funds for FY 2003-04, FY 2004-05, and FY 2005-06, respectively. This amount is included in the Allowable per Audit column.

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Findings and Recommendations

FINDING 1—Overstated assessment and treatment costs

The county overstated costs by $22,426,295 for the audit period. The county did not prepare its claims based on its actual costs to implement the mandated program.

In the prior SCO audit of this program for fiscal year (FY) 2000-01 and FY 2001-02, dated October 31, 2006, we reported that the county's claimed costs were not based on actual program costs because its automated system did not have unique procedure codes to identify mandate-related services. The county used an extraction program to accumulate all mandate-related units of service for its clients assessed at four main sites. At these sites, the extraction program erroneously picked up clients who were denied services and for whom cases were closed.

In the current audit, the county's extraction program again picked up clients for whom cases were closed. The county implemented a new system beginning October 1, 2003; the new system became fully functional in the middle of FY 2003-04. This mid-year implementation caused additional errors and irregularities for FY 2003-04. When the client data from the two systems were merged, other problems became apparent, such as data loss, overstated units, and ineligible clients.

When preparing its claims, the county:

- Claimed unsupported costs;
- Claimed ineligible crisis-intervention services and board and care costs for FY 2003-04 and ineligible therapeutic behavioral services and rehabilitation services for the entire audit period;
- Commingled in-state and out-of-state residential placement; we moved eligible out-of-state costs to the Seriously Emotionally Disturbed Pupils: Out-of-State Mental Health Services Program;
- Duplicated costs by claiming out-of-county residential placement and related services that were included in the pool of costs used to determine unit rates; and
- Omitted reimbursable costs; we considered these costs in determining our adjustments.

We adjusted costs based on actual units of service provided to eligible clients using the appropriate unit cost that represented the actual cost to the county.

The program's parameters and guidelines specify that only the following services are reimbursable: case management, assessment, individual therapy, collateral therapy and contacts, group therapy, day treatment, and day rehabilitation. Beginning with FY 2001-02, medication monitoring is reimbursable as well. Beginning with FY 2004-05, reimbursable out-of-home residential placement costs include mental health treatment and room-and-board costs; previously, only mental health treatment costs were reimbursable.

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The following table summarizes the overstated costs claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment costs	$ (468,309)	$ (618,979)	$ (663,317)	$ (1,750,605)
Treatment costs	(7,950,594)	(6,613,598)	(6,111,498)	(20,675,690)
Total	$(8,418,903)	$(7,232,577)	$(6,774,815)	$(22,426,295)

Recommendation

We recommend that the county ensure that it uses the actual units of service and costs per unit, and claims only eligible services in accordance with the mandated program. Furthermore, we recommend that the county implement an automated system that can accurately accumulate and report all mandate-related units of service.

County's Response

Since the primary disagreement relates to rehabilitation services, we included only the portion of its response that relates to these services. For the county's complete response to Finding 1 please refer to the attachment.

The Draft Report states that the County claimed ineligible rehabilitation services. The County disagrees that rehabilitation costs are ineligible for reimbursement for the reasons stated below. In addition, the County is currently reviewing the claimed costs identified in its accounting system and by its contractors as rehabilitation services to determine if these claimed costs can be claimed for activities reimbursable under the mandate. The State Controller's Office has agreed that if the County provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, the final report will be revised as appropriate.

The federal Individuals with Disabilities Education Act (IDEA) entitles qualifying students to a free appropriate public education (FAPE) in the least restrictive environment. See, generally, 20 U.S.C. §1400 et seq; 34 C.F.R. §300 et seq. FAPE is defined as special education and related services "to meet the unique needs of a child with a disability." 20 U.S.C. §1401(29); 34 C.F.R. §300.39(a); Cal. Educ. Code §56031. Related services are defined to be any supportive services required to assist a child with a disability benefit from special education, including "psychological services, physical and occupational therapy, recreation, including therapeutic recreation, ... [and] counseling services, including rehabilitation counseling." 20 U.S.C. §1401(26); 34 C.F.R. §300.34(a); Cal. Educ. Code §56363; 5 C.C.R. §3051-52. The "list of related services is not exhaustive and may include other developmental, corrective, or supportive services if they are required to assist a child with a disability to benefit from special education." 34 C.F.R. §300 Appendix A. A student is entitled to related services, including rehabilitation, if such services are necessary for the student to benefit from special education, if rehabilitation constitutes the related service provided in the LRE, or if rehabilitation services would allow the student to remain in their "regular" school.

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In addition to FAPE, the IDEA requires local education agencies (LEAs) to place special education students in the least restrictive environment. Specifically, the IDEA entitles special education students to be educated, "to the maximum extent possible", with their non-disabled peers. 20 U.S.C. §1412(a)(5); 34 C.F.R. 300.114(a)(2)(i); Cal. Educ. Code §56031.

Under California law, mental health services must be provided to special education students in the least restrictive environment. Cal. Gov. Code §7576(a) states that "[i]t is the intent of the Legislature that the local educational agency and the community mental health service vigorously attempt to develop a mutually satisfactory placement that is acceptable to the parent and addresses the educational and mental health treatment needs of the pupil in a manner that is cost effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment."

The IDEA places the responsibility for providing all special education and related services squarely on the state education agency and LEAs. 34 C.F.R. 300.341; 20 U.S.C. 1214(a)(11); 34 C.F.R. 300.600. The California Department of Education (CDE), or an LEA, may provide services through other agencies, non-profit organizations, or private service providers, but if the other organization or agency fails or refuses to provide the specified service, the LEA or CDE must do so. 20 U.S.C. 1412(a)(12)(B).

With the passage AB 3632, the State of California shifted responsibility for providing mental health services required by a student's IEP from LEAs to counties, specifically to local offices of county mental health (CMH). Cal. Gov. Code § 7570 et seq. In doing so, the state sought to have CMH agencies, who were already providing mental health services to emotionally disturbed youth and adults, assume the responsibility for providing needed mental health services to children who qualified for special education. Moreover, it was believed that mental health services would be most cost efficiently provided by CMH agencies.

Specifically, California made the California Department of Mental Health (CDMH) and local CMH agencies "responsible for the provision of mental health services, as defined in regulations by the State Department of Mental Health, developed in consultation with the State Department of Education, if required in the individualized education program of a pupil." Cal. Gov. Code § 7576(a). Thus, CMH agencies are responsible for mental health services that are necessary for the child to benefit from special education, that are beyond the capacity of the school's counseling and guidance services, and that come within the definition of mental health services which CDMH must provide under regulations.

CDMH regulations define mental health services as "mental health assessments and ... psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management." 2 C.C.R. § 60020(i). This section of the California Code of Regulations refers to 9 C.C.R. §§ 542-543. While "day rehabilitation" is not defined, "day care habilitative services" is defined as "services designed and staffed to provide counseling and rehabilitation to maintain or restore personal

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independence at the best possible functional level for the patient with chronic psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service." 9 C.C.R. §542(b). The components of day care habilitative services, which are rendered to individuals in a group setting, are the same components of mental health rehabilitation services, which are rendered to individuals in an individual setting. On May 26, 2005, the Commission on State Mandates adopted the Statement of Decision on the Reconsideration of Handicapped and Disabled Students (04-RL-4282-10), which recognized day care habilitative services, as defined by 9 C.C.R. §542, as a reimbursable service. Given that day care habilitative services (which are reimbursable) have the same service components as mental health rehabilitation services, the mental health rehabilitation services should similarly be reimbursable.

Moreover, the claimed "rehabilitation services" are a sub-category (service function) under the broader label "mental health services." The services that are rendered and categorized under the "rehabilitation services" sub-category are mental health treatment interventions provided within the context of intensive outpatient mental health services, and are provided by mental health practitioners pursuant to the a mental health treatment plan for the purposes of mitigating symptoms of psychiatric diagnoses that meet medical necessity. As such, these interventions are recognized mental health outpatient treatment interventions that are the same services that have been routinely approved as eligible costs in accordance with the parameters and guidelines of the mandate program (i.e., HDS 1 for 03-04, and HDS II for 04-05, and 05-06).

In 2005, the Commission on State Mandates refused to specifically define rehabilitation services to match the Medi-Cal definition of rehabilitation services provided in 9 C.C.R. §1810.243. 04-RL-4282-10, p. SA-39, 40, footnote 103. The Commission reasoned that there was no support for adopting this definition, as neither 2 C.C.R. §60020 nor the sections to which it refers, 9 C.C.R. §§542-543, reference 9 C.C.R. §1810.243. Id. The Commission's decision not to adopt this specific definition of rehabilitation services is not an indicator of whether the counties are responsible for providing rehabilitation services, or that rehabilitation services are not reimbursable under the mandate. On the contrary, rehabilitation services are, by definition, designed to provide students reasonable and necessary mental health services in the least restrictive environment, and are thus reimbursable under the mandate, as are similar and equivalent day rehabilitative services currently reimbursable under the mandate.

For all of these reasons, the County's claimed costs for rehabilitation services should not be denied. The County reserves the right to pursue all remedies available to it should these rehabilitation services be disallowed, including but not limited to filing an Incorrect Reduction Claim.

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SCO's Comment

The finding and recommendation remain unchanged.

We do not dispute the following assertions in the county's response:

- The Individuals with Disabilities Education Act (IDEA) entitles qualifying students to a free appropriate public education (FAPE) in the least restrictive environment. FAPE includes special education and related services to meet the needs of a child with a disability.

- California Education Code section 56363 defines "related services" and includes "psychological services, physical and occupational therapy, recreation . . . and counseling services, including rehabilitation counseling."

- Under federal regulations (Title 34, California Code of Regulations [CCR], section 300.34), rehabilitation counseling services "means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with a disability by vocational rehabilitation programs funded under the Rehabilitation Act."

- Regarding the discussion of the shift in responsibilities from local educational agencies (LEAs) to county mental health departments, we agree that Chapter 26 of the Government Code, commencing with section 7570, and Welfare and Institutions Code section 5651 (added and amended by Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) requiring counties to participate in the mental health assessment for "individuals with exceptional needs," participate in the expanded "Individualized Education Program" (IEP) team, and provide case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed." The Commission on State Mandates (CSM) determined that these requirements impose a new program or higher level of service on counties.

- Title 2, CCR, section 60020, subdivision (i), provides the basis for the services in the state mandated cost program. This section includes "mental health assessments and the following services when delineated on an IEP in accordance with Section 7572(d) of the Government Code: psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin."

- Title 9, CCR, section 542, defines day services. These services are designed to provide alternatives to 24-hour care and supplement other modes of treatment and residential services, and include day care

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intensive services, day care habilitative services, vocational services and socialization services. The CSM determined that the state-mandated cost program includes only day care intensive services and day care habilitative (rehabilitation) services as eligible services.

- Title 9, CCR, section 543, defines outpatient services. These services are designed to provide short-term or sustained therapeutic intervention for individuals experiencing acute or ongoing psychiatric distress, and include collateral services, assessment, individual therapy, group therapy, medication and crisis intervention. The CSM determined that the state-mandated cost program includes all services with the exception of crisis intervention. Outpatient services do not include rehabilitation services.

- On May 26, 2005, CSM adopted the statement of decision on the Reconsideration of the Handicapped and Disabled Students program, refusing to include a definition of rehabilitation services consistent with Title 9, CCR, section 1810.243.

Despite the undisputed assertions, the finding remains unchanged because the program's parameters and guidelines do not identify outpatient rehabilitation services as an eligible service. Furthermore, outpatient rehabilitation services are not included in the underlying regulations that form the basis for the state-mandated cost program (Title 2, CCR, 60020(i)). As previously noted, in the legislative reconsideration (SB 1895 (Chapter 493, Statutes of 2004)), a county argued that outpatient rehabilitation services, medication monitoring and crisis intervention services should be included in the program's parameters and guidelines. On May 26, 2005, CSM adopted the statement of decision on the reconsideration for the Handicapped and Disabled Students Program (04-RL-4282-10) refusing to include outpatient rehabilitation services and crisis intervention services, including only medication monitoring. If the rehabilitation definition was adopted by the CSM, outpatient rehabilitation services would be eligible under the program. Nevertheless, CSM's refusal to include rehabilitation services renders them ineligible under the state-mandated cost program.

Second, the outpatient rehabilitation services put forth by the county are not consistent with the day care habilitative (rehabilitation) services. Day care habilitative (rehabilitation) services do not include vocational services or socialization services, as these are separate and distinct services. In contrast, outpatient rehabilitation services as defined by federal and state regulations include elements of vocational services and socialization services. Furthermore, the county's Clinical Record Documentation Manual for Outpatient Mental Health Services provides a definition of rehabilitation services as follows:

> Education, training, and counseling for the client in relation to functional skills:
>
> - Health – medication education and compliance, grooming and personal hygiene skills, meal preparation skills.
> - Daily Activities – money management, leisure skills.

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- Social Relationships – social skills, developing and maintaining a support system.
- Living Arrangement – maintaining current housing situation.

Based on the cases provided by the county, the rehabilitation services are consistent with the above definition. As such, the services provided are not within the context of the program's parameters and guidelines because outpatient rehabilitation services are not identified as an eligible service.

Another issue is that the rehabilitation services claimed by the county are also provided under the Wraparound program. Under Senate Bill 163, (Chapter 795, Statutes of 1997), Wraparound services were established using non-federal Aid to Families with Dependent Children–Foster Care (AFDC-FC). Counties can utilize the AFDC-FC funding to provide children and families with family-based service alternatives to group home care using the Wraparound process. The funding is provided to eligible clients for services in lieu of an out-of-home residential placement, and may include mental health treatment services. In claiming rehabilitation services provided relative to Wraparound, the county did not identify any associated AFDC-FC revenues to offset costs claimed. We did not pursue this issue further because outpatient rehabilitation services are excluded from reimbursement under the mandated cost program.

Lastly, we do not dispute the need for nor the basis to provide rehabilitation services prescribed within a pupil's IEP in accordance with federal IDEA regulations. However, services provided outside of the program's parameters and guidelines are not subject to reimbursement under the state-mandated cost program.

FINDING 2—Overstated administrative costs

The county overstated its administrative costs by $4,526,751 for the audit period.

The county miscalculated its administrative cost rates because it did not include all offsetting revenues. In the prior audit noted in Finding 1, the county did not offset its administrative costs by revenues received. We adjusted administrative rates calculations by offsetting administrative costs by all relevant revenues.The adjustments resulted in a reduction to administrative rates applied for the audit period. The overstatement is also due to the county's application of the administrative rates to ineligible costs, duplicated costs, and overstated direct costs that are not based on actual program costs.

The parameters and guidelines specify that administrative costs incurred in the performance of the mandated activities and adequately documented are reimbursable.

The parameters and guidelines further specify that to the extent the State Department of Mental Health has not already compensated reimbursable indirect costs from categorical funding sources, the costs may be claimed.

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The following table summarizes the overstated administrative costs claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment	$ (110,621)	$ (403,428)	$ (273,412)	$ (787,461)
Treatment	(952,603)	(1,662,263)	(1,124,424)	(3,739,290)
Total	$(1,063,224)	$(2,065,691)	$(1,397,836)	$(4,526,751)

Recommendation

We recommend that the county consider relevant offsetting revenues in its calculation of administrative cost rates and apply the rates to eligible direct costs.

County's Response

The FY04 – FY06 claims as originally filed utilized the administrative cost methodology developed with the State Controller's Office during the course of the County's FY01 – FY02 audit. This methodology specifically included offsetting MediCal Administrative Reimbursement (MAR), Utilization Review (UR) and MediCal Administrative Activities (MAA) revenues. Documentation of this methodology showing the offsetting revenues was given to the auditor at the commencement of the audit. The County does not agree with the conclusion in the Audit Report that the original claims did not include offsetting revenues in the administrative cost calculations.

The auditor requested documentation of the administrative cost calculations utilized in the County's FY04 – FY06 Short Doyle MediCal cost reports. These work papers are utilized in the cost report to determine the County's total administrative costs eligible for MediCal Administrative Reimbursement. The auditor apparently interpreted these work papers as proposed SB90 claim administrative rate proposals rather than simply the work papers upon which administrative costs are calculated. It was not the County's intent that the percentages included in the work papers be interpreted in that fashion.

The County disagrees with any disallowance of administrative costs associated with services that the County alleges are reimbursable.

The County also notes that the auditor appears to have used different administrative cost rates for assessment as opposed to treatment services in each of the three years. For FY04, for example, audited treatment costs of $2,448,139 and administrative costs of $217,084 are shown, for an administrative/treatment cost ratio of 8.87%. The corresponding ratio for treatment services, however, was 10.17%. Smaller but similar differences are seen with the FY05 and FY06 data. The County questions why these percentages would be different for assessment and treatment services and requests that the final report accurately reflect the correct administrative cost rate.

The County reserves the right to continue investigating these issues and to pursue all remedies available to it with respect to the disallowance of administrative costs, including but not limited to filing an Incorrect Reduction Claim.

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SCO's Comment

The finding and recommendation remain unchanged.

We computed the administrative costs using the county's cost reports submitted to California Department of Mental Health (CDMH). We adjusted administrative costs by all relevant revenues received, as identified in the cost reports. Concurrent with our audit, the county was undergoing a Medi-Cal audit. The county's concern at that time was if there were significant Medi-Cal audit adjustments to pools of cost impacting the administrative rates, would we consider any adjustments subsequent to the issuance of the final report. We assured the county that in case of such an occurrence we would consider information submitted after the issuance of the final report. Once reviewed, we would consider revising the final report to incorporate any significant changes.

Concerning the application of disparate administrative rates, we did not use a separate administrative cost rate for assessment services as opposed to treatment services. We applied the same administrative cost rates to assessment and treatment services. However, since the administrative rates are calculated based on allocations in the cost reports, these rates are not appropriate for items that are expensed in the administrative cost pool or outside of the cost reports. For example, residential placement costs are expensed in the administrative cost pool in cost reports submitted to CDMH. Residential placement costs are already included in administrative costs in the cost reports, and therefore, we did not apply the administrative rate to administrative costs.

FINDING 3—
Overstated offsetting revenues

The county overstated offsetting revenues by $7,049,059 for the audit period.

The county miscalculated revenues by using inaccurate Medi-Cal units; applying incorrect funding percentages for Short-Doyle/Medi-Cal FFP (SD/MC) and Early and Periodic, Screening, Diagnosis and Treatment (EPSDT); and including revenues related to unallowable costs.

We recalculated total revenues by applying the appropriate cost per unit to eligible units of service, using the correct funding percentages for SD/MC and EPSDT, and excluding revenues related to unallowable costs.

The parameters and guidelines specify that any direct payments (categorical funds, Short Doyle/Medi-Cal FFP, and other offsets such as private insurance) received from the State that are specifically allocated to the program, and/or any other reimbursement received as a result of the mandate, must be deducted from the claim.

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The following table summarizes the overstated offsetting revenues claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment:				
Short-Doyle/Medi-Cal funds	$ 129,696	$ 204,236	$ 152,356	$ 486,288
State categorical funds (EPSDT and IDEA)	(126,697)	(51,919)	(528,199)	(706,815)
Total assessment	2,999	152,317	(375,843)	(220,527)
Treatment:				
Short-Doyle/Medi-Cal funds	2,248,566	2,163,407	2,034,927	6,446,900
State categorical funds (EPSDT and IDEA)	273,743	98,464	450,479	822,686
Total treatment	2,522,309	2,261,871	2,485,406	7,269,586
Total	$2,525,308	$2,414,188	$2,109,563	$ 7,049,059

Recommendation

We recommend that the county use accurate SD/MC units and apply the appropriate reimbursement percentages and all applicable revenue sources when computing offsetting revenues.

As regards rehabilitation and other services provided relative to the wraparound program, we reiterate that the county should identify all relevant revenues associated with the services provided to mandated-program clients. These revenues include wraparound program funds provided by the California Department of Social Services.

County's Response

The county disagreed only with the portion of the finding and recommendation that relates to ineligible rehabilitation services.

SCO's Comment

The finding and recommendation remain unchanged. For further discussion of rehabilitation services refer to our response in Finding 1.

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Attachment—
County's Response to
Draft Audit Report

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County of Santa Clara
Finance Agency
Controller-Treasurer Department

County Government Center
70 West Hedding Street, East Wing, 2nd Floor
San Jose, California 95110
Phone: (408) 299-5200
Fax: (408) 289-8629

DATE: June 19, 2009

TO: Jim L. Spano
Chief, Compliance Audits Bureau
State Controller's Office, Division of Audits
Post Office Box 942850
Sacramento, CA 94250-5874

FROM: Vincent Sharma
Controller-Treasurer

SUBJECT: Draft Audit Report, Handicapped & Disabled Students Program (Chapter 747, Statutes of 1985, Mandate), Audit Period: July 1, 2003 through June 30, 2006, Response from County of Santa Clara

Enclosed are our responses to the audit findings in the draft report on the claim. Please incorporate these responses in your audit report. If you require any clarifications, please contact Ms. Ra Venkatesan at 408-299-5270.

Thank you,

Vincent Sharma
Controller-Treasurer
Santa Clara County

Board of Supervisors: Donald F. Gage, Liveen Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss
Acting County Executive: Gary Graves

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[illegible]

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[illegible]

[illegible] claims the county [illegible]

[illegible] unreported costs:

- [illegible] and board and care costs for FY 2000-01 [illegible] and rehabilitation services for the entire [illegible]
- [illegible] out-of-state residential placement we moved eligible out-of-state [illegible] Seriously Emotionally Disturbed Pupils, Out-of-State Mental Health Services [illegible]
- [illegible] costs by claiming [illegible] county residential placement and related services that were [illegible] and [illegible] rates; and
- [illegible] reasonable costs we [illegible] costs in determining our adjustments.

We adjusted costs based on actual units of service provided to eligible clients using the appropriate unit cost in accordance with actual cost to the county.

The program's parameters and guidelines specifies that only the following services are reimbursable: case management, individual therapy, collateral therapy, and contacts, medication monitoring, day treatment, and crisis intervention. Beginning with FY 2001-02, medication monitoring is reimbursable as well as beginning with FY 2004-05, reimbursable costs of home treatment. Placement costs include "Mental Health Treatment" and "Room and Board" costs. Costs with medical health treatment costs are reimbursable.

Recommendation

We recommend that the county review its rates of service and cost per unit [illegible] eligible services in accordance with the mandated program. Further, we recommend that the county implement an automated system that can accurately accumulate and report all mandate-related units of service.

COUNTY'S RESPONSE TO FINDING 1

[illegible]

[illegible] the County's claimed and unreported costs because the County's [illegible] The County responds that [illegible] claimed [illegible] County's claim. The County's response [illegible] was in [illegible] to the client who may have [illegible] County Mental Health client in addition to services rendered before or after the [illegible] The County's response [illegible] to the auditors prior to the [illegible] of service information based on the actual effective dates of the [illegible] County [illegible] costs for services that are outside [illegible] and the remedial plan problem with the computer system.

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[illegible]

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[illegible]

[illegible] California Department of Education (CDE) or an LEA may provide [illegible] to provide the required service, the LEA or CDE [illegible]

[illegible] the state assumed shared responsibility for providing mental [illegible] specifically to local [illegible] of [illegible] In doing so, the state sought to have [illegible] who are already provided mental health services to emotionally disturbed [illegible] for special education. [illegible] it was believed that mental health [illegible] would be provided only as MH services.

Specifically, California made the California Department of Mental Health (CDMH) and local [illegible] responsible for the provision of mental health services as defined in regulations [illegible] State Department of Mental Health, [illegible] in consultations with the State Department [illegible] Education, [illegible] in the individualized education program of a pupil. (*Gov. Code*, [illegible] 7576(a)). Thus, CMH agencies are responsible for mental health services that are necessary for the child's benefit from special education, services beyond the capacity of the school's counseling, guidance, or [illegible] and that come within the definition of mental health services which [illegible] CMH must provide under regulations.

CDMH regulations define mental health services as "mental health assessments and [illegible] as defined in Section 2960 of the Business and Professions Code provided to the [illegible] individual, [illegible] group, collateral services, medication monitoring, intensive day [illegible] rehabilitation, and case management." 9 C.C.R. § 1810.249.1. This section of the California Code of Regulations refers to 9 C.C.R. §§ 542-543. Public "day rehabilitation" is not [illegible] "rehabilitative services" is defined as "services designed and staffed to provide [illegible] and rehabilitation to maintain or restore personal independence at the best possible [illegible] for the patient with strongly evident impairments who may live independently, [illegible] independently, or in a supervised residential facility which does not provide this service." 9 [illegible] 542(a). The components of day care habilitative services, which are modified to [illegible] are the same components of mental health rehabilitation services: [illegible] and to participate in activities of daily living. On May 28, 2003 the Commission on State Mandates issued the Statement of Decision on the *Reimbursement of Handicapped and Disabled Students*, [illegible] 03-TC-02, which found that day care habilitative services are defined [illegible] 542 as rehabilitative services. Given that day care habilitative services for which are [illegible] have the same service components as mental health rehabilitation services, the [illegible] should similarly be reimbursable. [illegible]

[illegible] services that are [illegible] under the [illegible] mental health services. The services that are [illegible] under the [illegible] are medically necessary mental health treatment interventions provided within the context of intensive outpatient mental health services. They are provided by qualified [illegible] who are [illegible] mental health treatment plan for the purpose of mitigating [illegible] of a mental illness. [illegible] are medically necessary, as such these interventions are [illegible] mental health treatment interventions that are the same services that have [illegible] consistently found to be eligible for reimbursement in accordance with the parameters and guidelines of the mandate program (see, e.g., 03-TC-11 for 03-04, 04-TC-13 for 04-05, and 05-TC-09).

In 2003, the Commission on State Mandates refused to specifically define rehabilitation services [illegible] the medical definition of rehabilitation services provided in 9 C.C.R. § 1810.243.04.

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[illegible]

[illegible]

[illegible]

Recommendation

We recommend that the county amend its claiming revenues in the calculation of administrative costs to reflect only those revenues that are eligible offsets.

COUNTY'S RESPONSE TO FINDINGS

[illegible]

[illegible]

[illegible]

FINDINGS ASSERTED IN THE DRAFT REPORT

FINDING 2—Overstated offsetting revenues

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[illegible]

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[illegible]

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CONCLUSION

[illegible]

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CLINICAL RECORD DOCUMENTATION MANUAL FOR OUTPATIENT MENTAL HEALTH SERVICES

Santa Clara County
Department of Mental Health

Quality Improvement Program
408.793.5894
408.288.6113 (fax)

July 2004

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Philosophy

Our comprehensive mental health services focus on the client's needs, strengths, choices and desired results. Program staff are multi-disciplinary and reflect the cultural, linguistic, ethnic, age, gender, sexual orientation and other social characteristics of the community. Services are individualized and delivered by caring, sensitive, and culturally competent staff. The clients, families, caregivers, and other significant support persons are encouraged to participate in the planning and implementation process. In addition, clients should be in the least restrictive, most natural and culturally appropriate environment that fosters independence and inclusion in the community.

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Clinical Record Documentation Manual for Outpatient Mental Health Services

July 2004

Santa Clara County
Department of Mental Health
Quality Improvement Program

Sources of Information

This manual includes information based on the following sources: the California Code of Regulations (Title 9), the State Department of Mental Health's letters/notices, the Santa Clara County Mental Health Department's policies & procedures, directives, and memos; and the Quality Improvement Program's interpretation and determination of documentation standards.

Technical Assistance

The Quality Improvement Program staff is available to answer questions about this documentation manual or documentation issues in general. You can reach us at 408.793.5894.

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I. Introduction

The Santa Clara County Mental Health Department's Quality Improvement Program is pleased to present this new **Clinical Record Documentation Manual**, which replaces the Rehab Option Manual.

Application

This new documentation manual applies to all clients*, regardless of payor source, and is expected to be the official documentation guide for clinicians, interns, supervisors, managers, trainers, auditors, etc.

Some programs, however, may be subject to unique documentation standards. If there are any questions/concerns about which standard applies, please consult with the Quality Improvement Program staff.

Overview

- ☐ Section II is a guide on the scope of practice and answers the basic question "Who can provide what service?"
- ☐ Sections III and IV cover the assessment and treatment plan. We've included the latest information, including revised timelines and requirements, plus other useful information and helpful hints (also known as QI-Tips).
- ☐ Section V addresses all of the service activities that are reimbursable. We've provided definitions, descriptions of the activities, and other useful information.
- ☐ Section VI presents some general guidelines for writing progress notes.
- ☐ Section VII addresses all of the activities that are not reimbursable. Take note that this list has been expanding over the years.
- ☐ Finally, Section VIII simplifies the lockout rules.

*Note: A client is a person who accesses and receives outpatient mental health services. Also known as individual, patient, consumer, beneficiary, etc.

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II. Scope of Practice

It is expected that staff will only provide services based on their credential (i.e., license, education, training, and experience). Further limitations may be due to lack of experience in the specific service category or by an agency's restrictions.

Service Activities	Staff who can provide this activity
▪ Case Management ▪ Assessment (except as noted below) ▪ Plan Development ▪ Collateral ▪ Rehabilitation (individual, group) ▪ Therapeutic Behavioral Services ▪ Crisis Intervention	<u>All Staff</u> Physicians, psychologists, social workers, marriage & family therapists, nurses, licensed vocational nurses (LVN), psychiatric technicians (PT), occupational therapists, and paraprofessionals. Includes waivered professionals, mental health rehabilitation specialists (MHRS), & interns/trainees.
▪ Assessment: Diagnosis ▪ Therapy (individual, family, group)	<u>Licensed Practitioner of the Healing Arts (LPHA)</u> Physicians, licensed/waivered psychologists, licensed/waivered clinical social workers, licensed/waivered marriage & family therapists, and registered nurses. Interns/trainees.
▪ Assessment: Psychological Testing	Licensed/waivered psychologists & psychology interns.
▪ Medication Support	Physicians, registered nurses, licensed vocational nurses, & psychiatric technicians.

<u>Other Activities:</u>

- Day Rehabilitation Weekly Summary: written or co-signed by Qualified Mental Health Professional (QMHP)
- Adult Residential Weekly Summary: written or co-signed by QMHP
- Day Treatment Intensive Weekly Summary: reviewed & signed by LPHA
- Treatment Plan Authorization: reviewed & signed by LPHA

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III. Assessment

Introduction

The mental health assessment serves as the foundation for the client's plan of care in the system. The assessment establishes eligibility to receive outpatient mental health services, drives the treatment planning process, and provides the basis for ongoing changes in treatment delivery and discharge planning.

Content

- The assessment includes the following categories:
  - Presenting problem
  - Risk factors
  - Client's strengths
  - Mental health history
  - Psychosocial history
  - Medical history
  - Mental status examination
  - Cultural factors
  - Five axis diagnosis

Timeline

Initial

- The initial mental health assessment is required for all clients who are new to the outpatient mental health system. This assessment shall be completed within two months of the client's entry into the system.

Update

- An updated assessment must be completed at least annually.

Transfer or New Program

- If a client transfers to a new program or is added to a new program, and a copy of the current assessment (i.e., an initial or updated assessment completed within the past year) is not obtained for the client's record, then a new assessment must be completed within two months. If the current assessment is obtained, then the new program is expected to update any section that needs updating within two months in a progress note or the annual assessment update form.

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III. Assessment (cont.)

Medical Necessity Criteria

At a minimum, clients must meet the medical necessity criteria as described in Title 9 in order to receive outpatient mental health services.

- The client must have a qualifying mental health diagnosis that is the focus of treatment. See Appendix for a list of included and excluded diagnoses.
- As a result of the mental health diagnosis, there must be a significant impairment in an area of life functioning (e.g., health, daily activities, social relationships, living arrangement).
- There needs to be an indication that the client's functioning would show improvement with mental health intervention, which could not be provided solely through physical health care providers.

Miscellaneous

QI-Tips

- An excellent initial or updated assessment includes the following:
- ☺ A description of the client's current symptoms (including severity, frequency, duration, etc.) that supports the diagnosis.
- ☺ All sections/boxes are completed (use n/a if not applicable).
- ☺ A detailed description of the client's functional impairment(s).
- ☺ A listing of the client's strengths.
- ☺ A description of the cultural/linguistic factors affecting the client.
- ☺ Both the numerical code and full clinical name of the diagnoses, based on the Diagnostic and Statistical Manual-Text Revision (DSM-IV-TR). For example, "Axis I: 313.81, Oppositional Defiant Disorder."

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IV. Treatment Plan

Introduction

Whereas the assessment serves as the foundation for the client's plan of care, the Treatment Plan is the driving force behind the delivery of care. The Treatment Plan is an agreement between the client and the clinician that establishes the mental health problem to be addressed, the specific goal and objectives, and the treatment interventions that will be delivered.

- There needs to be consistency between the mental health diagnosis identified in the assessment and the problem, goal, objectives, and interventions.

Application

The Treatment Plan shall be used for the following service activities:

- Mental Health Services (Rehabilitation, Therapy, Collateral)
- Day Rehabilitation
- Day Treatment Intensive
- Adult Residential Treatment
- Crisis Residential Treatment (when services exceed 72 hours)

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IV. Treatment Plan (cont.)

Timeline

The completion of the Treatment Plan is subject to specific deadlines, as described below:

Initial	➢ The initial Treatment Plan shall be completed within two months of the client's entry to a program (also known as "cost center") if a service activity listed above has been planned and/or started. This deadline applies both to clients who are new to the system and existing clients who enter a new program (e.g., a second provider is added or the client transfers to a new program).
Change of Service	➢ In some cases, clients will begin with a limited package of services (e.g., Medication Support and Case Management), but a planned therapeutic service (e.g., Rehabilitation) will be added at a later date. In this example, the initial Treatment Plan shall be completed within two months of the first Rehabilitation service to the client.
Renewal	➢ The renewal of an existing Treatment Plan shall be completed within the month prior to the expiration of that plan. For example, if the Treatment Plan ends on June 30th, then the renewal period is June 1st through June 30th, and the next Treatment Plan must be completed during this time. In this example, the start date of the next (renewed) Treatment Plan would be July 1st.
Late Renewal	☹ If the renewal period passes and the next Treatment Plan is completed late (e.g., the renewal period is the month of June, but the Plan is completed on July 7th), then July 1st through 6th would not be authorized for planned therapeutic services.
Update	➢ Prior to the expiration of a Treatment Plan, one or more elements may require changes. For example, one of the objectives is met and replaced by another one. In this instance, the Interim Update/Changes form should be used to document this change.

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IV. Treatment Plan (cont.)

Desired Results

Use the client's own words to indicate what s/he hopes to gain from the mental health services.

- This section reinforces the philosophy that clients should be encouraged to participate in the treatment planning process.

Problem

The problem is the focus of treatment, based on the mental health diagnosis.

- Example: Psychosis – auditory hallucinations, delusions, disorganized thinking.
- Example: Oppositional & Defiant – arguing with adults, yelling and screaming, temper tantrums.
- In some cases, there may be two diagnoses that are the focus of treatment (e.g., Bipolar Disorder & Oppositional Defiant Disorder), so there should be two problems identified.

QI-Tips

☺ The problem may also include the impairment in life functioning (e.g., difficulty developing/maintaining support system) that is related to the diagnosis.

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IV. Treatment Plan (cont.)

Goal

The goal is the outcome that the client and clinician hope to achieve. The goal must be observable and/or quantifiable. The goal needs to focus on the mental health problem and symptoms/behaviors.

QI-Tips

- Example: Reduce psychotic symptoms – decrease command auditory hallucinations to 1x/week; decrease delusional statements to 2x/week.
- Example: Reduce oppositional and defiant behavior – increase respectful interactions with adults to 3x/day; decrease temper tantrums to 1x/week.
- ☺ The goal may also include the life functioning area that is related to the problem.

Objectives

The objectives are the short-term steps that the client needs to take in order to accomplish the goal.

- Example: Take medications as prescribed; attend educational group 1x/week.
- Example: Attend socialization group 1x/week; participate in family therapy 1x/week.

Interventions

Interventions are the clinician's service activities that are designed to assist the client in order to meet her/his goals. Interventions must be consistent with the goal.

- Example: monitor and discuss symptoms with client; provide rehab counseling 1x/week.
- Example: provide socialization group 1x/week; provide family therapy 1x/week.

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IV. Treatment Plan (cont.)

Signatures

The "signatures" section indicates the person's participation and agreement with the Treatment Plan.

Client	➢ The client is expected to sign the Treatment Plan. If the client does not or cannot sign the plan, then a progress note shall document the reason for the missing signature.
Family	➢ A family or other support person may sign the Treatment Plan. In most cases for children/adolescents, this signature will be expected.
Staff	➢ The cost center staff is the clinician who completes the Treatment Plan, and is most likely the major provider of the interventions. This section shall be completed even if the same person signs as the LPHA in the authorization section.

Authorization

The Treatment Plan must be authorized by an LPHA, whose signature and date of signature establishes the completion of that plan. The LPHA also authorizes the effective time period of the Treatment Plan by completing the start and end date section.

Initial	➢ For the initial Treatment Plan, the start date would normally be the date that the client entered the program. The end date cannot exceed 6 months from the start date. For example, if the client entered the program on June 13, 2004, and the LPHA signed the Treatment Plan on August 6, 2004, the authorization period can be June 13, 2004 through December 13, 2004.
QI-Tips	☺ It is recommended that the end date for the initial Treatment Plan be the last day of a month. In order to accomplish this, the duration of this plan will most likely be a little less than six months. For example, if a client enters a program on June 13th, the first Treatment Plan's end date should be November 30th, which would be 5½ months in duration, rather than 6 months. The advantage of this method is that subsequent renewals will always occur on the first day of the month.

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IV. Treatment Plan (cont.)

Authorization (cont.)

Renewal	➢ For the renewed Treatment Plan, the start date should be the first day after the end date of the previous plan. For example, if the previous plan ends on June 30th, then the next plan would start on July 1st. This plan's end date would be December 31st.

Miscellaneous

Chapter 26.5	For Chapter 26.5 clients, the provider shall send a copy of the completed Treatment Plan to the County Representative (formerly known as Coordinator) in order to ensure alignment between the plan and the IEP.
Meds	For Medication Support Services, the physician shall document the treatment plan for this specific service activity in the progress notes.
Meds Only	For clients in the Adult/Older Adult Division who will only receive Medication Support Services and Case Management, the provider shall use the Annual Service Need Declaration described in P&P # 202.
TBS	For Therapeutic Behavioral Services, the provider shall use the treatment plan described in P&P #224

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V. Service Activity

A. Case Management

Definition

Case Management (CM) includes a broad array of services designed to assist and support clients, especially in terms of life areas that fall outside of the mental health delivery system.

- Assist clients to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.
- Assist clients to obtain and maintain adequate and appropriate living arrangements (also known as placement services).

Activities

CM activities are usually face-to-face or by telephone with the client or significant support persons and may be provided in the office or in the community. CM may also include contact with other professionals.

- Communicating, consulting, and coordinating with the client and/or others to establish the need for services and a plan for accessing these services.
- Establishing and making referrals.
- Monitoring the client's access to services
- Monitoring the client's progress once access has been established.
- Locating and securing an appropriate living arrangement, including funding.
- Arranging and conducting pre-placement visits, including negotiating housing or placement contracts.

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V. Service Activity

A. Case Management (cont.)

Progress Notes

QI-Tips | ☺ An excellent CM progress note includes the focus of the assistance/intervention provided to the client (e.g., accessing medical services) and justifies the need for this service.

Miscellaneous

FYI | ➢ CM is also known as Targeted Case Management and Case Management/Brokerage.

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V. Service Activity

B. Mental Health Services – Assessment

Definition

Assessment is a clinical analysis of the history and current status of the client's mental, emotional, or behavioral disorder that supports the diagnosis, life functioning, and/or need for mental health treatment.

Activities

Assessment activities are usually face-to-face or by telephone with the client or significant support persons and may be provided in the office or in the community. Assessment may also occur with other professionals or without direct contact with the client or support persons.

- Interviewing the client and/or significant support persons.
- Administering, scoring, and analyzing psychological tests.
- In some instances, gathering information from other professionals (e.g., teachers, previous providers, etc.) and reviewing/analyzing clinical documents may be justified as contributing toward the assessment.
- Observing the client in a natural setting (e.g., milieu, school, etc.) may be indicated to complete the assessment.

Progress Notes

- If the information for an assessment is recorded on the assessment form, then it is not required that the same information be recorded in the progress note.

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V. Service Activity

B. Mental Health Services – Assessment (cont.)

Miscellaneous

Initial & Annual	➢ Although Assessment is provided during the first two months and annually, it can be provided at other times, as clinically indicated. For example, a client may be re-assessed 6 months after the initial assessment in order to clarify his/her diagnosis.
Coding Issue	➢ Previously, "Evaluation" was only used for completing the mandatory State outcome measures. However, since these measures have been discontinued, this code no longer applies. If a test is used to measure the client's symptoms, behaviors, or functioning, then the activity should be coded as Assessment.

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V. Service Activity

B. Mental Health Services – Plan Development

Definition

Plan Development (PD) consists of activities related to the client's treatment plan.

Activities

PD activities are usually face-to-face or by telephone with the client or significant support persons and may be provided in the office or in the community. PD may also include contact with other professionals.

- Development of the treatment plan.
- Approval of the treatment plan.
- Updating of the treatment plan.
- Monitoring the client's progress in relation to the treatment plan.

Progress Notes

- PD progress notes are expected to refer to the treatment plan in some way (i.e., development, approval, updating, or monitoring).
- ☺ An excellent PD progress note contains information about the client's and/or significant support person's participation in the treatment planning.

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V. Service Activity

B. Mental Health Services – Plan Development (cont.)

Miscellaneous

When to provide PD	➢ PD is expected to be provided during the development/approval of the initial treatment plan and subsequent treatment plans. However, PD can be provided at other times, as clinically indicated. For example, the client's status changes (i.e., significant improvement or deterioration) and there may be a need to update the treatment plan.
Without client	➢ PD may include activities without the client's presence, such as collaborating with other professionals in the development or updating of the treatment plan.
Multiple billing	☹ Multiple PD service activities for one event are at risk of disallowance. For example, if several staff members record PD for a team meeting in which the client's treatment plan was discussed and approved, then each progress note must indicate the unique contribution of that staff member.
Upcoding	☹ Service activities that involve planning and/or assisting the client to access needed medical and other community services are at risk of disallowance if coded as PD because these activities should be coded as CM.

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V. Service Activity

B. Mental Health Services – Collateral

Definition

Collateral is a service activity provided to a significant support person in the client's life with the intent of improving or maintaining the mental health status of the client.

Activities

Collateral activities are usually face-to-face or by telephone with the significant support person, and may be provided in the office or in the community. The client may or may not be present.

- Educating the support person about the client's mental illness.
- Training the support person to better support or work with the client.

Progress Notes

- Collateral progress notes must include the staff intervention (e.g., educating, training, etc.).
- Collateral progress notes should include the role of the significant support person (e.g., parent, teacher, guardian, etc.).

QI-Tip

☺ Since a collateral activity is meant to assist the support person for the benefit of the client, progress notes could also document these changes (e.g., show how parents learned and demonstrated new ways of dealing with their child's behavior).

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V. Service Activity

B. Mental Health Services – Rehabilitation

Definition

Rehabilitation (Rehab) focuses on assisting the client to improve, maintain, or restore functional skills.

Activities

Rehab activities are usually face-to-face or by telephone with the client and may be provided in the office or in the community.

- Education, training, and counseling for the client in relation to functional skills:
  - Health – medication education and compliance, grooming and personal hygiene skills, meal preparation skills.
  - Daily Activities – money management, leisure skills.
  - Social Relationships – social skills, developing and maintaining a support system.
  - Living Arrangement – maintaining current housing situation.

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V. Service Activity

B. Mental Health Services – Rehabilitation (cont.)

Progress Notes

- ☹ Progress notes that fail to provide adequate information about the intervention(s) are at risk of disallowance because it may be unclear if the Rehab activity was provided.

Group

- ➢ If providing the Rehab activity in a group setting (i.e., two or more clients), then the progress note needs to include the following:
  - Type or name of group.
  - Total staff time (i.e., time spent in group plus documentation time, but may also include travel time).
  - Number of clients.
  - Number of clinicians and their names (if there is more than one clinician).

Group Duration per Client

- ➢ Group Rehab calculation of duration is the total staff time (include the time from all staff) divided by the number of clients.
  - Example: Group A had one clinician and 6 clients. The total staff time was 120 minutes. The duration for each client is 120 divided by 6, which equals 20 minutes.
  - Example: Group B had two clinicians and 8 clients. The total staff time was 360 minutes (both clinicians contributed 180 minutes). The duration for each client is 360 divided by 8, which equals 45 minutes.
- ➢ If the group calculation for duration includes decimals (e.g., 26.7 minutes), then round down to the nearest whole number.

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V. Service Activity

B. Mental Health Services – Therapy

Definition

Therapy is a therapeutic intervention that focuses primarily on symptom reduction for the client as a means to improve functional impairments that were indicated in the assessment and treatment plan.

Activities

Therapy is usually face-to-face with the client or family and may be provided in the office or in the community.

- Individual therapy
- Group therapy (for two or more clients)
- Family therapy

Progress Notes

- Progress notes that fail to provide adequate information about the intervention(s) are at risk of disallowance because it may be unclear if the Therapy activity was provided.
- See Mental Health Services – Rehabilitation for group progress note information.

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V. Service Activity

B. Mental Health Services – Therapeutic Behavioral Services

Definition

Therapeutic Behavioral Services (TBS) Therapeutic Behavioral Services are a one-to-one therapeutic contact between a mental health provider and a client for a specified short-term period of time which is designed to maintain a child/youth's residential placement at the lowest appropriate level by resolving target behaviors and achieving short-term treatment goals.

Activities

TBS activities are usually face-to-face with the client and may be provided in most settings. TBS-related activities may also be provided with significant support persons and other professionals.

- One-to-one therapeutic contacts.
- TBS activities may also include assessment, collateral, and plan development, which are coded as TBS.

Miscellaneous

P&P
- TBS is only provided by qualified providers/companies. See P&P # 224 for more details.

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V. Service Activity

C. Crisis Intervention

Definition

Crisis Intervention (CI) is an immediate emergency response that is intended to help the client cope with a crisis (e.g., potential danger to self or others; potentially life altering event; severe reaction that is above the client's normal baseline, etc.).

Activities

CI activities are usually face-to-face or by telephone with the client or significant support persons and may be provided in the office or in the community.

- Assessment of the client's mental status and current need.
- Therapeutic services for the client.
- Education, training, counseling or therapy for significant support persons involved.

Progress Notes

- ☺ An excellent CI progress note contains a clear description of the "crisis," in order to distinguish the situation from a more routine event, plus the clinician's response/interventions to help stabilize the client.

Miscellaneous

Billing

- The maximum amount claimable to Medi-Cal for CI in a 24-hour period is 8 hours per client.

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V. Service Activity

D. Medication Support Services

Definition

Medication Support Services (MS) include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. These symptoms should be related to the client's documented diagnosis.

Activities

MS activities are usually face-to-face or by telephone with the client or significant support persons and may be provided in the office or in the community. MS may also include contact with other professionals.

- Evaluation of the need for psychiatric medication.
- Evaluation of clinical effectiveness and side effects of psychiatric medication.
- Medication education, including discussing risks, benefits and alternatives with the client or support persons.
- Ongoing monitoring of the client's progress in relation to the psychiatric medication.
- Prescribing, dispensing and administering of psychiatric medications.

Miscellaneous

Billing

- The maximum amount claimable to Medi-Cal for MS in a 24-hour period is 4 hours per client.

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V. Service Activity

E. Day Rehabilitation

Definition

Day Rehabilitation (DR) is a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development.

Activities

Service activities may include assessment, plan development, collateral, rehabilitation, and therapy.

Progress Notes

- DR services require weekly summaries that are reviewed and signed by a QMHP.

Miscellaneous

Billing

- For Medi-Cal reimbursement, the client must be present for at least 50 percent of the scheduled hours of operation for that day.
- Medication Support Services are billed separately from DR.

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V. Service Activity

F. Day Treatment Intensive

Definition

Day Treatment Intensive (DTI) is a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the client in a community setting.

Activities

Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Progress Notes

- DTI services require daily progress notes.
- DTI services require weekly summaries that are reviewed and signed by an LPHA.

Miscellaneous

Billing

- For Medi-Cal reimbursement, the client must be present for at least 50 percent of the scheduled hours of operation for that day.
- Medication Support Services are billed separately from DTI.

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V. Service Activity

G. Adult Residential Treatment

Definition

Adult Residential (AR) Treatment Service is rehabilitative services, provided in a non-institutional, residential setting, which provide a therapeutic community including a range of activities and services for clients who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program.

Activities

Service activities may include assessment, plan development, collateral, rehabilitation, and therapy.

Progress Notes

- AR services require weekly summaries that are reviewed and signed by a QMHP.

Miscellaneous

Billing	➢ Services shall not be billable unless there is face-to-face contact on the day of service and the client has been admitted to the program. AR may not be billed for days the client is not present.
Billing	➢ Medication Support Services are billed separately from AR.
FYI	➢ AR is also known as Transitional Residential or Transitional Housing.

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V. Service Activity

H. Crisis Residential Treatment

Definition

Crisis Residential (CR) Treatment Service is therapeutic or rehabilitative services, provided in a non-institutional, residential setting, which provides a structured program for clients as an alternative to hospitalization for clients experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care. The service supports clients in their effort to restore, maintain, and apply interpersonal an independent living skills, and to access community support systems.

Activities

Service activities may include assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

Progress Notes

- CR services require daily progress notes.

Miscellaneous

Assess-ment	➢ Clients admitted to CR must receive a mental health and medical assessment, including a screening for medical complications that may contribute to his/her disability, within three days prior to or after admission.
Billing	➢ Services shall not be billable unless there is face-to-face contact on the day of service and the client has been admitted to the program. CR may not be billed for days the client is not present.
Billing	➢ Medication Support Services are billed separately from CR.

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VI. Progress Notes

Progress notes are a summary description of what was accomplished or attempted at the time the service activity was delivered.

- General guidelines:
  - Every service activity is expected to have a separate, corresponding note.
  - All progress notes need to include the date of service, duration, location, type of service, and provider handwritten or approved electronic signature, plus credential.
  - All progress notes should be written/printed in black ink.
  - All progress notes should be legible.
- At a minimum, Rehabilitation, Therapy, Collateral, Crisis Intervention, and Therapeutic Behavioral Services progress notes need to contain the following three elements:
  1. A presenting problem and/or others and how they present themselves or the reason for the service activity.
  2. Your interventions or what you attempted.
  3. The outcome (i.e., the client's response to your intervention or the result of the activity).

Late Entry

☹ In the date column, write the date the service was provided and underneath the date write "late entry." In the body of the progress note, write "Late entry written on [date progress note is written]..." Then proceed with the rest of the note.

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VII. Non-Reimbursable Services

For Medi-Cal, some services are not eligible for reimbursement, even though they may be provided on behalf (and to the benefit) of the client. These non-reimbursable services include, but are not limited to, the following:

- Academic educational services.
- Vocational services which have as a purpose actual work or work training.
- Recreation.
- Personal care services provided to clients (e.g., grooming, personal hygiene, assisting with medication, preparation of meals, etc.).
- Socialization if it consists of generalized group activities which do not provide systematic individualized feedback to the specific target behaviors of the clients involved.
- Transportation of a client.
- Translation/interpretation services.
- Missed appointments, including documenting in the chart that a client missed an appointment.
- Travel time when no face-to-face contact with the client or significant support person was provided, including leaving a note on the door for the client.
- Leaving and/or listening to telephone messages.
- Communication via e-mail unless clinically appropriate (e.g., therapeutic communication for deaf and hard-of-hearing clients).
- Completing mandatory reports: CPS, APS, Tarasoff, etc.
- Completing Social Security reports, if there is no face-to-face contact with the client or significant support person.
- Clerical tasks: faxing, copying, mailing, etc.

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VII. Non-Reimbursable Services (cont.)

- Supervision in which the primary purpose is for the benefit of the clinician. Regularly scheduled supervision time would not be reimbursable, even though the client's care may be discussed. Similarly, non-scheduled supervision meetings (e.g., the supervisee is upset over a case and needs to debrief with his/her supervisor) is non-reimbursable. In contrast, non-scheduled supervision meetings may be reimbursable if the primary purpose is for the client, and if other staff could have easily substituted for the supervisor.

- Staff development activities, including conferences, workshops, trainings, reading literature, Internet searches, etc.

- Travel time if there is no face-to-face contact with the client or significant support person.

- Preparation for a service activity, such as collecting materials for a group session.

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VIII. Lockouts

A "lockout" means that a service activity is not reimbursable through Medi-Cal because the client resides in and/or receives mental health services in one of the settings listed below. A clinician may provide the service (e.g., CM for a client residing in an IMD), but it would not be reimbursable.

- Jail/Prison
- Juvenile Hall/Ranch (not adjudicated)
- IMD

No service activities are reimbursable if the client resides in one of these settings (except for the day of admission & discharge).

- Psychiatric Inpatient
- Psychiatric Nursing Facility

No other service activities are reimbursable if the client resides in one of these settings (except for the day of admission & discharge).

Exception: CM for placement-related services provided 30 days prior to discharge is reimbursable

- Adult Residential Treatment
- Crisis Residential Treatment

No other service activities are reimbursable if the client resides in one of these settings (except for the day of admission & discharge)

Exception: MS and CM are reimbursable

Crisis Stabilization (EPS)	Day Rehabilitation Day Treatment Intensive
MHS, MS, and CI are not reimbursable during the same time period that the client is at EPS. For example, if a CI activity is provided at 10:00 a.m. and the client is admitted to EPS at 2:00 p.m., then the CI activity is reimbursable.	MHS are not reimbursable if provided by the DR/DTI staff during the same time period that DR/DTI is open (e.g., 2:30 – 6:30 p.m.).

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IX. Glossary

Cost Center
A Uni/Care term that refers to a specific program. Also known as the reporting unit.

Emergency Psychiatric Services (EPS)
Santa Clara County's program that provides crisis stabilization services.

Institute for Mental Disease (IMD)
A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental illnesses.

Interns/Trainees
Undergraduate, graduate, and post-graduate students who are gaining experience, credit, or hours in conjunction with their academic program and discipline. They may provide the same service activities as their supervisor, but subject to the limitations of their discipline and academic program's requirements.

Licensed Practitioner of the Healing Arts (LPHA)
Includes physicians, licensed/waivered psychologists, licensed/waivered clinical social workers, licensed/waivered marriage & family therapists, and registered nurses

Mental Health Rehabilitation Specialist (MHRS)
A credential issued by the Quality Improvement Program for paraprofessionals who have a bachelor's degree plus four years of experience in a mental health setting. A master's degree in a mental health related field may substitute for two years of experience. A two-year college degree plus six years of experience would also meet the minimum qualifications.

Paraprofessional
An individual who provides mental health service activities but does not have a license/waiver/registration as a physician, psychologist, social worker, marriage & family therapist, nurse, psychiatric technician, or occupational therapist. If the individual does not have a bachelor's degree in a mental health field and does not have at least two years of mental health experience, then all progress notes must be co-signed.

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IX. Glossary (cont.)

Psychiatric Nursing Facility
A skilled nursing facility that includes special treatment program services for mentally disordered persons.

Qualified Mental Health Professional (QMHP)
Includes physicians, licensed/waivered psychologists, licensed/waivered clinical social workers, licensed/waivered marriage & family therapists, registered nurses, licensed vocational nurses, psychiatric technicians, and mental health rehabilitation specialists.

Significant Support Person
In the opinion of the client or the staff providing services, a person who has or could have a significant role in the successful outcome of treatment, including but not limited to the parents or legal guardian of the client who is a minor, the legal representative of the client who is not a minor, a person living in the same household as the client, the client's spouse, and relatives of the client.

Waivered Professional
A credential issued by the Quality Improvement Program for social workers and marriage & family therapists and by the State Department of Mental Health for psychologists, which means that the person may perform the same service activities and other services as a licensed professional in their discipline.

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X. Appendix: Medical Necessity Criteria - Diagnoses

INCLUDED DIAGNOSES
The following DSM-IV-TR disorders **qualify** for a **primary** diagnosis:

- Pervasive Developmental Disorders, except Autistic Disorder
- Attention Deficit and Disruptive Behavior Disorders
- Feeding and Eating Disorders of Infancy or Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders not elsewhere classified
- Adjustment Disorders
- Medication-Induced Movement Disorder
- Personality Disorders **(Axis II)**, except Antisocial Personality Disorder

EXCLUDED DIAGNOSES
The following DSM-IV-TR disorders **do not qualify** for a **primary** diagnosis:

- Autistic Disorder
- Learning Disorders
- Motor Skill Disorders
- Communication Disorders
- Tic Disorders
- Delirium, Dementia, and Amnestic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Other conditions that may be a focus of clinical attention, except Medication-Induced Movement Disorders
- Mental Retardation **(Axis II)**
- Antisocial Personality Disorder **(Axis II)**

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County of Santa Clara
Finance Agency
Controller-Treasurer Department

County Government Center
70 West Hedding Street, East Wing 2nd floor
San Jose, California 95110-1705
(408) 299-5200 FAX 289-8629

September 10, 2009

John Chiang
California State Controller

Attention: Ginny Brummels, Manager, Local Reimbursements
State Controller's Office

Dear Sir,

We are making this as a special request for your immediate consideration and action.

On June 30, 2009 the State Controller issued the draft audit report on the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747/84) for the period of July 1, 2003 through June 30, 2006. The original draft report was issued on March 13, 2009 which was superseded by the revised draft report dated June 30, 2009. A copy of the letter dated June 30, 2009 is attached.

This audit report identified a disallowance of $19,688,389 and indicated that an amount of $12,947,168 remains as overpayment to the County of Santa Clara. The draft audit report (third paragraph) stated "the County is reviewing claimed costs identified in its accounting system by its contractors as rehabilitation services to determine if these claimed costs are for activities reimbursable under the mandate. If the county subsequently provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, we will revise the final report as appropriate."

We have already started action on finding the corroborating evidence to your satisfaction and State auditors agreed to provide the County until February 2010 to submit evidence of findings. Meanwhile, the Local Reimbursement Section of the State Controller is proposing to deduct this disallowance from the payments due to the County on other SB90 claims. We request that the Local Reimbursement Section not offset the disallowance amount against future payments until the issue is settled. As stated in the letter enclosed, (first paragraph) "this revised draft report supersedes our previous draft report issued on March 12, 2009",

Board of Supervisors: Donald F. Gage, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss
County Executive: Jeffrey V. Smith

Received
April 22, 2011
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September 10, 2009

we presumed that the audit report issued on June 30, 2009 is a revised draft report. The County is expecting a final report from the State.

Our requests in the order of priority are as follows:

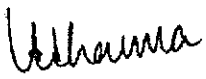
1) As agreed by the audit and stated in the audit report that the report issued so far is only a draft report and a final report will be issued as appropriate after the County furnishes additional information. The State Audit Division has given the County until February 2010 to do so. Therefore we request that no deductions be made from payments due to us for disallowances until such issues are finalized.

2) While we insist on the request item 1 above, in the event this request is not acceptable to the State, we are reluctantly agreeable to alternatively adjusting the disallowances (not finally determined) from the payables due to the County for the past years on this claim and not from other claims. We have identified $19,048,524 for years 2001 to 2003 claims filed by the County that are still payable by the State:

FY 2001	$3,268,406
FY 2002	$3,607,150
FY 2003	$12,173,968
Total	$19,048,524

We seek a favorable consideration and we are ready to come to Sacramento and meet with you to explain our requests if necessary. If you have any questions, please contact Lesha Luu, Accounting Division Manager, at 408-299-5236 or email at Lesha.Luu@fin.sccgov.org.

Sincerely,



Vinod K. Sharma,
Controller-Treasurer
County of Santa Clara

Cc: Jim L. Spano, Chief, Mandated Cost Audits Bureau, SCO
Nancy Kaatz, Chief Financial Officer-SCVHHS, SCC
Theresa Fluentas, Deputy County Counsel, SCC
Lizanne Reynolds, Deputy County Counsel, SCC

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JOHN CHIANG
California State Controller

September 11, 2009

'09 SEP 16 12:38PM

The Honorable Liz Kniss, President
Santa Clara County Board of Supervisors
70 West Hedding Street
San Jose, CA 95110-1768

Dear Ms. Kniss:

The enclosed transmittal letter dated June 30, 2009, corrects an error on the previously issued letter related to the State Controller's Office's (SCO) audit of costs claimed by Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program for the period of July 1, 2003, through June 30, 2006.

Inadvertently, we carried forward from the revised draft report the following sentence to the final report transmittal letter: "This revised draft report supersedes our previous draft report issued on March 13, 2009." Please replace the previously issued transmittal letter with the enclosed letter. The corrected version of this final report is on the SCO Web site at www.sco.ca.gov.

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849.

Sincerely,

JEFFREY V. BROWNFIELD
Chief, Division of Audits

JVB/wm

7719

Enclosure

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5874
SACRAMENTO 300 Capitol Mall, Suite 518, Sacramento, CA 95814 (916) 324-8907
LOS ANGELES 600 Corporate Pointe, Suite 1000, Culver City, CA 90230 (310) 342-5656

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cc: Lesha Luu, Division Manager-Accounting
Controller/Treasurer Department
Santa Clara County Finance Agency
Martha Paine, Director of General Fund Financial Services
Santa Clara Valley Health & Hospital System
Vinod K. Sharma, CPA
Controller-Treasurer
Santa Clara County Finance Agency
John V. Guthrie, Director of Finance
Santa Clara County
Todd Jerue, Program Budget Manager
Corrections and General Government
Department of Finance
Carol Bingham, Director
Fiscal Policy Division
California Department of Education
Stacey Wofford
Special Education Program
Department of Mental Health
Cynthia Wong, Manager
Special Education Division
California Department of Education
Ginny Brummels, Section Manager
Division of Accounting and Reporting
State Controller's Office

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JOHN CHIANG
California State Controller

June 30, 2009

'09 SEP 16 12:39PM

The Honorable Liz Kniss, President
Santa Clara County Board of Supervisors
70 West Hedding Street
San Jose, CA 95110-1768

Dear Ms. Kniss:

The State Controller's Office audited the costs claimed by the Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006.

The county claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs and understated offsetting revenues. The State paid the county $15,543,249. The amount paid exceeds allowable costs claimed by $12,947,168.

The county is reviewing claimed costs identified in its accounting system by its contractors as rehabilitation services to determine if these claimed costs are for activities reimbursable under the mandate. If the county subsequently provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, we will revise the final report as appropriate.

If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (CSM). The IRC must be filed within three years following the date that we notify you of a claim reduction. You may obtain IRC information at CSM's Web site link at www.csm.ca.gov/docs/IRCForm.pdf.

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849.

Sincerely,

JEFFREY V. BROWNFIELD
Chief, Division of Audits

JVB/sk

Corrected 09/11/09

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April 22, 2011
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OFFICE OF THE COUNTY COUNSEL
COUNTY OF SANTA CLARA

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(408) 299-5900 / (408) 292-7240 (FAX)

Miguel Márquez
ACTING COUNTY COUNSEL

Winifred Botha
Lori E. Pegg
ASSISTANT COUNTY COUNSEL

January 15, 2010

VIA EMAIL & U.S. MAIL

John Chiang, California State Controller
State Controller's Office
300 Capitol Mall, Suite 1850
Sacramento, CA 95814

Jeffery Brownfield, Chief
Division of Audits
State Controller's Office
300 Capitol Mall, 5th Floor
Sacramento, CA 95814

Jim L. Spano, Chief
Christopher Ryan, Audit Manager
Mandated Costs Bureau
Division of Audits
State Controller's Office
300 Capitol Mall, Suite 418
Sacramento, CA 95814

Re: *Audit of Mental Health Services Provided Disabled Students by the County of Santa Clara in Fiscal Years 2004, 2005, and 2006*

Dear Mr. Chiang, Mr. Brownfield, Mr. Spano, and Mr. Ryan:

In June of 2009, the State Controller's Office (SCO) completed an audit of the County of Santa Clara's reimbursement requests for costs incurred in providing mental health services to disabled students in fiscal years 2004, 2005, and 2006. Through its final audit report, the SCO denied the County reimbursement for the provision of mental health services to seriously emotionally disturbed children.

In response to the SCO's offer to consider additional evidence and to reassess this aspect of its audit decision, I write on behalf of the County of Santa Clara to respectfully request reconsideration. As explained below, the County believes that the SCO's audit decision is

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predicated on a misunderstanding of the nature of the mental health services for which reimbursement was denied, as well as an erroneous reading of the applicable Parameters and Guidelines and the regulations they interpret. I also write to provide the SCO with additional materials supporting this request, including a report from Dr. Margaret Rea, a psychologist and researcher at the University of California Davis retained by the County to independently assess whether the services the County provided to children fall within the reimbursable service categories set forth in the relevant regulations.

In light of the pendency of this request for reconsideration, the County asks that the SCO continue to postpone its deduction of the disallowed reimbursements from future payments owed to the County until it has made a final decision regarding the County's request for reconsideration. The SCO's ultimate determination regarding reimbursement for these services has implications not only for the County's ability to fund future mental health care, but also for the many children in serious need of mental health services going forward.

BACKGROUND

I. The County of Santa Clara's AB 3632 program and the provision of rehabilitation services

The federal Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400 *et. seq.*, requires that any state receiving federal education funding provide disabled children between the ages of 3 and 21 with a "free appropriate public education." *Id.* § 1412(a)(1)(A). Under the IDEA, disabled children are entitled to such "special education" accommodations and "related services" as are necessary to enable them to benefit from a free appropriate public education. *Id.* § 1401(3)(A)(ii). These educational accommodations and related services must be provided in the "[l]east restrictive environment" possible given each student's unique needs. *Id.* § 1412(a)(5).

Both state and federal law define "related services" to include mental health services, including "rehabilitation counseling." *See* former 20 U.S.C. § 1401(22), Pub. L. 91-230VI, § 602, as added Publ. L. 105-17, Title I, § 101, 111 Stat. 42 (Jun 4, 1997); Cal. Educ. Code § 56363(a); *see also* 20 U.S.C. § 1401(26)(A).

The IDEA requires that state education agencies ensure that all related services, including mental health services, identified in a disabled student's individualized education program (IEP) are provided to that child. *See* 20 U.S.C. § 1414(d)(1)(A). In response to this requirement, the State of California enacted Assembly Bill 3632 (AB 3632), now codified as California Government Code section 7570 *et seq.*, which shifted the responsibility for providing mental health services to disabled children from local education agencies to county mental health departments. *See* Cal. Gov. Code § 7576(a). In enacting this law, the State imposed a mandate on county mental health departments, triggering the state Constitution's requirement that

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localities be reimbursed for the costs associated with carrying out that mandate. Cal. Const. Art. XIIB § 6.

To carry out this mandate, the Santa Clara County Mental Health Department provides various mental health services to children with disabilities. Among the services provided are the mental health "rehabilitation services" here at issue. The rehabilitation services are provided by the County through various service providers and generally consist of one-on-one mental health interventions individually tailored to equip the child with the skills he or she needs to benefit from his or her education and to avoid a more restrictive placement. The rehabilitation services are provided by a Mental Health Rehabilitation Specialist ("MHRS") who has been trained in cognitive behavioral interventions.

In providing these services, the MHRS generally meets with the student in his or her usual environments—at home or in school—to provide behaviorally-focused counseling as the child navigates the situations that may be challenging to him or her, helping the child build the skills he or she needs to meet the goals set forth in the child's IEP. Specifically, the MHRS may work with the child on redirecting, role-modeling, and developing coping mechanisms to teach, reinforce, and support positive behavioral change. These interventions are specifically tailored to achieve the child's IEP goals, such as improving the child's management of the symptoms of his or her mental health diagnosis (anger, impulsivity, anxiety, oppositional behavior, etc.) that make it difficult or impossible for him or her to function in an educational environment. The MHRS may also accompany the child to school or other community settings to assist him or her in modulating his or her behavior, providing interventions that develop the self-management skills necessary for the child to function in his or her school environment without more restrictive mental health interventions.

These services represent common, effective, researched-based modes of mental health treatment for seriously emotionally disturbed children that offer them an alternative to the traumatic experience of institutionalization, group-home placement, or other similarly restrictive placements. Importantly, as discussed further below, all of the children who receive rehabilitation services in Santa Clara County would require more restrictive (and more costly) mental health interventions if rehabilitation services were not provided to them.

As explained in Dr. Nancy Peña's May 5, 2009 letter to the SCO and in greater detail below, the County's use of the terms "rehabilitation" or "outpatient rehabilitation" to describe these services is an administrative convention; the use of those terms, as opposed to the terms explicitly set forth in the applicable Parameters and Guidelines and regulations (e.g. "day rehabilitation"), has no bearing on the underlying nature of the actual services at issue or on whether they are reimbursable.

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II. The Controller's 2009 audit and decision

A. The SCO's draft audit reports and the County's responses

In 2008, the SCO advised the County that it was initiating an audit of the County's AB 3632 expenses incurred during fiscal years 2004, 2005, and 2006. On March 13, 2009, the SCO issued an initial draft audit report, through which it identified several claims it considered non-reimbursable, but did not address the County's claims for rehabilitation services. Initial Draft Audit Report at p. 6. In late April 2009, however, the SCO contacted the County Department of Mental Health by phone to advise the County that it had neglected to indicate an additional planned disallowance for rehabilitation services. In subsequent communications, the SCO provided the County an initial opportunity to present materials demonstrating that these costs are reimbursable.

In May 2009, the County submitted a response to the SCO in support of its request for reimbursement for rehabilitation services. The response consisted of a letter from Dr. Nancy Peña, Director of the County Mental Health Department, and supporting letters from five impacted service providers (EMQ, Rebekah, AACI, AchieveKids, and Gardner), describing the nature of the rehabilitation services at issue. In addition, the County submitted excerpts of 20 patient files of children receiving rehabilitation services, as supporting documentation demonstrating the nature of the rehabilitation services provided by the County. Each file included, along with other documents, a sample of the "progress notes" written by the MHRS who provided rehabilitation services to the child. These progress notes provide detailed narrative descriptions of the services provided during individual rehabilitation sessions. These files establish that the rehabilitation services provided by the County are intensive mental health interventions provided pursuant to a Mental Health Treatment Plan for the purposes of mitigating symptoms of the children's psychiatric diagnoses.

After receiving the County's submission, the SCO issued a revised draft audit report on May 22, 2009, stating that the County had "[c]laimed . . . ineligible . . . rehabilitation services for the entire period." Revised Draft Audit Report at p. 6. The revised draft audit report provided no explanation for disallowing the rehabilitation services.

On June 19, 2009, Vinod Sharma, the County's Controller-Treasurer, submitted a letter to the SCO setting forth the County's bases for disagreeing with the conclusions contained in the revised draft audit report. Mr. Sharma presented the County's position that both federal and state law make plain that the rehabilitation services provided by the County are reimbursable.

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B. The SCO's final audit report

On June 30, 2009, the SCO issued its final audit report. Finding One[1] of this report addressed the question of whether the County's rehabilitation services are reimbursable under the AB 3632 program. The SCO did not dispute any of the legal assertions presented in Mr. Sharma's letter, *see* Final Audit Report at p. 10, and it "d[id] not dispute the need for nor the basis to provide rehabilitation services prescribed within a pupil's IEP in accordance with federal IDEA regulations." *Id.* at p. 12. Nevertheless, the SCO concluded that "the services provided [are] outside of the program's [P]arameters and [G]uidelines and [therefore] are not subject to reimbursement under the state-mandated cost program." *Id.*

The SCO based this conclusion primarily on its reading of section 60020 of Title 2 of the California Administrative Code, the regulation that "provide[s] the basis for the [AB 3632] services in the state mandated cost program." Final Audit Report at p. 10. The SCO also based its conclusion on the Commission on State Mandate's May 26, 2005 Statement of Decision. *Id.* Relying on its reading of these sources, the SCO provided two rationales for its decision to disallow the County's claimed costs.

First, the SCO reasoned that because the term "rehabilitation" was not included in Cal. Admin. Code, tit. 9, § 543, which prior to 1998 listed the reimbursable "[o]utpatient [s]ervices" for purposes of AB 3632, rehabilitation is not a reimbursable outpatient service.[2] In reaching this conclusion, the SCO emphasized the County's use of the term "rehabilitation" to describe the services here at issue, noting that the Commission's 2005 Statement of Decision rejected the notion that the Medi-Cal definition of rehabilitation services set forth in Cal. Admin. Code, tit. 9, § 1810.243 should be used for purposes of the AB 3632 program. Final Audit Report at p. 11.

Second, the SCO concluded that the rehabilitation services offered by the County do not fall within the services listed in Cal. Admin. Code, tit. 9, § 542, which prior to 1998 set forth the reimbursable "day services" for purposes of AB 3632. Specifically, the SCO found that the rehabilitation services provided by the County do not constitute "day care habilitative services" under section 542(b), because "[d]ay care habilitative (rehabilitation) services do not include vocational services or socialization services, as these are separate and distinct services." Final Audit Report at p.11. In the view of the SCO, the County's rehabilitation services include vocational and socialization services and thus cannot be classified as "day care habilitative services." *Id.*

Based on these two rationales, the SCO disallowed reimbursement for the County's

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[1] This request addresses only Finding One of the SCO's June 2009 audit report. It does not address any other findings in that report. The County reserves the right to challenge those findings in separate proceedings.

[2] Cal. Admin. Code. tit. 2, § 60020 was amended in 1998. The 1998 amendment removed the reference to Cal. Admin. Code, tit. 9, §§ 542, 543.

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claimed rehabilitation costs. The cover letter to the SCO's final audit report stated that "[i]f the County subsequently provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, we will revise the final report as appropriate." In follow-up communications with the County, the SCO agreed to forestall deduction of the disallowed costs from payments owed to the County until February 2010 in order to allow the County to present such evidence.

III. Review of the County's Files by an Independent Mental Health Expert

To validate independently the County's view that its rehabilitation services are reimbursable, the County Counsel's Office retained Dr. Margaret Rea, a psychologist and researcher at the University of California Davis, specializing in child and adolescent psychology. We asked Dr. Rea to review a subset of the patient files for the children who were provided rehabilitation services by the County during fiscal years 2004, 2005, and 2006, and to provide her professional opinion regarding the nature of the services provided.

In order to identify a representative subset of these files for Dr. Rea's review, we reviewed the County Mental Health Department's SB 90 billing records for fiscal years 2004, 2005, and 2006, and determined that approximately 95% of rehabilitation services were provided by three service providers: EMQ (85.5% of all rehabilitation service visits), Rebekah (8.2%), and AchieveKids (0.5%). We then requested from these three providers the files of all children who received rehabilitation services at any time during the three audited years and who were not enrolled in Medi-Cal. From this pool of files, we selected 33 files at random—27 files from EMQ, 4 files from Rebekah, and 2 files from AchieveKids—roughly reflecting the providers' proportional shares of the County's rehabilitation services over the three audited years. The children whose files we selected represent approximately 9% of the total number of children not enrolled in Medi-Cal who received rehabilitation services at some point during the three audited years. After selecting this random sample using the methodology described above, we reproduced the relevant documents from each child's file, including all of the "progress notes" from the three audited years describing rehabilitation service visits, and provided them to Dr. Rea to review.

After she completed her review of these files, we asked Dr. Rea to review an additional sample: the 20 files that the County had submitted to the SCO in May 2009. The copies of these files the County originally submitted to the SCO in May 2009 contained only a sample of the progress notes that describe individual rehabilitation service visits. To ensure that Dr. Rea was able to comprehensively review the rehabilitation services provided to each child in this sample, we supplemented the progress notes contained in the files originally submitted to the SCO so that each file Dr. Rea reviewed contained all of the progress notes describing rehabilitation service visits during fiscal years 2004, 2005, and 2006.

We asked Dr. Rea to determine, based on her professional experience and familiarity with

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the various modes of treatment provided to seriously emotionally disturbed children, whether the services described in the progress notes in each of the 53 files she reviewed documented a specific and identifiable mode of treatment, and whether, in her professional judgment, that mode of treatment aligned with any of the service functions listed as covered "mental health services" in Cal. Admin. Code, tit. 2, § 60020.

At County Counsel's request, Dr. Rea prepared a report describing her conclusions. That report is attached as Exhibit 1 to this letter. A disc containing each of the 53 files reviewed by Dr. Rea is attached as Exhibit 2.[3] Based on her review of these files, Dr. Rea reached the following conclusions:

> The services provided by the County under the label "mental health rehabilitation services," as described in the patient files considered for this expert report, fit within the definition of "mental health services" under both the pre-amendment and post-amendment versions of Cal. Admin. Code, tit. 2, § 60020. Under the post-amendment version of Cal. Admin. Code, tit. 2, § 60020, all of the services described in the patient files fall under the "day rehabilitation" category . . . . If applying the definition of "mental health services" in Cal. Admin. Code, tit. 2, § 60020 before it was amended in 1998, all of the services described in the patient files qualify as "day care habilitative services[.]"
>
> I feel confident in stating that the files I reviewed, and more specifically the content of the progress notes I reviewed, demonstrate that the interventions used by the providers are consistent with both "day rehabilitation" and "day care habilitative services." All of the patients whose files I reviewed were children who carried distinct and severe psychiatric diagnoses, the symptoms of which clearly interfered with their ability to function at school. In turn, the interventions described in the progress notes had the ultimate goal of assisting the children to cope with the psychiatric symptoms that were impeding their ability to function at the highest level possible in the least restrictive environment. Overall, the interventions described were cognitive behavioral interventions aimed at helping these children better manage the emotional and behavioral challenges they face in order to restore and/or develop the level of functioning necessary for them to participate meaningfully in their education in the least restrictive environment possible.

Exhibit 1 at pp.7-8.

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[3] These files include confidential patient health and mental health information and are being disclosed to the SCO solely for payment purposes pursuant to California Welfare & Institutions Code section 5328 and the federal Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164. Please treat this information as confidential in compliance with the foregoing laws.

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BASIS FOR THE COUNTY'S REQUEST FOR RECONSIDERATION

Contrary to the SCO's conclusion, the mental health services that the County labeled "rehabilitation services" are reimbursable under the applicable Parameters and Guidelines, regulations, and statutes, as established by the evidence discussed above and for the reasons set forth below.

I. The Parameters and Guidelines do not preclude reimbursement for rehabilitation services; to the contrary, the Parameters and Guidelines and applicable regulations specifically identify "day rehabilitation" as a reimbursable mental health service.

The Parameters and Guidelines relevant to this audit (Handicapped and Disabled Students II, No. 02-TC-40, 02-TC-49) state that "the following activities are eligible for reimbursement: . . . [p]rovid[ing] [p]sychotherapy or [o]ther [m]ental [h]ealth [t]reatment [s]ervices (Cal. Code Regs., tit. 2, §[] 60020, subd. (i)[].]" *See* Ps & Gs at pp. 3, 6. In citing section 60020, the Parameters and Guidelines incorporate the definition of "mental health services" set forth in that section, which reads as follows:

> "Mental health services" means mental health assessments and the following services when delineated on an IEP in accordance with Section 7572(d) of the Government Code: psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, *day rehabilitation*, and case management. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin.

Cal. Admin. Code, tit. 2, § 60020(i) (emphasis added). As Dr. Rea notes in her expert report, the services provided by the County under the label "rehabilitation services" fall within the service function that section 60020(i) labels "day rehabilitation." *See* Exhibit 1 at pp.4-6.

Neither the relevant statutes and regulations nor the Parameters and Guidelines provide a definition of the term "day rehabilitation." Accordingly, in assessing the extent to which the County's "rehabilitation services" fall within the regulatory category "day rehabilitation," Dr. Rea relied on her expertise regarding the ordinary use of those terms in the field of psychology. Her assessment was as follows:

> Based on my experience in the mental health field and my familiarity with the terminology used to describe various modes of treatment, "day rehabilitation" is a broad treatment category that would include any interventions aimed at restoring a child's previous level of functioning or helping a child develop an age-appropriate level of functioning that would maximize their ability to meet appropriate

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> educational goals. The use of the word "day" implies that the treatment is not a continuous 24-hour intervention.
>
> Based on my review of the progress notes describing the mental health rehabilitation services here at issue, the services being provided by the service providers with whom the County of Santa Clara contracts fall within the category of "day rehabilitation." In the files I reviewed, all the rehabilitation services provided were in the form of structured behavioral techniques based on a cognitive behavioral framework, which focused on assisting the child to restore a more adaptive and healthy level of functioning. The interventions were aimed at helping the children develop the highest level of independent functioning possible given their significant psychiatric diagnoses. Many notes further indicate specific interventions aimed at preventing these children from posing danger to themselves or to others. Applying the common professional understanding of the term "rehabilitation," which is widely used and well accepted in the field of psychology, these interventions fit that definition.

Exhibit 1 at pp. 4-5.

There is nothing in the Parameters and Guidelines, in section 60020, or in any other applicable regulation or statute that suggests that the term "day rehabilitation" as used in section 60020 should be given a construction narrower than that given by professionals in the field. The SCO's audit decision did not explicitly consider whether the rehabilitation services provided by the County fall within the category of "day rehabilitation," and instead addressed only the question of whether these services can be considered "day care habilitative services." *See* Section II, *infra*. Given that the services provided by the County under the label "rehabilitation services" would fall squarely within the definition of "day rehabilitation" as that term is used in the field of psychology, and given that "day rehabilitation" is expressly identified as a reimbursable service in the relevant regulations and Parameters and Guidelines, the SCO's conclusion that rehabilitation services are non-reimbursable is erroneous.

II. The SCO's reliance on Title 9 sections 542 and 543 of the California Administrative Code is misplaced, as the reference to those sections was removed from section 60020 in 1998.

In concluding that the County's rehabilitation services were non-reimbursable, the SCO relied on sections 542 and 543 of title 9 of the California Administrative Code, code sections that prior to 1998 listed two categories of "mental health services"—"outpatient services" and "day services"—that were reimbursable under the AB 3632 mandate. Because neither section 542 nor section 543 contains the precise phrase "rehabilitation services," the SCO concluded that sections 542 and 543 provide a basis for disallowing reimbursement for rehabilitation services. As discussed in detail in Section III, *infra*, rehabilitation services do in fact fall within the

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reimbursable service categories listed in sections 542 and 543. More importantly, however, the SCO erred in relying on these regulations.

The "emergency" interagency regulations implementing AB 3632 first became effective in 1986. *See* former Cal. Admin. Code, tit. 2, §§ 60000 through 60610. Rather than defining "mental health services" for purposes of the AB 3632 program, the emergency regulations simply referred to and incorporated the list of mental health services provided in sections 542 and 543 of Title 9 of the California Administrative Code, a separate regulatory scheme created to implement the Short-Doyle Act. The emergency regulations were extended repeatedly until 1998, when an amended set of interagency regulations was issued to replace the emergency version. The amended regulations no longer cite to sections 542 and 543 of the Short-Doyle regulations to define "mental health services" for purposes of AB 3632. *See* Cal. Admin. Code, tit. 2, § 60020(i). The Parameters and Guidelines that govern this audit incorporated the amended definition of "mental health services" that appears in the current version of Cal. Admin. Code, tit. 2, § 60020(i), not the pre-1998 emergency regulations, codified at former Cal. Admin. Code, tit. 2, § 60020(a). *See* Ps & Gs at p. 6.

In its final audit report, the SCO initially quoted the proper, amended version of section 60020, but went on to analyze whether rehabilitation services were reimbursable based on its interpretation of the now-irrelevant Short-Doyle regulations. The SCO should have applied the amended version of section 60020 to which the Parameters and Guidelines cite, and analyzed whether the rehabilitation services here at issue fall within the category of "day rehabilitation." As explained above, the County's rehabilitation services do in fact fall squarely within that definition.

III. Even if sections 542 and 543 were applicable, the County's rehabilitation services are reimbursable.

As noted above, the SCO erred in looking to the Short-Doyle regulations to interpret section 60020's definition of "mental health services." But, assuming *arguendo* that the Short-Doyle regulations' definitions *were* controlling in the AB 3632 context, those definitions unquestionably support the County's position that its rehabilitation services are reimbursable mental health services.

Section 542 of the Short-Doyle regulations defines a category of mental health services called "[d]ay services," which are "services designed to provide alternatives to 24-hour care and supplement other modes of treatment and residential services." Cal. Admin. Code, tit. 9, § 542. One sub-category of "day services" is "day care habilitative services," which is defined in section 542 as follows:

> services designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence at the best possible functional level for the patient with

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> chronic psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service.

Cal. Admin. Code, tit. 9, § 542(b). Restoring or maintaining personal independence is a primary goal of the County's rehabilitation services. These services are designed to keep seriously emotionally disturbed children in their current environments (often at home, where they live "semi-independently," with parents or guardians) and out of more restrictive institutional placement, by providing them with intensive mental health counseling that enables them to function at school and at home. Further, the regulations specifically note that "day services," of which day care habilitative services are a sub-category, are "services designed to provide *alternatives to 24-hour care* and supplement other modes of treatment and residential services." *Id.* § 542 (emphasis added). Again, this is precisely the goal of the rehabilitation services provided by the County.

In assessing whether the services provided by the County under the label rehabilitation services fall within the above definition of day care habilitative services, Dr. Rea reached the following conclusions:

> Based on the definitions described in the regulation, and based on my experience in the mental health field and my familiarity with the terminology used to describe various modes of treatment, "day care habilitative services" is, like "day rehabilitation," a broad service category that would include all of the therapeutic interventions described in the progress notes. Most certainly, the files I reviewed described interventions that were aimed at restoring functioning at the best possible level for the children involved. The goals of all the interventions described were to assist the children to better manage their psychiatric symptoms so that they could function in the least restrictive environment in school as well as at home. The goals of the interventions were just as described in the above definition – they were designed to provide counseling and rehabilitation so the child could develop more adaptive coping skills to function independently or at least at the best possible level given their chronic psychiatric diagnoses.

Exhibit 1 at p. 7. Based on the plain language of section 542 and on Dr. Rea's review of the County's files, the rehabilitation services provided by the County fall squarely within the category "day care habilitative services."

IV. The State Department of Mental Health's exclusion of vocational and socialization services from the definition of "mental health services" under AB 3632 has no effect on the reimbursable nature the County's rehabilitation services.

The SCO reasoned that the County's rehabilitation services are not reimbursable because, in the SCO's view, the services "include elements of vocational and socialization services."

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Final Audit Report at p. 11. On that basis, the SCO concluded that rehabilitation services cannot be considered "day care habilitative services." The SCO is correct that the 1998 interagency amendments to the AB 3632 regulations removed "vocational" and "socialization" services from the definition of "mental health services." *See* Cal. Admin. Code, § 60020(i); *see also* Final Statement of Reasons, Joint Regulations for Handicapped Children, Government Code, Title 2, Chapter 26.5, Division 9 (Ord. 0697-16, 1998) ("Final Statement of Reasons"). Yet the SCO was wrong to conclude that *any* mental health intervention that might contribute to a child's ability to function socially, interpersonally, and eventually professionally is therefore categorically excluded from AB 3632's definition of "mental health services."

As the County's patient files make clear, the purpose of rehabilitation services is to work toward the child's mental health goals, as defined in the IEP, so that the child may overcome, in whole or in part, the mental health-related problems that keep him or her from benefiting from a free appropriate public education. For example, an MHRS may conduct a role-playing activity centered on a child's ability communicate with his or her teachers and peers when he or she is anxious or angry. Such an activity is not aimed primarily at improving the child's social relationships; rather, it is aimed at helping the child understand and moderate his or her emotions so that he or she can communicate appropriately with others and function safely in a school environment. In light of the IDEA and AB 3632's central purpose of enabling disabled children to benefit from a free appropriate public education, it simply cannot be the case that *any* mental health service that helps a child to become aware of and moderate behavior toward others, thereby enabling the child to function at school, is a "socialization" service ineligible for reimbursement, as the SCO seems to suggest. Similarly, if an MHRS counsels a child on time management in the context of a treatment plan that aims to help the child control impulsivity in order to curb its negative impact on the child's ability to function at school, the fact that these services might also be useful in preparing the child for eventual employment cannot render the entire rehabilitation relationship impermissibly "vocational."

Dr. Rea addressed this question in the context of her analysis of the rehabilitation services provided by the County:

> Although some of the specific interventions described in the progress notes may develop children's "socialization" or "vocational" skills, it was clear that the primary goal of these interventions was to equip these children with the skills necessary to enable them to function in the least restrictive manner in an educational setting by enabling them to behave appropriately in interactions with teachers and peers – e.g. teaching them anger management, management of emotional impulses, etc. Indeed, it was clear that the ultimate goal of the treatment in such cases was to assist the child in managing their symptoms in order to enable the child to meaningfully participate in an educational setting; it was not to develop social or vocational skills for their own sake. If, as for many of these children, their anger management difficulties and

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> lack of impulse control precluded a healthy and safe relationship with peers, then behavioral intervention aimed at supporting peer socialization would be crucial.

Exhibit 1 at p. 6.

One of the IDEA's central purposes is to ensure the educational opportunity of seriously emotionally disturbed children whose mental health diagnoses make it difficult for them to interact safely and appropriately with others. *See* 34 C.F.R. § 300.8(c)(4)(i) ("[Serious] [e]motional disturbance means a condition . . . that adversely affects a child's educational performance [including] . . . [a]n inability to build or maintain satisfactory interpersonal relationships with peers and teachers."). Helping these children learn to communicate and to build safe, productive relationships with teachers and peers is essential to their ability to function in a school environment and benefit from a free appropriate public education. To interpret the exclusion of socialization and vocational services from the 1998 regulatory amendments as precluding reimbursement for any mental health service that may provide incidental socialization or vocational benefits stymies the very purpose of the statutory scheme the regulations are meant to implement.

The explicit intent of the regulations implementing AB 3632 as amended in 1998 was "to assure conformity with the federal Individuals with Disabilities Education Act . . . [and] its implementing regulations[.]" Cal. Admin. Code, tit. 2, § 60000; *accord* Final Statement of Reasons at p. 1. Indeed, section 60000 states that "provisions of this chapter shall be construed as supplemental to, and in the context of, federal and state laws and regulations relating to interagency responsibilities for providing services to pupils with disabilities." Cal. Admin. Code, tit. 2, § 60000. Reading the regulations consistently with the relevant federal and state laws and regulations yields only one logical conclusion: services that are *only* socialization services or vocational services are not "mental health services" for AB 3632 purposes, but services that incidentally enhance the child's social and vocational skills, like the County's rehabilitation services, can fall within section 60020's definition of "mental health services."

V. The Commission on State Mandates' 2005 Statement of Decision does not define rehabilitation services as non-reimbursable.

The SCO concluded that the Commission on State Mandates' 2005 Statement of Decision supported the exclusion of rehabilitation services from the category of reimbursable mental health care. Specifically, the SCO pointed to a footnote in the Commission's decision, which explained that Los Angeles County had urged the Commission to define "mental health services" for purposes of AB 3632 to include all services falling under the broad definition of "rehabilitation" that appears in the Medi-Cal regulations. Those regulations define "rehabilitation" as:

> a service activity which includes, but is not limited to[,] assistance in improving,

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> maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

Cal. Admin. Code, tit. 9, § 1810.243. The Commission declined to adopt this Medi-Cal definition of rehabilitation for purposes of AB 3632, reasoning that section 60020 referred not to the Medi-Cal regulations, but rather to the Short-Doyle regulations, to define covered services. *See* 2005 Statement of Decision at p. 39, fn. 103. Although the reference to the Short-Doyle regulations in section 60020 had been removed in 1998, the Commission determined that in the context of the test claim before it, it lacked "jurisdiction to address the statutory and regulatory amendments made to the program since 1985." As a result, the Commission analyzed the pre-1998 version of section 60020. *See* 2005 Statement of Decision at 8-9. As explained above, those regulations were not referenced in section 60020 during the time period relevant to the audit, as the reference to the Short-Doyle regulations was removed from the regulations in 1998.

In any event, the Commission expressed no view on whether some *other* definition of rehabilitation services might qualify as a "mental health service" for purposes of AB 3632. Indeed, nothing in the 2005 Statement of Decision requires the categorical exclusion of all mental health treatments that are rehabilitative, nor could it. The Statement of Decision held only that the Medi-Cal definition, which includes such activities as assistance in leisure skills and meal preparation, is too capacious to be applied in the AB 3632 context. But the Commission's footnote does not state, nor can it be reasonably interpreted as asserting, that *all* mental health services that might come within the Medi-Cal definition are excluded from the range of services allowable under AB 3632. Such a reading of the Commission's footnote would require the exclusion of a substantial number of the service functions that are routinely reimbursed, including, most obviously, "day rehabilitation." The SCO erred, therefore, in interpreting the Commission's footnote to require the exclusion of the County's rehabilitation services.

That rehabilitation services fall within the scope of reimbursable mental health services is further demonstrated by a letter sent by the California Department of Mental Health to the Commission on State Mandates on February 19, 2009. *See* Exhibit 3, attached (DMH Letter). In that letter, the Department of Mental Health states that in its view, rehabilitation services are clearly reimbursable because "rehabilitation is an essential component of many mental health services." DMH Letter at p. 2. The Department of Mental Health's view that rehabilitation services fall within the scope of the AB 3632 mandate is highly persuasive given that the Department of Mental Health is the entity charged with promulgating the regulations that define the scope of mental health services that must be provided by County mental health departments under AB 3632. *See* Cal. Gov. Code § 7576(a). Accordingly, the SCO erred in concluding that rehabilitation services are non-reimbursable.

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VI. The SCO's interpretation of the Parameters and Guidelines and section 60020 is inconsistent with state law and the federal IDEA.

Finally, the SCO's decision should be reconsidered because the interpretation of the Parameters and Guidelines upon which it is based would render the Parameters and Guidelines inconsistent with both state and federal law.

Under the IDEA, disabled children are entitled to such "special education" accommodations and "related services" as are necessary to enable them to participate in and benefit from a free appropriate public education. 20 U.S.C. § 1401(3)(A)(ii). Both state and federal law define "related services" to include mental health services, including "rehabilitation counseling." *See* former 20 U.S.C. § 1401(22), Pub. L. 91-230VI, § 602, as added Publ. L. 105-17, Title I, § 101, 111 Stat. 42 (Jun 4, 1997); *see also* 20 U.S.C. § 1401(26)(A); Cal. Educ. Code § 56363(a). AB 3632, codified at California Government Code sections 7570 *et seq.*, explicitly incorporates the federal definition of "related services" and assigns responsibility for providing "related services," which include "rehabilitation counseling," to county mental health departments. *See* Cal. Gov. Code §§ 7570, 7576(a).

In its audit decision, the SCO concluded that the AB 3632 mandate does not require county mental health departments to provide rehabilitation services, as these services are "provided outside of the [AB 3632] program's parameters and guidelines." Final Audit Report at p. 12. If this were correct, Santa Clara and other California county mental health departments would have no obligation to provide rehabilitation services under Government Code sections 7570 *et seq.* notwithstanding their inclusion in a child's IEP. The stated purpose of the law, to "[e]nsur[e] maximum utilization of all state and federal resources available to provide a child with a disability . . . with . . . related services," which includes "rehabilitation counseling," would be eviscerated.

Moreover, were county mental health departments not mandated to provide these services, the state would be in violation of federal law. The IDEA unequivocally requires that the states ensure that "related services" provided to a child with disabilities include "rehabilitation counseling" where such a service is required under the child's IEP. *See* 20 U.S.C. § 1412(a)(12).

The SCO's conclusion that the Parameters and Guidelines do not provide for reimbursement for rehabilitation services must be rejected, as such an interpretation would render the Parameters and Guidelines inconsistent with state and federal law.

CONCLUSION

For the foregoing reasons, the County of Santa Clara respectfully requests that the SCO reconsider its decision to find the rehabilitation services provided by the County non-

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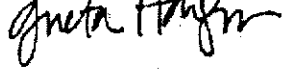
reimbursable. In the view of the County, the SCO's audit decision (1) is inconsistent with the factual record presented by the County and supplemented here at the SCO's invitation and (2) contravenes the regulations that define reimbursable mental health services for purposes of AB 3632, the applicable Parameters and Guidelines, and state and federal law defining the mental health services that must be offered to disabled children pursuant to the IDEA.

If you have any questions regarding the County's request for reconsideration, please do not hesitate to contact me at 408-299-5930 or by email at greta.hansen@cco.sccgov.org.

Very truly yours,

MIGUEL MÁRQUEZ
Acting County Counsel



GRETA S. HANSEN
Deputy County Counsel

CC: Lynn Pasahow, Ryan Tyz, & Betsy White, Fenwick & West, LLP

GSH:gsh

217967

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Exhibit 1

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The attached Expert Report includes confidential patient health and mental health information, which is being disclosed solely for payment purposes pursuant to Welfare & Institutions Code section 5328 and the Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164. Please treat this information as confidential in compliance with the foregoing laws.

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Expert Report of Margaret Rea, Ph.D.

Submission to State Controller's Office

Margaret Rea, Ph.D.
January 14, 2009

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I. INTRODUCTION

A. Qualifications

1. I am a psychologist licensed to practice in California since 1991. I received my Ph.D. in clinical psychology from Yeshiva University and have twenty-five years of experience working with both children and adults. Please see my attached CV for details concerning my background and training.

2. A primary focus of my work has been cognitive behavioral interventions for adults and adolescents, during which I have had the opportunity to provide and supervise treatment. In my research and clinical work with children and adolescents, I have interacted with clinicians and families regarding the IEP process and the associated implementation of mental health services. For many years I directed a clinic research unit at the University of California, Los Angeles (UCLA) for the treatment of bipolar disorder in which the core clinical intervention was family-based behavioral intervention, a process whereby patients and their families were taught cognitive behavioral strategies aimed at improving their illness management. More recently, I directed a five-site research project at UCLA, which involved training clinicians in community and hospital settings on how to implement evidenced-based practices for the treatment of depression in adolescents. For the past several years, I have worked directly with clinics in California and Michigan to train their staff on how to use cognitive behavioral therapy in the treatment of their clients, with the goal of bringing evidence-based practices from the research arena into real-world settings.

B. Publications

3. I have co-authored twenty published articles in the field of psychology, many of them focused on using behavioral interventions to treat mental health disorders in children and adolescents. Please see my attached CV for a full list of my publications and presentations.

C. Assignment; Scope of Opinion

4. On December 18, 2009, I received a memo and instructions from Counsel for the County of Santa Clara ("Counsel"). I was asked to assess, based on my experience and judgment as a clinician, whether and to what extent the services the County has been providing under the label "mental health rehabilitation services" fit within one or more of the categories of "mental health services" defined in Cal. Admin. Code, tit. 2, § 60020 (both the old and amended versions).

D. List of Materials Reviewed, Considered, and/or Relied upon in Preparing Report

5. I relied on my extensive experience as a clinical psychologist in my analyses and opinions described below. I also reviewed a sample of case files obtained from providers with which the Santa Clara County Department of Mental Health contracts to provide mental health services to emotionally disturbed children, including mental health rehabilitation services. On December 18, 2009, I reviewed 33 patient files of children receiving mental health rehabilitation services. Counsel explained to me that the files I reviewed were chosen at random from the files of children not enrolled in MediCal who were treated by the three service providers (Eastfield

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Ming Quong (EMQ), Rebekah Children's Services, and AchieveKids) that provide the vast majority of the mental health rehabilitation services to children within Santa Clara County. In general, each file contained:

- The child's "Chapter 26.5 Mental Health Assessment," completed by the Santa Clara Valley Health and Hospital System Department of Mental Health

- Chapter 26.5 Mental Health Goals and Objectives

- Mental Health Intake Assessment and/or Mental Health Update Assessment(s)

- The child's initial "Treatment Plan," completed by the service provider (EMQ, Rebekah Children's Services, or AchieveKids), plus any subsequent Treatment Plans

- "Progress Notes," completed by the service provider which described each visit with the child in a narrative fashion and indicated the dates on which those interactions occurred.

6. Additionally, in late December 2009 and early January 2010, I reviewed an additional 20 files that Counsel explained had been previously sent to the State Controller in May 2009. In reviewing each file, I focused primarily on the descriptions of the care being provided under the label "rehabilitation services," which were indicated in the progress notes drafted by the providers. These notes contained a very detailed account of the nature and scope of the services provided to the child during a particular session.

7. In addition, I reviewed the State Department of Mental Health Regulations applicable to my analysis. Counsel explained to me that I should use the definition of "mental health services" described in Cal. Admin. Code, tit. 2, § 60020. Counsel further explained that this section of the administrative code was amended in 1998. Counsel provided me with the full text of the pre-amendment definition of mental health services contained in Cal. Admin. Code, tit. 2, § 60020, which states that "'mental health services' means those services defined in sections 542 to 543, inclusive, of Title 9 of the California Administrative Code." Counsel also provided me with copies of Titles 542 and 543 of the Administrative Code, which together create two sub-categories of "mental health services": "day services" and "outpatient services." "Day services" includes both "day care intensive services" and "day care habilitative services," both of which are defined in section 542.

8. Counsel also provided me with the full text of the post-amendment version of Cal. Admin. Code, tit. 2, § 60020, which states that the following services qualify as "mental health services": "psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management." I was also provided with the definition of psychotherapy from Section 2903 of the Business and Professions Code: "the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffectual or maladjustive."

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II. OPINIONS

A. General Impressions of Services Described in Patient Files

9. Overall, the children represented in the files I reviewed had a range of diagnoses, but all struggled with significant clinical impairment that interfered with their ability to function at school and in most cases at home. Typical diagnoses for the files reviewed included: Asperger's, Oppositional Defiant Disorder, Attention Deficit Disorder, and Major Depression. In addition, the children typically had significant social and family stress and in many cases the children had at one point been placed in a hospital, residential treatment facility or juvenile hall in the context of their mental health issues.

10. The mental health rehabilitation services being provided to these patients can be described, at a general level, as behavioral interventions designed to maximize the children's ability to function in the classroom as well as at home. The focus of the interventions was to assist the children in developing more adaptive coping skills that would help them in better managing their clinical symptoms with the ultimate goal of reaching their educational goals and developing an age-appropriate level of independent functioning. The interventions I reviewed were necessary because the children's mental health impairments precluded them functioning independently without behavioral intervention. They were receiving interventions addressing such issues as anger management, communication skills, impulse control, and emotional regulation. The children's mental health issues required that they receive a behaviorally focused intervention that would help them function safely and adaptively within their school and home environments. All of the patients whose files I reviewed would be unable to function in any educational environment without this level of behavioral intervention.

11. The interventions described in the progress notes were consistent with what is known in clinical and research arenas as behavioral evidence-based practices. The interventions described were generally consistent with cognitive behavioral interventions that have been demonstrated in the research literature to be effective interventions for depression, anxiety, PTSD, and impulse control, the typical mental health issues that were barriers to the children functioning in school. For example, current research has shown Cognitive Behavioral Therapy (CBT) to be an effective intervention for anxiety, depression and PTSD in children and adolescents. These interventions are targeted to help children better manage their challenging emotions and thoughts so that they can in turn meet their educational goals. The clinicians providing the interventions take on the role of a guide as well as a counselor as they support and direct the child to learn and practice new coping skills. For example, the files described interventions such as:

- **Cognitive Restructuring:** helping children to think in more constructive ways, these interventions focus on decreasing the number of negative thoughts, increasing the number of positive thoughts, learning to challenge unhelpful thoughts, and questioning unrealistic thoughts.

- **Communication Training:** helping children to improve the manner in which they express themselves; improving eye contact; using active listening; learning to give both

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positive and negative feedback; making requests of others in a more productive and appropriate manner.

♦ **Behavioral Activation:** activity scheduling which involves helping children engage in both pleasing and success-oriented activities.

♦ **Emotional Regulation:** helping children to identify the triggers that can lead them to emotional disregulation (anger outbursts, self-harm, violent acts, anxiety) and to develop alternative healthier responses.

♦ **Problem-Solving:** children are taught strategies that can empower them to approach problems with adaptive skills, to brainstorm and fully consider their options, and to implement and evaluate solutions.

♦ **Relaxation Training:** these techniques are offered to children to help them manage emotional lability and anxiety as an alternative to maladaptive behaviors.

♦ **Safety Planning:** developing structured cognitive and behavioral plans to insure safety for the child.

♦ **Social Skills Training:** using cognitive behavioral techniques to expand and improve interpersonal interactions and to broaden the child's social support circle.

12. All of the patients whose files I reviewed would be unable to function in any educational environment without this level of behavioral intervention. For many of the children whose files I reviewed, this level of intervention was necessary in order for these children to avoid a more restrictive level of placement—such as an inpatient hospital, residential treatment facility or group home—as well as to maintain school attendance.

B. Assessment of Whether the Services Provided Qualify as "Mental Health Services" Under the Post-Amendment Definition Provided by Cal. Admin. Code, tit. 2, § 60020

13. All of the services described in the patients' files that I reviewed would fall within the category of "day rehabilitation," which is among the categories of "mental health services" listed in the amended version of Cal. Admin. Code, tit. 2, § 60020. No definition of the term "day rehabilitation" is included in the relevant regulations. Based on my experience in the mental health field and my familiarity with the terminology used to describe various modes of treatment, "day rehabilitation" is a broad treatment category that would include any interventions aimed at restoring a child's previous level of functioning or helping a child develop an age-appropriate level of functioning that would maximize their ability to meet appropriate educational goals. The use of the word "day" implies that the treatment is not a continuous 24-hour intervention.

14. Based on my review of the progress notes describing the mental health rehabilitation services here at issue, the services being provided by the service providers with

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whom the County of Santa Clara contracts fall within the category of "day rehabilitation." In the files I reviewed, all the rehabilitation services provided were in the form of structured behavioral techniques based on a cognitive behavioral framework, which focused on assisting the child to restore a more adaptive and healthy level of functioning. The interventions were aimed at helping the children develop the highest level of independent functioning possible given their significant psychiatric diagnoses. Many notes further indicate specific interventions aimed at preventing these children from posing danger to themselves or to others. Applying the common professional understanding of the term "rehabilitation," which is widely used and well accepted in the field of psychology, these interventions fit that definition.

15. In the files I reviewed, the children's psychiatric diagnoses left them often unable to manage their emotional worlds and unable to utilize adaptive coping strategies to deal with their anger, anxiety or depression. In all the progress notes I reviewed, the providers described behaviorally-based clinical interventions aimed at rehabilitating the children so they could develop better coping skills and work toward age-appropriate independent functioning.

16. In one case of B[redacted] S., for example, the provider utilized traditional and well-defined behavioral techniques to assist the child in maintaining control by learning specific cognitive and behavioral tools. In B[redacted]'s case, he was being helped to learn how to recognize triggers that might lead to an angry outburst and then apply a more adaptive response: "Stop, relax, and think." He was being asked to practice different ways of thinking (an interventional technique known as cognitive restructuring) when he was faced with potentially emotional triggers as well as alternative behavioral responses.

17. In the case of another child, N[redacted] T., his provider worked with him to first identify triggers to his emotional deregulation and then practice better self-control skills. The provider wrote in one session that he had supported N[redacted] in "identifying/anticipating triggers, practice[ing] problem-solving and self-control skills and to us[ing] coping techniques to help him deal with his anxious thoughts and feelings." The provider worked with N[redacted] to express his thoughts in a more helpful manner in order for him to be better heard and have his needs met (an interventional technique known as communication training). The provider helped N[redacted] develop more helpful behavioral and cognitive strategies: "responding, not reacting, and taking space."

18. In another case, C[redacted] K., who struggled with Bipolar Disorder, also worked with his provider on identifying the triggers that lead to emotional disregulation. He then developed a behavioral plan with his provider that helped him deescalate so his anger response was manageable.

19. In other cases, the providers employed a behavioral intervention called "behavioral activation" whereby the provider assists the child in reengaging appropriately in their environment. For many children with depression, their symptoms have resulted in significant social isolation and a lack of engagement in pleasant or successful activities, which significantly impede their ability to function at school. Thus, clinicians help the child schedule and practice activities that might lead to improvement in mood and better self-esteem. For example, in the case of J[redacted] D., his provider implemented activity scheduling with him in an effort to support his interaction with peers. They developed plans for practicing social activities/interactions with the goal for J[redacted] to strengthen and expand his social support

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network in an effort to improve his mood and level of functioning. In addition, J[redacted] and his provider worked on practicing communication skills that would support his efforts in social interaction and enable him to engage appropriately in his school environment.

20. Although some of the specific interventions described in the progress notes may develop children's "socialization" or "vocational" skills, it was clear that the primary goal of these interventions was to equip these children with the skills necessary to enable them to function in the least restrictive manner in an educational setting by enabling them to behave appropriately in interactions with teachers and peers – e.g. teaching them anger management, management of emotional impulses, etc. Indeed, it was clear that the ultimate goal of the treatment in such cases was to assist the child in managing their symptoms in order to enable the child to meaningfully participate in an educational setting; it was not to develop social or vocational skills for their own sake. If, as for many of these children, their anger management difficulties and lack of impulse control precluded a healthy and safe relationship with peers, then behavioral intervention aimed at supporting peer socialization would be crucial. For example, many of the providers described role-modeling positive social skills, a traditional behavioral intervention. This practice was employed in the case of J[redacted] S[redacted], described above, whose significant mood disorder was interfering with his development of appropriate social skills. Also, some of the children with diagnoses of Asperger's, like C[redacted] D., required a behavioral intervention to promote their ability to appropriately communicate and interact with peers so that they could function in the classroom.

21. In addition to all qualifying as "day rehabilitation," some of the services provided *also* qualify as "intensive day treatment." In some of the cases, the interventions described in the progress notes were designed to improve the child's ability to function in school and at home in order to avoid the need for an out-of-home placement. For example, in the case of A[redacted] B., whose aggression and lack of impulse and emotional regulation interfered with her ability to function at home and school, her provider instituted a structured behavioral intervention to help A[redacted] modulate her anxiety and aggression so she could function in the least restrictive environment. Another child, V[redacted] C., demonstrated oppositional and aggressive behavior which made it difficult for the adults in his school and home environment to manage him. His provider assisted him through cognitive and behavioral interventions to develop more acceptable interpersonal skills so that an out-of-home placement could be avoided and participation in a regular school environment would be possible.

C. Assessment of Whether the Services Provided Qualify as Mental Health Services Under the Pre-Amendment Definition Provided by Cal. Admin. Code, tit. 2, § 60020

22. I also considered whether the services described in the files would fit within the definition of "mental health services" included in Cal. Admin. Code, tit. 2, § 60020 prior to the time the statute was amended. One of the service functions included in the pre-amendment definition is "day services" which is defined in Cal. Admin. Code tit. 9, § 542 as "services designed to provide alternatives to 24-hour care and supplement other modes of treatment and residential services." Section 542 further defines "day care habilitative services," a subset of day services, as "services designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence at the best possible functional level for the patient with chronic

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psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service."

23. Based on the definitions described in the regulation, and based on my experience in the mental health field and my familiarity with the terminology used to describe various modes of treatment, "day care habilitative services" is, like "day rehabilitation," a broad service category that would include all of the therapeutic interventions described in the progress notes. Most certainly, the files I reviewed described interventions that were aimed at restoring functioning at the best possible level for the children involved. The goals of all the interventions described were to assist the children to better manage their psychiatric symptoms so that they could function in the least restrictive environment in school as well as at home. The goals of the interventions were just as described in the above definition – they were designed to provide counseling and rehabilitation so the child could develop more adaptive coping skills to function independently or at least at the best possible level given their chronic psychiatric diagnoses.

24. For example, children like S[redacted] R., A[redacted] S., C[redacted] K., and E[redacted] C. all struggled with their ability to regulate and control their emotional world whether it was due to Bipolar Disorder (A[redacted] S. and C[redacted] K.), Oppositional Defiant Disorder (E[redacted] C.), or Depression (S[redacted] R.). Their providers offered counseling and a behavioral-based rehabilitation intervention to help them develop alternative and more helpful ways of dealing with their emotions so they could in turn gain a higher level of independent age-appropriate functioning.

25. Some of the services provided also appear to qualify as "day care intensive services," defined by Cal. Admin. Code tit. 9, § 542 as "services designed and staffed to provide a multidisciplinary treatment program of less than 24 hours per day as an alternative to hospitalization for patients who need active psychiatric treatment for acute mental, emotional, or behavioral disorders and who are expected, after receiving these services, to be referred to a lower level of treatment, or maintain the ability to live independently or in a supervised residential facility." As I discussed above, several of the children had significant psychological impairments that had, in their past, required them to be placed in quite restrictive environments in order to maintain their own safety and the safety of others; several children had been in psychiatric hospitals, residential treatment facilities, day treatment facilities, or juvenile hall. The progress notes I reviewed indicated that for many of those children, the interventions described in the progress notes were in fact designed as an alternative to these restrictive environments with the goal of preventing the children from having to go back to them. Many providers described the interventions as aiding the child in making the transition to living in a non-institutional environment. A patient like R[redacted] B., for example, required intensive rehabilitation services to keep her safe as she worked toward developing more independent strategies for dealing with her internal and external world.

III. CONCLUSION

26. The services provided by the County under the label "mental health rehabilitation services," as described in the patient files considered for this expert report, fit within the definition of "mental health services" under both the pre-amendment and post-amendment

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versions of Cal. Admin. Code, tit. 2, § 60020. Under the post-amendment version of Cal. Admin. Code, tit. 2, § 60020, all of the services described in the patient files fall under the "day rehabilitation" category; some could also qualify as "intensive day treatment." If applying the definition of "mental health services" in Cal. Admin. Code, tit. 2, § 60020 before it was amended in 1998, all of the services described in the patient files qualify as "day care habilitative services;" some could also qualify as "day care intensive services"

27. I feel confident in stating that the files I reviewed, and more specifically the content of the progress notes I reviewed, demonstrate that the interventions used by the providers are consistent with both "day rehabilitation" and "day care habilitative services." All of the patients whose files I reviewed were children who carried distinct and severe psychiatric diagnoses, the symptoms of which clearly interfered with their ability to function at school. In turn, the interventions described in the progress notes had the ultimate goal of assisting the children to cope with the psychiatric symptoms that were impeding their ability to function at the highest level possible in the least restrictive environment. Overall, the interventions described were cognitive behavioral interventions aimed at helping these children better manage the emotional and behavioral challenges they face in order to restore and/or develop the level of functioning necessary for them to participate meaningfully in their education in the least restrictive environment possible.

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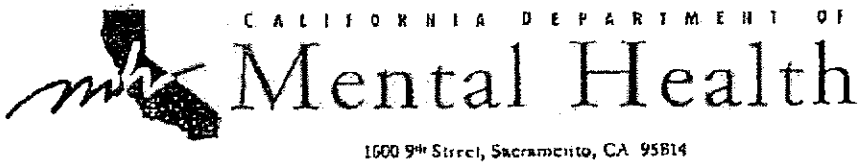

1600 9th Street, Sacramento, CA 95814
(916) 654-3551

February 19, 2009

Camille Shelton
Chief Legal Counsel
Commission on State Mandates
980 9th Street
Suite 300
Sacramento, CA 95814

Dear Ms. Shelton:

The Department of Mental Health (DMH) requests clarification on reimbursable activities under the *Handicapped and Disabled Students (HDS)* (04-RL-4282-10), *Handicapped and Disabled Students II (HDS II)* (02-TC-40/02-TC-49), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) consolidated program. Specifically, DMH seeks clarification on the Commission on State Mandate's (Commission) basis for excluding rehabilitation as a mental health service eligible for reimbursement through the *HDS, HDS II, and SED Pupils: Out-of-State Mental Health Services* consolidated program.

In February 2005, Los Angeles County Department of Mental Health (County) submitted a declaration to the Commission after reviewing a January 20, 2005 Commission Staff Analysis regarding a Reconsideration of the *HDS Program* (04-RL-4284-10)[1]. In that declaration, the County asserted that "Rehabilitation", as defined in Section 1810.243 of Title 9 of the California Code of Regulations[2], should be included in the array of mental health services available to children served through the *HDS Program*[3].

On May 26, 2005, the Commission on State Mandates issued a Final Staff Analysis that addressed the County's assertion. In footnote #103, beginning on page SA-39 of the Final Staff Analysis, Commission Staff disagreed with the County's request. In part, footnote #103 reads:

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[1] The HDS Program (04-RL-4284-10) was consolidated with the HDS II Program (02-TC-40/02-TC-49) and the Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services (97-TC-05) commencing in Fiscal Year 2006-07.

[2] Section 1810.243 of Title 9 of the California Code of Regulations defines Rehabilitation as a "service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources and/or medication education"

[3] The *HDS, HDS II*, and *SED Pupils: Out-of-State Mental Health Services* consolidated program is also known as the "AB 3632" or "Chapter 26.5" program.

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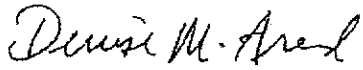
> "...The plain language of test claim regulations (Cal. Code Regs., tit. 2, §§ 60000 et seq.) does not require or mandate counties to perform the activities defined by section 1810.243 of the Department's title 9 regulations. In addition, the test claim regulations do not reference section 1810.243 of the Department's title 9 regulations for any definition relevant to the program at issue in this case."

On October 26, 2006, the Commission on State Mandates adopted Consolidated Parameters and Guidelines for the *HDS, HDS II*, and *SED Pupils: Out-of-State Mental Health Services* consolidated program, which identifies reimbursable activities under this program. However, the Parameters and Guidelines do not specifically exclude rehabilitation, as a mental health service, from the list of reimbursable activities. Page 9 of the Parameters and Guidelines states "*When providing psychotherapy or other mental health services, the activities of crisis intervention, vocational services, and socialization services are not reimbursable*" but makes no mention of rehabilitation. Rehabilitation services are also not mentioned in the list of mental health services eligible for reimbursement. However, DMH questions the need to specifically identify rehabilitation as a particular type of mental health service allowable under this program. Pursuant to the Final Statement of Reasons for Section 1810.243 of Title 9 of the California Code of Regulations, rehabilitation is an essential component of many mental health services.

Based on the above information, DMH seeks clarification on the Commission's basis for excluding rehabilitation as a mental health service eligible for reimbursement through the *HDS, HDS II, and SED Pupils: Out-of-State Mental Health Services* consolidated program.

To discuss this issue further, please contact me at (916) 654-3551. We appreciate your cooperation and look forward to your timely response.

Sincerely,



DENISE M. AREND
Deputy Director
Community Services Division

cc: Stan Bajorin, Acting Chief Deputy, Department of Mental Health
Mark Heilman, Policy Advisor, Community Services Division
Sophie Cabrera, Branch Chief, Local Program Support
Barbara Marquez, Branch Chief, State Level Programs

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January 19, 2010

VIA EMAIL & U.S. MAIL

John Chiang, California State Controller
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Re: *Audit of Mental Health Services Provided Disabled Students by the County of Santa Clara in Fiscal Years 2004, 2005, and 2006*

Dear Mr. Chiang, Mr. Brownfield, Mr. Spano, and Mr. Ryan,

Exhibit 1 to the letter I sent last Friday – the expert report of Dr. Margaret Rea – did not contain Dr. Rea's CV. Attached please find a corrected version of Exhibit 1, which includes Dr. Rea's CV.

Very truly yours,

GRETA S. HANSEN
Deputy County Counsel

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Exhibit I

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The attached Expert Report includes confidential patient health and mental health information, which is being disclosed solely for payment purposes pursuant to Welfare & Institutions Code section 5328 and the Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164. Please treat this information as confidential in compliance with the foregoing laws.

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Expert Report of Margaret Rea, Ph.D.

Submission to State Controller's Office

Margaret Rea, Ph.D.
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I. INTRODUCTION

A. Qualifications

1. I am a psychologist licensed to practice in California since 1991. I received my Ph.D. in clinical psychology from Yeshiva University and have twenty-five years of experience working with both children and adults. Please see my attached CV for details concerning my background and training.

2. A primary focus of my work has been cognitive behavioral interventions for adults and adolescents, during which I have had the opportunity to provide and supervise treatment. In my research and clinical work with children and adolescents, I have interacted with clinicians and families regarding the IEP process and the associated implementation of mental health services. For many years I directed a clinic research unit at the University of California, Los Angeles (UCLA) for the treatment of bipolar disorder in which the core clinical intervention was family-based behavioral intervention, a process whereby patients and their families were taught cognitive behavioral strategies aimed at improving their illness management. More recently, I directed a five-site research project at UCLA, which involved training clinicians in community and hospital settings on how to implement evidenced-based practices for the treatment of depression in adolescents. For the past several years, I have worked directly with clinics in California and Michigan to train their staff on how to use cognitive behavioral therapy in the treatment of their clients, with the goal of bringing evidence-based practices from the research arena into real-world settings.

B. Publications

3. I have co-authored twenty published articles in the field of psychology, many of them focused on using behavioral interventions to treat mental health disorders in children and adolescents. Please see my attached CV for a full list of my publications and presentations.

C. Assignment; Scope of Opinion

4. On December 18, 2009, I received a memo and instructions from Counsel for the County of Santa Clara ("Counsel"). I was asked to assess, based on my experience and judgment as a clinician, whether and to what extent the services the County has been providing under the label "mental health rehabilitation services" fit within one or more of the categories of "mental health services" defined in Cal. Admin. Code, tit. 2, § 60020 (both the old and amended versions).

D. List of Materials Reviewed, Considered, and/or Relied upon in Preparing Report

5. I relied on my extensive experience as a clinical psychologist in my analyses and opinions described below. I also reviewed a sample of case files obtained from providers with which the Santa Clara County Department of Mental Health contracts to provide mental health services to emotionally disturbed children, including mental health rehabilitation services. On December 18, 2009, I reviewed 33 patient files of children receiving mental health rehabilitation services. Counsel explained to me that the files I reviewed were chosen at random from the files of children not enrolled in MediCal who were treated by the three service providers (Eastfield

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Ming Quong (EMQ), Rebekah Children's Services, and AchieveKids) that provide the vast majority of the mental health rehabilitation services to children within Santa Clara County. In general, each file contained:

- The child's "Chapter 26.5 Mental Health Assessment," completed by the Santa Clara Valley Health and Hospital System Department of Mental Health

- Chapter 26.5 Mental Health Goals and Objectives

- Mental Health Intake Assessment and/or Mental Health Update Assessment(s)

- The child's initial "Treatment Plan," completed by the service provider (EMQ, Rebekah Children's Services, or AchieveKids), plus any subsequent Treatment Plans

- "Progress Notes," completed by the service provider which described each visit with the child in a narrative fashion and indicated the dates on which those interactions occurred.

6. Additionally, in late December 2009 and early January 2010, I reviewed an additional 20 files that Counsel explained had been previously sent to the State Controller in May 2009. In reviewing each file, I focused primarily on the descriptions of the care being provided under the label "rehabilitation services," which were indicated in the progress notes drafted by the providers. These notes contained a very detailed account of the nature and scope of the services provided to the child during a particular session.

7. In addition, I reviewed the State Department of Mental Health Regulations applicable to my analysis. Counsel explained to me that I should use the definition of "mental health services" described in Cal. Admin. Code, tit. 2, § 60020. Counsel further explained that this section of the administrative code was amended in 1998. Counsel provided me with the full text of the pre-amendment definition of mental health services contained in Cal. Admin. Code, tit. 2, § 60020, which states that "'mental health services' means those services defined in sections 542 to 543, inclusive, of Title 9 of the California Administrative Code." Counsel also provided me with copies of Titles 542 and 543 of the Administrative Code, which together create two sub-categories of "mental health services": "day services" and "outpatient services." "Day services" includes both "day care intensive services" and "day care habilitative services," both of which are defined in section 542.

8. Counsel also provided me with the full text of the post-amendment version of Cal. Admin. Code, tit. 2, § 60020, which states that the following services qualify as "mental health services": "psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management." I was also provided with the definition of psychotherapy from Section 2903 of the Business and Professions Code: "the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffectual or maladjustive."

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II. OPINIONS

A. General Impressions of Services Described in Patient Files

9. Overall, the children represented in the files I reviewed had a range of diagnoses, but all struggled with significant clinical impairment that interfered with their ability to function at school and in most cases at home. Typical diagnoses for the files reviewed included: Asperger's, Oppositional Defiant Disorder, Attention Deficit Disorder, and Major Depression. In addition, the children typically had significant social and family stress and in many cases the children had at one point been placed in a hospital, residential treatment facility or juvenile hall in the context of their mental health issues.

10. The mental health rehabilitation services being provided to these patients can be described, at a general level, as behavioral interventions designed to maximize the children's ability to function in the classroom as well as at home. The focus of the interventions was to assist the children in developing more adaptive coping skills that would help them in better managing their clinical symptoms with the ultimate goal of reaching their educational goals and developing an age-appropriate level of independent functioning. The interventions I reviewed were necessary because the children's mental health impairments precluded them functioning independently without behavioral intervention. They were receiving interventions addressing such issues as anger management, communication skills, impulse control, and emotional regulation. The children's mental health issues required that they receive a behaviorally focused intervention that would help them function safely and adaptively within their school and home environments. All of the patients whose files I reviewed would be unable to function in any educational environment without this level of behavioral intervention.

11. The interventions described in the progress notes were consistent with what is known in clinical and research arenas as behavioral evidence-based practices. The interventions described were generally consistent with cognitive behavioral interventions that have been demonstrated in the research literature to be effective interventions for depression, anxiety, PTSD, and impulse control, the typical mental health issues that were barriers to the children functioning in school. For example, current research has shown Cognitive Behavioral Therapy (CBT) to be an effective intervention for anxiety, depression and PTSD in children and adolescents. These interventions are targeted to help children better manage their challenging emotions and thoughts so that they can in turn meet their educational goals. The clinicians providing the interventions take on the role of a guide as well as a counselor as they support and direct the child to learn and practice new coping skills. For example, the files described interventions such as:

- **Cognitive Restructuring:** helping children to think in more constructive ways, these interventions focus on decreasing the number of negative thoughts, increasing the number of positive thoughts, learning to challenge unhelpful thoughts, and questioning unrealistic thoughts.

- **Communication Training:** helping children to improve the manner in which they express themselves; improving eye contact; using active listening; learning to give both

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positive and negative feedback; making requests of others in a more productive and appropriate manner.

♦ **Behavioral Activation:** activity scheduling which involves helping children engage in both pleasing and success-oriented activities.

♦ **Emotional Regulation:** helping children to identify the triggers that can lead them to emotional disregulation (anger outbursts, self-harm, violent acts, anxiety) and to develop alternative healthier responses.

♦ **Problem-Solving:** children are taught strategies that can empower them to approach problems with adaptive skills, to brainstorm and fully consider their options, and to implement and evaluate solutions.

♦ **Relaxation Training:** these techniques are offered to children to help them manage emotional lability and anxiety as an alternative to maladaptive behaviors.

♦ **Safety Planning:** developing structured cognitive and behavioral plans to insure safety for the child.

♦ **Social Skills Training:** using cognitive behavioral techniques to expand and improve interpersonal interactions and to broaden the child's social support circle.

12. All of the patients whose files I reviewed would be unable to function in any educational environment without this level of behavioral intervention. For many of the children whose files I reviewed, this level of intervention was necessary in order for these children to avoid a more restrictive level of placement—such as an inpatient hospital, residential treatment facility or group home—as well as to maintain school attendance.

B. Assessment of Whether the Services Provided Qualify as "Mental Health Services" Under the Post-Amendment Definition Provided by Cal. Admin. Code, tit. 2, § 60020

13. All of the services described in the patients' files that I reviewed would fall within the category of "day rehabilitation," which is among the categories of "mental health services" listed in the amended version of Cal. Admin. Code, tit. 2, § 60020. No definition of the term "day rehabilitation" is included in the relevant regulations. Based on my experience in the mental health field and my familiarity with the terminology used to describe various modes of treatment, "day rehabilitation" is a broad treatment category that would include any interventions aimed at restoring a child's previous level of functioning or helping a child develop an age-appropriate level of functioning that would maximize their ability to meet appropriate educational goals. The use of the word "day" implies that the treatment is not a continuous 24-hour intervention.

14. Based on my review of the progress notes describing the mental health rehabilitation services here at issue, the services being provided by the service providers with

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whom the County of Santa Clara contracts fall within the category of "day rehabilitation." In the files I reviewed, all the rehabilitation services provided were in the form of structured behavioral techniques based on a cognitive behavioral framework, which focused on assisting the child to restore a more adaptive and healthy level of functioning. The interventions were aimed at helping the children develop the highest level of independent functioning possible given their significant psychiatric diagnoses. Many notes further indicate specific interventions aimed at preventing these children from posing danger to themselves or to others. Applying the common professional understanding of the term "rehabilitation," which is widely used and well accepted in the field of psychology, these interventions fit that definition.

15. In the files I reviewed, the children's psychiatric diagnoses left them often unable to manage their emotional worlds and unable to utilize adaptive coping strategies to deal with their anger, anxiety or depression. In all the progress notes I reviewed, the providers described behaviorally-based clinical interventions aimed at rehabilitating the children so they could develop better coping skills and work toward age-appropriate independent functioning.

16. In one case of B[redacted] S., for example, the provider utilized traditional and well-defined behavioral techniques to assist the child in maintaining control by learning specific cognitive and behavioral tools. In B[redacted]'s case, he was being helped to learn how to recognize triggers that might lead to an angry outburst and then apply a more adaptive response: "Stop, relax, and think." He was being asked to practice different ways of thinking (an interventional technique known as cognitive restructuring) when he was faced with potentially emotional triggers as well as alternative behavioral responses.

17. In the case of another child, N[redacted] T., his provider worked with him to first identify triggers to his emotional deregulation and then practice better self-control skills. The provider wrote in one session that he had supported N[redacted] in "identifying/anticipating triggers, practice[ing] problem-solving and self-control skills and to us[ing] coping techniques to help him deal with his anxious thoughts and feelings." The provider worked with N[redacted] to express his thoughts in a more helpful manner in order for him to be better heard and have his needs met (an interventional technique known as communication training). The provider helped N[redacted] develop more helpful behavioral and cognitive strategies: "responding, not reacting, and taking space."

18. In another case, C[redacted] K., who struggled with Bipolar Disorder, also worked with his provider on identifying the triggers that lead to emotional disregulation. He then developed a behavioral plan with his provider that helped him deescalate so his anger response was manageable.

19. In other cases, the providers employed a behavioral intervention called "behavioral activation" whereby the provider assists the child in reengaging appropriately in their environment. For many children with depression, their symptoms have resulted in significant social isolation and a lack of engagement in pleasant or successful activities, which significantly impede their ability to function at school. Thus, clinicians help the child schedule and practice activities that might lead to improvement in mood and better self-esteem. For example, in the case of J[redacted] D., his provider implemented activity scheduling with him in an effort to support his interaction with peers. They developed plans for practicing social activities/interactions with the goal for J[redacted] to strengthen and expand his social support

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network in an effort to improve his mood and level of functioning. In addition, J[redacted] and his provider worked on practicing communication skills that would support his efforts in social interaction and enable him to engage appropriately in his school environment.

20. Although some of the specific interventions described in the progress notes may develop children's "socialization" or "vocational" skills, it was clear that the primary goal of these interventions was to equip these children with the skills necessary to enable them to function in the least restrictive manner in an educational setting by enabling them to behave appropriately in interactions with teachers and peers – e.g. teaching them anger management, management of emotional impulses, etc. Indeed, it was clear that the ultimate goal of the treatment in such cases was to assist the child in managing their symptoms in order to enable the child to meaningfully participate in an educational setting; it was not to develop social or vocational skills for their own sake. If, as for many of these children, their anger management difficulties and lack of impulse control precluded a healthy and safe relationship with peers, then behavioral intervention aimed at supporting peer socialization would be crucial. For example, many of the providers described role-modeling positive social skills, a traditional behavioral intervention. This practice was employed in the case of J[redacted] S[redacted], described above, whose significant mood disorder was interfering with his development of appropriate social skills. Also, some of the children with diagnoses of Asperger's, like C[redacted] D., required a behavioral intervention to promote their ability to appropriately communicate and interact with peers so that they could function in the classroom.

21. In addition to all qualifying as "day rehabilitation," some of the services provided *also* qualify as "intensive day treatment." In some of the cases, the interventions described in the progress notes were designed to improve the child's ability to function in school and at home in order to avoid the need for an out-of-home placement. For example, in the case of A[redacted] B., whose aggression and lack of impulse and emotional regulation interfered with her ability to function at home and school, her provider instituted a structured behavioral intervention to help A[redacted] modulate her anxiety and aggression so she could function in the least restrictive environment. Another child, V[redacted] C., demonstrated oppositional and aggressive behavior which made it difficult for the adults in his school and home environment to manage him. His provider assisted him through cognitive and behavioral interventions to develop more acceptable interpersonal skills so that an out-of-home placement could be avoided and participation in a regular school environment would be possible.

C. Assessment of Whether the Services Provided Qualify as Mental Health Services Under the Pre-Amendment Definition Provided by Cal. Admin. Code, tit. 2, § 60020

22. I also considered whether the services described in the files would fit within the definition of "mental health services" included in Cal. Admin. Code, tit. 2, § 60020 prior to the time the statute was amended. One of the service functions included in the pre-amendment definition is "day services" which is defined in Cal. Admin. Code tit. 9, § 542 as "services designed to provide alternatives to 24-hour care and supplement other modes of treatment and residential services." Section 542 further defines "day care habilitative services," a subset of day services, as "services designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence at the best possible functional level for the patient with chronic

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psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service."

23. Based on the definitions described in the regulation, and based on my experience in the mental health field and my familiarity with the terminology used to describe various modes of treatment, "day care habilitative services" is, like "day rehabilitation," a broad service category that would include all of the therapeutic interventions described in the progress notes. Most certainly, the files I reviewed described interventions that were aimed at restoring functioning at the best possible level for the children involved. The goals of all the interventions described were to assist the children to better manage their psychiatric symptoms so that they could function in the least restrictive environment in school as well as at home. The goals of the interventions were just as described in the above definition – they were designed to provide counseling and rehabilitation so the child could develop more adaptive coping skills to function independently or at least at the best possible level given their chronic psychiatric diagnoses.

24. For example, children like S[redacted] R., A[redacted] S., C[redacted] K., and E[redacted] C. all struggled with their ability to regulate and control their emotional world whether it was due to Bipolar Disorder (A[redacted] S. and C[redacted] K.), Oppositional Defiant Disorder (E[redacted] C.), or Depression (S[redacted] R.). Their providers offered counseling and a behavioral-based rehabilitation intervention to help them develop alternative and more helpful ways of dealing with their emotions so they could in turn gain a higher level of independent age-appropriate functioning.

25. Some of the services provided also appear to qualify as "day care intensive services," defined by Cal. Admin. Code tit. 9, § 542 as "services designed and staffed to provide a multidisciplinary treatment program of less than 24 hours per day as an alternative to hospitalization for patients who need active psychiatric treatment for acute mental, emotional, or behavioral disorders and who are expected, after receiving these services, to be referred to a lower level of treatment, or maintain the ability to live independently or in a supervised residential facility." As I discussed above, several of the children had significant psychological impairments that had, in their past, required them to be placed in quite restrictive environments in order to maintain their own safety and the safety of others; several children had been in psychiatric hospitals, residential treatment facilities, day treatment facilities, or juvenile hall. The progress notes I reviewed indicated that for many of those children, the interventions described in the progress notes were in fact designed as an alternative to these restrictive environments with the goal of preventing the children from having to go back to them. Many providers described the interventions as aiding the child in making the transition to living in a non-institutional environment. A patient like R[redacted] B., for example, required intensive rehabilitation services to keep her safe as she worked toward developing more independent strategies for dealing with her internal and external world.

III. CONCLUSION

26. The services provided by the County under the label "mental health rehabilitation services," as described in the patient files considered for this expert report, fit within the definition of "mental health services" under both the pre-amendment and post-amendment

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versions of Cal. Admin. Code, tit. 2, § 60020. Under the post-amendment version of Cal. Admin. Code, tit. 2, § 60020, all of the services described in the patient files fall under the "day rehabilitation" category; some could also qualify as "intensive day treatment." If applying the definition of "mental health services" in Cal. Admin. Code, tit. 2, § 60020 before it was amended in 1998, all of the services described in the patient files qualify as "day care habilitative services;" some could also qualify as "day care intensive services"

27. I feel confident in stating that the files I reviewed, and more specifically the content of the progress notes I reviewed, demonstrate that the interventions used by the providers are consistent with both "day rehabilitation" and "day care habilitative services." All of the patients whose files I reviewed were children who carried distinct and severe psychiatric diagnoses, the symptoms of which clearly interfered with their ability to function at school. In turn, the interventions described in the progress notes had the ultimate goal of assisting the children to cope with the psychiatric symptoms that were impeding their ability to function at the highest level possible in the least restrictive environment. Overall, the interventions described were cognitive behavioral interventions aimed at helping these children better manage the emotional and behavioral challenges they face in order to restore and/or develop the level of functioning necessary for them to participate meaningfully in their education in the least restrictive environment possible.

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Curriculum Vitae

Margaret M. Rea, Ph.D.
California License #PSY 12513

Education

1976-1981 Vassar College, Poughkeepsie, New York, A.B. Bio-psychology with honors

1981-1987 Ph.D. Clinical Psychology, Yeshiva University, Bronx, New York, Ph.D. 1987, APA approved Doctoral Program. Doctoral Dissertation: The Psychological Characteristics of Childhood Depression.

1985-1986 Pre-doctoral Intern in Clinical Psychology, New York Hospital, Payne Whitney Clinic

1986-1987 Postdoctoral Fellow in Pediatric Psychology, The Hospital for Special Surgery and Psychology Fellow New York Hospital, Payne Whitney Clinic

1987-1988 Chief Psychology Fellow, New York Hospital, Payne Whitney Clinic.

1988-1991 NIMH Postdoctoral Fellow, University of California, Los Angeles, Department of Psychology, Family Project.

Primary Research and Clinical Interests

Affective disorders; cognitive behavioral therapy; adolescent mental health; physician mental health/wellness; conflict mediation; treatment research currently- focusing on dissemination evidenced based practices into community settings.

Licensure

1991 - present
California Licensed Psychologist, PSY12513

Professional Experience

2005-Present Psychologist for Office of Graduate Medical Education, University of California at Davis School of Medicine. Direct "Wellness Program" for hospital residents and fellows which includes mental health counseling, group facilitation, Chief Resident Boot Camp, and didactics on wellness.

2006-Present Consultant for California Institute of Mental Health. Training and ongoing consultation on Depression Treatment Quality Improvement intervention for

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adolescent depression for clinicians in county clinics throughout the State of California as part of initiative to bring evidenced based practices into the community.

2009 Workshop Leader, Contra Costa County Mental Health. Conducted training for county mental health workers on the use of cognitive Behavioral therapy for adolescent depression.

2007-2006 Consultant, UCLA and Hathaway-Sycamores Child and Family Services academic-community partnership aimed at adapting and implementing evidence based suicide prevention interventions within a large community mental health organization.

2007 Workshop leader, Depression & Suicide in Youth Risk Assessment & Cognitive Behavioral Treatment Approaches, Casa Pacifica, Ventura California. Supported by UCLA in LA Partnerships in effort to bring evidenced based practices into community settings.

2005 Workshop Leader, University of California Davis Medical Center Departments of Family Medicine and Pediatrics. Conducted workshop for residents and fellows on the assessment and treatment of depression within primary care.

2004 Workshop Leader, University of California, Davis Counseling and Psychological Services Continuing Education Workshop on cognitive behavioral treatment. Conducted workshop for staff of campus psychological services.

2004 Instructor for Fundamentals of Child and Adolescent Psychiatry, University of California, Davis, Department of Child Psychiatry. Seminar for child psychiatry Fellows on Cognitive behavioral therapy..

2002-2004 Consultant for State of Michigan Community Mental Health Boards. Training and ongoing consultation in a dissemination program focused on training community based clinicians throughout the State of Michigan in cognitive behavioral therapy for adolescent depression.

2002-present "*Doctoring*" Faculty, School of Medicine, University of California, Davis.

2002- present Assistant Clinical Professor, Department of Psychiatry, University of California, Davis.

1999-2001 Project Director, Youth Partners in Care, A multi-site study of the treatment of adolescent depression in primary care health settings, Department of Child Psychiatry, University of California, Los Angeles.

1999-2001 Assistant Clinical Professor, Department of Child Psychiatry, University of California, Los Angeles.

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1993-2001 "***Doctoring***" Faculty, School of Medicine, University of California, Los Angeles.

1989-1999 Project Director (**Principal Investigator** beginning 1/97), Lithium and Family Treatment of Bipolar Disorder, Department of Psychology, University of California, Los Angeles.

1989-1999 Co-Chief (**Chief** beginning 1/97), Family Assessment and Treatment Laboratory Clinical Research Center for the Study of Schizophrenia, Departments of Psychology and Psychiatry, University of California, Los Angeles.

Clinical Experience

1991-present *Licensed Clinical Psychologist*, individual and family treatment.

1999-2001 Therapist and supervisor of Cognitive Behavioral Treatment protocol for adolescents, Youth Partners Care, Department of Child Psychiatry, University of California, Los Angeles.

1989-1999 Therapist and supervisor for both individual and family interventions, Bipolar Treatment Study, UCLA Family Project, Department of Psychology, University of California, Los Angeles.

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Winifred Botha
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ASSISTANT COUNTY COUNSEL

March 11, 2010

VIA EMAIL & U.S. MAIL

John Chiang, California State Controller
State Controller's Office
300 Capitol Mall, Suite 1850
Sacramento, CA 95814

Jeffery Brownfield, Chief
Division of Audits
State Controller's Office
300 Capitol Mall, 5th Floor
Sacramento, CA 95814

Jim L. Spano, Chief
Christopher Ryan, Audit Manager
Mandated Costs Bureau
Division of Audits
State Controller's Office
300 Capitol Mall, Suite 418
Sacramento, CA 95814

Re: *Audit of Mental Health Services Provided Disabled Students by the County of Santa Clara in Fiscal Years 2004, 2005, and 2006*

Dear Mr. Chiang, Mr. Brownfield, Mr. Spano, and Mr. Ryan,

On January 15, 2010, I sent a letter on behalf of the County of Santa Clara requesting reconsideration of the State Controller's Office's June 2009 audit decision, along with certain documents supporting that request. I understand that you are currently considering that request. I write to supplement our earlier submission with a declaration that provides additional support for the County's request for reconsideration of the audit decision. The declaration is that of Laura Champion, Bay Area Director of EMQ Families First, the service provider with which the County contracted to provide the vast majority of the mental health rehabilitation services that were deemed non-reimbursable in the June 2009 audit decision. Her declaration is attached.

In addition to providing you with the attached declaration, I write to confirm the amount

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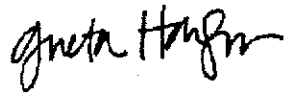
of the disallowance attributable to the mental health rehabilitation services for which reimbursement was denied in the June 2009 audit decision, as those costs were not separately identified in the audit decision or in other communications received from the State Controller's Office. The County has calculated those amounts as follows: $3,145,054 for fiscal year 2004, $2,776,529 for fiscal year 2005, and $2,684,779 for fiscal year 2006.

Very truly yours,

MIGUEL MÁRQUEZ
Acting County Counsel



GRETA S. HANSEN
Deputy County Counsel

CC: Lynn Pasahow, Ryan Tyz, Lauren Whittemore, and Betsy White, Fenwick & West, LLP

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Declaration of Laura Champion

I, Laura Champion, declare that:

I am the Bay Area Executive Director of EMQ Families First ("EMQFF"), a nonprofit organization that provides comprehensive mental health services to children with various mental health needs. The services EMQFF provides to children include outpatient mental health services, residential treatment, school-based services, and transitional housing. Many of the children we serve receive mental health treatment pursuant to Individualized Education Programs ("IEPs"). We provide mental health services to these children pursuant to contracts with county mental health departments, which have been charged with providing mental health services under the AB 3632 Program.

I have been the Bay Area Executive Director of EMQFF since 2007 and have managed provision of mental health services at EMQFF since 1995. In my capacity as Bay Area Executive Director, I oversee the provision of mental health services in twenty-two programs in Santa Clara, Contra Costa, and Monterey Counties, which serve 2,500 children and families annually.

Mental Health Rehabilitation Services

Since 1995, EMQFF has been under contract with the Santa Clara County Mental Health Department to provide mental health services to children eligible for such services pursuant to their IEPs. One type of mental health services EMQFF provides is "mental health rehabilitation services."

Mental health rehabilitation services are targeted, one-on-one mental health interventions incorporating evidence-based practices as Cognitive Behavioral Treatment and Positive Behavioral Intervention and Support. Mental health rehabilitation services are provided in the

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child's usual environments—typically at home, in school, and in the child's community—consistent with the therapeutic needs of the child. Because mental health rehabilitation services are provided on an individual basis in a variety of settings, they can be tailored to meet the child's unique needs.

Contemporary, peer-reviewed research shows that the mental health rehabilitation services treatment model—in which the service provider works with the child in the settings in which his or her mental health symptoms actually arise and coaches the child on how to deal with those symptoms safely and appropriately—tends to be more effective for many children than traditional therapy provided by a licensed therapist in his or her office. My clinical experience and my experience managing clinical care bear this out. Through mental health rehabilitation services, children learn to cope with their environments and to modify their behavior experientially, and they generally learn these new skills more quickly and in a more lasting way than they would through a therapy-only treatment plan. In addition, the provision of services in the child's usual environments enables the counselor providing these services to model, for the child's parents, caregivers, and/or teachers, how to respond when the child is demonstrating the symptoms associated with his or her mental health diagnosis, which helps to effect a transfer of skills to the child's parents, caregivers, or teachers. When a child receives only therapy or out-of-home care, this comprehensive, coordinated service delivery does not typically occur, and there is a lower likelihood that the therapeutic gains made in treatment will be sustained.

Furthermore, because mental health rehabilitation services are provided one-on-one, the interventions can be carefully individualized. This makes them different from—and often more effective than—group programs, in which some interventions will benefit some children, but

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seldom will any given intervention be exactly what every child in the room needs. With mental health rehabilitation services, there is no time wasted on interventions that are not relevant or helpful to a given child; every intervention is specifically tailored to meet that child's particular needs.

All of the children receiving mental health rehabilitation services from EMQFF have a demonstrable need for these services documented in their IEPs. Each child's IEP team has determined that the child is at imminent risk of residential placement or other institutional placement. For many of these children, previously provided out-patient mental health services were ineffective in addressing the symptoms of their mental health diagnoses. Under Title 2 section 60200(c) of the California Code of Regulations, the IEP team must consider less restrictive alternatives to residential treatment that may meet the child's needs before assigning a child to residential treatment, including provision of a behavioral aide in the child's home and community environments. For each of these children, EMQFF was selected to provide mental health rehabilitation services as a cost-effective alternative to the more expensive and restrictive option of out-of-home residential placement. All of these children would, if not for mental health rehabilitation services, have to be treated in a more restrictive setting. For many children, that would mean out-of-home residential placement, either in California or out-of-state, often at far greater cost. In short, mental health rehabilitation services make it possible for these children to stay in their homes, to be afforded the care they need in the least restrictive environment possible, and to be afforded that care in a cost-effective manner.

The Impact of the Controller's Decision

If the State Controller's June 2009 audit decision is allowed to stand, we will no longer be able to provide mental health rehabilitation services, the most therapeutically effective

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alternative to out-of-home residential placement, for children to whom we provide care pursuant to AB 3632. In lieu of mental health rehabilitation services, these children will likely be provided with psychotherapy through a licensed therapist (a service the Controller has deemed reimbursable), which has previously proven ineffective for many of these children and which is more expensive than mental health rehabilitation services provided at a child's home and/or school. Because they will be receiving less effective treatment, many of the children who otherwise could have been stabilized at home through mental health rehabilitation services are likely to be placed in group homes or other institutional placements, at far greater cost. Furthermore, long-term residential placement often is a deeply traumatic and life-altering experience for children that can cause permanent harms that are likely to generate substantial long-term costs to the State – e.g. increased risk of life-long institutionalization, increased risk of criminality and incarceration, etc.

If allowed to stand, the State Controller's decision will also require IEP teams to explain to students and their parents that, although mental health rehabilitation services—a well-regarded, peer-reviewed, cost effective alternative to out-of-home placement—exist, they are not available under the AB 3632 program because the State has determined that these services are not within the range of services a County Mental Health Department may offer under the program.

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and is based upon my personal knowledge. Executed at Campbell, California on March 5, 2010.

LAURA CHAMPION, LMFT
Bay Area Executive Director
EMQ FamiliesFirst

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JOHN CHIANG
California State Controller

March 10, 2010

Greta S. Hansen
Deputy County Counsel
Santa Clara County
70 West Hedding Street, 9th Floor
San Jose, CA 95110-1770

Dear Ms. Hansen:

This letter is a response to Santa Clara County's January 15, 2010 request that the State Controller's Office reconsider the audit findings related to unallowable rehabilitation services in our final audit report issued June 30, 2009, for the Handicapped and Disabled Students (HDS) state-mandated cost program. We reviewed the county-provided information and believe that our conclusions concerning rehabilitation costs are valid.

Our audit objective was to determine whether the costs of county-filed claims are reimbursable under the HDS state-mandated cost program's parameters and guidelines adopted by the Commission on State Mandates (CSM). It did not include an assessment of whether services provided are appropriate.

We maintain that rehabilitation services are not included in the HDS program's parameters and guidelines and the underlying State regulations, Title 2, California Code of Regulations (CCR), section 60020, subdivision (i), that form the basis for the services in the state-mandated cost program. As rehabilitation services are not identified in the underlying regulation, such services have not been pled before the CSM as part of a related test claim.

On May 26, 2005, the CSM issued a statement of decision on the reconsideration of the HDS program finding that rehabilitation services, as defined by Title 9, CCR, section 1810.243, are not reimbursable. More recently, the CSM responded to the Department of Mental Health's (DMH's) request for clarification on February 27, 2009, stating that rehabilitation services, as defined by Title 9, CCR, section 1810.243, are not reimbursable. The CSM stated that the test claim regulations do not require or mandate counties to perform activities defined by section 1810.243.

Contrary to the county's position, we believe that rehabilitation services claimed by the county are separate and distinct from day rehabilitation services by definition and in terms of service delivery. The definition of each rehabilitation service in the county's Clinical Record Documentation Manual for Outpatient Mental Health Services is consistent with the service definitions in Title 9, CCR. The way in which these services were reported on the county's cost report submitted to DMH and for Medi-Cal Federal Financing Participation funds reimbursement is also consistent with the definition in Title 9, CCR. The county's rehabilitation services

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definition is consistent with section 1810.243, while the day rehabilitation service definition is consistent with section 1810.212. In terms of service delivery, the rehabilitation service is delivered in minutes, while the day rehabilitation service is delivered in half-day or full-day increments, requiring service availability of at least 3 hours and less than 24 hours each day that the program is open.

The county's response did not address the relationship between the rehabilitation services provided and the Wraparound program. The rehabilitation services provided by the county are in lieu of a residential placement as part of the Wraparound program. In its filed claims, the county did not identify any associated revenues required by the HDS program's parameters and guidelines. Under Senate Bill 163, (Chapter 795, Statutes 1997), Wraparound services were established using non-federal Aid to Families with Dependent Children-Foster Care (AFDC-FC). Counties can use the AFDC-FC funding to provide children and families with family-based service alternatives to group home care using the Wraparound process. The funding is provided for services in lieu of an out-of-home residential placement and may include mental health treatment services. The funding level provided by the Department of Social Services in its administration of the program is the same as if the client was placed in a group home.

In August 2009, the DMH held a conference call to discuss the issue of adding rehabilitation services to the state regulations that form the basis of the state-mandated cost program. Representatives of DMH, counties, and advocate groups discussed four potential definitions of rehabilitation services in the context of AB 3632 program. The definitions proposed by the counties varied significantly in terms of scope; some were broader, while others were narrower concerning the range of services. Currently, the DMH's legal staff is reviewing a definition that is a combination of the 3rd and 4th proposals. The 1st proposed definition, which the DMH did not select, is identical to that used by the county and is based on section 1810.243. The combination of the 3rd and 4th proposals excludes activities identified in the 1st proposal—such as improving grooming, personal hygiene skills, and meal preparation skills—which are not activities identified in section 1818.212. We encourage the county to participate in the development of a definition that suits its particular needs.

If the county continues to disagree with audit findings, it may file an Incorrect Reduction Claim (IRC) with the CSM. The IRC must be filed within three years following the date that we notify the county of a claim reduction. The county may obtain information at CSM's Web site link at www.csm.ca.gov/docs/IRCForm.pdf.

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849.

Sincerely,

JEFFREY V. BROWNFIELD, Chief
Division of Audits

JVB/sk
8045

cc: Jim Spano, Bureau Chief
Division of Audits, State Controller's Office

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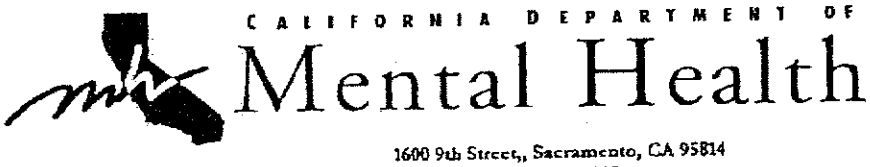

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

June 23, 2008

DMH INFORMATION NOTICE NO.: 08-15

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: MENTAL HEALTH REHABILITATION SERVICES FOR CHILDREN IN THE SPECIAL EDUCATION PUPILS PROGRAM

REFERENCE: CHAPTER 26.5 OF DIVISION 7 OF TITLE 1 OF THE GOVERNMENT CODE

This letter clarifies the funding of mental health rehabilitation services for children in the Special Education Pupils Program (AB 3632). Any mental health service required by a pupil's Individualized Education Program (IEP) to allow educational benefit must be provided by the appropriate local agency. Mental health services may include mental health rehabilitation services when such services are determined to be the most appropriate in meeting a student's specialized needs.

County mental health agencies may access various funding sources for the provision of mental health rehabilitation services:

Children in AB 3632 with Medi-Cal Eligibility

Counties may bill Medi-Cal for mental health rehabilitation services provided to children in AB 3632 who are Medi-Cal eligible and meet the medical necessity criteria for specialty mental health services when those services are provided pursuant to the child's IEP.

Children in AB 3632 without Medi-Cal Eligibility

Mental health rehabilitation services should be provided regardless of Medi-Cal eligibility to children in AB 3632 when needed to facilitate educational benefit. County mental health agencies may access the following funding sources for these services for children who are not Medi-Cal eligible:

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- Counties may use federal Individual with Disabilities Education Act (IDEA) funds, received through County Offices of Education, to support the provision of mental health rehabilitation services pursuant to an IEP. IDEA regulations require that any related service (as defined by Section 300.34 of the Code of Federal Regulations (CFR)), when required by an IEP to assist a student in achieving educational goals, shall be provided.

- Counties that receive a portion of the $52 million in State General Funds that is distributed by the Department of Mental Health may use those funds to support the provision of mental health rehabilitation services pursuant to an IEP.

Pursuant to Section 300.101 of the CFR, a Free Appropriate Public Education (FAPE) must be available to all children residing in the State between the ages of 3 and 21. The mental health services in an IEP must constitute an offer of FAPE. Pursuant to Section 300.103 (c) of the CFR, there should be no delay in implementing the child's IEP, including any case in which the payment source for providing or paying for special education and related services to the child is being determined.

If you have questions or need additional information, please contact Stacey Wofford at (916) 651-0995 or at Stacey.Wofford@dmh.ca.gov.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

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ARNOLD SCHWARZENEGGER, *Governor*

February 27, 2009

Ms. Denise M. Arend
Deputy Director, Community Services Division
Department of Mental Health
1600 9th Street
Sacramento, CA 95814

And Affected State Agencies and Interested Parties (See Enclosed Mailing List)

RE: **Request for Clarification Filed by Department of Mental Health**
Reconsideration of Handicapped and Disabled Students (04-RL-4282-10)
Handicapped and Disabled Students II (02-TC-40/02-TC-49)
Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services (97-TC-05)
Government Code Sections 7570-7588; Statutes 1984, Chapter 1747 (Assem. Bill No. 3632); Statutes 1985, Chapter 1274 (Assem. Bill No. 882); Statutes 1994, Chapter 1128 (Assem. Bill No. 1892); Statutes 1996, Chapter 654 (Assem. Bill No. 2726);
California Code of Regulations, Title 2, Sections 60000-60610 (Emergency regulations effective January 1, 1986 [Register 86, No. 1], and re-filed June 30, 1986, designated effective July 12, 1986 [Register 86, No. 28]; and Emergency regulations effective July 1, 1998 [Register 98, No. 26], final regulations effective August 9, 1999 Register 99, No. 33])

Dear Ms. Arend:

I am in receipt of your letter dated February 19, 2009, requesting clarification in the *Handicapped and Disabled Students* program regarding the Commission's basis for excluding rehabilitation, as defined by Title 9, California Code of Regulations, section 1810.243, as a mental health service eligible for reimbursement.

Please be advised that the Commission no longer has jurisdiction over these consolidated test claims. A Statement of Decision on the *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10) was adopted on May 26, 2005, finding that rehabilitation services, as defined by section 1810.243, is not reimbursable for the following reasons:

> The plain language of the test claim regulations (Cal. Code. Regs., tit. 2, §§ 60000 et seq.) does not require or mandate counties to perform the activities defined by section 1810.243 of the Department's title 9 regulations. In addition, the test claim regulations do not reference section 1810.243 of the Department's title 9 regulations for any definition relevant to the program at issue in this case. (Statement of Decision, p. 39, fn. 96.)

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The Statement of Decision was not challenged by the parties and, thus, remains the final decision of the Commission. The Commission has no authority to consider or change a prior final decision.

However, Government Code section 17557, subdivision (d), and Title 2, California Code of Regulations, section 1183.2, authorizes a local agency or the state to file a written request with the Commission to amend, modify, or supplement the parameters and guidelines to the extent the request is consistent with the Statement of Decision. The Commission may, after public notice and hearing, amend, modify, or supplement the parameters and guidelines.

In addition, if the test claim statutes or regulations are amended, a local agency has the authority pursuant to Government Code sections 17551 and 17553 to file a new test claim on the statute(s) or regulation(s) as amended.

Please feel free to contact me at (916) 323-8215 with any further questions.

Sincerely,

CAMILLE SHELTON
Chief Legal Counsel

Enclosure: Department of Mental Health Letter Dated February 19, 2009

J:mandates/legreconsiderations/2004/SB1895Handicapped/PsGs/Consolidated/LtrtoDMH(209)

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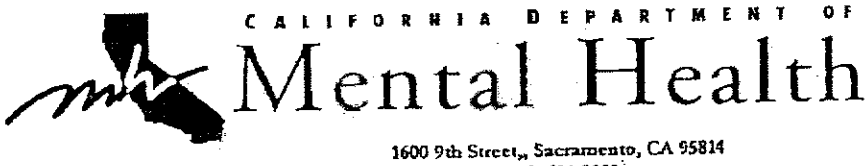

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

April 15, 2009

DMH INFORMATION NOTICE NO.: 09-04

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: RESCISSION OF DMH INFORMATION NOTICE 08-15: MENTAL HEALTH REHABILITATION SERVICES FOR CHILDREN IN THE SPECIAL EDUCATION PUPILS PROGRAM

REFERENCE: RESCINDS DMH INFORMATION NOTICE 08-15

Effective April 6, 2009, the California Department of Mental Health (DMH) rescinds DMH Information Notice 08-15.

Certain rehabilitation service activities allowable for reimbursement under the AB 3632 program continue to be under dispute based on rulings by the Commission on State Mandates. DMH is working to resolve these issues with county mental health departments, the California Department of Education, the Commission on State Mandates, and the Office of the State Controller to ensure consistency in the provision of mental health services required by a pupil's Individualized Education Plan (IEP) and the identification of appropriate funding sources.

This rescission notice does not change existing Federal and State requirements governing the AB 3632 program nor does it change existing funding sources. All existing laws and regulations are still applicable when administering the AB 3632 program. The county mental health departments' obligations and responsibilities under Sections 7570 et seq. of Chapter 26.5 of the California Government Code and Sections 60000 et seq. of Division 9 of Title 2 of the California Code of Regulations have not changed. For further guidance on allowable service activities under the AB 3632 program, please see the Consolidated Parameters and Guidelines adopted by the Commission on State Mandates on October 26, 2006 [Enclosure 1].

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Pursuant to Section 300.101 of the Code of Federal Regulations (CFR), a Free Appropriate Public Education (FAPE) must be available to all children residing in the State between the ages of 3 and 21. The mental health services in an IEP must constitute an offer of FAPE. Pursuant to Section 300.103 (c) of the CFR, there should be no delay in implementing the child's IEP, including any case in which the payment source for providing or paying for special education and related services to the child is being determined.

If you have questions or need additional information, please contact your County Technical Assistance representative identified on the following website: http://www.dmh.ca.gov/Services_and_Programs/Local_Program_Support/County_Technical_Assistance.asp.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosure

cc: California Mental Health Directors Association
California Mental Health Planning Council
Mental Health Services Oversight and Accountability Commission

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STATE OF CALIFORNIA
OFFICE OF ADMINISTRATIVE LAW

In re:

EDUCATION DEPT.

REGULATORY ACTION:
Title 02
California Code of Regulations
Adopt 60000, 60010, 60020, 60025, 60030, 60040, 60045, 60050, 60055, 60100, 60110, 60200, 60300, 60310, 60320, 60323, 60325, 60330, 60400, 6050, 60510, 60550, 60560,

NOTICE OF APPROVAL OF
REGULATORY ACTION
(Gov. Code, Sec. 11349.3)

OAL File No. 99-0625-06 C

RECEIVED
AUG 10 1999
LEGAL OFFICE
CALIFORNIA DEPT OF EDUCATION

SUMMARY OF REGULATORY ACTION

This Certification of Compliance adopts the standards for special education pupils programs. It is jointly adopted by the Department of Social Services, the Department of Mental Health, the Department of Health Services and the Board of Education. (Previous OAL file # 99-0224-02)

OFFICE OF ADMINISTRATIVE LAW DECISION

OAL approves this regulatory action.

REASON FOR DECISION

This regulatory action meets all applicable legal requirements.

Comments:

DATE: 08/09/99

KATHLEEN EDDY
Staff Counsel

for: CHARLENE G. MATHIAS
DEPUTY DIRECTOR

Original: Michael E. Hersher, General Counsel
cc: Peggy Peters

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FINAL STATEMENT OF REASONS ORD #0697-16

JOINT REGULATIONS FOR HANDICAPPED CHILDREN

GOVERNMENT CODE, TITLE 2, CHAPTER 26.5

DIVISION 9. JOINT REGULATIONS FOR HANDICAPPED CHILDREN

a) Description of the Public Problem, Administrative Requirement, or Other Condition or Circumstance the Regulations Are Intended to Address

These proposed regulations implement, interpret, and make specific Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code relating to interagency responsibilities for providing services to children with disabilities.

The intent of these proposed regulations is to assure conformity with the federal Individuals with Disabilities Education Act or IDEA, (20 U.S.C. Sections 1400 et seq.), its implementing regulations, including Sections 76.1 et seq., and 300.1 et seq. of Title 34 of the Code of Federal Regulations. These proposed regulations are supplemental to, and in the context of, federal and state laws and regulations relating to interagency responsibilities.

Chapter 26.5, Section 7587, mandated the development of regulations for each state department named in this chapter. Due to the interagency nature of the proposed regulations, it was necessary for the state departments to collaborate on the development of the proposed regulations. In addition, the legislature mandated that proposed regulations were to be developed with the maximum feasible opportunity for public participation and comments. During the development of these proposed regulations there have been various work groups and advisory bodies who have made regulatory suggestions.

Besides the legislative mandate, the California Department of Education (CDE) was party to the Butterfield vs. Honig law suit in 1989. The resulting decision made the CDE responsible for insuring that the terms of the Butterfield vs. Honig agreement were considered in the development of the proposed regulations for Chapter 26.5 of the Government Code.

Before the United States Office of Special Education Programs (OSEP) would accept the CDE state plan they required that regulations guaranteeing occupational therapy and physical therapy services to eligible disabled pupils be proposed. Concerns of OSEP are reflected in a CDE Program Advisory dated September 6, 1991, and also in the proposed regulations.

Current statute addresses, in part, interagency responsibilities for providing services to children with disabilities. These proposed regulations are necessary to clarify consistent procedures and criteria in the administration of related services to insure that effected state and local agencies and interested persons are informed of these procedures.

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These proposed regulations reflect the change in name of the federal legislation from Education for all Handicapped Children Act of 1975 to Individuals with Disabilities Education Act of 1990 or IDEA. At this time, a change in nomenclature pursuant to IDEA alters the title to "Children with Disabilities" and deletes all references to "individuals with exceptional needs."

Emergency regulations were adopted in 1986 under the title, Division 9, Joint Regulations for Handicapped Children, Chapter 1, Interagency Responsibilities for Providing Services to Handicapped Children. The Legislature granted extensions of this emergency regulatory authority in the budget act annually to allow for the development of the permanent regulations until this year.

The proposed regulations reflect changes in California statute affecting Government Code Chapter 26.5 pursuant to: Chapter 1747, Statutes of 1984; Chapter 1274, Statutes of 1985; Chapter 1133, Statutes of 1986; Chapter 677, Statutes of 1989; Chapter 182, Statutes of 1990; Chapter 223, Statutes of 1991; and Chapter 654, Statutes of 1996. These proposed regulations also include concerns expressed by the public users of the program regarding past program implementation.

These proposed regulations also reflect changes in Chapter 6 of the Welfare and Institutions Code: Chapter 1274, Statutes of 1985; Chapter 1294, Statutes of 1989; Chapter 46, Statutes of 1990; Chapter 737, Statutes of 1990.

The extensive duplication of statute throughout these proposed regulations is necessary due to the interagency nature of these proposed regulations. Many staff members at the various state and county departments have little knowledge of statutes that pertain to other departments. The audience for these proposed regulations also includes parents and advocates who may use these proposed regulations as the basis for a complaint and due process.

b) Specific Purpose of the Regulations and Factual Basis for Determination that Regulations Are Necessary

ADOPTION OF TITLE 2, DIVISION 9, CHAPTER 1, CALIFORNIA CODE OF REGULATIONS

Chapter 1. Interagency Responsibility for Providing Services to Children With Disabilities

Article 1. General Provisions

SECTION 60000 SCOPE

This section identifies the individuals to whom the provisions of this chapter apply and clarifies that the provisions of this chapter are intended to function in conjunction with state and federal laws and regulations regarding children with disabilities.

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SECTION 60020 MENTAL HEALTH DEFINITIONS

Subsection (a) clarifies the meaning of "community mental health service" as some county mental health departments have contracted with private providers to provide treatment and assessment.

Subsection (b) defines "county of origin" as used by mental health personnel to describe the funding source for children with disabilities receiving mental health services. This definition is included for non-mental health programs where there may be a different criteria for identifying a funding source.

Final Modification:

Following the public hearing, this definition is being amended for clarity and consistency.

Subsection (c) defines the term "expanded IEP team" and clarifies this team's requirement to assess a pupil in all areas of suspected disability and to implement the placement of children identified as seriously emotionally disturbed in residential placements. This definition is included because local education agencies have been found to be out of compliance for failure to properly constitute an expanded IEP team, and to emphasize that this is a shared agency responsibility.

Subsection (d) defines "host county." The function of the host county is to provide services for children whose "county of origin" is elsewhere. This definition is included for the benefit of local education agencies because it is a mental health term.

Subsection (e) specifies that the "local mental health director" is the responsible agent of the community mental health service.

Subsection (f) clarifies that "medication monitoring" is a service that is provided pursuant to IEPs. It is also necessary to differentiate this service from the actual payment for the medications because this is not an allowable service under the special education pupils program as it is a strictly medical, and not an educational, service.

Subsection (g) defines the term "mental health assessment." This term clarifies for other agency personnel the nature and scope of mental health assessments as defined by the California Code of Regulations. Section 7576 of Chapter 26.5 of the Government Code requires such clarification.

Subsection (h) defines the term "mental health assessment plan." This definition is necessary to ensure that mental health assessments are conducted in a manner consistent with the requirements of the Education Code.

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Subsection (i), which defines the term "mental health services," clarifies the nature and scope of such services, including assessments. Section 7576 of Chapter 26.5 of the Government Code requires such clarification.

Subsection (j), which defines the term "qualified mental health professional," identifies all mental health professionals who may provide mental health services and recommend mental health as a related service on the IEP. It clarifies that properly supervised MFCC and MSW interns may provide mental health services prior to licensure and that some services can be provided by a mental health rehabilitation specialist. It was also necessary to explain that the term "licensed practitioner of the healing arts" refers to a subset of the group defined in this subsection.

SECTION 60025 SOCIAL SERVICES DEFINITIONS

This Section is essential to assist education agencies and mental health programs to achieve a common understanding of terms used by the Department of Social Services in authorizing payment for residential placements for children.

Subsection (a) is defines the term, "care and supervision". The public problem is that there are four different agencies involved in this program with potentially four different uses of this term. The specific purpose for the definition is to clearly define the term for the users of the regulations as it applies to CDSS ratesetting requirements for payment purposes. The factual basis for the definition is that the definition of "care and supervision" is consistent with the statutory definition in Welfare and Institutions Code Section 11460.

Subsection (b) defines the term, "certified family home." The public problem is that there are four different agencies involved in this program with potentially four different uses of this term. The specific purpose for the definition is to clearly define the term for the users of the regulations as it applies to CDSS ratesetting requirements for payment purposes. The factual basis for the definition is that the definition of "certified family home" is consistent with the statutory definition in Welfare and Institutions Code Section 11400(c).

Subsection (c) defines the term, "certified, license-pending home." The public problem is that there are four different agencies involved in this program with potentially four different uses of this term. The specific purpose for the definition is to clearly define the term for the users of the regulations as it applies to CDSS ratesetting requirements for payment purposes, as well as for licensing purposes. The factual basis for the definition is the definition of "certified family home" is as set forth in Welfare and Institutions Sections 361.2(h), 727(b), and 16507.5(b), and Health and Safety Code 1502(a).

Subsection (d) is necessary to specify the meaning of a community care facility which is consistent with Health and Safety Code Section 1502(a). The public problem is that there are four different agencies involved in this program with potentially four different uses of this term. The specific purpose for the definition is to clearly define the term for the users of the regulations as it applies to CDSS ratesetting requirements for payment purposes, as well as for licensing purposes. The factual basis for the definition is the definition of "Community care facility" as set forth in Health and Safety Code Section 1502(a).

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a 5 axis DSM IV diagnosis as part of their assessment, but for the above reasons it is usually not included in the assessment that is presented at the IEP team meeting. The damage that can result to the pupil far outweighs the possible benefit. Also, the main purpose of the mental health assessment is for the community mental health service to recommend appropriate mental health services that enable the student to benefit from their education. This purpose can be accomplished without referencing the DSM IV diagnosis. Therefore, no change will be made in the regulations in response to this comment.

21) Comment:

60020(g) - Testifier 12.[(a)] (Brogan) proposed the following changes:

"The Commentor suggests that the following phrase be added to the subsection: "The content of this evaluation may vary depending on currently available reports."

Response:

The Departments do not concur. Minimum requirements are specified in Sections 60030(c)(3) and 60040 and do not have to be repeated here. Please see response to comment 20) of this section of the Statement of Reasons.

22) Comment:

60020(i) - Testifier 13.[(b)(2)] (Mentink) proposed the following changes:

"(i) The definition of Mental Health Services should include vocational and socialization services and crisis management.

"Rationale:

The new regulatory definition of Mental Health Services departs significantly from the previous definition in the emergency regulations. The previous definition referenced Title 9 C.C.R. Sec. 542 and 543. Vocational and socialization services were provided under Section 542 and crisis management services were provided under Section 543. Those services are no longer listed under the new proposed definition. These services were part of the AB 3632 mental health entitlement for 12 years under the previous emergency regulations without adverse fiscal impact and we request that they not be terminated."

Response:

The provision of vocational services is assigned to the State Department of Rehabilitation by Government Code Section 7577.

Crisis service provision is delegated to be "from other public programs or private providers, as appropriate" by these proposed regulations in Section 60040(e) because crisis services are a medical as opposed to educational service. They are, therefore, excluded under both the

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Tatro and Clovis decisions. These precedents apply because "medical" specialists must deliver the services. A mental health crisis team involves specialized professionals. Because of the cost of these professional services, providing these services would be a financial burden that neither the schools nor the local mental health services are intended to address in this program.

The hospital costs of crisis service provision are explicitly excluded from this program in the Clovis decision for the same reasons.

Additionally, the IEP process is one that responds slowly due to the problems inherent in convening the team. It is, therefore, a poor avenue for the provision of crisis services. While the need for crises services can be a predictable requirement over time, the particular medical requirements of the service are better delivered through the usual local mechanisms established specifically for this purpose.

23) Comment:

60020(j) - The following changes were suggested by Testifier 15.[(c)] (Gibeaut):

"We question whether "recreational therapist" should be included within the definition of "qualified mental health professional", unless recreation therapists are licensed to provide mental health assessments. The other professionals included within the definition have the ability to conduct mental health assessments, including formal clinical diagnosis."

Response:

The Departments concur with the California Mental Health and Developmental Disabilities Training Center. Section 7572 (c) of the Government Code requires that: "Psychotherapy and other mental health assessments shall be conducted by qualified mental health professionals as specified in regulations developed by the State Department of Mental Health..." Therefore, changes will be made in the regulation to exclude recreation therapists.

This section is entitled "mental health definitions" and has the specific purpose of clarifying mental health terminology. The section is, therefore, limited in its scope and intentionally makes no comment on school personnel qualifications or lack thereof. To make such comments here would be inappropriate as it would exceed the scope of the section. Therefore, no change will be made to the regulations in response to the comment from the Fullerton School District.

Final Modification:

"Qualified mental health professional" includes the following licensed practitioners of the healing arts: a psychiatrist; psychologist; clinical social worker; marriage, family and child counselor; ~~recreation therapist;~~ registered nurse, mental health rehabilitation specialist, and others who have been waivered under Section 5751.2 of the Welfare and Institutions Code. Such individuals may provide mental health services, consistent with their scope of practice.

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EXHIBIT B

UPDATED INFORMATIVE DIGEST

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UPDATED INFORMATIVE DIGEST

Section 7587 of the Government Code authorizes each state department named in Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, to develop regulations, as necessary, for the department or designated local agency to implement Chapter 26.5. These regulations implement, interpret, and make specific, Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code relating to interagency responsibilities for the provision of related services to children with disabilities.

The Health and Welfare Agency, specifically the California Departments of Mental Health, Health Services (California Children Services and Medi-Cal Programs), and Social Services, and the California Department of Education, hereinafter "Departments," have adopted the following sections of Title 2 of the California Code of Regulations, Chapter 1:

Article 1. General Provisions

Section 60000 Scope

This section specifies the programs which provide related services and the children with disabilities who are eligible to receive related services in accordance with this chapter and in compliance with the Individuals with Disabilities Education Act (IDEA) of 1990 which was reauthorized in 1997 and is now referred to as Public Law 105-17. This law amended the Education for All Handicapped Children Act (EHA) of 1975 which is referred to as Public Law 94-142.

Section 60010 Education Definitions

This section sets forth education definitions for the terms used in this chapter. The list of definitions contained in these regulations includes the terms: "administrative designee," "assessment," "assessment plan," "confidentiality," "county superintendent of schools," "day," "designated instruction and services," "individualized education program (IEP), "individualized education program team (IEP team)," "local education agency (LEA)," "local interagency agreement," "necessary to benefit from special education," "nonpublic, nonsectarian agency," "nonpublic, nonsectarian school," "parent," "pupil with a disability," "qualified," "related services," "special education," "special education local plan," and "special education local plan area (SELPA)."

Section 60020 Mental Health Definitions

The subsections in this section set forth mental health definitions for the terms used in this chapter. The list of mental health definitions includes terms such as: "community mental health service," "county of origin," "expanded IEP team," "host county," "local mental health director," "medication monitoring," "mental health assessment," "mental health assessment plan," "mental health services," and "qualified mental health professional."

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Area Board XI Developmental Disabilities Board

250 El Camino Real, Suite 110, Tustin 92780-3655

Phone 714) 731-4787 Fax 558-4298 CalNet 657-4605 E-Mail abxi@ix.netcom.com

7

September 4, 1998

Frank R. Vitulli
California Department of Social Services
Office of Regulations Development
744 P Street, MS 7-192
Sacramento, CA 95814

RE: Special Education Pupils
Program Regulations
ORD #0697-16

Dear Mr. Vitulli,

This letter serves to respond to the notice of proposed AB3632 regulations.

a

- **Reference: 60010 & 60020 DEFINITIONS:**

COMMENT: we note that although education definitions are provided under code Section 60010 and mental health definitions are provided under Section 60020, no HEALTH category, with definitions, is included. This concerns us, as a substantial amount of confusion exists with regard to responsibilities for provision of health-related services... not to neglect mention of not having a clear idea of the differences and qualifications required of a "Home Health Aide" or a "Specialized Home Health Aide". Although referred to under Section 60400 "Specialized Home Health Aide", no definition is given nor is there any distinction made between a Home Health Aide and a Specialized Home Health Aide. It is our experience that both families and school districts would benefit from inclusion of a HEALTH category with clear definitions and procedures provided. This is necessary in order for IEP teams to identify related health services, the provider of those services and the qualifications necessary for the provider to deliver the services. There are additional concerns under section 60400, which will be discussed later.

RECOMMENDATION: Add a HEALTH category under definitions with health related services defined, as well, i.e. Home Health Aide, Specialized Home Health Aide, Home Health Agency, Medi-Cal beneficiary, EPSDT, etc.

b

- **Reference: Section 60030 Local Mental Health and Education Interagency Agreement** (procedures between local MH O& SELPA) (3) requires "Timely" delivery of a completed referral package to community mental health"...; (4) requires "Timely" notification by the host county to the community mental health"... and (7) requires "Adequate notice to the community mental health service of all IEP meetings"...

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COMMENT: Although references are made to paragraph (a) of Section 56321 and Section 56344 of the Education Code with reference to compliance with timelines, our experience has been that timelines are frequently ignored while information is being exchanged between mental health and education. A student having serious need of mental health services can be placed in limbo for months - up to a year. We believe it is necessary to state time lines where they exist.

RECOMMENDATION: Delete use of "timely" and "adequate" language and replace with mandatory or reasonable time lines.

C

- **Reference: (9) of this same section states, "The provision of mental health services as soon as possible following the development of the IEP pursuant to Section 300.342 of Title 34 of the Code of Federal Regulations."**

COMMENT: It has **not** been our experience that school districts and mental health professionals have memorized the Code of Federal Regulations or is the Code likely to be handy during the IEP meeting. Parents are rarely familiar with federal regulations. This can result in long implementation delays in the delivery of related mental health services from the date of the IEP.

RECOMMENDATION: For the sake of clarity, either the federal code section language cited should be included or specific time lines should be provided.

d

- **Reference: (11) of the same section states, "The transportation of pupils with disabilities when necessary for the provision of mental health services pursuant to the IEP and Section 60200 (d) (1) (2):**

COMMENT: Our copy of the 1998 "California Special Education Programs – A Composite of Laws, Education Code- Part 30", Section 60200, states this as being Article 4, "Financial Provision of 24-hour Out-Of-Home Placement". This code section reference is incorrect. If authority exists elsewhere for an entity, other than education, to be responsible for this related service; this should be stated clearly.

RECOMMENDATION: Responsibility for transportation should be included in the local agreements with education identified as the party responsible for this related service.

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e

- **Reference: Section 60045. Assessment To Determine The Need For Mental Health Services. (b) ..."The plan shall include, but not be limited to, the review of the pupil's school records and assessment reports and observation of the pupil in the educational setting, when appropriate."**

COMMENT: This section refers to the plan developed by MH and sent to the parent. In order to be consistent and respond to (c) & (d) of the next sections which refer to parental consent, it would be helpful to include that the consent form should be provided with the plan given to parents.
RECOMMENDATION: Add " a parental consent form" to the list of information that MH will provide the family.

f

- **Reference: (f) (1) of the above section states, "If the parent disagrees with the assessor's mental health service recommendation, the community mental health service shall provide the parent with written notification that they may require the assessor to attend the IEP team meeting to discuss the recommendation. The assessor shall attend the meeting if requested to do so by the parent."**

COMMENT: It is unclear whether the assessor will be required to attend the IEP meeting ONLY when the parent disagrees with the assessment. Is there any legal authority that prevents the mental health assessor from not being required to attend the IEP meeting any time that a parent or LEA requests they be present? The reason that this is important is that parents may not understand the assessment or the implications the assessment may have on their child's IEP and educational placement until the time of the IEP. Without specified authority to NOT require attendance of the MH assessor at the IEP meeting, it would seem that either a parent or school district could require mental health be present.
RECOMMENDATION: Delete this section and replace with, "The parent shall be provided with written notification that they may require the assessor to attend the IEP meeting. The school district may also require the assessor attend the IEP meeting.

g

- **Reference: (g) of the same section states, "The community mental health service shall provide the IEP team a written assessment report in accordance with Education Code Section 56327."**

COMMENT: The Section referred to does not include a time line when the assessment must be completed. In our experience, these assessments can be delayed for months with IEPs held without important mental health assessment information or representation from mental health.

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RECOMMENDATION: Include required time line language (not reference to code section) for completion of mental health assessment in this section.

h

- **Reference: Section 60050. Individualized Education Program for Mental Health Services** speaks to documentation of mental health services that is included in the IEP. This includes goals and objectives, description of the types of mental health services to be provided; the initiation, duration and frequency of mental health services.

COMMENT: In order to meet this requirement for the IEP, during the IEP meeting, it is necessary for a representative from mental health, who can represent the needs of the child, be present during the IEP meeting. It is not uncommon for the entire mental health portion of a child's IEP to not be discussed in detail or developed during the IEP meeting because mental health does not attend the IEP meeting. Mental Health's sending follow up information to be tacked onto the IEP after the meeting has concluded IEP is not acceptable.

RECOMMENDATION: Under (a) add: mandatory IEP meeting attendance of a representative from mental health who is familiar with the student.

- **Reference: 60100. Placement Of a Pupil With A Disability Who Is Seriously Emotionally Disturbed. (c) states, "Prior to the determination that a residential placement is necessary for the pupil to receive special education and mental health services, the expanded IEP team shall consider less restrictive alternatives, such as providing a behavioral specialist and full-time behavioral aide in the classroom, home and other community environments, and/or parent training in the home and community environments."**

COMMENT: It is unclear who is responsible to provide and pay for the above behavioral services. We are under the impression that education is responsible, however we have observed that some educators believe that mental health or regional center is responsible. The student is close to crisis at this point and should not have to wait for critical intervention services while agencies point fingers at one another.

RECOMMENDATION: Under (c), state the entity financially responsible to provide or pay for categories of behavioral intervention services necessary to prevent residential placement of the student.

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J

- **Reference: Section 60110. Case Management For A Pupil With A Disability Who Is Seriously Emotionally Disturbed And Is In A Residential Placement (b) (1) states, "The residential placement plan shall include provisions, as determined in the pupil's IEP, for the care, supervision, mental health treatment and education of a pupil with a disability who is seriously emotionally disturbed."**

Comment: Medication is frequently part of the mental health treatment plan or related to a student's health condition. We have found that there can be confusion about who is responsible to ensure that medications are available and taken, as prescribed, when a student is placed in a residential NPS.
RECOMMENDATION: Add..." mental health treatment, *medication* and education of a pupil"...

K

- **Reference: (B) (2) of the same section states, " The LEA shall be responsible for providing or arranging for the special education and non-mental health related services needed by the pupil."**

COMMENT: It is our experience that parents may not be clear, nor do districts explain, who is responsible for what. Examples would help to clarify exactly what "non-mental health related services" are. Are LEAs responsible for a student's haircut, health services, prescriptions, field trips, shampoo, tooth paste – what?
RECOMMENDATION: Include examples or a list of LEA service responsibilities.

L

- **Reference: Section 60110 cont. (c) "Case management shall include, but not be limited to, the following responsibilities:"**

COMMENT: The responsibilities of **everyone** need to be clearly defined to ensure the student is provided what they need consistent with their IEP and well being. This section provides the case manager an opportunity to identify each agency's and the family's roles and financial responsibilities. In our experience, parents have received bills from the NPS for mental-health-related prescriptions and other items. Financial expectations should be clear at the outset.
RECOMMENDATION: Under this section, clearly define and discuss the roles and financial expectations of the LEA, mental health and the student's family *before* the student is placed.

M

- **Reference:** Section 60110 refers to case management, provided by mental health, (8) stating, **"To conduct quarterly face-to-face contacts at the residential facility with a pupil with a disability who is seriously**

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emotionally disturbed to monitor the level of care and supervision and the provision of the mental health services as required by the IEP." (9) continues, **"To notify the parent and the LEA or designee if there is a discrepancy between the level of care, supervision, or provision of mental health services and the requirements of the IEP."**

COMMENT: It is not clear whether the case manager from mental health assigned to conduct quarterly visits to the residential facility will be reporting back to the LEA **ONLY** mental health-related IEP issues or IEP issues that may be unrelated to mental health. If the mental health case manager is required to evaluate components of the pupil's IEP, other than mental health, it would be important for them to collaborate with the LEA before and after each visit.
RECOMMENDATION: Clarify expectations of mental health case manager.

- **Reference: 60323.** Medical Therapy Program Responsibilities. (a) states, **"The Medical Therapy Conference shall assess the pupil's need for occupational therapy and physical therapy. The determination of medical necessity shall be based on the pupil's physical and functional status."**

COMMENT: Under the CCS program, "functional status" is viewed as reflecting this program's bias against students who are mentally retarded. This is unacceptable and discriminatory.
RECOMMENDATION: Delete "functional" or define exactly what this *means.*

- **Reference:** Same section, (b) states, **"The Medical Therapy Conference shall review the therapy plan to ensure that inclusion of measurable functional goals and objectives and activities to be performed by parents or LEA staff to maintain or prevent loss of function."**

COMMENT: Where does authority exists to exclude CCS' occupational and physical therapists from providing direct therapy as a related service?
RECOMMENDATION: Revise the list of those responsible to carry out a student's functional goals and objectives, ..."to be performed by *qualified occupational and/or physical therapists,* parents or LEA staff..."

- **Reference: 60323 , same section, (d) – reference to "functional status" see above.**

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- **Reference: 60325. Individualized Education Program For Therapy Services.** (c) states, **"CCS shall notify the IEP team and parent in writing within 5 days of a decision to increase, decrease, change the type of intervention or discontinue services for pupils receiving therapy services. If the parent is present at the time the decision is made, he or she will also be verbally informed of the decision."**

Comment: Section 60310 provides procedures for the Local Interagency Agreements Between CCS and Education Agencies. (4) requires , "Giving 10 days notice to the LEA and the parent of an impending change in the CCS medical therapy program services which may necessitate a change in the IEP." This is inconsistent with the above section giving only 5 days notice. **It is unclear to us why an IEP would not be scheduled ANYTIME a change is made to a student's therapy program.** If the IEP is properly written and includes occupational and/or physical therapy services provided by CCS, no service change should occur without an IEP meeting being called. Giving a family and LEA notice that a CCS therapy change is anticipated is fine as long as the notice is given within a time frame that allows an IEP meeting to be scheduled. Without this provision IEP services can be changed or eliminated without offering the student/family the opportunity to discuss, disagree and/or challenge the decision. The outcome is that very few families initiate appeals involving changes made to CCS therapy services because the opportunity typically made available through the school district special education program is by-passed by a CCS. Allowing non-educational entities to practice procedures that are different from those used by education is confusing to families.

RECOMMENDATION: Sections 60325 and Section 6010 need to be consistent. Either section could be amended to reflect CCS notification to parents and LEA when a change of CCS therapy services is anticipated. However, responsibility for the scheduling an IEP meeting within the stated time frame must be included and an agency assigned responsibility to trigger this action.

GENERAL COMMENT: If education persists in the notion of using DOH/CCS to provide related OT/PT services, the issue of using CCS's MTUs (Medical Therapy Units) and their inconsistency with LRE (least restrictive environment) federal and state statutes must be addressed. The fact is that CCS was initiated in the 1920s (before provision of special education to children became mandatory) to respond to children having polio. CCS' antiquated mentality and approach to therapy services has evolved very little - with the exception of the focus

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changing from children with polio to children who have cerebral palsy. Use of the term "functional status", which is believed by parents to reflect a bias against F providing therapy services to children who are mentally retarded, reflects a serious problem that must be revised if public education wishes to utilize this system to provide related special education services.

- **Reference: Section 60400, Specialized Home Health Aide (a) states, "The Department of Health Services shall be responsible for providing a home health aide when the local education agency (LEA) considers a less restrictive placement from home to school for a pupil for whom both of the following conditions exist:**

1) The California Medical Assistance Program (Medi-Cal) provides life-supporting medical services via a home health agency during the time the pupil would be in school or traveling between school and home.

2) The medical services provided require that the pupil receive the personal assistance or attention of a nurse, home health aide, parent or guardian, or some other specially trained adult in order to be effectively delivered."

COMMENT: This entire section requires revision. Delivery of health-related services is complex. Fundamental information and procedures are necessary in order for LEAs, Health services and families to be able to understand eligibility and gain access to appropriate services.

1. As mentioned at the beginning, definitions of "Home Health Aid" and "Specialized Home Health Aide" are needed.
2. It is unclear whether a distinction is being made about children who qualify for Medi-Cal vs. children who qualify for expanded services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.
3. In order to write the IEP, the LEA and parent must know if the student is eligible for services; needs to know what those services are, and needs to understqand the process by which the appropriate services can be provided.
4. An example is the Home Health Agency initiation of a child's plan under EPSDT. The number of nursing hours are determined and authorized by the Medi-Cal Benefits Regional Field Office. The plan and the authorization may not be consistent and may not include the number of hours requested or the time of day the hours are needed when a child attends school. A recent situation came to our attention where the child was authorized for 8 hours of nursing care under

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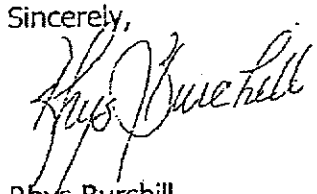
5. EPSDT, however they were authorized during the night to allow the parent to sleep. The school district, however, believed that these nursing hours should be assigned during the time the student was at school or else, they advised the parent, the student could not be provided a health aide,

GENERAL COMMENT: The above proposed Health-Related regulations are misleading and inadequate because they imply a simple process of authorization without explaining options, procedures or players. We strongly encourage that the State Departments of Education and Health Services collaborate in an effort to develop agreements and procedures that will result in LEAs, local and regional health departments, Medi-Cal, CCS and families being able to access these systems in order to ensure that special education students can be assured related services necessary for them to benefit from education in the least restrictive educational environment.

Thank you for giving us the opportunity to respond to these important regulations. We hope our comments are helpful.

Sincerely,



Rhys Burchill
Executive Director
AREA BOARD XI

Cc: Don Greene, SELPA Director, North Orange County
Julie Poulsen, Director, OC Mental Health
Area Boards I-XIII

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Special Education Local Plan Area Administrators

September 9, 1998

Item 12

Frank R. Vitulli
California Department of Social Services
Office of Regulations Development
744 P Street, MS 7-192
Sacramento, California 95814

Dear Sir:

The SELPA Administrators continue to support regulatory changes that assure interagency cooperation. Attached is a comprehensive revision to the Proposed Interagency Regulations which continues this effort. The changes reflected in this document are based on the following principles:

- The SELPA Administrators support all students and having access to high quality services from a variety of public agencies.
- All services must be integrated into the students program.
- Since 1986, when the original law was passed, many communities have, or will be designing, multi-agency wrap-around services for youth and families to meet this goal.
- Any final regulations should include flexibility for agencies and schools to design such services.
- Final regulations should guide local agencies in meeting the requirements of IDEA.
- The regulations must be strengthened to hold all agencies accountable for mandated services.

Significant changes are reflected in this revision to meet these goals. Sections that include detailed procedures, that may or may not be appropriate to local needs, have been eliminated. Roles and responsibilities of different agencies have been clarified to assure accountability. Sections that provide useful information for the development of local agreements have been retained and strengthened.

Sincerely,

Michael A. Brogan

Michael A. Brogan
Chair, Interagency Committee

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ADOPTION OF TITLE 2, DIVISION 9, CHAPTER 1
CALIFORNIA CODE OF REGULATIONS

Chapter 1. Interagency Responsibilities for Providing Services to Pupils with Disabilities

Article 1. General Provisions

60000. SCOPE 60000.

The provisions of this chapter shall implement Chapter 26.5, commencing with Section 7570, of Division 7 of Title 1 of the Government Code relating to interagency responsibilities for providing services to pupils with disabilities. This chapter applies to the State Departments of Mental Health, Health Services, Social Services, and their designated local agencies, and the California Department of Education, school districts, county offices, and special education local plan areas.

The intent of this chapter is to assure conformity with the federal Individuals with Disabilities Education Act or IDEA, Sections 1400 et seq. of Title 20 of the United States Code, and its implementing regulations, including Sections 76.1 et seq. and 300.1 et seq. of Title 34 of the Code of Federal Regulations. Thus, provisions of this chapter shall be construed as supplemental to, and in the context of, federal and state laws and regulations relating to interagency responsibilities for providing services to pupils with disabilities.

Authority Cited: Section 7587, Government Code.

Reference: Section 7570, Government Code.

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Adopt Section 60010 to read:

60010. EDUCATION DEFINITIONS 60010.

(a) Words shall have their usual meaning unless the context or a definition of a word or phrase indicates a different meaning. Words used in their present tense shall include the future tense; words in the singular form shall include the plural form; and the use of a masculine gender shall include the feminine gender.

(b) "Administrative designee" means the individual who fulfills the role as described in paragraph (1) of subsection (b) of Section 56341 of the Education Code and paragraph (1) of subsection (a) of Section 300.344 of Title 34 of the Code of Federal Regulations.

(c) "Evaluation" means an individual evaluation of a pupil in all areas of suspected disability in accordance with Sections 56320 through 56329 of the Education Code and Sections 300.530 through 300.534 of Title 34 of the Code of Federal Regulations.

(d) "Evaluation plan" means a written statement that delineates how a pupil will be evaluated and meets the requirements of Section 56321 of the Education Code and Sections 300.504 and 300.505 of Title 34 of the Code of Federal Regulations.

(e) "Confidentiality" means restriction of access to verbal and written communications, including clinical, medical and educational records, to appropriate parties under Section 99.3 of Title 34 of the Code of Federal Regulations, Section 300.560 et seq. of Title 34 of the Code of Federal Regulations, Sections 827, 4514, 5328, and 10850 of the Welfare and Institutions Code, Section 2890 of Title 17 of the California Code of Regulations, and Sections 49060 through 49079 of the Education Code.

(f) "County superintendent of schools" means either an appointed or elected official who performs the duties specified in Chapter 2 (commencing with Section 1240) of Part 2 of Title 1 of the Education Code.

(g) "Day" means a calendar day pursuant to Section 56023 of Education Code.

(h) "Designated instruction and services" means specially designed instruction and related services described in subsection (b) of Section 56361 and subsection (b) of Section 56363 of the Education Code, and Section 3051 of Title 5 of the California Code of Regulations, as may be required to assist a pupil with a disability to benefit educationally.

(i) "Individualized education program," hereinafter "IEP," means a written statement developed in accordance with Section 7575 of the Government Code, Sections 56341 and 56342 of the Education Code and Sections 300.341 through 300.349 of Title 34 of the Code of Federal Regulations, which contains the elements specified in Section 56345 of the Education Code and Section 300.346 of Title 34 of the Code of Federal Regulations.

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Adopt Section 60020 to read:

60020. MENTAL HEALTH DEFINITIONS 60020.

(a) "Community mental health service" means a mental health program established by a county in accordance with the Bronzan-McCorquodale Act, Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code.

(b) "County of origin" for mental health services is the county in which the parent of a pupil with disabilities resides. If the pupil is a ward or dependent of the court, an adoptee, or conservatee the county of origin is the county where this status was first established by the local court. For the purposes of this program the county of origin shall not change for pupils who are between the ages of 18 and 22.

(c) "Expanded IEP team" means an IEP team constituted in accordance with Section 7572.5 of the Government Code. This team includes a representative of the community mental health service authorized to make placement decisions.

(d) "Host county" means the county where the pupil with a disability is living when the pupil is not living in the county of origin.

(e) "Local mental health director" means the officer appointed by the governing body of a county to manage a community mental health service.

(f) "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medication or biologicals necessary to alleviate the symptoms of mental illness.

(g) "Mental health evaluation" is a service designed to provide formal, documented evaluation or analysis of the nature of the pupil's emotional or behavioral disorder. It is conducted in accordance with California Code of Regulation, Title 9, Section 543 (b), and Sections 56320 through 56329 of the Education Code by qualified mental health professionals employed by or under contract with the community mental health professionals employed by or under contract with community mental health service. *The content of this evaluation may vary depending on currently available reports.* (a)

(h) "Mental health evaluation plan" means a written statement developed for the individual evaluation of a pupil with a disability who has been referred to a community mental health service to determine the need for mental health services in accordance with Section 56321 of the Education Code.

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(i) "Mental health services" means mental health evaluations and the following services when delineated on an IEP in accordance with Section 7572 (d) of the Government Code: psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management or a combination of such services. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin.

(j) "Qualified mental health professional" includes the following licensed practitioners of the healing arts: a psychiatrist; psychologist; clinical social worker; marriage, family and child counselor; recreation therapist; registered nurse, mental health rehabilitation specialist, and others who have been waivered under Section 5751.2 of the Welfare and Institutions Code. Such individuals may provide mental health services, consistent with their scope of practice.

Authority Cited: Section 7587, Government Code

Reference: Section 56320, Education Code. Sections 542 and 543 of Title 9, California Code of Regulations

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Protection & Advocacy, Inc.

SACRAMENTO LEGAL OFFICE
100 Howe Avenue, Suite 235 North, Sacramento, CA 95825-8202
Telephone: (916) 488-9950 Fax: (916) 488-9960
Toll Free/TTY/TDD: (800) 776-5746

13

COMMENTS OF PROTECTION & ADVOCACY, INC.

RE SPECIAL EDUCATION PUPILS PROGRAM REGULATIONS (ORD #0697-16)

by

Dale P. Mentink
Staff Attorney

September 9, 1998

The following comments consist of recommendations for amendment of the proposed text of specified regulations or their subdivisions. At times the text is rewritten with additions signified by underlining and deletions by strike-throughs. Following each recommended amendment, please find the supporting rationale and legal analysis.

3-A

Section 60010.

(i) This subdivision should also reference Educ. Code Sec. 56345.1 and 20 U.S.C. Sec. 1414(d)(1)(A)(vii).

Rationale: Besides the elements specified in Section 56345 and section 300.341 through 300.349 (reference to the federal regulations could probably end at 300.346) state and federal laws require a statement of transition services in every IEP for children over 16 and for children over 14 in the case of federal law.

(j) This subdivision should reference Title 20 U.S.C. Sec. 1414(d)(1)(B) instead of 34 C.F.R. Sec. 300.344.

Rationale: Section 300.344 does not include the 1997 amendments to the federal statute requiring the participation, for example, of at least one regular education teacher on the IEP team.

13-C

(m) Instead of the language "toward the goals and objectives listed in the IEP" the subdivision should read "toward ~~the~~ <u>any</u> goals ~~and~~ <u>or</u> objectives listed in the IEP."

Rationale: This amendment will avoid the confusion likely if a student is required to show that he/she requires a related service to progress toward the goals and objectives [all of them, plural] listed in the IEP. A child may be able to make progress toward some of his goals or

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the law will require these services notwithstanding the absence of a specific IEP goal or objective.

(q) This subdivision should be amended to say "from birth through ~~21~~22 years of age[.]"

E Rationale: The subdivision limits eligibility to children from birth through age 21 but also extends eligibility to those who meet the requirements of Education Code Sec. 56026, which extends eligibility to individuals up to the age of 22 and in certain cases beyond their 22nd birthday. In that state law has extended eligibility to this age, these regulations cannot rely on the maximum federal age of 21 to limit eligibility for these related services. [20 U.S.C. Sec. 1402(8)(B); *Town of Burlington v. Department of Education*, 736 F.2d 773 (1st Cir., 1984); *David D. v. Dartmouth School Committee*, 775 F.2d 411 (1st Cir., 1985); *Geis v. Board of Education*, 774 F.2d 575 (3d Cir., 1985); *California School for the Blind v. Honig*, 736 F.2d 538 (9th Cir., 1984); *Doe v. Angrig*, 651 F.Supp. 424 (D.Mass., 1987).]

F (s) All references to section in Title 20 of the United States Code must be checked because they do not reflect the new location of certain provisions of IDEA following the 1997 amendments. The reference to Section 1401(a)(17) is now 1401(22). Moreover, the drafters of these regulations must also consider that many references to sections of Title 34 of the Code of Federal Regulations will become obsolete following finalization of the new IDEA regulations.

G (u) References to sections 56170 through 56172 are erroneous and should probably be replaced by reference to section 56200 through 56218.

H (v) See comment to subsection (u) above re section 56170.

I Any changes to code section numbers must be reflected in the Reference section.

Section 60020.

J (b) This definition must be completely changed as follows:

> "County of origin" for mental health services is the county in which the parent of a pupil with a disability resides. If the rights of the parent to make educational decisions on behalf of the child have been terminated or when, after due diligence, the parent cannot be located or refuses to participate in educational decision making on behalf of the child, and if the child has been made a ward or dependent of the court or a conservatee, the county of origin shall be the county in which this legal status currently exists.

Rationale: Any reference to adoptee must be removed. It cannot be the intent of the drafters that an adopted child's county of origin is the county where that status was first established.

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There is no authority for distinguishing between natural and adopted children; it is, in fact, contrary to law. Any implication that the county of origin of wards, dependents or conservatees is anything other than the parents' county of residence, where the parents continue to make educational decisions on behalf of the child must be corrected. The second sentence seems to carve out wards, dependents, adoptees, and conservatees, notwithstanding that their parents may be living in a different county than where that status was first established, notwithstanding that that status may have been established many years ago, and notwithstanding that the parents may retain complete control of educational decisions for the child. Assigning service responsibility to a remote and irrelevant county will only confuse and delay the provision of needed services.

The purpose of the amendment above is to assure that the county of origin is not a county which does not currently have some degree of jurisdiction over and responsibility for the child.

(i) The definition of Mental Health Services should include vocational and socialization services and crisis management.

Rationale: The new regulatory definition of Mental Health Services departs significantly from the previous definition in the emergency regulations. The previous definition referenced Title 9 C.C.R. Sec. 542 and 543. Vocational and socialization services were provided under Section 542 and crisis management services were provided under Section 543. Those services are no longer listed under the new proposed definition. These services were part of the AB 3632 mental health entitlement for 12 years under the previous emergency regulations without adverse fiscal impact and we request that they not be terminated.

Section 60030.

(c)(2) This subsection should be amended as follows:

> Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute pursuant to Government Code Sec. 7585(f). For purposes of this subdivision only, the term "appropriate" means any services identified in a pupil's IEP or services the pupil actually was receiving at the time of the interagency dispute.

Rationale: The Government Code contains this protection for pupils during the process of interagency dispute resolution, but unless the interagency agreement specifies a mechanism to ensure continuing provision of services, this protection is unlikely to be implemented. Further definition of the term "appropriate" in this subdivision is necessary so that the term "appropriate" is not used offensively against the student to justify a refusal to continue services because, in the opinion of the providing agency, the services had become

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EXHIBIT K

PUBLIC NOTICE

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TE OF CALIFORNIA–OFFICE OF ADMINISTRATIVE LAW

OTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

L 400 (REV. 3-92) HC

NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER	PREVIOUS REGULATORY ACTION NUMBER
298-0713-01			

For use by Office of Administrative Law (OAL) only

RECEIVED FOR FILING

JUL 13 '98 JUL 24 '98

Office of Administrative Law

NOTICE REGULATIONS

AGENCY FILE NUMBER (if any)

ENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

SUBJECT OF NOTICE: Public Hearing for Sept. 9, 1998

TITLE(S)

FIRST SECTION AFFECTED

2. REQUESTED PUBLICATION DATE: July 24, 1998

NOTICE TYPE: [X] Notice re Proposed Regulatory Action [ ] Other

4. AGENCY CONTACT PERSON: Frank R. Vitulli

TELEPHONE NUMBER: 657-2586

OAL USE ONLY: ACTION ON PROPOSED NOTICE [illegible] [X] Approved as Submitted [ ] Disapproved/Withdrawn [illegible]

NOTICE REGISTER NUMBER: [illegible]

PUBLICATION DATE: [illegible]

SUBMISSION OF REGULATIONS (Complete when submitting regulations)

SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

SECTIONS AFFECTED

ADOPT

AMEND

TLE(S)

REPEAL

. TYPE OF FILING

[ ] Regular Rulemaking (Gov. Code, § 11346)

[ ] Resubmittal

[ ] Emergency (Gov. Code, §11346.1(b))

[ ] Resubmittal of disapproved or withdrawn emergency filing

[ ] Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

[ ] Print Only

[ ] Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)

[ ] Other (specify)

. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

[ ] Effective 30th day after filing with Secretary of State

[ ] Effective on filing with Secretary of State

[ ] Effective other (Specify)

. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

[ ] Department of Finance (Form STD. 399)

[ ] Fair Political Practices Commission

[ ] State Fire Marshal

[ ] Other (Specify)

. CONTACT PERSON

TELEPHONE NUMBER

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

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TITLE 02. DEPARTMENTS OF MENTAL HEALTH, HEALTH SERVICES AND SOCIAL SERVICES

The Health and Welfare Agency, specifically the California Departments of Mental Health, Health Services, and Social Services, and the California Department of Education, hereinafter "Departments," hereby give notice of the proposed regulatory action described in the attached public notice. Any person interested may present statements or arguments orally or in writing relevant to the proposed regulations at a hearing to be held September 9, 1998, as follows:

Wednesday, September 9, 1998
Office Building #9
744 P St., Auditorium
Sacramento, California

Item on the Agenda:
Special Education Pupils Program Regulations (ORD #0697-16)

The public hearing will convene at 10:00 a.m. and will remain open only as long as attendees are presenting testimony. The hearing will adjourn immediately following the completion of testimony presentations. The above referenced facility is accessible to persons with disabilities. If you are in need of a language interpreter at the hearing (including sign language), please notify the agency official identified below at least two weeks prior to the hearing.

Statements or arguments relating to the proposals may also be submitted in writing or by telefax to the address/number listed below. All comments must be received by 5:00 p.m. on September 9, 1998.

The Departments, upon their own motion or at the instance of any interested party, may adopt the proposals substantially as described or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of nonsubstantive technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption to all persons who testify or submit written comments during the public comment period, and all persons who request notification. Please address requests for regulations as modified to the agency official identified below.

Copies of the express terms of the proposed regulations and the Statement(s) of Reasons for the proposed regulations are available from the office listed below. Additionally, all the information which the Departments considered as the basis for these proposed regulations (i.e., rulemaking file) is available for public reading/perusal at the address listed below.

CONTACT: Frank R. Vitulli, California Department of Social Services
Office of Regulations Development
744 P Street, MS 7-192
Sacramento, California 95814

TELEPHONE - (916) 657-2145 TELEFAX - (916) 654-3286

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PUBLIC NOTICE

September 9, 1998 Public Hearing

ITEM #1
Special Education Pupils Program Regulations (AB 3632)

CHAPTERS
California Code of Regulations, Title 2, Division 9, Chapter 1 (Interagency Responsibilities for Providing Services to Pupils with Disabilities), Article 1 (General Provisions), Sections 60000 (Scope), 60010 (Education Definitions), 60020 (Mental Health Definitions), and 60025 (Social Services Definitions); Article 2 (Mental Health Related Services), Sections 60030 (Local Mental Health and Education Interagency Agreement), 60040 (Referral to Community Mental Health Services for Related Services), 60045 (Assessment to Determine the Need for Mental Health Services), 60050 (Individualized Education Program for Mental Health Services), and 60055 (Transfers and Interim Placements); Article 3 (Residential Placement), Sections 60100 (Placement of a Pupil with a Disability Who is Seriously Emotionally Disturbed), and 60110 (Case Management for a Pupil with a Disability Who is Seriously Emotionally Disturbed and is in a Residential Placement); Article 4 (Financial Provision for Mental Health Services, Special Education and Residential Placement), Section 60200 (Financial Responsibilities); Article 5 (Occupational Therapy and Physical Therapy), Sections 60300 (California Children=s Services (CCS) Medical Therapy Program Definitions), 60310 (Local Interagency Agreements Between CCS and Education Agencies), 60320 (Referral and Assessment), 60323 (Medical Therapy Program Responsibilities), 60325 (Individualized Education Program for Therapy Services), and 60330 (Space and Equipment for Occupational Therapy and Physical Therapy); Article 6 (Home Health Aide), Section 60400 (Specialized Home Health Aide); Article 7 (Exchange of Information Between Education and Social Services), Sections 60505 (Community Care Facilities), and 60510 (Prior Notification); Article 8 (Procedural Safeguards), Sections 60550 (Due Process Hearings), and 60560 (Compliance Complaints); and Article 9 (Interagency Dispute Resolution), Sections 60600 (Application of Procedures), and 60610 (Resolution Procedure).

INFORMATIVE DIGEST
Section 7587 of the Government Code authorizes each state department named in Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, to develop regulations, as necessary, for the department or designated local agency to implement Chapter 26.5. These regulations implement, interpret, and make specific, Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code relating to interagency responsibilities for the provision of related services to children with disabilities.

The Health and Welfare Agency, specifically the California Departments of Mental Health, Health Services (California Children Services and Medi-Cal Programs), and Social Services, and the California Department of Education, hereinafter "Departments," have adopted the following sections of Title 2 of the California Code of Regulations, Chapter 1:

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Article 1. General Provisions

Section 60000 Scope

This section specifies the programs which provide related services and the children with disabilities who are eligible to receive related services in accordance with this chapter and in compliance with the Individuals with Disabilities Education Act (IDEA) of 1990 which was reauthorized in 1997 and is now referred to as Public Law 105-17. This law amended the Education for All Handicapped Children Act (EHA) of 1975 which is referred to as Public Law 94-142.

Section 60010 Education Definitions

This section sets forth education definitions for the terms used in this chapter. The list of definitions contained in these regulations includes the terms: "administrative designee," "assessment," "assessment plan," "confidentiality," "county superintendent of schools," "day," "designated instruction and services," "individualized education program (IEP), "individualized education program team (IEP team)," "local education agency (LEA)," "local interagency agreement," "necessary to benefit from special education," "nonpublic, nonsectarian agency," "nonpublic, nonsectarian school," "parent," "pupil with a disability," Aqualified,≅ "related services," "special education,≅ "special education local plan," and "special education local plan area (SELPA)."

Section 60020 Mental Health Definitions

The subsections in this section set forth mental health definitions for the terms used in this chapter. The list of mental health definitions includes terms such as: Acommunity mental health service,≅ "county of origin," "expanded IEP team," "host county," "local mental health director," Amedication monitoring,≅ "mental health assessment," "mental health assessment plan," "mental health services," and Aqualified mental health professional.≅

Section 60025 Social Services Definitions

This section is proposed to define terms specific to the Department of Social Services such as: care and supervision; certified family home; community care facility; community treatment facility; foster family agency; foster family home; group home; licensed children's institution; and small family home.

Article 2. Mental Health Related Services

Section 60030 Local Mental Health and Education Interagency Agreement

The proposed regulations specify the responsibilities of participants in the local interagency agreement and clarify the procedures necessary to be included in a local interagency agreement.

Section 60040 Referral to Community Mental Health Services for Related Services

This section requires local education agencies to include the necessary components of a referral from

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In accordance with Government Code Section 11346.5, subdivision (a)(12), the Departments must determine that no alternative considered would either be more effective in carrying out the purpose for which the regulatory action is proposed or would be as effective and less burdensome on the affected private persons than the proposed regulations.

The location for the public hearing is accessible for the physically disabled in accordance with Civil Code Section 54.1.

AUTHORITY AND REFERENCE CITATIONS

The Departments adopt these regulations under the authority granted in Government Code Section 7587 and Welfare and Institutions Code Sections 10553, 10554, 11462(i) and (j), and 11466.1.

Subject regulations implement and make specific:

Government Code Sections 7570, 7572, 7572(e), 7575, 7575(a), 7575(d), 7575(e), 7576, 7576(a), 7577, 7578, 7579, 7579.5, 7580, 7585, and 7586;

Welfare and Institutions Code Sections 361.2(h), 727(b), 4094, 5328, 5608, 11400(c), (g), and (h), 11402(a), 11460(c)(2) through (c)(3), 16507.5(b), 17710, 17736(b), and 18350 through 18356;

Health and Safety Code Sections 1502(a), 123825, 123830, 123850, 123860, 123875, and 123905;

Education Code Sections 56028, 56034, 56050, 56140, 56155.5, 56156, 56170 to 56172, 56220, 56320, 56321, 56325, 56327, 56329, 56341, 56344, 56345, 56363, and 56501 through 56507;

California Code of Regulations, Title 5, Sections 3001(x), 3051.6, 3051.6(b), 3051.9, 3051.10, 3051.11, 3061, 3082, and 4650;

California Code of Regulations, Title 9, Sections 542 and 543;

California Code of Regulations, Title 22, Sections 51337 and 80001(g)(1);

California Business and Professions Code, Chapter 5.7, Article 2, Section 2620;

Code of Federal Regulations, Title 34, Sections 300.346, 300.500, and 300.532;

Clovis Unified School District (1990, Ninth Circuit) 903 F.2d 635;

Corbett v. Regional Center of the East Bay Inc. and Linda McMahon, Director of the Department of Social Services, (1988) 9th Cir. 699 F. Supp. 230;

In re Roger S. (1977) 19 Cal.3d. 921; and

In re Michael E. (1975) 15 Cal.3d. 183.

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EXHIBIT L

FINDING OF EMERGENCY

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ORD #0697-16

FINDING OF EMERGENCY

These regulations are being implemented on an emergency basis for the immediate preservation of the public peace, health and safety, or general welfare, within the meaning of Government Code Section 11346.1.

DESCRIPTION OF SPECIFIC FACTS WHICH CONSTITUTE THE EMERGENCY
Government Code Section 7587 (Assembly Bill 3632, Chapter 1747, Statutes of 1984 as amended [AB 3632]) required the participating state agencies to develop regulations, as necessary, to implement AB 3632. For purposes of the Administrative Procedures Act, the adoption of these regulations were deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. The Legislature also required that the final regulations take effect on or before June 30, 1997. The original AB 3632 regulations were adopted as emergency regulations by the State Board on December 31, 1985. The original emergency regulations have never been amended, nor did they become permanent on June 30, 1997.

A law suit was filed against the California Department of Education (CDE) and the Health and Welfare agencies in 1996 to compel the permanent adoption of these regulations as mandated by Government Code Section 7587. After the filing of the lawsuit, the Legislature, in 1996, enacted a bill that amended Section 7587 to extend the effective date of the original emergency regulations to June 30, 1997, and to require final regulations by this date. This was not done, and no extension of the deadline has been approved by the Legislature. The presumptive conclusion, therefore, is that the AB 3632 regulations have no force or effect despite the fact that they were deemed necessary to implement the statute in 1985 and for each year thereafter.

At this time, all of the AB 3632 agencies have agreed to make the regulations permanent and have now submitted emergency regulations for the following reasons:

(1) The Legislature, for the first time, has not extended the effective date of the original emergency regulations, and it must be presumed that they are no longer in effect;

(2) The absence of any regulations at the present time is likely to result in special education services not being provided;

(3) Failure to implement these regulations will create difficulties for children in need of out-of-home care. These children are considered to be among the most vulnerable in the foster care population. Although some guidance is contained in statute, specific language contained in regulations is necessary to ensure that these children are appropriately placed and receive the services to which they are entitled. Without emergency regulations, the application of the statute will not be standardized, causing children in some areas of the state to receiving less services than children who reside in other areas; and

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(4) The responsible state agencies in this matter have entered into an agreement to settle the lawsuit by filing emergency regulations now and promulgating the final regulations "with all deliberate speed."

As a result of the complex issues raised in the public testimony, the AB 3632 agencies are not able to comply with the 120-day requirement in Goverment Code Section 11346.1(e) to complete the Certificate of Compliance by October 29, 1998. Consequently, these emergency regulations must be readopted to allow the agencies more time to respond to testimony, amend and renotice the regulations for 15 days as required by Government Code Section 11346.8, and ensure continued and consistent application of these regulations. The same reasons for the original emergency adoption, as stated above, still apply.

The AB 3632 agencies have not been able to respond to the multiple pieces of public testimony that were received during the public comment period or to amend and renotice the regulations for 15 days as mandated in the Government Code. Therefore, the AB 3632 agencies are requesting that these regulations be readopted effective February 26, 1999, to allow more time to complete the regulations process and to ensure continued and consistent application of the regulations. The same reasons for the original emergency adoption as stated above still apply.

INFORMATIVE DIGEST

Section 7587 of the Government Code authorizes each state department named in Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, to develop regulations, as necessary, for the department or designated local agency to implement Chapter 26.5. These regulations implement, interpret, and make specific, Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code relating to interagency responsibilities for the provision of related services to children with disabilities.

The Health and Welfare Agency, specifically the California Departments of Mental Health, Health Services (California Children Services and Medi-Cal Programs), and Social Services, and the California Department of Education, hereinafter "Departments," have adopted the following sections of Title 2 of the California Code of Regulations, Chapter 1:

Article 1. General Provisions

Section 60000 Scope

This section specifies the programs which provide related services and the children with disabilities who are eligible to receive related services in accordance with this chapter and in compliance with the Individuals with Disabilities Education Act (IDEA) of 1990 which was reauthorized in 1997 and is now referred to as Public Law 105-17. This law amended the Education for All Handicapped Children Act (EHA) of 1975 which is referred to as Public Law 94-142.

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Section 60010 Education Definitions

This section sets forth education definitions for the terms used in this chapter. The list of definitions contained in these regulations includes the terms: "administrative designee," "assessment," "assessment plan," "confidentiality," "county superintendent of schools," "day," "designated instruction and services," "individualized education program (IEP), "individualized education program team (IEP team)," "local education agency (LEA)," "local interagency agreement," "necessary to benefit from special education," "nonpublic, nonsectarian agency," "nonpublic, nonsectarian school," "parent," "pupil with a disability," "qualified," "related services," "special education," "special education local plan," and "special education local plan area (SELPA)."

Section 60020 Mental Health Definitions

The subsections in this section set forth mental health definitions for the terms used in this chapter. The list of mental health definitions includes terms such as: "community mental health service," "county of origin," "expanded IEP team," "host county," "local mental health director," "medication monitoring," "mental health assessment," "mental health assessment plan," "mental health services," and "qualified mental health professional."

Section 60025 Social Services Definitions

This section is proposed to define terms specific to the Department of Social Services such as: care and supervision; certified family home; community care facility; community treatment facility; foster family agency; foster family home; group home; licensed children's institution; and small family home.

Article 2. Mental Health Related Services

Section 60030 Local Mental Health and Education Interagency Agreement

The proposed regulations specify the responsibilities of participants in the local interagency agreement and clarify the procedures necessary to be included in a local interagency agreement.

Section 60040 Referral to Community Mental Health Services for Related Services

This section requires local education agencies to include the necessary components of a referral from the education agency to a mental health agency and the responsibilities of the education agency to conform with state and federal law.

Section 60045 Assessment to Determine the Need for Mental Health Services

This section sets forth the responsibility assumed by local mental health programs when a referral is received from the local education agency and clarifies the contents of the assessment plan, responsibility for obtaining parental consent and the timelines for completion of the assessment.

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AUTHORITY AND REFERENCE CITATIONS

The Departments adopt these regulations under the authority granted in Government Code Section 7587 and Welfare and Institutions Code Sections 10553, 10554, 11462(i) and (j), and 11466.1.

Subject regulations implement and make specific:

Government Code Sections 7570, 7572, 7572(e), 7575, 7575(a), 7575(d), 7575(e), 7576, 7576(a), 7577, 7578, 7579, 7579.5, 7580, 7585, and 7586;

Welfare and Institutions Code Sections 361.2(h), 727(b), 4094, 5328, 5608, 11400(c), (g), and (h), 11402(a), 11460(c)(2) through (c)(3), 16507.5(b), 17710, 17736(b), and 18350 through 18356;

Health and Safety Code Sections 1502(a), 123825, 123830, 123850, 123860, 123875, and 123905;

Education Code Sections 56028, 56034, 56050, 56140, 56155.5, 56156, 56170 to 56172, 56220, 56320, 56321, 56325, 56327, 56329, 56341, 56344, 56345, 56363, and 56501 through 56507;

California Code of Regulations, Title 5, Sections 3001(x), 3051.6, 3051.6(b), 3051.9, 3051.10, 3051.11, 3061, 3082, and 4650;

California Code of Regulations, Title 9, Sections 542 and 543;

California Code of Regulations, Title 22, Sections 51337 and 80001(g)(1);

California Business and Professions Code, Chapter 5.7, Article 2, Section 2620;

Code of Federal Regulations, Title 34, Sections 300.346, 300.500, and 300.532;

Clovis Unified School District (1990, Ninth Circuit) 903 F.2d 635;

Corbett v. Regional Center of the East Bay Inc. and Linda McMahon, Director of the Department of Social Services, (1988) 9th Cir. 699 F. Supp. 230;

In re Roger S. (1977) 19 Cal.3d. 921; and

In re Michael E. (1975) 15 Cal.3d. 183.

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EXHIBIT M

INITIAL STATEMENT OF REASONS
(ISOR)

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INITIAL STATEMENT OF REASONS ORD #0697-16

JOINT REGULATIONS FOR HANDICAPPED CHILDREN

GOVERNMENT CODE, TITLE 2, CHAPTER 26.5

DIVISION 9. JOINT REGULATIONS FOR HANDICAPPED CHILDREN

a) Description of the Public Problem, Administrative Requirement, or Other Condition or Circumstance the Regulations Are Intended to Address

These proposed regulations implement, interpret, and make specific Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code relating to interagency responsibilities for providing services to children with disabilities.

The intent of these proposed regulations is to assure conformity with the federal Individuals with Disabilities Education Act or IDEA, (20 U.S.C. Sections 1400 et seq.), its implementing regulations, including Sections 76.1 et seq., and 300.1 et seq. of Title 34 of the Code of Federal Regulations. These proposed regulations are supplemental to, and in the context of, federal and state laws and regulations relating to interagency responsibilities.

Chapter 26.5, Section 7587, mandated the development of regulations for each state department named in this chapter. Due to the interagency nature of the proposed regulations, it was necessary for the state departments to collaborate on the development of the proposed regulations. In addition, the legislature mandated that proposed regulations were to be developed with the maximum feasible opportunity for public participation and comments. During the development of these proposed regulations there have been various work groups and advisory bodies who have made regulatory suggestions.

Besides the legislative mandate, the California Department of Education (CDE) was party to the Butterfield vs. Honig law suit in 1989. The resulting decision made the CDE responsible for insuring that the terms of the Butterfield vs. Honig agreement were considered in the development of the proposed regulations for Chapter 26.5 of the Government Code.

Before the United States Office of Special Education Programs (OSEP) would accept the CDE state plan they required that regulations guaranteeing occupational therapy and physical therapy services to eligible disabled pupils be proposed. Concerns of OSEP are reflected in a CDE Program Advisory dated September 6, 1991, and also in the proposed regulations.

Current statute addresses, in part, interagency responsibilities for providing services to children with disabilities. These proposed regulations are necessary to clarify consistent procedures and criteria in the administration of related services to insure that effected state and local agencies and interested persons are informed of these procedures.

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These proposed regulations reflect the change in name of the federal legislation from Education for all Handicapped Children Act of 1975 to Individuals with Disabilities Education Act of 1990 or IDEA. At this time, a change in nomenclature pursuant to IDEA alters the title to "Children with Disabilities" and deletes all references to "individuals with exceptional needs."

Emergency regulations were adopted in 1986 under the title, Division 9, Joint Regulations for Handicapped Children, Chapter 1, Interagency Responsibilities for Providing Services to Handicapped Children. The Legislature granted extensions of this emergency regulatory authority in the budget act annually to allow for the development of the permanent regulations until this year.

The proposed regulations reflect changes in California statute affecting Government Code Chapter 26.5 pursuant to: Chapter 1747, Statutes of 1984; Chapter 1274, Statutes of 1985; Chapter 1133, Statutes of 1986; Chapter 677, Statutes of 1989; Chapter 182, Statutes of 1990; Chapter 223, Statutes of 1991; and Chapter 654, Statutes of 1996. These proposed regulations also include concerns expressed by the public users of the program regarding past program implementation.

These proposed regulations also reflect changes in Chapter 6 of the Welfare and Institutions Code: Chapter 1274, Statutes of 1985; Chapter 1294, Statutes of 1989; Chapter 46, Statutes of 1990; Chapter 737, Statutes of 1990.

The extensive duplication of statute throughout these proposed regulations is necessary due to the interagency nature of these proposed regulations. Many staff members at the various state and county departments have little knowledge of statutes that pertain to other departments. The audience for these proposed regulations also includes parents and advocates who may use these proposed regulations as the basis for a complaint and due process.

b) Specific Purpose of the Regulations and Factual Basis for Determination that Regulations Are Necessary

ADOPTION OF TITLE 2, DIVISION 9, CHAPTER 1, CALIFORNIA CODE OF REGULATIONS

Chapter 1. Interagency Responsibility for Providing Services to Children With Disabilities

Article 1. General Provisions

SECTION 60000 SCOPE

This section identifies the individuals to whom the provisions of this chapter apply and clarifies that the provisions of this chapter are intended to function in conjunction with state and federal laws and regulations regarding children with disabilities.

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Subsection (q) defines the term "pupil with a disability" by clarifying that it is a synonym of "child with a disability" and the plural "children with disabilities" as defined in the Individuals with Disabilities Education Act, formerly Education of the Handicapped Act. This change in nomenclature applies only to pupils who have IEPs, formerly known as "individuals with exceptional needs." This definition is included to inform non-education agencies about the specified conditions under which a pupil may be designated as a pupil a disability.

Subsection (r) defines the term "qualified" as it is used to describe appropriate personnel providing special education services within their scope of practice. It is consistent with Title 5, Division 1, Chapter 3, Section 3001(x) of the California Code of Regulations. This regulation clarifies that graduate students and interns may provide services if they are properly registered and supervised.

Subsection (s) defines the term "related services" and references the federal law that further defines it, since this is an education term not used by other agencies. Related services also includes the term "designated instruction and services" which education agencies use to describe special education services which assist pupils with disabilities in benefiting from special education.

Subsection (t) defines the term "special education." This definition includes related services and references the pertinent section of the Education Code. This clarification is necessary to inform those local agencies which have the responsibility to provide related services that these services must only be included on the pupil's IEP if they are required in order for the child to benefit from his special education program.

Subsection (u) defines the term "special education local plan" to clarify for non-education agencies, the scope of services to be provided within the service area.

Subsection (v) identifies the area covered by the local plan as the "special education local plan area (SELPA)" within which the special education services are provided. This is the governmental agency financially responsible for assuring the provision of services.

SECTION 60020 MENTAL HEALTH DEFINITIONS

Subsection (a) clarifies the meaning of "community mental health service" as some county mental health departments have contracted with private providers to provide treatment and assessment.

Subsection (b) defines "county of origin" as used by mental health personnel to describe the funding source for children with disabilities receiving mental health services. This definition is included for non-mental health programs where there may be a different criteria for identifying a funding source.

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Subsection (c) defines the term "expanded IEP team" and clarifies this team's requirement to assess a pupil in all areas of suspected disability and to implement the placement of children identified as seriously emotionally disturbed in residential placements. This definition is included because local education agencies have been found to be out of compliance for failure to properly constitute an expanded IEP team, and to emphasize that this is a shared agency responsibility.

Subsection (d) defines "host county." The function of the host county is to provide services for children whose "county of origin" is elsewhere. This definition is included for the benefit of local education agencies because it is a mental health term.

Subsection (e) specifies that the "local mental health director" is the responsible agent of the community mental health service.

Subsection (f) clarifies that "medication monitoring" is a service that is provided pursuant to IEPs. It is also necessary to differentiate this service from the actual payment for the medications because this is not an allowable service under the special education pupils program as it is a strictly medical, and not an educational, service.

Subsection (g) defines the term "mental health assessment." This term clarifies for other agency personnel the nature and scope of mental health assessments as defined by the California Code of Regulations. Section 7576 of Chapter 26.5 of the Government Code requires such clarification.

Subsection (h) defines the term "mental health assessment plan." This definition is necessary to ensure that mental health assessments are conducted in a manner consistent with the requirements of the Education Code.

Subsection (i), which defines the term "mental health services," clarifies the nature and scope of such services, including assessments. Section 7576 of Chapter 26.5 of the Government Code requires such clarification.

Subsection (j), which defines the term "qualified mental health professional," identifies all mental health professionals who may provide mental health services and recommend mental health as a related service on the IEP. It clarifies that properly supervised MFCC and MSW interns may provide mental health services prior to licensure and that some services can be provided by a mental health rehabilitation specialist. It was also necessary to explain that the term "licensed practitioner of the healing arts" refers to a subset of the group defined in this subsection.

SECTION 60025 SOCIAL SERVICES DEFINITIONS

This Section is essential to assist education agencies and mental health programs to achieve a common understanding of terms used by the Department of Social Services in authorizing payment for residential placements for children.

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EXHIBIT P

COMPLETE TEXT OF REGULATIONS AS ORIGINALLY NOTICED

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ADOPTION OF TITLE 2, DIVISION 9, CHAPTER 1
CALIFORNIA CODE OF REGULATIONS

Chapter 1. Interagency Responsibilities for Providing Services to Pupils with Disabilities

Article 1. General Provisions

60000. SCOPE 60000.

The provisions of this chapter shall implement Chapter 26.5, commencing with Section 7570, of Division 7 of Title 1 of the Government Code relating to interagency responsibilities for providing services to pupils with disabilities. This chapter applies to the State Departments of Mental Health, Health Services, Social Services, and their designated local agencies, and the California Department of Education, school districts, county offices, and special education local plan areas.

The intent of this chapter is to assure conformity with the federal Individuals with Disabilities Education Act or IDEA, Sections 1400 et seq. of Title 20 of the United States Code, and its implementing regulations, including Sections 76.1 et seq. and 300.1 et seq. of Title 34 of the Code of Federal Regulations. Thus, provisions of this chapter shall be construed as supplemental to, and in the context of, federal and state laws and regulations relating to interagency responsibilities for providing services to pupils with disabilities.

Authority Cited: Section 7587, Government Code.

Reference: Section 7570, Government Code.

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Adopt Section 60020 to read:

60020. MENTAL HEALTH DEFINITIONS 60020.

(a) "Community mental health service" means a mental health program established by a county in accordance with the Bronzan-McCorquodale Act, Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code.

(b) "County of origin" for mental health services is the county in which the parent of a pupil with a disability resides. If the pupil is a ward or dependent of the court, an adoptee, or conservatee the county of origin is the county where this status was first established by the local court. For the purposes of this program the county of origin shall not change for pupils who are between the ages of 18 and 22.

(c) "Expanded IEP team" means an IEP team constituted in accordance with Section 7572.5 of the Government Code. This team includes a representative of the community mental health service authorized to make placement decisions.

(d) "Host county" means the county where the pupil with a disability is living when the pupil is not living in the county of origin.

(e) "Local mental health director" means the officer appointed by the governing body of a county to manage a community mental health service.

(f) "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness.

(g) "Mental health assessment" is a service designed to provide formal, documented evaluation or analysis of the nature of the pupil's emotional or behavioral disorder. It is conducted in accordance with California Code of Regulations, Title 9, Section 543 (b), and Sections 56320 through 56329 of the Education Code by qualified mental health professionals employed by or under contract with the community mental health service.

(h) "Mental health assessment plan" means a written statement developed for the individual evaluation of a pupil with a disability who has been referred to a community mental health service to determine the need for mental health services in accordance with Section 56321 of the Education Code.

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(i) "Mental health services" means mental health assessments and the following services when delineated on an IEP in accordance with Section 7572 (d) of the Government Code: psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin.

(j) "Qualified mental health professional" includes the following licensed practitioners of the healing arts: a psychiatrist; psychologist; clinical social worker; marriage, family and child counselor; recreation therapist; registered nurse, mental health rehabilitation specialist, and others who have been waivered under Section 5751.2 of the Welfare and Institutions Code. Such individuals may provide mental health services, consistent with their scope of practice.

Authority Cited: Section 7587, Government Code.

Reference: Section 56320, Education Code. Sections 542 and 543 of Title 9, California Code of Regulations.

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EXHIBIT Q

OTHER RELATED MATERIALS

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SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

ANN McLEISH and JAMES R. RYAN, Petitioners, v. STATE DEPARTMENT OF EDUCATION; DELAINE EASTIN, in her official capacity as Superintendent of Public Instruction; STATE DEPARTMENT OF MENTAL HEALTH; STATE DEPARTMENT OF HEALTH SERVICES; SANDRA R. SMOLEY, in her official capacity as Secretary of the Health and Welfare Agency; Respondents.	Case No. 96CS01380 WRIT OF MANDAMUS

To respondents State Department of Education, Delaine Eastin in her official capacity as Superintendent of Public Instruction, State Department of Mental Health, State Department of Health Services, and Sandra R. Smoley in her official capacity as Secretary of the State Health and Welfare Agency:

WHEREAS the parties stipulated to a Judgment in this action, filed on February 27, 1998, by the terms of which

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Judgment the parties were to meet and confer concerning the language of a peremptory writ of mandamus and, within 30 days of the filing of the Judgment, prepare and submit to the Court for its issuance a proposed writ of mandamus, and

WHEREAS the parties have now presented to the Court the instant proposed writ,

THEREFORE, you State Department of Education, Delaine Eastin in your official capacity as Superintendent of Public Instruction, State Department of Mental Health, State Department of Health Services, and Sandra R. Smoley in your official capacity as Secretary of the State Health and Welfare Agency, are commanded immediately upon receipt of this writ to:

1. Promulgate the final regulations specified in Government Code section 7587 with all deliberate speed;

2. On or before July 1, 1998, file emergency regulations with the Office of Administrative Law in accordance with Government Code section 11346.1, replacing and superseding the regulations currently contained in Sections 60000-60610 of Title 2 of the California Code of Regulations;

3. On or before July 13, 1998, file the notice of proposed action required by Government Code section 11346.5 with the Office of Administrative Law for publication in the Notice Register, together with a copy of each document required by Government Code section 11346.2; and

4. On or before July 12, 1999, file the final regulations with the Office of Administrative Law together with the documents required by chapter 3.5 of part 1 of division 3 of title 2 of the Government Code (sections 11340 through 11359).

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5. On or before September 24, 1999, final regulations shall be in full force and effect. Respondents may, for good cause shown, obtain a modification of this date from the Court on noticed motion.

Service of this writ on all respondents shall be complete upon service on respondents' counsel of record, Barry Zolotar and Thomas Yanger.

DATED: _____

KIMBERLY WELLS
CLERK OF THE COURT
COUNTY OF SACRAMENTO

Approved as to form

NEWMAN, AARONSON, & VANAMAN

ACLU FOUNDATION OF SOUTHERN CALIFORNIA

MENTAL HEALTH ADVOCACY SERVICES, INC.

PROTECTION & ADVOCACY, INC.

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July 1, 2009

Honorable Jack O'Connell
Superintendent of Public Instruction
California Department of Education
1430 N Street, Suite 5602
Sacramento, CA 95814-5901

Honorable Matthew L. Cate
Secretary
California Department of Corrections and Rehabilitation
P.O. Box 942883
Sacramento, CA 94283-0001

Dear Superintendent O'Connell and Secretary Cate:

This is to inform you that we have conditionally approved California's application for Federal Fiscal Year (FFY) 2009 funds under Part B of the Individuals with Disabilities Education Act (IDEA or Part B). Our conditional approval is based on our review of the application submitted by the California Department of Education (CDE) to the U.S. Department of Education, Office of Special Education Programs (OSEP), on May 5, 2009, and amended on June 16, 2009, including the assurances provided in Section II and incorporated by reference to this letter as noted in Enclosure A. In addition, the State provided specific assurances that it will:

1. Operate consistent with Part B and applicable regulations; and
2. Make such changes to existing policies and procedures as are necessary to bring those policies and procedures into compliance with the requirements of Part B of the IDEA and applicable regulations as soon as possible, and not later than June 30, 2010. Section II of the State's application identifies the IDEA requirements for which the State needs to amend policies and procedures and the timelines by which the State will amend its policies and procedures in order to comply with Part B and applicable regulations. Within Section II, the State has included for each assurance it cannot meet at this time the date by which it expects to complete necessary changes to any policies and procedures that are not yet in compliance with the requirements of Part B and applicable regulations.

OSEP notes that in the cover letter to its application, the State reported that there is pending legislation to address issues related to consent under the Family Educational Rights and Privacy Act (FERPA), i.e., language to revise Sections 49076 and 49076.5 of the California Education Code. These outstanding issues are specific to FERPA, which is administered by the Department's Family Policy Compliance Office (FPCO). Because the State has written directly to FPCO, OSEP is deferring to FPCO on the outstanding FERPA issues and has asked that staff in that office provide the State with any needed technical assistance related to the proposed legislation. OSEP staff will remain available to confer with FPCO, if needed to facilitate final resolution of this matter.

The California FFY 2009 IDEA Part B grant awards are being released subject to FFY 2009 Special Conditions, as set forth in Enclosure D, that are being imposed pursuant to the

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Department's authority in IDEA section 616(g) and 34 CFR §80.12. Specifically, OSEP determined that California is a high-risk grantee in regard to the provision of special education and related services to eligible individuals with disabilities who are convicted as adults and incarcerated in adult prisons.

Therefore, the Department is imposing Special Conditions on the State's FFY 2009 grant awards under Part B. The reasons for doing so and the specific conditions are detailed in the enclosure. California must administer these awards both in keeping with the applicable provisions of Federal law and regulations and the Special Conditions attached to the grant award document. Acceptance by California of these grant awards constitutes an agreement by the State to comply with the Special Conditions.

Please note that as part of your application for FFY 2009, your State has made an assurance, in 34 CFR §80.11(c), that it will comply with all applicable Federal statutes and regulations in effect with respect to the FFY 2009 grant period. Any changes made by the State, after OSEP approval, to information that is a part of a State's application, must meet the public participation requirements in 34 CFR §300.165.

Enclosed are the State's regular grant awards for funds currently available under the Omnibus Appropriations Act, 2009 for the Part B Section 611 (Grants to States) and Section 619 (Preschool Grants) programs. These funds are for use primarily in school year 2009-2010 and are available for obligation by States from July 1, 2009 through September 30, 2011 in accordance with 34 CFR §76.709.

The amount in your award for Section 619 represents the full amount of funds to which you are entitled. However, the amount shown in your award for the Section 611 program is only part of the total funds that will be awarded to you for FFY 2009. Of the $11,505,211,000 appropriated for Section 611 in FFY 2009, $2,912,828,004 is available for awards on July 1, 2009, and $8,592,382,996 will be available on October 1, 2009.

Under the Section 611 formula, subject to certain maximum and minimum funding requirements, State allocations are based on the amount that each State received from FFY 1999 funds, the general population in the age range for which each State ensures a free appropriate public education (FAPE) to all children with disabilities, and the number of children living in poverty in the age range for which each State ensures FAPE to all children with disabilities.[1] We allocated the regular FFY 2009 appropriation for the Preschool Grants program, which represents a reduction of $280 from the appropriation level for FFY 2008, under the formula in Section 619(c)(3). Under this provision, when the amount available for allocations is less than the amount allocated to the States for the preceding fiscal year, each State is first allocated the amount that the State received from FFY 1997 funds. The remaining funds are allocated based

[1] The amount that a State's allocation may increase from one year to the next is capped at the amount the State received in the prior year multiplied by the sum of 1.5 percent and the percentage increase in the total amount appropriated for Part B of IDEA from the prior year. Additionally, the maximum amount that a State may receive in any fiscal year is calculated by multiplying the number of children with disabilities ages 3 through 21 served during the 2004-2005 academic year in that State by 40 percent of the annual per pupil expenditure (APPE), adjusted by the rate of annual change in the sum of 85 percent of the children aged 3 through 21 for whom that State ensures FAPE and 15 percent of the children living in poverty. Because there are multiple caps, in any year the "effective cap" on a State's allocation is the lowest cap for that State.

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on the relative amount of the increase in funding that the State received between FFYs 1997 and 2008, as compared to the total of such increases for all States.[2]

In addition to these regular FFY 2009 Part B funds, the American Recovery and Reinvestment Act of 2009 (ARRA) provided a one-time large increment in IDEA Part B funding. The ARRA IDEA Part B grants are a supplemental appropriation to the regular IDEA Part B appropriation. The first 50 percent of the ARRA IDEA Part B funds were awarded to States on April 1, 2009 and the second 50 percent will be available to States by September 30, 2009. Please note that each State will be required to submit additional information that addresses how the State will meet the accountability and reporting requirements in section 1512 of the ARRA before it will be considered eligible to receive the second 50 percent of the ARRA funds. Together, a State's regular FFY 2009 IDEA funds and a State's ARRA IDEA Part B funds constitute a State's total FFY 2009 Part B allocation. Given the increased IDEA Part B FFY 2009 allocation to each State, States may wish to review carefully the guidance on the ARRA IDEA Part B grant awards, available at http://www.ed.gov/fund/data/award/idea/arra/index.html.

Enclosure B provides a short description of how Section 611 funds were allocated and how those funds can be used. In addition, Table I in Enclosure B shows funding levels for distribution of Section 611 funds and the parameters for within-State allocations.

Enclosure C provides a short description of how Section 619 funds were allocated and how those funds can be used. In addition, Table II in Enclosure C shows State-by-State funding levels for distribution of Section 619 funds.

Section 611(c)(1)(C) of the IDEA provides that "[p]rior to expenditure of funds under this paragraph [section 611(e)(1) concerning funds for State administration], the State shall certify to the Secretary that the arrangements to establish responsibility for services pursuant to section 612(a)(12)(A) are current." We read this provision to mean that if a State does not have interagency agreements or other arrangements in place to establish responsibility for the provision of services, the State may not expend funds available to the State under section 611(c)(1) [State administration funds] until the State has these agreements or arrangements in place.

Under section 608(a)(2) of the IDEA, each State that receives funds under Part B is required to inform in writing local educational agencies located in the State of any State-imposed rule, regulation, or policy that is not required by IDEA or Federal regulations. A State may use the same list of State-imposed rules, regulations and policies that it was required to submit to the Department in Section IV of its Part B application for this purpose.

The enclosed grant awards for FFY 2009 are made with the continued understanding that this Office may, from time to time, require clarification of information within your application, if necessary. These inquiries are needed to allow us to appropriately carry out our administrative responsibilities related to Part B.

---

[2] Since total FFY 2009 appropriations for Section 619 (including both the regular and ARRA appropriations) represent an increase from the appropriations level for FFY 2008, each State received a total FFY 2009 allocation based on the formula in Section 619(c)(2), which bases distributions on the amount that each State received from FFY 1997 funds, the State's relative population of children aged three through five and the State's relative population of children aged three through five who are living in poverty.

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We appreciate your ongoing commitment to the provision of quality educational services to children with disabilities.

Sincerely,

/s/ Patricia J. Guard

Patricia J. Guard
Acting Director
Office of Special Education Programs

Enclosures

Enclosure A
Enclosure B
Enclosure C
Enclosure D

cc: State Director of Special Education

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Section II

A. Assurances Related to Policies and Procedures

The State makes the following assurances that it has policies and procedures in place as required by Part B of the Individuals with Disabilities Education Act. (20 U.S.C. 1411-1419; 34 CFR §§300.100-300.174)

Check and enter date(s) as applicable		
Yes (Assurance is given.)	No (Assurance cannot be given. Provide date on which State will complete changes in order to provide assurance.)	**Assurances Related to Policies and Procedures**
X		1. A free appropriate public education is available to all children with disabilities residing in the State between the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled, in accordance with 20 U.S.C. 1412(a)(1); 34 CFR §§300.101-300.108.
X		2. The State has established a goal of providing a full educational opportunity to all children with disabilities and a detailed timetable for accomplishing that goal. (20 U.S.C. 1412(a)(2); 34 CFR §§300.109-300.110)
X		3. All children with disabilities residing in the State, including children with disabilities who are homeless or are wards of the State and children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services, are identified, located, and evaluated and a practical method is developed and implemented to determine which children with disabilities are currently receiving needed special education and related services in accordance with 20 U.S.C. 1412(a)(3); 34 CFR §300.111.
X		4. An individualized education program, or an individualized family service plan that meets the requirements of section 636(d), is developed, reviewed, and revised for each child with a disability in accordance with 34 CFR §§300.320 through 300.325. (20 U.S.C. 1412(a)(4); 34 CFR §300.112)
X		5. To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily in accordance with 20 U.S.C. 1412(a)(5)(A)-(B); 34 CFR §§300.114-300.120.

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Check and enter date(s) as applicable		Assurances Related to Policies and Procedures
Yes (Assurance is given.)	No (Assurance cannot be given. Provide date on which State will complete changes in order to provide assurance.)	
X		6. Children with disabilities and their parents are afforded the procedural safeguards required by 34 CFR §§300.500 through 300.536 and in accordance with 20 U.S.C. 1412(a)(6); 34 CFR §300.121.
	1-1-10	7. Children with disabilities are evaluated in accordance with 34 CFR §§300.300 through 300.311. (20 U.S.C. 1412(a)(7); 34 CFR §300.122)
	1-1-10	8. Agencies in the State comply with 34 CFR §§ 300.610 through 300.626 (relating to the confidentiality of records and information). (20 U.S.C. 1412(a)(8); 34 CFR §300.123)
X		9. Children participating in early intervention programs assisted under Part C, and who will participate in preschool programs assisted under this part, experience a smooth and effective transition to those preschool programs in a manner consistent with section 637(a)(9). By the third birthday of such a child, an individualized education program or, if consistent with 34 CFR §300.323(b) and section 636(d), an individualized family service plan, has been developed and is being implemented for the child. The local educational agency will participate in transition planning conferences arranged by the designated lead agency under section 635(a)(10). (20 U.S.C. 1412(a)(9); 34 CFR §300.124)
X		10. To the extent consistent with the number and location of children with disabilities in the State who are enrolled by their parents in private elementary schools and secondary schools in the school district served by a local educational agency, provision is made for the participation of those children in the program assisted or carried out under this part by providing for such children special education and related services in accordance with the requirements found in 34 CFR §§300.130 through 300.148 unless the Secretary has arranged for services to those children under subsection (f) [By pass]. (20 U.S.C. 1412(a)(10); 34 CFR §§300.129-300.148)
X		11. The State educational agency is responsible for ensuring that the requirements of Part B are met according to 34 CFR §300.149 and that the State monitors and enforces the requirements of Part B in accordance with 34 CFR §§300.600-300.602 and 300.606-300.608. (20 U.S.C. 1412(a)(11); 34 CFR §300.149)

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Check and enter date(s) as applicable		Assurances Related to Policies and Procedures
Yes (Assurance is given.)	No (Assurance cannot be given. Provide date on which State will complete changes in order to provide assurance.)	
X		12. The Chief Executive Officer of a State or designee of the officer shall ensure that an interagency agreement or other mechanism for interagency coordination is in effect between each public agency described in subparagraph (b) of 34 CFR §300.154 and the State educational agency, in order to ensure that all services described in paragraph (b)(i) that are needed to ensure a free appropriate public education are provided, including the provision of such services during the pendency of any dispute under clause (iii). Such agreement or mechanism shall meet the requirements found in 20 U.S.C. 1412(a)(12)(A)-(C); 34 CFR §300.154.
X		13. The State educational agency will not make a final determination that a local educational agency is not eligible for assistance under this part without first affording that agency reasonable notice and an opportunity for a hearing. (20 U.S.C. 1412(a)(13); 34 CFR §300.155)
X		14. The State educational agency has established and maintains qualifications to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including that those personnel have the content knowledge and skills to serve children with disabilities as noted in 20 U.S.C. 1412(a)(14)(A)-(E); 34 CFR §300.156.
X		15. The State has established goals for the performance of children with disabilities in the State that meet the requirements found in 20 U.S.C. 1412(a)(15)(A)-(C); 34 CFR §300.157.
X		16. All children with disabilities are included in all general State and districtwide assessment programs, including assessments described under section 1111 of the Elementary and Secondary Education Act of 1965, with appropriate accommodations and alternate assessments where necessary and as indicated in their respective individualized education programs as noted in 20 U.S.C. 1412(a)(16)(A)-(E); 34 CFR §300.160.
X		17. Funds paid to a State under this part will be expended in accordance with all the provisions of Part B including 20 U.S.C. 1412(a)(17)(A)-(C); 34 CFR §300.162.
X		18. The State will not reduce the amount of State financial support for special

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Check and enter date(s) as applicable		Assurances Related to Policies and Procedures
Yes (Assurance is given.)	No (Assurance cannot be given. Provide date on which State will complete changes in order to provide assurance.)	
		education and related services for children with disabilities, or otherwise made available because of the excess costs of educating those children, below the amount of that support for the preceding fiscal year in accordance with 20 U.S.C. 1412(a)(18)(A)-(D); 34 CFR §300.163.
X		19. Prior to the adoption of any policies and procedures needed to comply with this section (including any amendments to such policies and procedures), the State ensures that there are public hearings, adequate notice of the hearings, and an opportunity for comment available to the general public, including individuals with disabilities and parents of children with disabilities. (20 U.S.C. 1412(a)(19); 34 CFR §300.165)
X		20. In complying with 34 CFR §§300.162 and 300.163, a State may not use funds paid to it under this part to satisfy State-law mandated funding obligations to local educational agencies, including funding based on student attendance or enrollment, or inflation. (20 U.S.C. 1412(a)(20); 34 CFR §300.166)
X		21. The State has established and maintains an advisory panel for the purpose of providing policy guidance with respect to special education and related services for children with disabilities in the State as found in 20 U.S.C. 1412(a)(21)(A)-(D); 34 CFR §§300.167-300.169.
X		22. The State educational agency examines data, including data disaggregated by race and ethnicity, to determine if significant discrepancies are occurring in the rate of long-term suspensions and expulsions of children with disabilities in accordance with 20 U.S.C. 1412(a)(22)(A)-(B); 34 CFR §300.170.
X		23a. The State adopts the National Instructional Materials Accessibility Standard for the purposes of providing instructional materials to blind persons or other persons with print disabilities, in a timely manner after the publication of the National Instructional Materials Accessibility Standard in the Federal Register in accordance with 20 U.S.C. 1412(a)(23)(A) and (D); 34 CFR §300.172.
		23b. *(Note: Check either "23b.1" or "23b.2" whichever applies.*
X		23b.1 The State educational agency coordinates with the National Instructional Materials Access Center and not later than 12/03/06 the SEA as part of

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Check and enter date(s) as applicable		Assurances Related to Policies and Procedures
Yes (Assurance is given.)	No (Assurance cannot be given. Provide date on which State will complete changes in order to provide assurance.)	
		any print instructional materials adoption process, procurement contract, or other practice or instrument used for purchase of print instructional materials enters into a written contract with the publisher of the print instructional materials to: • require the publisher to prepare and, on or before delivery of the print instructional materials, provide to the National Instructional Materials Access Center, electronic files containing the contents of the print instructional materials using the National Instructional Materials Accessibility Standard; or • purchase instructional materials from the publisher that are produced in, or may be rendered in, specialized formats. (20 U.S.C. 1412(a)(23)(C); 34 CFR §300.172)
		23b.2 The State Educational Agency has chosen not to coordinate with the National Instructional Materials Access Center but assures that it will provide instructional materials to blind persons or other persons with print disabilities in a timely manner. (20 U.S.C. 1412(a)(23)(B); 34 CFR §300.172)
X		24. The State has in effect, consistent with the purposes of the IDEA and with section 618(d) of the Act, policies and procedures designed to prevent the inappropriate over identification or disproportionate representation by race and ethnicity of children as children with disabilities, including children with disabilities with a particular impairment described in 34 CFR §300.8. (20 U.S.C 1412(a)(24); 34 CFR §300.173)
X		25. The State educational agency shall prohibit State and local educational agency personnel from requiring a child to obtain a prescription for a substance covered by the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school, receiving an evaluation under 34 CFR §§300.300 through 300.311, or receiving services under the IDEA as described in 20 U.S.C. 1412(a)(25)(A)-(B); 34 CFR §300.174.

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B. Other Assurances

The State also makes the following assurances:

Yes	Other Assurances
X	1. The State shall distribute any funds the State does not reserve under 20 U.S.C. 1411(e) to local educational agencies (including public charter schools that operate as local educational agencies) in the State that have established their eligibility under section 613 for use in accordance with this part as provided for in 20 U.S.C. 1411(f)(1)-(3); 34 CFR §300.705.
X	2. The State shall provide data to the Secretary on any information that may be required by the Secretary. (20 U.S.C. 1418(a)(3); 34 CFR §§300.640-300.645.)
X	3. The State, local educational agencies, and educational service agencies shall use fiscal control and fund accounting procedures that insure proper disbursement of and accounting for Federal funds. (34 CFR §76.702)
X	4. As applicable, the assurance in OMB Standard Form 424B (Assurances for Non-Construction Programs), relating to legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards; flood insurance; environmental standards; wild and scenic river systems; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and general agreement to comply with all Federal laws, executive orders and regulations.

C. Certifications

The State Educational Agency is providing the following certifications:

Yes	
X	1. The State certifies that ED Form 80-0013, *Certification Regarding Lobbying*, is on file with the Secretary of Education. With respect to the *Certification Regarding Lobbying*, the State recertifies that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; that the State shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 CFR Part 82, Appendix B); and that the State Agency shall require the full certification, as set forth in 34 CFR Part 82, Appendix A, in the award documents for all sub awards at all tiers.
X	2. The State certifies that certifications in the Education Department General Administrative Regulations (EDGAR) at 34 CFR §80.11 relating to State eligibility, authority and approval to submit and carry out the provisions of its State application, and consistency of that application with State law are in place within the State.
X	3. The State certifies that the arrangements to establish responsibility for services pursuant to 20 U.S.C. 1412(a)(12)(A); 34 CFR §300.154 are current. This certification must be received prior to the expenditure of any funds reserved by the State under 20

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	U.S.C. 1411(e)(1); 34 CFR §300.171.

EXHIBIT 2
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County of Santa Clara
Incorrect Reduction Claim
Handicapped & Disabled Students, AB 3632
FY 2004, 2005, and 2006

ITEM 9: CLAIMING INSTRUCTIONS, PARAMETERS AND GUIDELINES, AND STATEMENTS OF DECISION

1. *HDS II* Cost Claiming Instructions (adopted January 2, 2007) 251
2. *HDS II* Parameters and Guidelines, 02-TC-40/02 TC-49 (amended October 26, 2006) 255
3. Statement of Decision, *Handicapped and Disabled Students* (CSM No. 4282, April 26, 1990) 266
4. Statement of Decision, *Reconsideration of Handicapped and Disabled Students* (CSM No. 04-RL-4282-10, May 26, 2005) 282
5. Statement of Decision, *Handicapped and Disabled Students II* (CSM No. 02-TC-40/02-TC-49, May 26, 2005) 340

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OFFICE OF THE STATE CONTROLLER

STATE MANDATED COST CLAIMING INSTRUCTIONS NO. 2007-02

HANDICAPPED AND DISABLED STUDENTS II

JANUARY 2, 2007

In accordance with Government Code (GC) section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for filing claims for the Handicapped and Disabled Students II (HDS II) program. These claiming instructions are issued subsequent to adoption of the program's Amended Parameters and Guidelines (P's & G's) by the Commission on State Mandates (COSM).

On May 26, 2005, the COSM determined that the test claim legislation established costs mandated by the State according to the provisions listed in the Amended P's & G's. For your reference, the Amended P's & G's are included as an integral part of the claiming instructions.

Limitations and Exceptions

Commencing with fiscal year 2006-07, reimbursement claims shall be filed through the consolidated P's and G's for Handicapped and Disabled Students, (HDS) Handicapped and Disabled Students II, (HDS II) and Seriously Emotionally Disturbed (SED) Pupils: Out of State Mental Health Services.

Eligible claimants are **not** entitled to reimbursement under these P's and G's for the activities approved by the COSM in HDS (CSM 4282), Reconsideration of HDS (040RL-4282-10), and Seriously Emotionally Disturbed (SED) Pupils: Out of State Mental Health Services (97-TC-05).

Claims should exclude reimbursable costs included in claims previously filed, beginning in fiscal year 2001-02, for the HDS program. Some costs disallowed by SCO in prior years are now reimbursable beginning July 1, 2001, (e.g., medication monitoring). Rather than claimants re-filing claims for those costs incurred beginning July 1, 2001, SCO will reissue the audit reports.

When providing psychotherapy or other mental health treatment services, the activities of crisis intervention, vocational services, and socialization services are not reimbursable.

Beginning July 1, 2001, realignment funds under the Bronzan-McCorquodale Act that are used by a county for this program are not required to be deducted from the costs claimed pursuant to SB 1895, Chapter 493, Statutes of 2004, section 6.

Eligible Claimants

Any county that incurs increased costs as a result of this mandate, is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Reimbursement Claims

Initial reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Costs incurred for this program are reimbursable for fiscal years

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2001-02 through 2005-06. Claims must be filed with the SCO and be delivered or postmarked on or before **May 2, 2007**.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.**

B. Late Penalty

1. Initial Claims

AB 3000, enacted into law on September 30, 2002, amended the late penalty assessments on initial claims. Late initial claims submitted **on or after September 30, 2002,** are assessed a late penalty of 10% of the total amount of the initial claims **without limitation.**

2. Annual Reimbursement Claims

All late annual reimbursement claims are assessed a late penalty of 10% subject to the $1,000 limitation regardless of when the claims were filed.

C. Estimated Claims

Unless otherwise specified in the claiming instructions, local agencies are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants can simply enter the estimated amount on form FAM-27, line (07).

However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the supplemental claim forms must be completed to support the estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs. Future estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. Claims filed timely will be paid before late claims.

Minimum Claim Cost

GC section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars ($1,000).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs incurred to implement the mandated activities. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at, or near, the same time the actual cost was incurred for the event or activity in question.

Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts. Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. It may also include data relevant to the

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reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Certification of Claim

In accordance with the provisions of GC section 17561, an authorized representative of the claimant shall be required to provide a certification of claim stating: "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure section 2015.5, for those costs mandated by the State and contained herein.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency for this mandate is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the SCO to initiate an audit shall commence to run from the date of initial payment of the claim.

In any case, an audit shall be completed no later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. On-site audits will be conducted by the SCO as deemed necessary.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

Questions, or requests for hard copies of these instructions, should be faxed to Angie Lowi-Teng at (916) 323-6527 or e-mailed to **ateng@sco.ca.gov.** Or, if you wish, you may call Angie of the Local Reimbursements Section at (916) 323-0706.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at **www.sco.ca.gov/ard/local/locreim/index.shtml.**

Offsetting Revenues and Other Reimbursements

Any offsets the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any of the following sources shall be identified and deducted from this claim:

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1. Funds received by a county pursuant to Government Code section 7576.5.
2. Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Act of 2001, which appropriated funds to counties in the amounts of $12,334,000 (Stats. 2001, ch. 106, items 4440-131-0001), and the $69 million appropriations in 2003 and 2004 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17; Stats. 2004, ch. 208, item 6110-161-0890, provision 10).
3. Private insurance proceeds obtained with the consent of a parent for purposes of this program.
4. Medi-Cal proceeds obtained from the state or federal government that pay for a portion of the county services provided to a pupil under the HDS program in accordance with federal law.
5. Any other reimbursement received from the federal or state government, or other non-local source.

Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P. O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn.: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

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Amendment Adopted: October 26, 2006
Corrected: July 21, 2006
Adopted: December 9, 2005
j:mandates/2000/tc/02tc40/psgs/proposedamendedpsgs-Oct 06

AMENDED PARAMETERS AND GUIDELINES
Government Code Sections 7572.55 and 7576
Statutes 1994, Chapter 1128, Statutes 1996, Chapter 654

California Code of Regulations, Title 2, Sections 60000 et seq.
(emergency regulations effective July 1, 1998 [Register 98, No. 26],
final regulations effective August 9, 1999 [Register 99, No. 33])

Handicapped and Disabled Students II (02-TC-40/02-TC-49)

Counties of Stanislaus and Los Angeles, Claimants

EFFECTIVE FOR REIMBURSEMENT CLAIMS FILED FOR COSTS INCURRED THROUGH THE 2005-2006 FISCAL YEAR

I. SUMMARY OF THE MANDATE

On May 26, 2005, the Commission on State Mandates (Commission) adopted its Statement of Decision in *Handicapped and Disabled Students II*, finding that Government Code sections 7572.55 and 7576, as added or amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999 (Cal. Code Regs., tit. 2, §§ 60000 et seq.), impose a reimbursable state-mandated program on counties within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

The Handicapped and Disabled Students program was initially enacted in 1984 and 1985 as the state's response to federal legislation (Individuals with Disabilities Education Act, or IDEA) that guaranteed to disabled pupils, including those with mental health needs, the right to receive a free and appropriate public education. Three other Statements of Decision have been adopted by the Commission on the Handicapped and Disabled Students program. They include *Handicapped and Disabled Students* (CSM 4282), *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

Eligible claimants are ***not*** entitled to reimbursement under these parameters and guidelines for the activities approved by the Commission in *Handicapped and Disabled Students* (CSM 4282), *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

These parameters and guidelines address only the amendments to the *Handicapped and Disabled Students* program. The Commission found, pursuant to the court's ruling in *Hayes v. Commission on State Mandates* (1992) 11 Cal. App.4th 1564, that Government Code sections 7572.55 and 7576, as added or amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999, constitute a reimbursable state-mandated program since the state

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"freely chose" to impose the costs upon counties as a means of implementing the federal IDEA program.

These parameters and guidelines are effective for reimbursement claims filed for costs incurred through the 2005-2006 fiscal year. Commencing with the 2006-2007 fiscal year, reimbursement claims shall be filed through the consolidated parameters and guidelines for *Handicapped and Disabled Students* (04-RL-4282-10), *Handicapped and Disabled Students II* (02-TC-40/ 02-TC-49), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

II. ELIGIBLE CLAIMANTS

Any county, or city and county, that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed by the County of Stanislaus (02-TC-40) on June 27, 2003, and filed by the County of Los Angeles (02-TC-49) on June 30, 2003. Therefore, except as expressly provided in Section IV. G (5), the period of reimbursement begins July 1, 2001.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any given fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, calendars, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

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The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Claims should *exclude* reimbursable costs included in claims previously filed, beginning in fiscal year 2001-2002, for the Handicapped and Disabled Students program (CSM 4282).[1] Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are eligible for reimbursement:

A. Interagency Agreements (Cal. Code Regs., tit. 2, § 60030)

The one-time activity of revising the interagency agreement with each local educational agency to include the following eight procedures:

1) Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute, pursuant to Government Code section 7575, subdivision (f). For purposes of this subdivision only, the term "appropriate" means any service identified in the pupil's IEP, or any service the pupil actually was receiving at the time of the interagency dispute. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(2).)

2) A host county to notify the community mental health service of the county of origin within two (2) working days when a pupil with a disability is placed within the host county by courts, regional centers or other agencies for other than educational reasons. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(4).)

3) Development of a mental health assessment plan and its implementation. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(5).)

4) At least ten (10) working days prior notice to the community mental health service of all IEP team meetings, including annual IEP reviews, when the participation of its staff is required. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(7).)

5) The provision of mental health services as soon as possible following the development of the IEP pursuant to section 300.342 of Title 34 of the Code of Federal Regulations. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(9).)

6) The provision of a system for monitoring contracts with nonpublic, nonsectarian schools to ensure that services on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(14).)

7) The development of a resource list composed of qualified mental health professionals who conduct mental health assessments and provide mental health services. The community mental health service shall provide the LEA with a copy of this list and monitor these contracts to assure that services as specified on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(15).)

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[1] Some costs disallowed by the State Controller's Office in prior years are now reimbursable beginning July 1, 2001 (e.g., medication monitoring). Rather than claimants re-filing claims for those costs incurred beginning July 1, 2001, the State Controller's Office will reissue the audit reports.

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8) Mutual staff development for education and mental health staff pursuant to Government Code section 7586.6, subdivision (a). (Cal. Code Regs., tit. 2, § 60030, subd. (c)(17).)

(The activities of updating or renewing the interagency agreements are not reimbursable.)

B. Referral and Mental Health Assessments (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60040, 60045)

1) Work collaboratively with the local educational agency to ensure that assessments performed prior to referral are as useful as possible to the community mental health service in determining the need for mental health services and the level of services needed. (Gov. Code, § 7576, subd. (b)(1).)

2) A county that receives a referral for a pupil with a different county of origin shall forward the referral within one working day to the county of origin. (Gov. Code, § 7576, subd. (g); Cal. Code Regs., tit. 2, § 60040, subd. (g).)

3) If the county determines that a mental health assessment is not necessary, the county shall document the reasons and notify the parents and the local educational agency of the county determination within one day. (Cal Code Regs., tit. 2, § 60045, subd. (a)(1).)

4) If the county determines that the referral is incomplete, the county shall document the reasons, notify the local educational agency within one working day, and return the referral. (Cal. Code Regs., tit. 2, § 60045, subd. (a)(2).)

5) Notify the local educational agency when an assessment is determined necessary. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)

6) Provide the assessment plan to the parent. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)

7) Report back to the referring local educational agency or IEP team within 30 days from the date of the receipt of the referral if no parental consent for a mental health assessment has been obtained. (Cal. Code Regs., tit. 2, § 60045, subd. (c).)

8) Notify the local educational agency within one working day after receipt of the parent's written consent for the mental health assessment to establish the date of the IEP meeting. (Cal. Code Regs., tit. 2, § 60045, subd. (d).)

9) Provide the parent with written notification that the parent may require the assessor to attend the IEP meeting to discuss the recommendation when the parent disagrees with the assessor's mental health service recommendation. (Cal. Code Regs., tit. 2, § 60045, subd. (f).)

10) The county of origin shall prepare yearly IEP reassessments to determine the needs of a pupil. (Cal. Code Regs., tit. 2, § 60045, subd. (h).)

C. Transfers and Interim Placements (Cal. Code Regs., tit. 2, § 60055)

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1) Following a pupil's transfer to a new school district, the county shall provide interim mental health services, as specified in the existing IEP, for thirty days, unless the parent agrees otherwise.

2) Participate as a member of the IEP team of a transfer pupil to review the interim services and make a determination of services.

D. Participate as a Member of the Expanded IEP Team When Residential Placement of a Pupil is Recommended (Gov. Code, § 7572.55; Cal Code Regs., tit. 2, § 60100)

1) When a recommendation is made that a child be placed in an out-of-state residential facility, the expanded IEP team, with the county as a participant, shall develop a plan for using less restrictive alternatives and in-state alternatives as soon as they become available, unless it is in the best educational interest of the child to remain in the out-of-state school. (Gov. Code, § 7572.55, subd. (c).)

2) The expanded IEP team, with the county as a participant, shall document the alternatives to residential placement that were considered and the reasons why they were rejected. (Cal. Code Regs., tit. 2, § 60100, subd. (c).)

3) The expanded IEP team, with the county as a participant, shall ensure that placement is in accordance with the admission criteria of the facility. (Cal. Code Regs., tit. 2, § 60100, subd. (j).)

4) When the expanded IEP team determines that it is necessary to place a pupil who is seriously emotionally disturbed in residential care, counties shall ensure that: (1) the mental health services are specified in the IEP in accordance with federal law, and (2) the mental health services are provided by qualified mental health professionals. (Cal. Code Regs., tit. 2, § 60100, subd. (i).)

E. Case Management Duties for Pupils Placed in Residential Care (Cal. Code Regs., tit. 2, §§ 60100, 60110)

1) Coordinate the residential placement plan of a pupil with a disability who is seriously emotionally disturbed as soon as possible after the decision has been made to place the pupil in residential placement. The residential placement plan shall include provisions, as determined in the pupil's IEP, for the care, supervision, mental health treatment, psychotropic medication monitoring, if required, and education of the pupil. (Cal. Code Regs., tit, 2, § 60110, subd, (b)(1).)

2) When the IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in a community treatment facility, the lead case manager shall ensure that placement is in accordance with admission, continuing stay, and discharge criteria of the community treatment facility. (Cal. Code Regs., tit. 2, § 60110, subd. (b)(3).)

3) Identify, in consultation with the IEP team's administrative designee, a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health needs in a manner that is cost-effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment. (Cal. Code Regs, tit. 2, §§ 60100, subd. (e), 60110, subd. (c)(2).)

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4) Document the determination that no nearby placement alternative that is able to implement the IEP can be identified and seek an appropriate placement that is as close to the parents' home as possible. (Cal. Code Regs., tit. 2, § 60100, subd. (f).)

5) Notify the local educational agency that the placement has been arranged and coordinate the transportation of the pupil to the facility if needed. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(7).)

6) Facilitate placement authorization from the county's interagency placement committee pursuant to Welfare and Institutions Code section 4094.5, subdivision (c)(1), by presenting the case of a pupil with a disability who is seriously emotionally disturbed prior to placement in a community treatment facility. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(11).)

7) Evaluate every 90 days the continuing stay criteria, as defined in Welfare and Institutions Code section 4094, of a pupil placed in a community treatment facility every 90 days. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(8).)

8) Schedule and attend the next expanded IEP team meeting with the expanded IEP team's administrative designee within six months of the residential placement of a pupil with a disability who is seriously emotionally disturbed and every six months thereafter as the pupil remains in residential placement. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(10).)

F. Authorize Payments to Out-Of-Home Residential Care Providers (Cal. Code Regs., tit. 2, § 60200, subd. (e))

1) Authorize payments to residential facilities based on rates established by the Department of Social Services in accordance with Welfare and Institutions Code sections 18350 and 18356. This activity requires counties to determine that the residential placement meets all the criteria established in Welfare and Institutions Code sections 18350 through 18356 before authorizing payment.

G. Provide Psychotherapy or Other Mental Health Treatment Services (Cal. Code Regs., tit. 2, §§ 60020, subd. (i), 60050, subd. (b), 60200, subd. (c))

1) The host county shall make its provider network available and provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)

2) The county of origin shall negotiate with the host county to obtain access to limited resources, such as intensive day treatment and day rehabilitation. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)

3) Provide case management services to a pupil when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

4) Provide case management services and individual or group psychotherapy services, as defined in Business and Professions Code section 2903, when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

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5) *Beginning July 1, 2004*, provide mental health assessments, collateral services, intensive day treatment, and day rehabilitation services when required by the pupil's IEP. These services shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)

6) Provide medication monitoring services when required by the pupil's IEP. "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, and monitoring of psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subds. (f) and (i).)

7) Notify the parent and the local educational agency when the parent and the county mutually agree upon the completion or termination of a service, or when the pupil is no longer participating in treatment. ((Cal. Code Regs., tit. 2, § 60050, subd. (b).)

(When providing psychotherapy or other mental health treatment services, the activities of crisis intervention, vocational services, and socialization services are not reimbursable.)

V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in section IV. of this document. Each claimed reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate: the direct cost reporting method and the cost report method.

Direct Cost Reporting Method

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

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3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

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2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

Cost Report Method

A. Cost Report Method

Under this claiming method, the mandate reimbursement claim is still submitted on the State Controller's claiming forms in accordance with claiming instructions. A complete copy of the annual cost report, including all supporting schedules attached to the cost report as filed with the Department of Mental Health, must also be filed with the claim forms submitted to the State Controller.

B. Indirect Cost Rates

To the extent that reimbursable indirect costs have not already been reimbursed, they may be claimed under this method.

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate

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which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

VI. RECORDS RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[2] is subject to the initiation of an audit by the State Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING REVENUES AND OTHER REIMBURSEMENTS

Any offsets the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any of the following sources shall be identified and deducted from this claim:

1. Funds received by a county pursuant to Government Code section 7576.5.
2. Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Act of 2001, which appropriated funds to counties in the amounts of $12,334,000 (Stats. 2001, ch. 106, items 4440-131-0001), and the $69 million appropriations in 2003 and 2004 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17; Stats. 2004, ch. 208, item 6110-161-0890, provision 10).
3. Private insurance proceeds obtained with the consent of a parent for purposes of this program.
4. Medi-Cal proceeds obtained from the state or federal government that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.

[2] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

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5. Any other reimbursement received from the federal or state government, or other non-local source.

Beginning July 1, 2001, realignment funds under the Bronzan-McCorquodale Act that are used by a county for this program are not required to be deducted from the costs claimed. (Stats. 2004, ch. 493, § 6 (SB 1895).)

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(l), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and the California Code of Regulations, title 2, section 1183.2.

X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

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BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

Claim of: County of Santa Clara, Claimant	No. CSM-4282 Chapter 1747, Statutes of 1984 Chapter 1274, Statutes of 1985 Title 2, Div. 9, Sections 60000 through 60200, California Code of Regulations Handicapped and Disabled Students

DECISION

The attached Proposed Statement of Decision of the Commission on State Mandates is hereby adopted by the Commission on State Mandates as its decision in the above-entitled matter.

This Decision shall become effective on April 26, 1990.

IT IS SO ORDERED April 26, 1990.

Fred R. Buenrostro,
Vice-Chairperson
Commission on State Mandates

WP0363h

COURT PAPER
STATE OF CALIFORNIA
STD. 113 REV. 8-72)

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Received
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Commission on
State Mandates

BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

Claim of COUNTY OF SANTA CLARA, Claimant	)	No. CSM-4282

PROPOSED DECISION

On December 1, 1988, in Sacramento, California, Keith A. Levy, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter. Harlan E. Van Wye, Deputy Attorney General, represented the California State Departments of Finance, Education, and Mental Health. Susan A. Chapman, Deputy County Counsel, represented the County of Santa Clara.

Evidence was received and the record remained open for the submission of post hearing briefs. The opening brief from the State of California was received on January 30, 1989. The opening brief from the County of Santa Clara was received on January 30, 1989. Reply briefs were received from the State of California and the County of Santa Clara on February 27, 1989. The matter was thereupon submitted.

On November 30, 1989, in Sacramento, California, the Commission on State Mandates ("Commission") heard this matter. Harlan E. Van Wye, Deputy Attorney General, represented the California State Departments of Finance, Education, and Mental Health. Susan A. Chapman, Deputy County Counsel, represented the County of Santa Clara.

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I. ISSUES

Do the provisions of Chapter 1747, Statutes of 1984, Chapter 1274, Statutes of 1985, and Title 2, Division 9, sections 60000 through 60200, of the California Code of Regulations, require counties to implement a new program or provide a higher level of service in an existing program within the meaning of Government Code section 17514 and section 6, article XIIIB of the California Constitution? If so, are the counties entitled to reimbursement under the provisions of section 6, article XIIIB of the California Constitution?

II. FACTS

A. Background

The County of Santa Clara filed a Test Claim with the Commission under the provisions of the Government Code commencing with section 17500. Santa Clara County alleges that Chapter 1747, Statutes of 1984 and Chapter 1274, Statutes of 1985, and Title 2, Division 9, sections 60000 through 60200, of the California Code of Regulations, relating to the provision of certain mental health services for handicapped and disabled students, impose a reimbursable state mandated program on the County within the meaning of section 6, Article XIIIB of the California Constitution and Government Code section 17514.

On January 28, 1988, this matter was referred to the Office of Administrative Hearings by the Commission for a hearing.

After a prehearing conference, the parties, at the suggestion of the Administrative Law Judge, arrived at a "Joint Statement of Facts??, by which the matter was submitted.

The following facts are based upon the "Joint Statement of Facts" to extent that they are pertinent in the Commission% determination of a reimbursable state mandated program.

The fundamental component of federal law prohibiting discrimination against handicapped individuals in any program receiving federal funds was enacted by Congress in 1973 as Public Law 93-112, Title V, section 504 (codified at Title 29 U.S. Code . section 794). "Section 504" requires the promulgation of regulations by each agency of the federal government as may be necessary to carry out the provisions of section 504 and other laws providing protection to the handicapped. At least 23 federal agencies and departments have promulgated "504 regulations."

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In 1976, the "Education for All Handicapped Children Act", 20 U.S.C. section 1400 et seq. ("EHA") was enacted. Shortly thereafter, "504 regulations" were enacted (now recodified as 34 Code of Federal Regulations, Part 104) which require that recipients of federal funding which operate a public or elementary or secondary education program "...provide a free appropriate public education to each qualified handicapped person who is in the recipient% jurisdiction, regardless of the nature or severity of the persons handicap." 34 C.F.R. Part 104.33. The EHA and its implementing regulations, 34 C.F.R. section 300.1 et seq., establish procedural and substantive standards for educating handicapped students. The EHA also incorporates by reference state substantive and procedural standards concerning the education of handicapped students. 20 U.S.C. section 1401(18); 34 C.F.R. section 300.4. In order to receive federal funds, a state must adopt a plan specifying how it will comply with federal requirements. 20 U.S.C. sections 1412 and 1414(a).

Under the EHA, handicapped children are guaranteed the right to receive a free appropriate public education which emphasizes special education, and related services designed to meet their unique educational needs. 20 U.S.C. sections 1400(c) and 1412.

"Special education" means specially designated instruction to meet the unique needs of a handicapped child, including classroom instruction and instruction in physical education, as well as home instruction and instruction in hospitals and institutions. 20 U.S.C. section 1401(a)(16).

"Related services" are defined by statute to include transportation and such developmental, corrective, and other supportive supplemental services as may be required to assist a handicapped child to benefit from special education. 20 U.S.C. section 1401(a)(17). Supportive services include speech pathology and audiology, psychological services, physical and occupational therapy, recreation, counseling services, and limited medical services. Related services are to be provided at no cost to parents or children. If placement in a public or private residential program is necessary to provide special education and related services to a handicapped child, the program, including non-medical care and room and board, must be at no cost to the parents of the child. 34 C.F.R. section 300.302.

"Handicapped children" are defined as children who are mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or health impaired, or children with specific learning disabilities, who by reason thereof require special education and related services. 20 U.S.C. section 1401(1).

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The EHA provides a specific mechanism for insuring that handicapped children receive a free appropriate public education: the Individualized Education Program **("IEP")**. The IEP is a written statement for a handicapped child that is developed and implemented in accordance with federal IEP regulations. 34 C.F.R. section 300.340; 34 C.F.R. section 300.346. The state educational agency of a state receiving federal funding must insure that each public agency develops and implements an IEP for each of its handicapped children. 34 C.F.R. section 300.341.

The IEP process begins when a child is identified as possibly being handicapped. He or she must be evaluated in all areas of suspected handicaps by a multidisciplinary team, which includes a teacher or specialist with knowledge in the area of suspected disability. Parents also have the right to obtain an independent assessment of their child by a qualified professional. School districts are required to consider the independent assessment as part of their educational planning for the pupil.

If it is determined that the child is handicapped within the meaning of EHA, an IEP meeting must take place. Participants in the IEP meeting (the **"IEP team"**) include a representative of the local educational agency **("LEA")**, the child's teacher, one or both of the child's parents, the child if appropriate, and other individuals, at the discretion of the parent or agency. 34 C.F.R. section 300.344.

The written IEP is an educational prescription which includes statements of the child's present levels of educational performance, annual goals (including short term instructional objectives), and specific special education and related services to be provided to the child and the setting in which the services will be provided, along with the projected dates for initiation of services and the anticipated duration of the services. It also includes appropriate objective criteria, evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved. 20 **U.S.C.** section 1414(a) (5); 34 C.F.R. sections 300.340-349. This document serves as a commitment of resources necessary to enable a handicapped child to receive needed special education and related services, and becomes -- a management tool, a compliance and monitoring document, and an evaluation device to determine the extent of the child's progress.

Each public agency must have an IEP in effect at the beginning of each school year for every handicapped child who is receiving special education from that agency. The IEP must be in effect before special education and related services are

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provided, and special education and related services set out in a child's IEP must be provided as soon as possible after the IEP is finalized. 34 C.F.R. section 300.342. Meetings must be conducted at least once a year to review and, if necessary, to revise each handicapped child's IEP. More frequent meetings may take place if needed.

In response to the EHA, California adopted a state plan and enacted a series of statutes and regulations designed to comply with federal law. Education Code section 56000 et seq.; Government Code section 7570 et seq.: Title 2, California: Code of Regulations section 60000 et seq.: and Title 5 California Code of Regulations section 3000 et seq.

The responsibility for supervising education and related services for handicapped children was delegated to the Superintendent of Public Education. Government Code section 7561; Education Code section 56135.

In California, public education services are directly delivered through LEAs throughout the state. The legislation that is the subject of this Test Claim shifted certain IEP responsibilities from LEAs to county mental health programs.

Chapter 797 of the Statutes of 1980 added Part 30 (commencing with section 56000) to Division 4 of Title 2 of the Education Code to set forth the basic California IEP process for identifying special education children and providing special education and related services necessary for an "individual with exceptional needs" to benefit from a free appropriate public education.

An "individual with exceptional needs" is defined in Education Code section 56026 and includes those individuals in need of mental health services.

Before July 1, 1986, LEAs, i.e., school districts and county offices of education, were responsible for the education of special education students, including the provision of related services necessary for the individual to benefit from education. These responsibilities for identifying and assessing individuals with suspected handicaps, as well as the responsibility for providing related services, includes mental health services required in individual IEPs. LEAs were financially responsible for the provision of mental health services required in the IEP.

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B. Legislation That Is The Subject To This Test Claim and Other Relevant Statutes

Chapter 1747 of the Statutes of 1984 added Chapter 26, commencing with section 7570, to Division 7 of Title 1 of the Government Code and amended section 11401 of the Welfare and Institutions Code, relating to minors.

Chapter 1274 of the Statutes of 1985 amended sections 7572, 7572.5, 7575, 7576, 7579, 7582, and 7587 of, amended and repealed 7583 of, added section 7586.5 and 7586.7 to, and repealed 7574 of, the Government Code, amended sections 5651, 10950, and 11401 and added Chapter 6, commencing with section 18350, to Part 6 of Division 9 of the Welfare and Institutions Code, relating to minors, and made an appropriation therefor.

Government Code section 7571 requires the Secretary of Health and Welfare to designate a single agency in each county to coordinate the service responsibilities described in Government Code section 7572.

Government Code section 7576 provides that any community mental health service designated by the State Department of Mental Health shall be responsible for the provision of psychotherapy or other mental health services, as defined by Division 9, Title 2, California Code of Regulations, when required in an individual's IEP.

Section 60040, Title 2, California Code of Regulations, implements Government Code section 7572 and states that a responsible LEA preparing an initial assessment plan in accordance with section 56320 et seq. of the Education Code **may**, with parental consent, refer the person suspected of being an **"individual** with exceptional **needs"** to the local mental health program to determine the need for mental **health services** when certain conditions have been satisfied. Following that referral, the local mental health program shall be responsible for reviewing the educational information, observing, if necessary, the individual in the school environment, and determining if mental health assessments are needed. The local mental health program shall provide to the IEP team a written **assessment** report in accordance with Education Code section 56327.

If the written assessment report in accordance with Education Code section 56327 indicates that mental health services are to be provided in an individual's IEP, section 60050, Title 2, Code of California Regulations, requires that the following shall be included in the individual's IEP: a description of

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the mental health services to be provided: the goals and objectives of the mental health services, with appropriate objective criteria and evaluation procedures to determine whether objectives are being achieved: and initiation, frequency, and duration of the mental health services to be provided to the individual.

If the written assessment report in accordance with Education Code section 56327 indicates that the "individual with exceptional needs" is classified as "seriously emotionally disturbed" and any member of the IEP team recommends residential placement based on relevant assessment information, Government Code section 7572.5, subdivision (a), requires the expansion of the IEP team to include a representative of the county mental health department.

The expanded IEP team, pursuant to Government Code section 7572.5, subdivision (b), requires the expanded IEP team to review the mental health assessment and determine whether the individual's needs can be reasonably met through any combination of nonresidential services, and whether residential services will enable the individual to benefit from educational services, and whether residential services are available which will address the individual's needs and ameliorate the conditions leading to the "seriously emotionally disturbed" designation. The provisions of Government Code section 7572.5, subdivisions (a) and (b), required, for the first time, the expansion of the IEP team to include county personnel as a member.

Section 60100, Title 2, California Code of Regulations, implements Government Code section 7572.5, subdivisions (a) and (b).

Government Code section 7572.5, subdivision (c)(1), provides that if the IEP requires residential placement, the county mental health department shall be designated as the lead case manager. Lead case management responsibility may be delegated to the county welfare department by agreement between the county welfare department and the county mental health department. However, the county mental health department shall retain financial responsibility for provision of case management services. The provisions of Government Code section 7572.5, subdivision (c)(2), require the IEP to include provisions for review of case progress, of the continuing need for residential placement, of the compliance with the IEP, of the progress toward ameliorating the "seriously emotionally disturbed" condition, and identification of an appropriate residential facility for placement. There must be a review by the full IEP team every six months. The provisions of Government Code section 7572.5, subdivision (c)(1), required

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the county personnel department, for the first time, to assume a lead case management role in the IEP process when it is determined that the **"individual** with exceptional needs" is "seriously emotionally disturbed" and requires residential placement.

Section **60110,** Title 2, California Code of Regulations, implements section 7572.5, subdivision (c), of the Government Code.

The law pertaining to the funding, organization, and operation of community mental health services in California, known as the **"Short-Doyle** Act", is contained almost exclusively in Part 2 (commencing with section 5600) of Division 5 of the Welfare and Institutions Code. The Short-Doyle Act was enacted in 1979 to organize and finance community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. Before that time, state hospitals played a large role in the provision of mental health services. The Short-Doyle Act was a step in the de-institutionalization of the mentally ill.

The Short-Doyle Act was intended to efficiently utilize state and local resources, to integrate state-operated and community programs into a unified mental health system, to ensure appropriate utilization of all mental health professions, to provide a means for local government participation in determining the need for and allocation of mental health resources, to establish a uniform ratio of local and state government responsibility for financing mental health services, and to provide a means for allocating state mental health funds according to community needs.

The goals of Short-Doyle community mental health programs are threefold: to assist persons who are institutionalized because of mental disorder, or who have a high risk of becoming so, to lead lives which are as normal and independent as possible; to assist persons who experience temporary psychological problems which disrupt normal living to return as quickly as possible to a level of functioning which enables them to cope with their problems; and to prevent serious mental disorders and psychological problems. Welfare and Institutions Code section 5600.

Short-Doyle services are to be provided through community mental health services covering an entire county, or counties, established by the Board of Supervisors of each county. Welfare and Institutions Code section 5602. In most counties, the community mental health service area is the county, and the local mental health agency is an agency of the county.

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Generally, each county is required under the Short-Doyle Act to develop and adopt a mental health plan annually specifying services to be provided in county facilities, in state hospitals, and through private agencies. Welfare and Institutions Code section 5650.

Welfare and Institutions Code section 5651 requires a programmatic description of each of the services to be provided in a county's annual Short-Doyle plan. Welfare and Institutions Code section 5651, subdivision (g), requires the county Short-Doyle annual plan to include a description of the services required by Government Code sections 7571 and 7576, including the cost of those services.

Welfare and Institutions Code section 5705 states that the net cost of all services specified in the approved county Short-Doyle plan shall be financed under the Short-Doyle program on the basis of ninety (90) percent state funds and ten (10) percent county funds, and the cost of the services shall be the actual cost or a negotiated net amount or rates approved by the Director of the Department of Mental Health.

The Budget Act of 1986 allocated $2'000,000 to the State Department of Mental Health for assessments, treatment, and case management services, and made available for transfer from the State Department of Education to the State Department of Mental Health an additional $2,700,000 for assessments and mental health treatment services for IEP individuals. Item 4440-131-001, Chapter 186, section 2.00, Statutes of 1986; Chapter 1133, section 3, Statutes 1986.

Additional amounts were to be transferred from the State Department of Education to the State Department of Mental Health if reports of LEAs indicated higher costs during Fiscal Year 1985-86 for services that are the subject of this Test Claim. Relatively low figures were reported initially. The Auditor General's Report showed wide discrepancies among school districts in the manner in which they reported their costs, and it was determined by the State Auditor General that the figures submitted were unreliable. (Report by the Office of the Auditor General, April 1987, P-640)

County of Santa Clara alleged that it has incurred costs in excess of $200.00 as a result of the legislation that is the subject of this Test Claim.

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III. FINDINGS

Based upon the above facts and evidence both oral and documentary having been introduced, in order to determine whether the legislation that is the subject of this Test Claim imposes costs mandated by the state as defined by Government Code section 17514 and are subject to the reimbursement requirements of section 6, article XIIIB, of the California Constitution, the Commission finds the following:

It was found that the legislation that is the subject of this test claim shifted certain IEP responsibilities, which were previously performed by LEAs, to local mental health programs.

It was found that section 60040, Title 2, California Code of Regulations, requires, for the first time, that the local mental health programs shall provide to the IEP team a written mental health assessment report, in accordance with Education Code section 56327, on the need for mental health services. The local mental health program is required to provide such report whenever an LEA refers an individual suspected of being an "individual with exceptional needs" to the local mental health department.

It was found that Government Code section 7572.5, subdivisions (a) and (b), requires, for the first time, that the IEP team be expanded to include mandatory participation by county personnel. This mandatory participation by county personnel is required when the written mental health assessment report provided by the local mental health program determines that an "individual with exceptional needs" is "seriously emotionally disturbed", and any member of the IEP team recommends residential placement based upon relevant assessment information.

It was found that Government Code section 7572.5, subdivision (c), designates, for the first time, that the local mental health program shall act as the lead case manager when the IEP prescribes residential placement for an "individual with exceptional needs" who is "seriously emotionally disturbed?

It was found that the following requirements of a local mental health program are not subject to the provisions of the Short-Doyle Act, Welfare and Institution Code section 5600 et seq.:

(i) the preparation of a written mental health assessment report pursuant to section 60040, Title 2, Code of California Regulations,

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(ii) the participation on the expanded IEP team pursuant to Government Code section 7572.5, subdivisions (a) and (b), and

(iii) the role as lead case manager, pursuant to Government Code section 7572.5, subdivision (c), when residential placement is prescribed for an "individual with exceptional needs" who is "seriously emotionally disturbed/

Government Code section 7571 requires the Secretary of Health and Welfare to designate a single agency in each county to coordinate the service responsibilities described in Government Code section 7572.

Government Code section 7576 provides that the [county] community mental health service shall be responsible for the provision of psychotherapy or other mental health services as defined by Title 2, California Code of Regulations, commencing with section 60000, when required in an individual's IEP. It was found that such individuals are "individuals with exceptional needs," including those designated as "seriously emotionally disturbed."

Welfare and Institutions Code section 5651 requires a programmatic description of each of the services to be provided in a county's Short-Doyle annual plan. Welfare and Institutions Code section 5651, subdivision (g), requires, for the first time, the county Short-Doyle annual plan to include a description of the county mental health services required by Government Code sections 7571 and 7576, including the cost of those services. It was found that the provisions of Government Code sections 7571 and 7576 and their implementing regulations are mental health services provided pursuant to the county's Short-Doyle annual plan.

Welfare and Institutions Code section 5705 states that the net cost of all services specified in the approved county Short-Doyle annual plan shall be financed under the Short-Doyle program on the basis of ninety (90) percent state funds and ten (10) percent county funds, and the cost of the services shall be the actual cost or a negotiated net amount or rates approved by the Director of the Department of Mental Health. It was found that the mental health services provided, pursuant to Government Code sections 7571 and 7576, must be included in the county's Short-Doyle annual plan in accordance with Welfare and Institutions Code section 5651, subdivision (g). Therefore, such mental health services are subject to the financial provisions of the Short-Doyle Act.

The legislation that is the subject of this Test Claim does not implement a federal mandate contained in section 504 of the Rehabilitation Act of 1973. The provisions of section 504 of

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the Rehabilitation Act of 1973, as amended by the Rehabilitation Act Amendments of 1974 (P.L. 93-516, 29 U.S.C. 794), together with the implementing regulations, prohibits discrimination against handicapped individuals in any program receiving federal funds. The section 504 regulation requirement that recipients of federal funding who operate educational programs ". . . provide a free appropriate public education to each qualified handicapped person . . ." does not apply to counties which do not operate a public or elementary or secondary education program. The responsibility of providing public education and related services is on educational agencies and not the counties.

The legislation that is the subject of this Test Claim is not state legislation implementing a federal mandate contained in The Education for All Handicapped Children Act of 1975 (EHA). Under the EHA, handicapped children are guaranteed the right to receive a free appropriate public education which emphasizes special education, and related services designed to meet their unique educational needs. The EHA does not apply to counties which do not operate a public or elementary or secondary education program. The responsibility of providing public education and related services is on educational agencies and not on the counties.

The legislation that is the subject of this Test Claim does not merely affirm for the State that which had been declared existing law by actions of the court. No court decisions impose on counties the responsibility of providing services which relate to the provision of educational services.

It was found that none of the requisites for denying a claim specified in Government Code section 17556 were applicable.

IV. APPLICABLE LAW RELEVANT TO THE DETERMINATION OF A REIMBURSABLE STATE MANDATED PROGRAM

Government Code section 17551, subdivision (a) provides:

> "The commission, pursuant to the provisions of this chapter, shall hear and decide upon a claim by a local agency or school district that the local agency or school district is entitled to be reimbursed by the state for costs mandated by the state as required by Section 6 of Article XIII B of the California Constitution."

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Government Code section 17514 provides:

> "'Costs mandated by the state' means any increased costs which a local agency or school district is required to incur after July 1, 1980, as a result of any statute enacted on or after January 1, 1975, or any executive order implementing any statute enacted on or after January 1, 1975, which mandates a new program or higher level of service of an existing program within the meaning of Section 6 of Article XIII B of the California Constitution."

Section 6, article XIIIB of the California Constitution reads:

> Whenever the Legislature or any state agency mandates a new program or higher level of service on any local government, the state shall provide a subvention of funds to reimburse such local government for the costs of such program or increased level of service, except that the Legislature may, but need not, provide such subvention of funds for the following mandates:
>
> (a) Legislative mandates requested by the local agency affected:
>
> (b) Legislation defining a new crime or changing an existing definition of a crime; or
>
> (c) Legislative mandates enacted prior to January 1, 1975, or executive orders or regulations initially implementing legislation enacted prior to January 1, 1975."

V. CONCLUSION

The Commission determines that it has the authority to decide this claim under the provisions of Government Code section 17551, subdivision (a).

The Commission concludes that, to the extent that the provisions of Government Code section 7572 and section 60040, Title 2, Code of California Regulations, require county participation in the mental health assessment for "individuals with exceptional needs," such legislation and regulations impose a new program or higher level of service upon a county.

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Moreover, the Commission concludes that **any** related participation on the expanded IEP team and case management services for **"individuals** with exceptional **needs"** who are designated as **"seriously** emotionally disturbed," pursuant to subdivisions (a), **(b),** and **(c) of** Government Code section 7572.5 and their implementing regulations, impose a new program or higher level of service upon a county. Furthermore, -the Commission concludes that the aforementioned mandatory county participation in the IEP process is not subject to the Short-Doyle Act, commencing with Welfare and Institutions Code section 5600. Accordingly, such costs related thereto are costs mandated by the state and are fully reimbursable within the meaning of section 6, article XIIIB of the California Constitution.

The Commission concludes that the provisions of Welfare and Institutions Code section 5651, subdivision (g), result in a higher level of service within the county Short-Doyle program because the mental health services, pursuant to Government Code sections 7571 and 7576 and their implementing regulations, must be included in the county Short-Doyle annual plan. In addition, such services includes psychotherapy and other mental health services provided to "individuals with exceptional **needs,"** including those designated as **"seriously** emotionally disturbed," and required in such individual's IEP. However, such mental health services are subject to the current cost sharing formula of the Short-Doyle Act, through which the state provides ninety (90) percent of the total costs of the Short-Doyle program, and the county is required to provide the remaining ten (10) percent of the funds. Accordingly, only ten (10) percent of such program costs are reimbursable within the meaning of section 6, article XIIIB of the California Constitution as costs mandated by the state, because the Short-Doyle Act currently provides counties ninety (90) percent of the costs of providing those mental health services set forth in Government Code sections 7571 and 7576 and their implementing regulations, and described in the county's Short-Doyle annual plan pursuant to Welfare and Institutions Code section 5651, subdivision (g).

The claimant is directed to submit parameters and guidelines, pursuant to Government Code section 17557 and Title 2, California Code of Regulations section 1183.1, to the Commission for its consideration.

The foregoing determinations are subject to the following conditions:

> The determination of a reimbursable state mandate does not mean that all increased costs claimed will be reimbursed. Reimbursement, if any, is subject to Commission approval of parameters and

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guidelines for reimbursement of the mandated program: approval of a statewide cost estimate; a specific legislative appropriation for such purpose; a timely-filed claim for reimbursement: and subsequent review of the claim by the State Controller's Office.

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BEFORE THE
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STATE OF CALIFORNIA

RECONSIDERATION OF PRIOR STATEMENT OF DECISION ON: Statutes 1984, Chapter 1747; Statutes 1985, Chapter 1274; California Code of Regulations, Tit. 2, Div. 9, §§ 60000-60610 (Emergency Regulations filed December 31, 1985, Designated Effective January 1, 1986 (Register 86, No. 1) and Refiled June 30, 1986, Designated Effective July 12, 1986 (Register 86, No. 28)) CSM 4282 Directed By Statutes 2004, Chapter 493, Section 7, (Sen. Bill No. 1895) Effective September 13, 2004.	**Case No.: 04-RL-4282-10** ***Handicapped & Disabled Students*** STATEMENT OF DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7 *(Adopted on May 26, 2005)*

STATEMENT OF DECISION

The attached Statement of Decision of the Commission on State Mandates is hereby adopted in the above-entitled matter.

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PAULA HIGASHI, Executive Director Date

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STATE OF CALIFORNIA

RECONSIDERATION OF PRIOR STATEMENT OF DECISION ON: Statutes 1984, Chapter 1747; Statutes 1985, Chapter 1274; California Code of Regulations, Tit. 2, Div. 9, §§ 60000-60610 (Emergency Regulations filed December 31, 1985, Designated Effective January 1, 1986 (Register 86, No. 1) and Refiled June 30, 1986, Designated Effective July 12, 1986 (Register 86, No. 28)) CSM 4282 Directed By Statutes 2004, Chapter 493, Section 7, (Sen. Bill No. 1895) Effective September 13, 2004.	**Case No.: 04-RL-4282-10** ***Handicapped & Disabled Students*** STATEMENT OF DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7 (*Adopted on May 26, 2005*)

STATEMENT OF DECISION

The Commission on State Mandates ("Commission") heard and decided this test claim during a regularly scheduled hearing on May 26, 2005. Leonard Kaye and Paul Melver appeared on behalf of the County of Los Angeles. Pam Stone represented and appeared on behalf of the County of Stanislaus. Linda Downs appeared on behalf of the County of Stanislaus. John Polich appeared on behalf of the County of Ventura. Patricia Ryan appeared on behalf of the California Mental Health Directors' Association. Jeannie Oropeza and Dan Troy appeared on behalf of the Department of Finance.

The law applicable to the Commission's determination of a reimbursable state-mandated program is article XIII B, section 6 of the California Constitution, Government Code section 17500 et seq., and related case law.

The Commission adopted the staff analysis at the hearing by a vote of 4-0.

BACKGROUND

Statutes 2004, chapter 493 (Sen. Bill No. 1895 ("SB 1895")) directs the Commission to reconsider its prior final decision and parameters and guidelines on the *Handicapped and Disabled Students* program. Section 7 of the bill states the following:

> Notwithstanding any other law, the Commission on State Mandates shall, on or before December 31, 2005, reconsider its decision relating to included services and administrative and travel costs associated with services provided pursuant to Chapter 26.5 (commencing with

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Section 7570) of Division 7 of Title 1 of the Government Code, and the parameters and guidelines for calculating the state reimbursements for these costs.

Commission Decisions

The Commission adopted the Statement of Decision on the *Handicapped and Disabled Students* program in 1990 (CSM 4282). Generally, the test claim legislation implements federal law that requires states to guarantee to disabled pupils the right to receive a free and appropriate public education that emphasizes special education and related services designed to meet the pupil's unique educational needs.[1] The mechanism for providing special education services under federal law is the individualized education program, or IEP. An IEP is a written statement developed after an evaluation of the pupil in all areas of suspected disability and may provide for related services including mental health and psychological services.[2]

Before the enactment of the test claim legislation, the state adopted a plan to comply with federal law. The responsibility for supervising special education and related services was delegated to the Superintendent of Public Instruction. Local educational agencies (LEAs) were financially responsible for the provision of mental health services required by a pupil's IEP.[3]

The test claim legislation, which became effective on July 1, 1986, shifted the responsibility and funding of mental health services required by a pupil's IEP to county mental health departments.

The Commission approved the test claim and found that the activities of providing mental health assessments, participation in the IEP process, psychotherapy, and other mental health services were reimbursable under article XIII B, section 6 of the California Constitution. Activities related to assessments and IEP responsibilities were found to be 100% reimbursable. Psychotherapy and other mental health treatment services were found to be 10% reimbursable due to the funding methodology in existence under the Short-Doyle Act for local mental health services.

The parameters and guidelines for *Handicapped and Disabled Students* (CSM 4282) were adopted in August 1991, and amended in 1996, and have a reimbursement period beginning July 1, 1986. The parameters and guidelines authorize reimbursement for the following activities:

A. One Hundred (100) percent of any costs related to IEP Participation, Assessment, and Case Management:

   1. The scope of the mandate is one hundred (100) percent reimbursement, except that for individuals billed to Medi-Cal only, the Federal Financing

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[1] See federal Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA).

[2] Title 20 United States Code sections 1400 et seq.

[3] Education Code sections 56000 et seq.

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Participation portion (FFP) for these activities should be deducted from reimbursable activities not subject to the Short-Doyle Act.

2. For each eligible claimant, the following cost items are one hundred (100) percent reimbursable (Gov. Code, § 7572, subd. (d)(1)):

   a. Whenever an LEA refers an individual suspected of being an "individual with exceptional needs" to the local mental health department, mental health assessment and recommendation by qualified mental health professionals in conformance with assessment procedures set forth in Article 2 (commencing with section 56320) of Chapter 4 of part 30 of Division 4 of the Education Code, and regulations developed by the State Department of Mental Health, in consultation with the State Department of Education, including but not limited to the following mandated services:

      i. interview with the child and family,

      ii. collateral interviews, as necessary,

      iii. review of the records,

      iv. observation of the child at school, and

      v. psychological testing and/or psychiatric assessment, as necessary.

   b. Review and discussion of mental health assessment and recommendation with parent and appropriate IEP team members. (Gov. Code, § 7572, subd. (d)(1).)

   c. Attendance by the mental health professional who conducted the assessment at IEP meetings, when requested. (Gov. Code, § 7572, subd. (d)(1).)

   d. Review by claimant's mental health professional of any independent assessment(s) submitted by the IEP team. (Gov. Code, § 7572, subd. (d)(2).)

   e. When the written mental health assessment report provided by the local mental health program determines that an "individual with special needs" is "seriously emotionally disturbed," and any member of the IEP team recommends residential placement based upon relevant assessment information, inclusion of the claimant's mental health professional on that individual's expanded IEP team.

   f. When the IEP prescribes residential placement for an "individual with exceptional needs" who is "seriously emotionally disturbed," claimant's mental health personnel's identification of out-of-home placement, case management, six month review of IEP, and expanded IEP responsibilities. (Gov. Code, § 7572.5.)

   g. Required participation in due process hearings, including but not limited to due process hearings.

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3. One hundred (100) percent of any administrative costs related to IEP Participation, Assessment, and Case Management, whether direct or indirect.

B. Ten (10) percent of any costs related to mental health treatment services rendered under the Short-Doyle Act:

1. The scope of the mandate is ten (10) percent reimbursement.

2. For each eligible claimant, the following cost items, for the provision of mental health services when required by a child's individualized education program, are ten (10) percent reimbursable (Gov. Code, § 7576):

   a. Individual therapy,

   b. Collateral therapy and contacts,

   c. Group therapy,

   d. Day treatment, and

   e. Mental health portion of residential treatment in excess of the State Department of Social Services payment for the residential placement.

3. Ten (10) percent of any administrative costs related to mental health treatment services rendered under the Short-Doyle Act, whether direct or indirect.

In 1993, the Sixth District Court of Appeal, in *County of Santa Clara v. Commission on State Mandates*, issued an unpublished decision that upheld the Commission's decision, including the percentage of reimbursements, on the *Handicapped and Disabled Students* program.[4]

In May 2000, the Commission approved a second test claim relating to the test claim legislation, *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (CSM 97-TC-05). The test claim on *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) was filed on Government Code section 7576, as amended by Statutes 1996, chapter 654, the corresponding regulations, and on a Department of Mental Health Information Notice Number 86-29. The test claim in *Seriously Emotionally Disturbed Pupils* addressed only the counties' responsibilities for *out-of-state* residential placements for seriously emotionally disturbed pupils, and has a reimbursement period beginning January 1, 1997.

In addition, there are two other matters currently pending with the Commission relating to the test claim legislation. In 2001, the Counties of Los Angeles and Stanislaus filed requests to amend the parameters and guidelines on the original test claim decision, *Handicapped and Disabled Students* (CSM 4282). The counties request that the parameters and guidelines be amended to delete all references to the Short-Doyle cost-sharing mechanism for providing psychotherapy or other mental health services; to add

[4] *County of Santa Clara v. Commission on State Mandates*, Sixth District Court of Appeal Case No. H009520, filed January 11, 1993.

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an activity to provide reimbursement for room and board for in-state placement of pupils in residential facilities; and to amend the language regarding the reimbursement of indirect costs. The request to amend the parameters and guidelines was scheduled on the Commission's March 2002 hearing calendar. But at the request of the counties, the item was taken off calendar, and is still pending. If the Commission approves the Counties' requests on this matter, the reimbursement period for the new amended portions of the parameters and guidelines would begin on July 1, 2000.[5]

The second matter currently pending with the Commission is a consolidated test claim, *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49), filed by the Counties of Los Angeles and Stanislaus on all of the amendments to the original test claim legislation from 1986 to the present. The test claims in *Handicapped and Disabled Students II* were filed in June 2003 and, if approved by the Commission, will have a reimbursement period beginning July 1, 2001.

Documented Problems with the Test Claim Legislation

There have been funding and implementation problems with this program, which have been well documented. In 2002, the Legislative Analyst's Office issued a budget analysis that described "significant controversy" regarding the program. The report states in relevant part the following:

> Over the last two years, the State Controller's Office (SCO) has audited county AB 3632 mandate reimbursement claims dating back to 1997 (three years of claims for each audited county). Based on information provided by counties and professional mandate claim preparers, we understand that SCO auditors have found that many counties are claiming reimbursements for 100 percent of the cost of providing mental health treatment services to special education pupils, rather than the 10 percent specified under the terms of this mandate. In addition, some counties are not reporting revenues that auditors indicate should be included as mandate cost "offsets." The magnitude of these auditing concerns is unknown, but could total as much as $100 million statewide for the three-year period.[6]

Before the audits could be completed, Statutes 2002, chapter 1167, section 41 (Assem. Bill No. 2851) was enacted directing the State Controller's Office to not dispute the percentage of reimbursement claimed for mental health services provided by counties prior to and through fiscal years 2000-2001. According to the State Controller's Office, however, audits continue for this program to identify unallowable costs. To date,

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[5] California Code of Regulations, title 2, section 1183.2.

[6] Report by Legislative Analyst's Office, *2002 Budget Analysis: Health and Social Services, Department of Mental Health (4440)*, dated February 20, 2002. The *Handicapped and Disabled Students* program is often referred to as the "AB 3632" program.

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seventeen audits have been completed, three final reports are in the process, and five audits are in the fieldwork stage.[7]

In addition, the legislative history of SB 1895 refers to a report issued by Stanford Law School in May 2004 on the program that describes the history of the test claim legislation, and addresses the policy and funding issues.[8] According to legislative history, SB 1895 was an attempt to address the issues and recommendations raised in the report.[9]

Accordingly, this reconsideration presents the following issues:

- What is the scope of the Commission's jurisdiction directed by SB 1895?
- Does the test claim legislation constitute a state-mandated new program or higher level of service?
- Does the test claim legislation impose costs mandated by the state within the meaning of article XIII B, section 6 and Government Code section 17514?

Discussion

The courts have found that article XIII B, section 6 of the California Constitution[10] recognizes the state constitutional restrictions on the powers of local government to tax and spend.[11] "Its purpose is to preclude the state from shifting financial responsibility for carrying out governmental functions to local agencies, which are 'ill equipped' to assume increased financial responsibilities because of the taxing and spending limitations that articles XIII A and XIII B impose."[12] A test claim statute or executive order may impose a reimbursable state-mandated program if it orders or commands a local agency or school

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[7] E-mail from State Controller's Office dated January 19, 2005.

[8] The report is entitled "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004.

[9] Assembly Committee on Education, analysis of SB 1895 as introduced on March 3, 2004, dated June 23, 2004.

[10] Article XIII B, section 6, subdivision (a), (as amended by Proposition 1A in November 2004) provides: "(a) Whenever the Legislature or any state agency mandates a new program or higher level of service on any local government, the State shall provide a subvention of funds to reimburse that local government for the costs of the program or increased level of service, except that the Legislature may, but need not, provide a subvention of funds for the following mandates: (1) Legislative mandates requested by the local agency affected. (2) Legislation defining a new crime or changing an existing definition of a crime. (3) Legislative mandates enacted prior to January 1, 1975, or executive orders or regulations initially implementing legislation enacted prior to January 1, 1975."

[11] *Department of Finance v. Commission on State Mandates (Kern High School Dist.)* (2003) 30 Cal.4th 727, 735.

[12] *County of San Diego v. State of California* (1997) 15 Cal.4th 68, 81.

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district to engage in an activity or task.[13] In addition, the required activity or task must be new, constituting a "new program," or it must create a "higher level of service" over the previously required level of service.[14]

The courts have defined a "program" subject to article XIII B, section 6, of the California Constitution, as one that carries out the governmental function of providing public services, or a law that imposes unique requirements on local agencies or school districts to implement a state policy, but does not apply generally to all residents and entities in the state.[15] To determine if the program is new or imposes a higher level of service, the test claim legislation must be compared with the legal requirements in effect immediately before the enactment of the test claim legislation.[16] A "higher level of service" occurs when the new "requirements were intended to provide an enhanced service to the public."[17]

Finally, the newly required activity or increased level of service must impose costs mandated by the state.[18]

The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6.[19] In making its decisions, the Commission must strictly construe article XIII B, section 6 and not apply it as an "equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."[20]

I. What is the scope of the Commission's jurisdiction directed by SB 1895?

Statutes 2004, chapter 493, section 7 (Sen. Bill No. 1895, eff. Sept. 13, 2004), requires the Commission on State Mandates, on or before December 31, 2005, "notwithstanding

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[13] *Long Beach Unified School Dist. v. State of California* (1990) 225 Cal.App.3d 155, 174.

[14] *San Diego Unified School Dist. v. Commission on State Mandates* (2004) 33 Cal.4th 859, 878 (*San Diego Unified School Dist.*); *Lucia Mar Unified School District v. Honig* (1988) 44 Cal.3d 830, 835-836 (*Lucia Mar*).

[15] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 874, (reaffirming the test set out in *County of Los Angeles v. State of California* (1987) 43 Cal.3d 46, 56; *Lucia Mar, supra,* 44 Cal.3d 830, 835.)

[16] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 878; *Lucia Mar, supra*, 44 Cal.3d 830, 835.

[17] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 878.

[18] *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 487; *County of Sonoma v. Commission on State Mandates* (2000) 84 Cal.App.4th 1265, 1284 (*County of Sonoma*); Government Code sections 17514 and 17556.

[19] *Kinlaw v. State of California* (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

[20] *County of Sonoma, supra,* 84 Cal.App.4th 1265, 1280, citing *City of San Jose v. State of California* (1996) 45 Cal.App.4th 1802, 1817.

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any other law" to "reconsider its decision relating to included services and administrative and travel costs associated with services provided pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, and the parameters and guidelines for calculating the state reimbursements for these costs."

As described in the Background, the Commission has issued two decisions relating to Chapter 26.5 of the Government Code. The first decision, *Handicapped and Disabled Students* (CSM 4282), was adopted on April 26, 1990. The test claim on *Handicapped and Disabled Students* (CSM 4282) was filed on Government Code section 7570 and following, as added and amended by Statutes 1984, chapter 1747, and Statutes 1985, chapter 1274, and on California Administrative Code, title 2, division 9, sections 60000-60610 (Emergency Regulations filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and re-filed June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28)).

The second decision, *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05), was adopted on May 25, 2000. The test claim on *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) was filed on Government Code section 7576, as amended by Statutes 1996, chapter 654, the corresponding regulations, and on a Department of Mental Health Information Notice Number 86-29. The test claim in *Seriously Emotionally Disturbed Pupils* addressed only the counties' responsibilities for *out-of-state* residential placements for seriously emotionally disturbed pupils. This test claim did not address the mental health services provided by counties to pupils in the state of California.

A third test claim is pending with the Commission, *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49), and has been filed by the Counties of Los Angeles and Stanislaus on all of the amendments to the statutes in Chapter 26.5 of the Government Code and to their corresponding regulations from 1986 up to the current date. The test claims in *Handicapped and Disabled Students II* were filed in June 2003 and, if approved by the Commission, will have a reimbursement period beginning July 1, 2001.

For purposes of this reconsideration, the Counties of Los Angeles and Stanislaus contend that SB 1895 requires the Commission to reconsider not only the Commission's original decision in *Handicapped and Disabled Students* (CSM 4282), but also on *all* the subsequent amendments to the statutes and regulations up to the current date that were pled in *Handicapped and Disabled II*. In this regard, the County of Stanislaus argues that "to reconsider the prior test claim only, without examining that which has amended the program since its original inception in 1984, overlooks 20 years of subsequent legislation and which has lead to the substantial filings which are before the Commission on State Mandates."[21] The Counties further contend that SB 1895 requires the Commission to reconsider the Commission's decision in *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05), adopted on May 25, 2000.

[21] Comments filed by County of Stanislaus on December 15, 2004.

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Although the Counties' arguments to analyze Chapter 26.5 of the Government Code in its entirety up to the current date for purposes of reimbursement may have surface appeal, neither the law, nor the plain language of SB 1895 supports that position. For the reasons provided below, the Commission finds that SB 1895 gives the Commission the jurisdiction to reconsider only the original Commission decision, *Handicapped and Disabled Students* (CSM 4282). The Commission does not have the jurisdiction in this case to reconsider *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05), or the jurisdiction to address the statutory and regulatory amendments made to the program since 1985 that have been pled in *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49). The Commission further finds, based on the language of SB 1895, that the period of reimbursement for the Commission's decision on reconsideration begins July 1, 2004.

A. SB 1895 directs the Commission to reconsider only the original Commission decision, *Handicapped and Disabled Students* (CSM 4282)

It is a well-settled issue of law that administrative agencies, such as the Commission, are entities of limited jurisdiction. Administrative agencies have only the powers that have been conferred on them, expressly or by implication, by statute or constitution. An administrative agency may not substitute its judgment for that of the Legislature. When an administrative agency acts in excess of the powers conferred upon it by statute or constitution, its action is void.[22]

Since the Commission was created by the Legislature (Gov. Code, §§ 17500 et seq.), its powers are limited to those authorized by statute. Government Code section 17551 requires the Commission to hear and decide upon a claim by a local agency or school district that the local agency or school district is entitled to reimbursement pursuant to article XIII B, section 6 of the California Constitution. Government Code section 17521 defines the test claim as the first claim filed with the Commission alleging that a particular statute or executive order imposes costs mandated by the state.

Thus, the Government Code gives the Commission jurisdiction only over those statutes and/or executive orders pled by the claimant in the test claim. The Commission does not have the authority to consider a claim for reimbursement on statutes or executive orders that have not been pled by the claimant.

In addition, if the Commission approves the test claim, the period of reimbursement is calculated based on the date the test claim is filed by the claimant. Government Code section 17557, subdivision (e), states "[a] test claim shall be submitted on or before June 30 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year." Thus, if a test claim is filed on June 30, 2004, and is approved by the Commission, the reimbursement period would begin in fiscal year 2002-2003. Reimbursement is not based on the effective and operative date of the particular statute or executive order pled in the test claim, unless the effective and operative date falls after the period of reimbursement.

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[22] *Ferdig v. State Personnel Board* (1969) 71 Cal.2d 96, 103-104.

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Furthermore, Government Code section 17559 grants the Commission the authority to reconsider prior final decisions only within 30 days after the Statement of Decision is issued.

In the present case, the Commission's jurisdiction is based solely on SB 1895. Absent SB 1895, the Commission would have no jurisdiction to reconsider any of its decisions relating to Chapter 26.5 of the Government Code since the two decisions on those statutes and regulations were adopted and issued well over 30 days ago.

Thus, the Commission must act within the jurisdiction granted by SB 1895, and may not substitute its judgment regarding the scope of its jurisdiction on reconsideration for that of the Legislature.[23] Since an action by the Commission is void if its action is in excess of the powers conferred by statute, the Commission must narrowly construe the provisions of SB 1895.

Under the rules of statutory construction, when the statutory language is plain the court is required to enforce the statute according to its terms. The California Supreme Court determined that:

> In statutory construction cases, our fundamental task is to ascertain the intent of the lawmakers so as to effectuate the purpose of the statute. We begin by examining the statutory language, giving the words their usual and ordinary meaning. If the terms of the statute are unambiguous, we presume the lawmakers meant what they said, and the plain meaning of the language governs. [Citations omitted.][24]

Neither the court, nor the Commission, may disregard or enlarge the plain provisions of a statute or go beyond the meaning of the words used when the words are clear and unambiguous. Thus, the Commission, like the court, is prohibited from writing into a statute, by implication, express requirements that the Legislature itself has not seen fit to place in the statute.[25] To the extent there is any ambiguity in the language used in the statute, the legislative history of the statute may be reviewed to interpret the intent of the Legislature.[26]

SB 1895 states the following:

> Notwithstanding any other law, the Commission on State Mandates shall, on or before December 31, 2005, reconsider its decision relating to included services and administrative and travel costs associated with services provided pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code, and the parameters and guidelines for calculating the state reimbursements for these costs.

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[23] *Cal. State Restaurant Assn. v. Whitlow* (1976) 58 Cal.App.3d 340, 346-347.

[24] *Estate of Griswald* (2001) 25 Cal.4th 904, 910-911.

[25] *Whitcomb v. California Employment Commission* (1944) 24 Cal.2d 753, 757.

[26] *Estate of Griswald, supra*, 25 Cal.4th at page 911.

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First, the Commission does not have the jurisdiction to "reconsider" the statutory and regulatory amendments enacted after 1985 to the Handicapped and Disabled program that were pled in *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49) since the Commission has not yet adopted a decision on that claim. Pursuant to Government Code section 17557, subdivision (e), *Handicapped and Disabled Students II* will have a reimbursement period beginning July 1, 2001, if the Commission finds that the statutory and regulatory amendments pled in the claim constitute a reimbursable state-mandated program.

Second, the Commission finds that the Commission does not have the jurisdiction to reconsider the Commission's decision in *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05). The express language enacted by the Legislature in SB 1895 refers to one decision with the use of the singular word "decision." According to the analysis on the bill prepared by the Senate Rules Committee dated August 25, 2004, SB 1895 "[d]irects the Commission on State Mandates (CSM), on or before December 31, 2005, to reconsider its decision relating to administrative and travel costs for AB 3632 (Brown), Chapter 1747, Statutes of 1984 and its parameters and guidelines for calculating state reimbursement costs." The legislative history cites only to the author and one of the statutes pled in the original *Handicapped and Disabled Students* (CSM 4282) test claim. Although, as argued by the Counties, the statutes pled in *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) are included in Chapter 26.5 of the Government Code, there is no indication in the plain language of SB 1895 or in the Senate Rules Committee analysis that the Legislature intended to give the Commission jurisdiction to reconsider *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05). The SEDs test claim was filed on a 1996 statute (Assem. Bill 2726), introduced by another author who is not identified in SB 1895 or in the legislative history.[27]

Therefore, the Commission finds that the Commission has jurisdiction to reconsider only the original Commission decision, *Handicapped and Disabled Students* (CSM 4282).

Finally, SB 1895 directs the Commission to reconsider its decision relating to "*included services* and administrative and travel costs" associated with services provided pursuant to Chapter 26.5 of the Government Code. The phrase "included services" is broad and does not limit the scope of this reconsideration to any particular service required by the statutes or regulations pled in *Handicapped and Disabled Students*. Therefore, the Commission finds that SB 1895 requires the Commission to reconsider the entire test claim in *Handicapped and Disabled Students*.

B. The period of reimbursement for the Commission's decision on reconsideration begins July 1, 2004

SB 1895, enacted as a 2004 statute, directs the Commission to reconsider its 1990 Statement of Decision on the *Handicapped and Disabled Students* program. The parameters and guidelines for this program were originally adopted in 1991, with a reimbursement period beginning July 1, 1986. Over the last 14 years, reimbursement

[27] Statutes 1996, chapter 654 was introduced by Assembly Member Woods.

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claims have been filed with the State Controller's Office for payment on this program, payments have been made by the state, and audits have occurred.

SB 1895, however, does not specify the period of reimbursement for the Commission's decision on reconsideration.[28] The question is whether the Legislature intended to apply the Commission's decision on reconsideration retroactively back to the original reimbursement period of July 1, 1986 (i.e., to reimbursement claims that have already been filed and have been audited and/or paid), or to prospective claims filed in the current and future budget years. If the Commission's decision on reconsideration is applied retroactively, the decision may impose new liability on the state that did not otherwise exist or change the legal consequences of these past events.

For the reasons below, the Commission finds the Legislature intended that the Commission's decision on reconsideration apply prospectively, to current and future budget years only.

The California Supreme Court has recently upheld its conclusion that there is a strong presumption against retroactive legislation. Statutes generally operate prospectively only. A statute may be applied retroactively only if the statute contains "express language of retroactively [sic] or if other sources provide a clear and unavoidable implication that the Legislature intended retroactive application."[29] The court explained its conclusion as follows:

> "Generally, statutes operate prospectively only." [Citation omitted.] "The presumption against retroactive legislation is deeply rooted in our jurisprudence, and embodies a legal doctrine centuries older than our Republic. Elementary considerations of fairness dictate that individuals should have an opportunity to know what the law is and to conform their conduct accordingly ... For that reason, the "principle that the legal effect of conduct should ordinarily be assessed under the law that existed when the conduct took place has timeless and universal appeal." [Citation omitted.] "The presumption against statutory retroactivity has consistently been explained by reference to the unfairness of imposing new burdens on persons after the fact." [Citation omitted.]
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> This is not to say that a statute may never apply retroactively. "A statute's retroactivity is, *in the first instance, a policy determination for the Legislature* and one to which courts defer absent 'some constitutional objection' to retroactivity." [Citation omitted.] But it has long been established that a statute that interferes with antecedent rights will not operate retroactively unless such retroactivity be "the unequivocal and

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[28] In this respect, SB 1895 is different than another recent statute directing the Commission to reconsider a prior final decision. Statutes 2004, chapter 227, directs the Commission to reconsider Board of Control test claims relating to regional housing. Section 109 of the bill states "[a]ny changes by the commission shall be deemed effective July 1, 2004."

[29] *McClung v. Employment Development Department* (2004) 34 Cal.4th 467, 475.

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> inflexible import of the terms, and the manifest intention of the legislature." [Citation omitted.] "*A statute may be applied retroactively only if it contains express language of retroactively [sic] or if other sources provide a clear and unavoidable implication that the Legislature intended retroactive application.*" [Citation omitted.] (Emphasis added.)[30]

There is nothing in the plain language of SB 1895 or its legislative history to suggest that the Legislature intended to apply the Commission's decision on reconsideration retroactively. Section 10 of SB 1895 states that the act was necessary to implement the Budget Act of 2004 and, thus, supports the conclusion that the statute was intended to apply prospectively to the current and future budget years. Similarly, the legislative history contained in the analysis of the Senate Rules Committee supports the conclusion that the statute applies to current and future budget years only. Page seven of the analysis states that "[t]his bill proposes to provide clarification and accountability *regarding the funds provided in the 2004-05 Budget Act* for mental health services for individuals with special needs." (Emphasis added.)

Moreover, had the Legislature intended to apply the Commission's decision on reconsideration retroactively, it would have included retroactive language in the bill similar to the language in other statutes relating to this program. For example, Statutes 2002, chapter 1167, addressed the funding and reimbursement for the Handicapped and Disabled program. The effective and operative date of the statute was September 30, 2002. However, the plain language in section 38 of the bill contains retroactive language that the terms of the statute applied to reimbursement claims for services delivered beginning in fiscal year 2001-2002. Section 41 of the bill also states that county reimbursement claims already submitted to the Controller for reimbursement for mental health treatment services in fiscal years up to and including fiscal year 2000-2001 were not subject to a dispute by the Controller's Office regarding the percentage of reimbursement claimed by the county.

Based on the case law cited above and the plain language of SB 1895, the Commission finds that the period of reimbursement for the Commission's decision on reconsideration begins July 1, 2004. Thus, to the extent there are new activities included in the program that are now reimbursable, reimbursement would begin July 1, 2004.

II. Does the test claim legislation constitute a state-mandated new program or higher level of service?

At the hearing, the Department of Finance argued that the state has chosen to make mental health services related to IEPs the responsibility of the counties and that current federal law allows the state to choose the agency or agencies responsible for service. Thus, the Department of Finance contends that the activities performed by counties under the Handicapped and Disabled Students program are federally mandated and not mandated by the state within the meaning of article XIII B, section 6 of the California Constitution. The Commission disagrees with the Department of Finance.

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[30] *Ibid.*

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In 1993, the Sixth District Court of Appeal, in *County of Santa Clara v. State of California*, issued an unpublished decision in the present case upholding the Commission's decision that the test claim legislation constitutes a reimbursable state-mandated program pursuant to article XIII B, section 6 of the California Constitution.[31] Once a court has ruled on a question of law in its review of an agency's action, the agency cannot act inconsistently with the court's order. Instead, absent "unusual circumstances," or an intervening change in the law, the decision of the reviewing court establishes the law of the case and binds the agency and the parties to the action in all further proceedings addressing the particular claim.[32]

Although there have been subsequent amendments to the original test claim legislation that have provided more specificity in the activities performed by counties and that have modified financial responsibilities for the Handicapped and Disabled program, these amendments do not create an "unusual circumstance" or constitute an "intervening change in the law" that would support a finding on reconsideration that the test claim should be denied.[33]

Although the Commission finds that the activities identified in the original Statement of Decision and the financial responsibilities for the program should be further clarified on reconsideration, the decision in *County of Santa Clara* that the test claim legislation is a reimbursable state-mandated program, is binding on the Commission and the parties for purposes of this reconsideration.

Moreover, other case law interpreting article XIII B, section 6, which is described below, further supports the conclusion that the test claim legislation mandates a new program or higher level of service on counties.

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[31] *County of Santa Clara v. Commission on State Mandates*, Sixth District Court of Appeal Case No. H009520, filed January 11, 1993. The court stated the following:

> The intent of section 6 was to preclude the state from shifting to local government the financial responsibility for providing services in light of the restrictions imposed by Proposition 13 on the taxing and spending powers of local government. (*Lucia Mar Unified School Dist. v. Honig* (1988) 44 Cal.3d 830, 835-836.) Here it is undisputed that the provision of psychotherapy and other mental health services to special education students resulted in a higher level of service within County's Short-Doyle program.

[32] *George Arakelian Farms, Inc. v. Agricultural Labor Relations Board* (1989) 49 Cal.3d 1279, 1291.

[33] The amendments addressing financial responsibilities for this program are included in this analysis. The amendments enacted after 1985 that modify the activities performed by counties, however, are addressed in the *Handicapped and Disabled Students II* test claim filed by the Counties of Los Angeles and Stanislaus (02-TC-40 and 02-TC-49).

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A. Case law supports the conclusion that the test claim legislation mandates a new program or higher level of service

The test claim legislation implements federal law that requires states to guarantee to disabled pupils the right to receive a free and appropriate public education that emphasizes special education and related services designed to meet the pupil's unique educational needs.

In 1988, the California Supreme Court held that education of handicapped children is "clearly" a governmental function providing a service to the public.[34] Thus, the test claim legislation qualifies as a program that is subject to article XIII B, section 6 of the California Constitution.

In 1992, the Third District Court of Appeal, in *Hayes v. Commission on State Mandates*, determined that the federal law at issue in the present case imposes a federal mandate on the states.[35] The *Hayes* case involved test claim legislation requiring school districts to provide special education services to disabled pupils. The school districts in the *Hayes* case alleged that the activities mandated by the state that exceeded federal law were reimbursable under article XIII B, section 6 of the California Constitution.

The court in *Hayes* determined that the state's "alternatives [with respect to federal law] were to participate in the federal program and obtain federal financial assistance and the procedural protections accorded by the act, or to decline to participate and face a barrage of litigation with no real defense and ultimately be compelled to accommodate the educational needs of handicapped children in any event."[36] The court concluded that the state had no "true choice" but to participate in the federal program and, thus, there was a federal mandate on the state.[37]

Although the court concluded that the federal law was a mandate on the states, the court remanded the case to the Commission for further findings to determine if the state's response to the federal mandate constituted a state-mandated new program or higher level of service on the school districts.[38] The court held as follows:

> In our view the determination whether certain costs were imposed upon the local agency by a federal mandate must focus upon the local agency which is ultimately forced to bear the costs and how those costs came to be imposed upon that agency. If the state freely chose to impose the costs upon the local agency as a means of implementing a federal program then the costs are the result of a reimbursable state mandate regardless whether the costs were imposed upon the state by the federal government.[39]

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[34] *Lucia Mar Unified School District, supra*, 44 Cal.3d at page 835.

[35] *Hayes v. Commission on State Mandates* (1992) 11 Cal.App.4th 1564, 1592.

[36] *Hayes, supra*, 11 Cal.App.4th at page 1591.

[37] *Ibid.*

[38] *Ibid.*

[39] *Id.* at pages 1593-1594.

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The court described its conclusion as follows:

> The Education of the Handicapped Act [renamed IDEA] is a comprehensive measure designed to provide all handicapped children with basic educational opportunities. While the act includes certain substantive and procedural requirements which must be included in the state's plan for implementation of the act, it leaves primary responsibility for implementation to the state. (20 U.S.C. §§ 1412, 1413.) In short, even though the state had no real choice in deciding whether to comply with the federal act, the act did not necessarily require the state to impose all of the costs of implementation upon local school districts. To the extent the state implemented the act by freely choosing to impose new programs or higher levels of service upon local school districts, the costs of such programs or higher levels of service are state mandated and subject to subvention.[40]

The federal law relevant to this case is summarized on pages 1582-1594 of the *Hayes* decision, and its requirements that existed at the time the test claim legislation was enacted are described below.

1. Pursuant to the court's ruling in *Hayes*, federal special education law imposes a federal mandate on the state

Before the mid-1970s, a series of landmark court cases established the right to an equal educational opportunity for children with disabilities. The federal courts determined that children with disabilities were entitled to a free public program of education and training appropriate to the child's capacity and that the children and their parents were entitled to a due process hearing when dissatisfied with placement decisions.[41]

In 1973, Congress responded with the Rehabilitation Act of 1973, section 504. Section 504 of the Rehabilitation Act of 1973 imposes an obligation on local school districts to accommodate the needs of children with disabilities. Section 504 provides that "[n]o otherwise qualified handicapped individual in the United States, as defined in section 706(7) [now 706(8)] of this title, shall solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . . ." (29 U.S.C. 794.) "Since federal assistance to education is pervasive, ... section 504 was applicable to virtually all public educational programs in this and other states."[42] Section 504 gives school districts "the duty of analyzing individually the needs of each handicapped student and devising a program which will enable each individual handicapped student to receive an appropriate, free public education. The failure to perform this analysis and structure a program suited to the needs of each handicapped

[40] *Id.* at page 1594.

[41] *Id.* at pages 1582-1584.

[42] *Id.* at page 1584.

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child, constitutes discrimination against that child and a failure to provide an appropriate, free public education for the handicapped child."[43]

In 1974, Congress became dissatisfied with the progress under earlier efforts to stimulate the states to accommodate the educational needs of children with disabilities. Thus, in 1975, Congress enacted the Education for All Handicapped Children Act. In 1990, the Education for All Handicapped Act was renamed the Individuals with Disabilities Education Act (IDEA).[44]

Since 1975, the IDEA has guaranteed to disabled children the right to receive a free appropriate public education that emphasizes special education and related services designed to meet the child's individual needs. The IDEA further guarantees that the rights of disabled children and their parents are protected.[45] States are eligible for "substantial federal financial assistance" under the IDEA when the state agrees to adhere to the substantive and procedural terms of the act and submits a plan specifying how it will comply with federal requirements.[46] At the time the test claim legislation was enacted, the requirements of the IDEA applied to each state and each political subdivision of the state "involved in the education of handicapped children."[47]

Special education is defined under the IDEA as "specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.[48] To be eligible for services under the IDEA, a child must be between the ages of three and twenty-one and have a qualifying disability.[49] If it is suspected that a pupil has a qualifying disability, the Individual Education Program, or IEP, process begins. The IEP is a written statement for a handicapped child that is developed and implemented in accordance with federal IEP regulations.[50] Pursuant to federal regulations on the IEP process, the child must be evaluated in all areas of suspected handicaps by a multidisciplinary team. Parents also have the right to obtain an independent assessment of the child by a qualified professional. Local educational

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[43] *Id.* at pages 1584-1585.

[44] Public Law 101-476 (Oct. 30, 1990), 104 Stat.1143.

[45] 20 United States Code section 1400(c).

[46] *Hayes, supra,* 11 Cal.App.4th at page 1588; 20 United States Code sections 1411, 1412.

[47] Title 34 Code of Federal Regulations, sections 300.2 and 300.11. These regulations defined "public agency" to mean "all political subdivisions of the State *that are involved in the education of handicapped children.*"

[48] Former Title 20 United States Code section 1401(a)(16). The definition can now be found in Title 20 United States Code section 1401(25).

[49] Title 20 United States Code section 1412.

[50] Title 20 United States Code section 1401; Title 34 Code of Federal Regulations section 300.340 et seq.

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agencies are required to consider the independent assessment as part of their educational planning for the child.[51]

If it is determined that the child is handicapped within the meaning of IDEA, an IEP meeting must take place. Participants at the IEP meeting include a representative of the local educational agency, the child's teacher, one or both of the parents, the child if appropriate, other individuals at the discretion of the parent or agency, and evaluation personnel for children evaluated for the first time.[52] The local educational agency must take steps to insure that one or both of the parents are present at each meeting or are afforded the opportunity to participate, including giving the parents adequate and timely notice of the meeting, scheduling the meeting at a mutually convenient time, using other methods to insure parent participation if neither parent can attend, and taking whatever steps are necessary to insure that the parent understands the proceedings.[53] The IEP document must include the following information:

- a statement of the child's present levels of educational performance;
- a statement of annual goals, including short term instructional objectives;
- a statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular educational programs;
- the projected dates for initiation of services and the anticipated duration of the services; and
- appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved.[54]

Each public agency must provide special education and related services to a handicapped child in accordance with the IEP.[55] In addition, each public agency must have an IEP in effect at the beginning of each school year for every handicapped child who is receiving special education from that agency. The IEP must be in effect before special education and related services are provided, and special education and related services set out in a child's IEP must be provided as soon as possible after the IEP is finalized.[56] Each public agency shall initiate and conduct IEP meetings to periodically review each child's IEP

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[51] Former Title 34 Code of Federal Regulations section 300.503. The requirement is now at Title 34 Code of Federal Regulation section 300.502.

[52] Title 34 Code of Federal Regulations section 300.344.

[53] Title 34 Code of Federal Regulations section 300.345.

[54] Former Title 34 Code of Federal Regulations section 300.346. The IEP requirements are now found in Title 34 Code of Federal Regulations section 300.347.

[55] Former Title 34 Code of Federal Regulations section 300.349. The requirement is now found in Title 34 Code of Federal Regulations section 300.343.

[56] Title 34 Code of Federal Regulations section 300.342.

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and, if appropriate, revise its provisions. A meeting must be held for this purpose at least once a year.[57]

A child that is assessed during the IEP process as "seriously emotionally disturbed" has a qualifying disability under the IDEA.[58] "Seriously emotionally disturbed" children are children who have an inability to learn which cannot be explained by intellectual, sensory, or health factors; who are unable to build or maintain satisfactory interpersonal relationships with peers and teachers; who exhibit inappropriate types of behavior or feelings under normal circumstances; who have a general pervasive mood of unhappiness or depression; and/or who have a tendency to develop physical symptoms or fears associated with personal or school problems. One or more of these characteristics must be exhibited over a long period of time and to a marked degree, and must adversely affect educational performance in order for a child to be classified as "seriously emotionally disturbed." Schizophrenic children are included in the "seriously emotionally disturbed" category. Children who are socially maladjusted are not included unless they are otherwise determined to be emotionally disturbed.[59]

Related services designed to assist the handicapped child to benefit from special education are defined to include "transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes the early identification and assessment of handicapping conditions in children."[60] Federal regulations define "psychological services" to include the following:

- administering psychological and educational tests, and other assessment procedures;
- interpreting assessment results;
- obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;

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[57] Title 34 Code of Federal Regulations section 300.343.

[58] Former Title 20 United States Code section 1401(a)(1). The phrase "serious emotionally disturbed" has been changed to "serious emotional disturbance." (See, 20 U.S.C. § 1401(3)(A)(i).)

[59] Former Title 34 Code of Federal Regulations section 300.5, subdivision (b)(8). "Serious emotional disturbance" is now defined in Title 34 Code of Federal Regulations section 300.7(c)(3).

[60] Title 20 United States Code section 1401; former Title 34 Code of Federal Regulations section 300.13 (the definition of "related services" can now be found in 34 C.F.R. § 300.24.)

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- consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations; and
- planning and managing a program of psychological services, including psychological counseling for children and parents.[61]

The comments to section 300.13 of the federal regulations further state that "[t]he list of related services is not exhaustive and may include other developmental, corrective, or supportive services . . . if they are required to assist a handicapped child to benefit from special education."

Furthermore, if placement in a public or private residential program is necessary to provide special education and related services to a handicapped child, the program, including non-medical care and room and board, must be at no cost to the parents or child.[62]

The IDEA also requires states and local educational agencies to establish and maintain due process procedures to assure that handicapped children and their parents are guaranteed procedural safeguards. The procedures must include an opportunity for the parents to examine all relevant records and to obtain an independent educational evaluation; procedures to protect the rights of children who do not have parents or guardians to assert their rights, including procedures for appointment of a surrogate for the parents; prior written notice to the parents whenever the educational agency proposes to initiate, change, or refuse to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child; procedures designed to assure that the required notice fully informs the parents in the parents' native language of all the procedures available; and an opportunity to present complaints. There must also be impartial due process hearing procedures that include the right to be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of handicapped children; the right to present evidence; the right to confront, cross-examine, and compel the attendance of witnesses; the right to a written or electronic verbatim record of the hearing; the right to written findings of fact and decisions; the right to appeal the determination of the due process hearing officer; and the right to bring a civil action in court. The court in its discretion may award attorney's fees and costs in certain circumstances.[63]

Finally, the state is ultimately responsible for insuring the requirements of the IDEA. For example, the state educational agency is responsible for assuring that all education and related services required for a handicapped child will be under the general supervision of persons responsible for educational programs for handicapped children in the state educational agency and shall meet the education standards of the state educational

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[61] *Ibid.*

[62] Title 20 United States Code section 1412; Title 34 Code of Federal Regulations section 300.302.

[63] Title 20 United States Code 1415.

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agency.[64] The state educational agency is responsible for insuring that each public agency develops and implements an IEP for each handicapped child.[65] Furthermore, the state educational agency must provide services directly if no other agency provides them.[66] The comments to section 300.600 of the federal regulations describe the purpose of making the states ultimately responsible for providing special education and related services:

> The requirement in § 300.600(a) is taken essentially verbatim from section 612(6) of the statute and reflects the desire of the Congress for a central point of responsibility and accountability in the education of handicapped children with each State. With respect to State educational agency responsibility, the Senate Report on Pub. L. 94-142 includes the following statements:
>
> This provision is included specifically to assure a single line of responsibility with regard to the education of handicapped children, and to assure that in the implementation of all provisions of this Act and in carrying out the right to education for handicapped children, the State educational agency shall be the responsible agency . . . .
>
> Without this requirement, there is an abdication of responsibility for the education of handicapped children. Presently, in many States, responsibility is divided, depending upon the age of the handicapped child, sources of funding, and type of services delivered. While the committee understands that different agencies may, in fact, deliver services, the responsibility must remain in a central agency overseeing the education of handicapped children, so that failure to deliver services or the violation of the rights of handicapped children is squarely the responsibility of one agency. (Sen. Rep. 94-168, p. 24 (1975)).

There have been several amendments to the IDEA since the test claim legislation was originally enacted in 1984. Congress' 1997 amendment to the IDEA is relevant for purposes of this action. In 1997, Congress amended the IDEA to "strengthen the requirements on ensuring provisions of services by non-educational agencies ..." (Sen. Rep. 105-17, dated May 9, 1997.) The amendment clarified that the state or local educational agency responsible for developing a child's IEP could look to non-educational agencies to pay for or provide those services the educational agencies are otherwise responsible for. The amendment further clarified that if a non-educational agency failed to provide or pay for the special education and related services, the state or local educational agency responsible for developing the IEP remain ultimately responsible for ensuring that children receive all the services described in their IEPs in a

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[64] Former Title 20 United States Code section 1412(6). The requirement is now in Title 20 United States Code section 1412(a)(11).

[65] Title 34 Code of Federal Regulations section 300.341.

[66] Former Title 34 Code of Federal Regulation section 300.600. The requirement is now in Title 34 Code of Federal Regulations section 300.142.

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timely fashion and the state or local educational agency shall provide or pay for the services.[67] Federal law does not require states to use non-educational agencies to pay for or provide services. A states' decision regarding how to implement of the IDEA is still within the discretion of the state.

2. The state "freely chose" to mandate a new program or higher level of service on counties to implement the federal law

The court in *Hayes* held that if the state freely chose to impose the costs upon the local agency as a means of implementing a federally mandated program, regardless of whether the costs were imposed on the state by the federal government, then the costs are the result of a reimbursable state mandate pursuant to article XIII B, section 6.[68]

As more fully described below, the Commission finds that the state, with the enactment of the test claim legislation, freely chose to mandate a new program or higher level of service on counties.

The federal IDEA includes certain substantive and procedural requirements that must be included in the state's plan for implementation. But, as outlined above, federal law leaves the primary responsibility for implementation to the state.

Before the enactment of the test claim legislation, the state enacted comprehensive legislation (Ed. Code, §§ 56000 et seq.) to comply with federal law that required local educational agencies to provide special education services, including mental health and residential care services, to special education students.[69] Education Code section 56000 required that students receive public education and related services through the Master Plan for Special Education. Under the master plan, special education local plan areas (SELPAs), which consist of school districts and county offices of education, were responsible for developing and implementing a plan consistent with federal law to provide an appropriate education for individuals with special needs.[70] Each district, SELPA, or county office of education was required to establish IEP teams to develop, review, and revise education programs for each student with special needs.[71] The IEP team may determine that mental health or residential treatment services were required to support the student's special education needs.[72] The following mental health services were identified in statute: counseling and guidance; psychological services, other than assessment and development of the IEP; parent counseling and training; health and

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[67] Title 20 United States Code sections 1412 (a)(12)(A), (B), and (C), and 1401 (8); Title 34 Code of Federal Regulations section 300.142. (See also, Letters from the Department of Education dated July 28, 1998 and August 2, 2004, to all SELPAs, COEs, and LEAs on the requirements of 34 C.F.R. 300.142; and *Tri-County Special Education Local Plan Area v. County of Tuolumne* (2004) 123 Cal.App.4th 563, 578.)

[68] *Hayes, supra*, 11 Cal.App.4th at pages 1593-1594.

[69] Statutes 1980, chapter 1218.

[70] Education Code sections 56140 and 56200.

[71] Education Code sections 56340 and 56341.

[72] Education Code sections 56363 and 56365.

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nursing services; and social worker services.[73] In such cases, the school districts and county offices of education were solely responsible for providing special education services, including mental health and residential care services, for special education students under the state's statutory scheme.[74] The state Superintendent of Public Instruction was, and still is, responsible for supervising education and related services for handicapped children pursuant to the IDEA.[75]

In 1984 and 1985, the Legislature enacted the test claim legislation, which added Chapter 26.5 to the Government Code to shift the responsibility and funding of mental health services required by a pupil's IEP to county mental health departments. Generally, the test claim legislation requires counties to:

- renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement;
- perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team;
- participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary;
- act as the lead case manager, as specified in statute and regulations, if the IEP calls for residential placement of a seriously emotionally disturbed pupil;
- issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils;
- provide psychotherapy or other mental health services, as defined in regulations, when required by the IEP; and
- participate in due process hearings relating to issues involving mental health assessments or services.

The purpose of the test claim legislation was recently described in the report prepared by Stanford Law School as follows:

> With the passage of AB 3632, California's approach to mental health services was restructured with the intent to address the increasing number of emotionally disabled students who were in need of mental health services. Instead of relying on LEAs to acquire qualified staff to handle

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[73] Education Code section 56363.

[74] Education Code section 56363; see also, Report by the Office of the Auditor General, dated April 1987, entitled "A Review of the Costs of Providing Noneducational Services to Special Education Students." The report states that in fiscal year 1985-86, the year immediately before the effective date of the test claim legislation, local education agencies provided psychotherapy and other mental health services to 941 students and residential services to 225 students.

[75] Education Code section 56135 and Government Code section 7570.

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> the needs of these students, the state sought to have CMH [county mental health] agencies – who were already in the business of providing mental health services to emotionally disturbed youth and adults – assume the responsibility for providing needed mental health services to children who qualified for special education. Moreover, it was believed at the time that such mental health services would be most cost-efficiently provided by CMH agencies.[76]

Federal law does not require the state to impose any requirements relating to special education and related services on counties. At the time the test claim legislation was enacted, the requirements under federal law were imposed only on states and local educational agencies.[77] Today, federal law authorizes, but does not require, states to shift some of the special education requirements to non-educational agencies, such as county mental health departments.[78] But, if a county does not provide the service, federal law requires the state educational agency to be ultimately responsible for providing the services directly.[79] Thus, the decision to shift the mental health services for special education pupils from schools to counties was a policy decision of the state.

Moreover, the mental health services required by the test claim legislation for special education pupils were new to counties. At the time the test claim legislation was enacted, the counties had the existing responsibility under the Short-Doyle Act to provide mental health services to eligible children and adults. (Welf. & Inst. Code, §§ 5600 et seq.) But as outlined in a 1997 report prepared by the Department of Mental Health and the Department of Education, the requirements of the test claim legislation are different than the requirements under the Short-Doyle program. For example, mental health services under the Short-Doyle program for children are provided until the age of 18, are provided year round, and the clients must pay the costs of the services based on the ability to pay. Under the special education requirements, mental health services may be provided until the pupil is 22 years of age, are generally provided during the school year, and must be provided at no cost to the parent. Furthermore, the definition of "serious emotional disturbance" as a disability requiring special education and related services focuses on the pupil's functioning in school, a standard that is different than the standard provided under the Short-Doyle program.[80] Thus, with the enactment of the test claim legislation,

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[76] "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004, page 12.

[77] Title 34 Code of Federal Regulations section 300.2.

[78] Title 20 United States Code section 1412(a)(12).

[79] Title 20 United States Code sections 1412(a)(12)(A), (B), and (C), and 1401(8); Title 34 Code of Federal Regulations section 300.142.

[80] "Mental Health Services for Special Education Pupils, A Report to the State Department of Mental Health and the California Department of Education," dated March 1997. The construction of statutes by the officials charged with its administration is entitled to great weight. (*Whitcomb, supra*, 24 Cal.2d at pp. 756-757.)

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counties are now required to perform mental health activities under two separate and distinct provisions of law: the Government Code (the test claim legislation) and the Welfare and Institutions Code.

Since article XIII B, section 6 "was intended to preclude the state from shifting to local agencies the financial responsibility for providing public services in view of restrictions on the taxing and spending power of the local entities,"[81] the Commission finds that the shift of mental health services for special education pupils to counties constitutes a new program or higher level of service.

Accordingly, the Commission finds that the Commission's conclusion adopted in the 1990 Statement of Decision, that the test claim legislation mandates a new program or higher level of service, was correctly decided. The new activities mandated by the state are described below.

B. Activities expressly required by the test claim legislation that constitute a state-mandated new program or higher level of service on counties

The findings and conclusion in the Commission's 1990 Statement of Decision generally identify the following state-mandated activities: assessment, participation on the expanded IEP team, case management services for seriously emotionally disturbed pupils, and providing psychotherapy and other mental health services required by the pupil's IEP. The 1990 Statement of Decision states:

> The Commission concludes that, to the extent that the provisions of Government Code section 7572 and section 60040, Title 2, Code of California Regulations, require county participation in the mental health assessment for "individuals with exceptional needs," such legislation and regulations impose a new program or higher level of service upon a county.
>
> Moreover, the Commission concludes that any related participation on the expanded IEP team and case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed," pursuant to subdivisions (a), (b), and (c) of Government Code section 7572.5 and their implementing regulations, impose a new program or higher level of service upon a county. ...
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> The Commission concludes that the provisions of Welfare and Institutions Code section 5651, subdivision (g), result in a higher level of service within the county Short-Doyle program because the mental health services, pursuant to Government Code sections 7571 and 7576 and their implementing regulations, must be included in the county Short-Doyle annual plan. In addition, such services include psychotherapy and other mental health services provided to "individuals with exceptional needs," including those designated as "seriously emotionally disturbed," and required in such individual's IEP. ...

[81] *San Diego Unified School Dist., supra*, 33 Cal.4th at page 876.

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As described below, the Commission finds that the 1990 Statement of Decision does not fully identify all of the activities mandated by the test claim legislation.

1. Renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement (Gov. Code, § 7571; Cal Code Regs., tit. 2, §§ 60030, 60100)[82]

Government Code section 7571 requires the Secretary of Health and Welfare to designate a single agency in each county to coordinate the service responsibilities described in Government Code section 7572. To implement this requirement, section 60030 of the joint regulations adopted by the Department of Mental Health and the Department of Education (Cal. Code Regs., tit. 2, §§ 60000 et seq.) require the local mental health director to appoint a liaison person for the local mental health program to ensure that an interagency agreement is developed before July 1, 1986, with the county superintendent of schools.[83] The requirement to develop the initial interagency agreement before July 1, 1986 is not reimbursable because the original reimbursement period for this claim began on or after July 1, 1986, and the reimbursement period for purposes of this reconsideration is July 1, 2004.

But the regulations require that the interagency agreement be renewed every three years, and revised if necessary. The interagency agreement "shall include, but not be limited to, a delineation of the process and procedure for" the following:

- Interagency referrals of pupils, which minimize time line delays. This may include written parental consent on the receiving agency's forms.
- Timely exchange of pupil information in accordance with applicable procedures ensuring confidentiality.

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[82] The regulations pled in the original test claim were enacted by the Departments of Mental Health and Education as emergency regulations (Cal. Code Regs., tit. 2, §§ 60000 through 60610, filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28)). These regulations were repealed and were superceded by new regulations, effective July 1, 1998. The 1998 regulations are the subject of *Handicapped and Disabled Students II* (02-TC-40, 02-TC-49). Most of the activities required by the original regulations remain the law. However, as indicated in this decision, several activities have been deleted in the 1998 regulations. Since the reimbursement period of this reconsideration begins July 1, 2004, those activities deleted by the 1998 regulations no longer constitute a state-mandated new program or higher level of service for purposes of the original test claim. The analysis of activities that have been modified by the 1998 regulations is provided in the staff analysis for *Handicapped and Disabled Students II* (02-TC-40, 02-TC-49).

[83] The local mental health program is the county community mental health program established in accordance with the Short-Doyle Act (Welf. & Inst. Code, §§ 5600 et seq.) or the county welfare agency when designated pursuant to Government Code section 7572.5. (Cal. Code of Regs., tit. 2, § 60020, subd. (d)).

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- Participation of mental health professionals, including those contracted to provide services, at IEP team meetings pursuant to Government Code sections 7572 and 7576.
- Developing or amending the mental health related service goals and objectives, and the frequency and duration of such services indicated on the pupil's IEP.
- Transportation of individuals with exceptional needs to and from the mental health service site when such service is not provided at the school.
- Provision by the school of an assigned, appropriate space for delivery of mental health services or a combination of education and mental health services to be provided at the school.
- Continuation of mental health services during periods of school vacation when required by the IEP.
- Identification of existing public and state-certified nonpublic educational programs, treatment modalities, and location of appropriate residential placements which may be used for placement by the expanded IEP program team.
- Out-of-home placement of seriously emotionally disturbed pupils in accordance with the educational and treatment goals on the IEP.[84]

In addition, section 60100, subdivision (a), of the regulations requires the local mental health program and the special education local plan area liaison person to define the process and procedures for coordinating local services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils.

Accordingly, the Commission finds that Government Code section 7571, and sections 60030 and 60100 of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Renew the interagency agreement every three years, and revise if necessary.
- Define the process and procedures for coordinating local services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils.

2. Perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team (Gov. Code, § 7572, Cal. Code Regs., tit. 2, § 60040)

Government Code section 7572, subdivision (a), provides that "a child shall be assessed in all areas related to the suspected handicap by those qualified to make a determination of the child's need for the service before any action is taken with respect to the provision of related services or designated instruction and services to a child, including, but not limited to, services in the area of, ... psychotherapy, and other mental health assessments." Government Code section 7572, subdivision (c), states that psychotherapy and other mental health assessments shall be conducted by qualified mental health

[84] California Code of Regulations, title 2, section 60030, subdivision (b).

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professionals as specified in regulations developed by the Department of Mental Health and the Department of Education.

Section 60040 of the regulations governs the referral to and the initial assessment by the county. Section 60040, subdivision (a), states that a local education agency may refer a pupil suspected of needing mental health services to the county mental health program when a review of the assessment data documents that the behavioral characteristics of the pupil adversely affect the pupil's educational performance. The pupil's educational performance is measured by standardized achievement tests, teacher observations, work samples, and grade reports reflecting classroom functioning, or other measures determined to be appropriate by the IEP team; the behavioral characteristics of the pupil cannot be defined solely as a behavior disorder or a temporary adjustment problem, or cannot be resolved with short-term counseling; the age of onset was from 30 months to 21 years and has been observed for at least six months; the behavioral characteristics of the pupil are present in several settings, including the school, the community, and the home; and the adverse behavioral characteristics of the pupil are severe, as indicated by their rate of occurrence and intensity.

Section 60040, subdivision (c), states that when a local education agency refers a pupil to the county, the local education agency shall obtain written parental consent to forward educational information to the county and to allow the county mental health professional to observe the pupil during school. The educational information includes a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, and a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.

Section 60040, subdivision (d), states that "[t]he local mental health program shall be responsible for reviewing the educational information [identified in the paragraph above], observing *if necessary*, the pupil in the school environment, and determining if mental health assessments are needed." (Emphasis added.) Subdivision (d)(1) provides that "*[i]f mental health assessments are deemed necessary by a mental health professional*, a mental health assessment plan shall be developed and the parent's written consent obtained ..." (Emphasis added.) This regulation includes language that implies that the observation of the pupil and the preparation of the mental health assessment plan are activities within the discretion of the county. The Commission finds, however, that these activities are mandated by the state when necessary to provide the pupil with a free and appropriate education under federal law. Under the rules of statutory construction, section 60040, subdivision (d), must be interpreted in the context of the entire statutory scheme so that the statutory scheme may be harmonized and have effect.[85] In addition, it is presumed that the administrative agency, like the Departments of Mental Health and Education, did not adopt a regulation that alters the terms of a legislative enactment.[86]

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[85] *Select Base Materials v. Board of Equalization* (1959) 51 Cal.2d 640, 645; *City of Merced v. State of California* (1984) 153 Cal.App.3d 777, 781-782.

[86] *Wallace v. State Personnel Board* (1959) 168 Cal.App.2d 543, 547.

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Federal law, through the IDEA, requires the state to *identify*, locate, and evaluate *all* children with disabilities, including children attending private schools, who are in need of special education and related services.[87] The state is also required by federal law to conduct a full and individual initial evaluation to determine whether a child is a child with a qualifying disability and the educational needs of the child.[88] Government Code section 7572, subdivision (a), is consistent with federal law and requires that a child shall be assessed in all areas related to the suspected handicap by those qualified to make a determination of the child's need for the service. In cases where the pupil is suspected of needing mental health services, the state has delegated to the counties the activity of determining the need for service. Accordingly, the Commission finds that the following activities, identified in section 60040, subdivision (d) and (d)(1), are new activities mandated by the state:

- Review the following educational information of a pupil referred to the county by a local education agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.
- If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.
- If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.

The county is then required by section 60040, subdivision (d)(2), to complete the assessment within the time required by Education Code section 56344 (except as expressly provided, the IEP shall be developed within a total time not to exceed 50 days from the date of receipt of the parent's written consent for assessment.) If a mental health assessment cannot be completed within the time limits, the county mental health program shall notify the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.

Section 60040, subdivision (e), requires the county to provide to the IEP team a written assessment report in accordance with Education Code section 56327. Education Code section 56327 requires that the report include the following information:

- Whether the pupil may need special education and related services.
- The basis for making the determination.
- The relevant behavior noted during the observation of the pupil in the appropriate setting.

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[87] 20 United States Code section 1412, subdivision (a)(3).

[88] 20 United States Code section 1414, subdivision (a).

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- The relationship of that behavior to the pupil's academic and social functioning.
- The educationally relevant health and development, and medical findings, if any.
- For pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services.
- A determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate.
- The need for specialized services, materials, equipment for pupils with low incidence disabilities.

After the assessment by the county is completed, Government Code section 7572, subdivision (d)(1), requires that the recommendation of the person who conducted the assessment be reviewed and discussed with the parent and the appropriate members of the IEP team before the IEP team meeting. When the proposed recommendation has been discussed with the parent and there is disagreement on the recommendation pertaining to the related service, the parent shall be notified in writing and may require the person from the county who conducted the assessment to attend the IEP team meeting. Government Code section 7572, subdivision (d)(1), states that "the person who conducted the assessment shall attend the individualized education program team meeting if requested."

Government Code section 7572, subdivision (e), requires the local education agency to invite the county to meet with the IEP team to determine the need for the related service and to participate in developing the IEP. The Commission finds, however, that the county's attendance at the IEP meeting at the request of the local education agency is not mandated by the state for the following reasons. Government Code section 7572, subdivision (e), states that *if* the county representative cannot meet with the IEP team, then the representative is required to provide the local education agency written information concerning the need for the service. The Commission finds that the assessment report required by section 60040, subdivision (e), of the regulations satisfies the written information requirement of Government Code section 7572, subdivision (e), and that Government Code section 7572, subdivision (e), does not impose any further requirement on the county to prepare additional written reports. The conclusion that the county is not required by the state to attend the IEP team meeting at the request of the local education agency is further supported by the sentence added to subdivision (e) by Statutes 1985, chapter 1274. That sentence provides the following: "If the responsible public agency representative will not be available to participate in the individualized education program meeting, the local educational agency shall ensure that a qualified substitute is available to explain and interpret the evaluation pursuant to subdivision (d) of Section 56341 of the Education Code.[89] There is no requirement in the law that the qualified substitute has to be a county representative.

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[89] Education Code section 56341, subdivision (e), stated the following when the test claim legislation was enacted (as amended by Stats. 1982, ch. 1201): "If a team is developing, reviewing, or revising the individualized education program of an individual

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In addition, Government Code section 7572, subdivision (e), imposes a requirement on the county to provide a copy of the written information to the parent or any adult for whom no guardian or conservator has been appointed.

Finally, Government Code section 7572, subdivision (d)(2), provides that if a parent obtains an independent assessment regarding psychotherapy or other mental health services, and the independent assessment is submitted to the IEP team, the county is required to review the independent assessment. The county's recommendation shall be reviewed and discussed with the parent and with the IEP team before the meeting of the IEP team. The county shall attend the IEP team meeting if requested.

Accordingly, the Commission finds that Government Code section 7572 and section 60040 of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Review the following educational information of a pupil referred to the county by a local education agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.
- If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.
- If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.
- Assess the pupil within the time required by Education Code section 56344.[90]

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with exceptional needs who has been assessed for the purpose of that individualized education program, the district, special education local plan area, or county office, shall ensure that a person is present at the meeting who has conducted an assessment of the pupil or who is knowledgeable about the assessment procedures used to assess the pupil and is familiar with the results of the assessment. The person shall be qualified to interpret the results if the results or recommendations, based on the assessment, are significant to the development of the pupil's individualized education program and subsequent placement."

[90] The existing parameters and guidelines allow reimbursement for mental health assessments and include within that activity the interview with the child and the family, and collateral interviews, as necessary. These activities are not expressly required by the test claim legislation. However, when reconsidering the parameters and guidelines for this program, the Commission has the jurisdiction to consider "a description of the most reasonable methods of complying with the mandate." (Cal. Code Regs., tit. 2, § 1183.1, subd. (a)(1)(A)(4).)

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- If a mental health assessment cannot be completed within the time limits, provide notice to the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.
- Prepare and provide to the IEP team, and the parent or guardian, a written assessment report in accordance with Education Code section 56327. The report shall include the following information: whether the pupil may need special education and related services; the basis for making the determination; the relevant behavior noted during the observation of the pupil in the appropriate setting; the relationship of that behavior to the pupil's academic and social functioning; the educationally relevant health and development, and medical findings, if any; for pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services; a determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate; and the need for specialized services, materials, equipment for pupils with low incidence disabilities.
- Review and discuss the county recommendation with the parent and the appropriate members of the IEP team before the IEP team meeting.
- In cases where the local education agency refers a pupil to the county for an assessment, attend the IEP meeting if requested by the parent.
- Review independent assessments of a pupil obtained by the parent.
- Following review of the independent assessment, discuss the recommendation with the parent and with the IEP team before the meeting of the IEP team.
- In cases where the parent has obtained an independent assessment, attend the IEP team meeting if requested.

3. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary (Gov. Code, § 7572.5, subds. (a) and (b); Cal. Code Regs., tit. 2, § 60100)

Government Code section 7572.5, subdivision (a), and section 60100, subdivision (b), of the regulations provide that when an assessment determines that a child is seriously emotionally disturbed as defined in section 300.5 of the Code of Federal Regulations, and any member of the IEP team recommends residential placement based on relevant assessment information, the IEP team shall be expanded to include a representative of the county. Government Code section 7572.5, subdivision (b), requires the expanded IEP team to review the assessment and determine whether (1) the child's needs can reasonably be met through any combination of nonresidential services, preventing the need for out-of-home care; (2) residential care is necessary for the child to benefit from educational services; and (3) residential services are available, which address the needs identified in the assessment and which will ameliorate the conditions leading to the seriously emotionally disturbed designation. Section 60100, subdivision (d), similarly states that the expanded IEP team shall consider all possible alternatives to out-of-home placement.

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Section 60100, subdivision (c), states that if the county determines that additional mental health assessments are needed, the county is required to assess or re-assess the pupil in accordance with section 60040.

Section 60100, subdivision (e), states that when residential placement is the final decision of the expanded IEP team, the team shall develop a written statement documenting the pupil's educational and mental health treatment needs that support the recommendation for the placement.

Section 60100, subdivision (f), requires the expanded IEP team to identify one or more appropriate, least restrictive and least costly residential placement alternatives, as specified in the regulation.

Finally, section 60100, subdivision (g), requires the county representative on the expanded IEP team to notify the Local Mental Health Director or designee of the team's decision within one working day of the IEP team meeting. However, effective July 1, 1998, section 60100 of the regulations was amended and this activity is no longer required. Since the reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that the activity of notifying the local mental health director of the decision is not a state-mandated new program or higher level of service.

Accordingly, the Commission finds that Government Code section 7572.5, subdivisions (a) and (b), and section 60100 of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary.
- Re-assess the pupil in accordance with section 60400 of the regulations, if necessary.

4. Act as the lead case manager, as specified in statute and regulations, if the IEP calls for residential placement of a seriously emotionally disturbed pupil (Gov. Code, §§ 7572.5, subd. (c)(1), 7579; Cal. Code Regs., tit. 2, § 60110)

Government Code section 7572.5, subdivision (c)(1), provides that if the review of the expanded IEP team calls for residential placement of the seriously emotionally disturbed pupil, the county shall act as the lead case manager. That statute further states that "the mental health department shall retain financial responsibility for provision of case management services."

Section 60110, subdivision (a), requires the Local Mental Health Director or the designee to designate a lead case manager to finalize the pupil placement plan with the approval of the parent and the IEP team within 15 days from the decision to place the pupil in a residential facility. Subdivision (c) defines case management duties to include the following activities:

- Convening parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.

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- Verifying with the educational administrator or designee the approval of the local governing board of the district, special education service region, or county office pursuant to Education Code section 56342.[91]
- Completing the local mental health program payment authorization in order to initiate out of home care payments.
- Coordinating the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.
- Coordinating the completion of the residential placement as soon as possible.
- Developing the plan for and assisting the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.
- Facilitating the enrollment of the pupil in the residential facility.
- Conducting quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.
- Notifying the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.
- Coordinating the six-month expanded IEP team meeting with the local education agency administrator or designee.

As of July 1, 1998, however, the activity of verifying with the educational administrator or designee the approval of the local governing board pursuant to Education Code section 56342 is no longer required by section 60100 of the regulations. In addition, the activity of coordinating the six-month expanded IEP team meeting with the local education agency administrator or designee was repealed as of July 1, 1998. Since the

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[91] Education Code section 56342 states in relevant part the following:

> Prior to recommending a new placement in a nonpublic, nonsectarian school, the individualized education program team shall submit the proposed recommendation to the local governing board of the district and special education local plan area for review and recommendation regarding the cost of placement.
>
> The local governing board shall complete its review and make its recommendations, if any, at the next regular meeting of the board. A parent or representative shall have the right to appear before the board and submit written and oral evidence regarding the need for nonpublic school placement for his or her child. Any recommendations of the board shall be considered at an individualized education program team meeting, to be held within five days of the board's review.

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reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that these two activities are not a state-mandated new program or higher level of service.

Moreover, on April 30, 1986, the Department of Mental Health issued DMH Letter No. 86-12 to all local mental health directors, program chiefs, and administrators, and to county administrative officers regarding the implementation of the test claim legislation. (p. 1513.) On page 1521 of the record, the Department lists the case management duties for seriously emotionally disturbed pupils placed in a residential facility and includes "coordinating the pupil's transportation needs" as a case management duty of the county. This letter issued by the Department of Mental Health was not identified or pled as an executive order in the original test claim, and the activity of "coordinating the pupil's transportation needs" is not expressly required by the test claim statutes or regulations. Moreover, section 60110 was amended on July 1, 1998, to include as a case management activity "coordinating the transportation of the pupil to the facility if needed." Section 60110, as amended on July 1, 1998, is the subject of a pending test claim, *Handicapped and Disabled II* (02-TC-40 and 02-TC-49). Therefore, the Commission finds that "coordinating the pupil's transportation needs" is not mandated by the test claim legislation before the Commission in this reconsideration.

Finally, Government Code section 7579, subdivision (a), requires courts, regional centers for the developmentally disabled, or other non-educational public agencies that engage in referring children to, or placing children in, residential facilities, to notify the administrator of the special education local plan area (SELPA) in which the residential facility is located before the pupil is placed in an out-of-home residential facility. The intent of the legislation, as stated in subdivision (c), is to "encourage communication between the courts and other public agencies that engage in referring children to, or placing children in, residential facilities, and representatives of local educational agencies." Government Code section 7579, subdivision (a), however, does not apply to county mental health departments. The duty imposed by section 7579 to notify the SELPA before the pupil is placed in a residential facility is a duty imposed on a placing agency, like a court or a regional center for the developmentally disabled. This test claim was filed on behalf of county mental health departments.[92] Thus, the Commission finds that Government Code section 7579 does not impose a state-mandated new program or higher level of service on county mental health departments.

Accordingly, the Commission finds that Government Code sections 7572.5, subdivision (c)(1), and section 60110 of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Designate a lead case manager when the expanded IEP team recommends out-of-home residential placement for a seriously emotionally disturbed pupil. The lead case manager shall perform the following activities:
    1. Convene parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.

[92] Test claim (CSM 4282) filed by County of Santa Clara.

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2. Complete the local mental health program payment authorization in order to initiate out of home care payments.
3. Coordinate the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.
4. Coordinate the completion of the residential placement as soon as possible.
5. Develop the plan for and assist the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.
6. Facilitate the enrollment of the pupil in the residential facility.
7. Conduct quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.
8. Notify the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.

5. Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (e))

Government Code section 7581 requires the county to be financially responsible for the residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility. Section 7581 states the following:

> The residential and noneducational costs of a child placed in a medical or residential facility by a public agency, other than a local education agency, or independently placed in a facility by the parent of the child, shall not be the responsibility of the state or local education agency, but shall be the responsibility of the placing agency or parent [if the parent places the child].

Consistent with Government Code section 7581, section 60200, subdivision (e), of the regulations requires the county welfare department to issue the payments to providers of out-of-home facilities in accordance with Welfare and Institutions Code section 18351, upon receipt of authorization documents from the State Department of Mental Health or a designated county mental health agency. The authorization documents are required to include information sufficient to demonstrate that the child meets all eligibility criteria established in the regulations for this program. (Welf. & Inst. Code, § 18351.) The Department of Social Services is required to determine the rates to be paid to the residential providers in accordance with Welfare and Institutions Code section 18350. (Cal. Code Regs., tit. 2, § 60200, subd. (d).)

Thus, the test claim regulations require that payments to providers of 24-hour out-of-home care be made in accordance with Welfare and Institutions Code sections 18350 and

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18351. Welfare and Institutions Code sections 18350 and following govern the payments to 24-hour out-of-home care providers for seriously emotionally disturbed pupils, and were added by the 1985 test claim statute. Welfare and Institutions Code sections 18350 and following were not pled in the original *Handicapped and Disabled Students* test claim. However, since Welfare and Institutions Code sections 18350 and 18351 were identified in the regulations that were pled in the test claim, and sections 18350 and 18351 define the scope of the activity and the costs at issue in this case, the Commission finds that the Commission may properly consider sections 18350 and 18351 on reconsideration of this claim.

Welfare and Institutions Code section 18351, subdivision (a), requires the county welfare department located in the same county as the county mental health agency designated to provide case management services to issue payments to residential care providers upon receipt of authorization documents from the State Department of Mental Health or a designated county mental health agency. Subdivision (a) further states that "[a]uthorization documents shall be submitted directly to the county welfare department clerical unit responsible for issuance of warrants and shall include information sufficient to demonstrate that the child meets all eligibility criteria established in regulations by the State Department of Mental Health, developed in consultation with the State Department of Education."

Welfare and Institutions Code section 18350, subdivision (c), states that "[p]ayments shall be based on rates established in accordance with Sections 11461, 11462, and 11463 and shall be based on providers' actual allowable costs." At the time the test claim legislation was enacted, Welfare and Institutions Code section 11462, subdivision (b), defined "allowable costs" as follows:

> As used in this section, "allowable costs" means: (A) the reasonable cost of, and the cost of providing food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation; (B) reasonable cost of administration and operation necessary to provide the items described in paragraph (A); and (C) reasonable activities performed by social workers employed by group home providers which are not otherwise allowable as daily supervision or as the costs of administration.

Welfare and Institutions Code section 11462 was repealed and replaced in 1989, before the Commission adopted the 1990 Statement of Decision in this case.[93] A similar definition of allowable costs for care and supervision of the pupil in the residential facility remains the law, however, and can now be found in Welfare and Institutions Code section 11460, subdivision (b).[94] Since Government Code section 7581 requires counties to be responsible for the residential and *non-educational* costs of the pupil only, the

[93] Statutes 1989, chapter 1294.

[94] Welfare and Institutions Code section 11460 was added by Statutes 1989, chapter 1294.

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Commission finds that the cost for school supplies are not required to be paid to residential care providers by the counties.

In addition, effective July 1, 1998, the regulations were amended to provide a definition of "care and supervision." The definition does not include issuing payments for the reasonable cost of administration and operation, and the reasonable activities performed by social workers employed by group home providers, which are not otherwise allowable as daily supervision or as the costs of administration.[95] Therefore, since the reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that the activity of issuing payments for the reasonable cost of administration and operation, and the reasonable activities performed by social workers employed by group home providers which are not otherwise allowable as daily supervision or as the costs of administration, do not constitute a state-mandated new program or higher level of service.

Thus, the Commission finds that the requirement to issue payments to providers of 24-hour out-of-home facilities for the costs of food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation, constitutes a state-mandated new program or higher level of service.

Welfare and Institutions Code section 18351, subdivision (b), further requires the county welfare department to submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed pupils for 24-hour out-of-home care.

Accordingly, the Commission finds that Government Code section 7581 and section 60200, subdivision (c), of the regulations constitute a state-mandated new program or higher level of service for the following activities:

- Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils. Payments are for the costs of food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation.
- Submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed pupils for 24-hour out-of-home care.

6. Provide psychotherapy or other mental health services, as defined in regulations, when required by the IEP (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60020, subd. (a), 60200, subds. (a) and (b))

Government Code section 7576 requires the State Department of Mental Health, or any designated community mental health service (i.e., the county), to provide psychotherapy or other mental health services when required by a pupil' s IEP. Psychotherapy or other mental health services may be provided directly or by contracting with another public

[95] See California Code of Regulations, title 2, section 60025, subdivision (a), (eff. July 1, 1998).

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agency, qualified individual, or a state-certified nonpublic, nonsectarian school or agency.

Section 60020, subdivision (a), defines "psychotherapy and other mental health services" as "those services defined in Sections 542 to 543, inclusive, of Title 9 of the California Administrative Code [Department of Mental Health regulations], and provided by a local mental health program directly or by contract." Section 542 of the Department of Mental Health regulations governs the definition of "day services": services that are designed to provide alternatives to 24-hour care and supplement other modes of treatment and residential services. Day services include day care intensive services, day care habilitative services, vocational services and socialization services. These services are defined in section 542 of the regulations as follows:

- Day care intensive services are "services designed and staffed to provide a multidisciplinary treatment program of less than 24 hours per day as an alternative to hospitalization for patients who need active psychiatric treatment for acute mental, emotional, or behavioral disorders and who are expected, after receiving these services, to be referred to a lower level of treatment, or maintain the ability to live independently or in a supervised residential facility."
- Day care habilitative services are "services designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence at the best possible functional level for the patient with chronic psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service."[96]
- Vocational services are "services designed to encourage and facilitate individual motivation and focus upon realistic and obtainable vocational goals. To the extent possible, the intent is to maximize individual client involvement in skill seeking and skill enhancement, with the ultimate goal of meaningful productive work."

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[96] In comments to the draft staff analysis, the County of Los Angeles asserts that "rehabilitation" should be specifically defined to include the activities identified in section 1810.243 of the regulations adopted by the Department of Mental Health under the Medi-Cal Specialty Mental Health Services Consolidation program. (Cal. Code Regs., tit. 9, § 1810.243.) These activities include "assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources and/or medication education."

The Commission disagrees with the County's request. The plain language of test claim regulations (Cal. Code Regs., tit. 2, §§ 60000 et seq.) does not require or mandate counties to perform the activities defined by section 1810.243 of the Department's title 9 regulations. In addition, the test claim regulations do not reference section 1810.243 of the Department's title 9 regulations for any definition relevant to the program at issue in this case.

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- Socialization services are "services designed to provide life-enrichment and social skill development for individuals who would otherwise remain withdrawn and isolated. Activities should be gauged for multiple age groups, be culturally relevant, and focus upon normalization."

Section 543 of the Department of Mental Health regulations defines "outpatient services," which are defined as "services designed to provide short-term or sustained therapeutic intervention for individuals experiencing acute or ongoing psychiatric distress." Outpatient services include the following:

- Collateral services, which are "sessions with significant persons in the life of the patient, necessary to serve the mental health needs of the patient."
- Assessment, which is defined as "services designed to provide formal documented evaluation or analysis of the cause or nature of the patient's mental, emotional, or behavioral disorder. Assessment services are limited to an intake examination, mental health evaluation, physical examination, and laboratory testing necessary for the evaluation and treatment of the patient's mental health needs."
- Individual therapy, which is defined as "services designed to provide a goal directed therapeutic intervention with the patient which focuses on the mental health needs of the patient."
- Group therapy, which are "services designed to provide a goal directed, face-to-face therapeutic intervention with the patient and one or more other patients who are treated at the same time, and which focuses on the mental health needs of the patient."
- Medication, which is defined to include "the prescribing, administration, or dispensing of medications necessary to maintain individual psychiatric stability during the treatment process. This service shall include the evaluation of side effects and results of medication."
- Crisis intervention, which means "immediate therapeutic response which must include a face-to-face contact with a patient exhibiting acute psychiatric symptoms to alleviate problems which, if untreated, present an imminent threat to the patient or others."

The County of Los Angeles, in comments to the draft staff analysis, argues that all of the activities listed above should be identified as reimbursable state-mandated activities. However, as of July 1, 1998, the activities of providing vocational services, socialization services, and crisis intervention to pupils are no longer required by section 60020 of the regulations. The final statement of reasons for the 1998 adoption of section 60020 of the regulations by the Departments of Mental Health and Education provides the following reason for the deletion of these activities:

> The provision of vocational services is assigned to the State Department of Rehabilitation by Government Code section 7577.
>
> Crisis service provision is delegated to be "from other public programs or private providers, as appropriate" by these proposed regulations in

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> Section 60040(e) because crisis services are a medical as opposed to educational service. They are, therefore, excluded under both the Tatro and Clovis decisions. These precedents apply because "medical" specialists must deliver the services. A mental health crisis team involves specialized professionals. Because of the cost of these professional services, providing these services would be a financial burden that neither the schools nor the local mental health services are intended to address in this program.
>
> The hospital costs of crisis service provision are explicitly excluded from this program in the Clovis decision for the same reasons.
>
> Additionally, the IEP process is one that responds slowly due to the problems inherent in convening the team. It is, therefore, a poor avenue for the provision of crisis services. While the need for crisis services can be a predictable requirement over time, the particular medical requirements of the service are better delivered through the usual local mechanisms established specifically for this purpose.[97]

Since the reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that the activities of providing vocational services, socialization services, and crisis intervention to pupils do not constitute a state-mandated new program or higher level of service.

In addition, the County of Los Angeles specifically requests reimbursement for "medication monitoring." The phrase "medication monitoring" was not included in the original test claim legislation. "Medication monitoring" was added to the regulations for this program in 1998 (Cal. Code Regs. tit. 2, § 60020.) "Medication monitoring" is part of the new, and current, definition of "mental health services" that was adopted by the Departments of Mental Health and Education in 1998. The current definition of "mental health services" and "medication monitoring" is the subject of the pending test claim, *Handicapped and Disabled Students II* (02-TC-40 and 02-TC-49), and will not be specifically analyzed here. But, as of 1998, "dispensing of medications necessary to maintain individual psychiatric stability during the treatment process" was deleted from the definition of "mental health services." Since the reimbursement period for this reconsideration begins July 1, 2004, the Commission finds that the activity of "dispensing of medications necessary to maintain individual psychiatric stability during the treatment process" does not constitute a state-mandated new program or higher level of service.

Finally, section 60200, subdivisions (a) and (b), of the regulations clarifies that counties are financially responsible for providing the mental health services identified in the IEP of a seriously emotionally disturbed pupil placed in an out-of-home residential facility located within the State of California. Mental health services provided to a seriously emotionally disturbed pupil shall be provided either directly or by contract.

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[97] Final Statement of Reasons, pages 55-56.

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Accordingly, the Commission finds that Government Code section 7576, and sections 60020 and 60200 of the regulations constitute a state-mandated new program or higher level of service for the following activity:

- Providing psychotherapy or other mental health services identified in a pupil's IEP, as defined in sections 542 and 543 of the Department of Mental Health regulations. However, the activities of providing vocational services, socialization services, and crisis intervention to pupils, and dispensing medications necessary to maintain individual psychiatric stability during the treatment process, do *not* constitute a state-mandated new program or higher level of service.

7. Participate in due process hearings relating to issues involving mental health assessments or services (Gov. Code, § 7586; Cal. Code Regs., tit. 2, § 60550)

Government Code section 7586, subdivision (a), addresses the due process procedures when disputes regarding special education and related services arise. That section requires all state departments and their designated local agencies to be governed by the procedural safeguards required by federal law. The designated local agency is the county mental health program established in accordance with the Short-Doyle Act.[98]

Government Code section 7586, subdivision (a), states the following:

> All state departments, and their designated local agencies, shall be governed by the procedural safeguards required in Section 1415 of Title 20 of the United States Code. A due process hearing arising over a related service or designated instruction and service shall be filed with the Superintendent of Public Instruction. Resolution of all issues shall be through the due process hearing process established in Chapter 5 (commencing with Section 56500) of Part 30 of Division 4 of the Education Code. The decision issued in the due process hearing shall be binding on the department having responsibility for the services in issue as prescribed by this chapter.[99]

The due process hearing procedures identified in Education Code section 56501 allow the parent and the public education agency to initiate the due process hearing procedures when there is a proposal to initiate or change the identification, assessment, or educational placement of the child or the provision of a free, appropriate public education to the child; there is a refusal to initiate or change the identification, assessment, or educational placement of the child or the provision of a free, appropriate public education to the child; or when the parent refuses to consent to an assessment of the child. The due

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[98] Government Code section 7571; California Code of Regulations, title 2, section 60020, subdivision (d).

[99] Section 60550 of the regulations contains similar language and provides that "[d]ue process hearing procedures apply to the resolution of disagreements between parents and a public agency regarding the proposal or refusal of a public agency to initiate or change the identification, assessment, educational placement, or the provision of special education and related services to the pupil."

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process hearing rights include the right to a mediation conference pursuant to Education Code section 56500.3 at any point during the hearing process; the right to examine pupil records; and the right to a fair and impartial administrative hearing at the state level, before a person knowledgeable in the laws governing special education and administrative hearings, under contract with the department, pursuant to Education Code section 56505.

Education Code section 56505, subdivision (e), further affords the parties the right to be accompanied and advised by counsel and by individuals with special knowledge or training relating to the problems of children and youth with disabilities; the right to present evidence, written arguments, and oral arguments; the right to confront, cross-examine, and compel the attendance of witnesses; the right to written findings of fact and decision; the right to be informed by the other parties to the hearing of the issues in dispute; and the right to receive a copy of all documents and a list of witnesses from the opposing party.

The Commission finds that the county's participation in the due process hearings relating to issues involving mental health assessments or services constitutes a state-mandated new program or higher level of service. Although federal law mandates the due process hearing procedures (20 U.S.C. § 1415), it is state law, rather than federal law, that requires counties to participate in due process hearings involving mental health assessment or service issues.

This finding is consistent with the Supreme Court's decision in the recent case of *San Diego Unified School District v. Commission on State Mandates*.[100] In the *San Diego Unified School District* case, the Supreme Court held that all due process hearing costs with respect to a mandatory expulsion of a student (those designed to satisfy the minimum requirements of federal due process, and those due process requirements enacted by the state that may have exceeded federal law) were reimbursable pursuant to article XIII B, section 6 since it was state law that required school districts to incur the hearing costs.[101]

Accordingly, the Commission finds that Government Code section 7586 and section 60550 of the regulations constitute a state-mandated new program or higher level of service for the following activity:

- Participation in due process hearings relating to issues involving mental health assessments or services.

III. Does the test claim legislation impose costs mandated by the state within the meaning of article XIII B, section 6 and Government Code section 17514?

In order for the activities listed above to impose a reimbursable, state-mandated program under article XIII B, section 6 of the California Constitution, two additional elements must be satisfied. First, the activities must impose costs mandated by the state pursuant

[100] *San Diego Unified School District, supra*, 33 Cal.4th 859.

[101] *Id.* at pages 881-882.

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to Government Code section 17514.[102] Second, the statutory exceptions to reimbursement listed in Government Code section 17556 cannot apply.

Government Code section 17514 defines "costs mandated by the state" as any increased cost a local agency or school district is required to incur as a result of a statute that mandates a new program or higher level of service.

Government Code section 17556 states that the Commission shall not find costs mandated by the state, as defined in section 17514, in any claim submitted by a local agency or school district, if, after a hearing, the commission finds that:

> (a) The claim is submitted by a local agency or school district that requested legislative authority for that local agency or school district to implement the program specified in the statute, and that statute imposes costs upon that local agency or school district requesting the legislative authority. A resolution from the governing body or a letter from a delegated representative of the governing body of a local agency or school district that requests authorization for that local agency or school district to implement a given program shall constitute a request within the meaning of this paragraph.
>
> (b) The statute or executive order affirmed for the state a mandate that had been declared existing law or regulation by action of the courts.
>
> (c) The statute or executive order imposes a requirement that is mandated by a federal law or regulation and results in costs mandated by the federal government, unless the statute or executive order mandates costs that exceed the mandate in that federal law or regulation. This subdivision applies regardless of whether the federal law or regulation was enacted or adopted prior to or after the date on which the state statute or executive order was enacted or issued.
>
> (d) The local agency or school district has the authority to levy service charges, fees, or assessments sufficient to pay for the mandated program or increased level of service.
>
> (e) The statute, executive order, or an appropriation in a Budget Act or other bill provides for offsetting savings to local agencies or school districts that result in no net costs to the local agencies or school districts, or includes additional revenue that was specifically intended to fund the costs of the state mandate in an amount sufficient to fund the cost of the state mandate.
>
> (f) The statute or executive order imposed duties that were expressly included in a ballot measure approved by the voters in a statewide or local election.
>
> (g) The statute created a new crime or infraction, eliminated a crime or infraction, or changed the penalty for a crime or infraction, but only for

[102] See also, *Lucia Mar Unified School Dist.*, *supra*, 44 Cal.3d 830, 835

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> that portion of the statute relating directly to the enforcement of the crime or infraction.

Except for Government Code section 17556, subdivision (e), the Commission finds that the exceptions listed in section 17556 are not relevant to this claim, and do not apply here. Since the Legislature has appropriated funds for this program in the 2004 Budget Bill, however, Government Code section 17556, subdivision (e), is relevant and is analyzed below.

A. Government Code section 17556, subdivision (e), does not apply to deny this claim

Government Code section 17556, subdivision (e), states the Commission shall not find costs mandated by the state if the Commission finds that:

> The statute, executive order, or an appropriation in a Budget Act or other bill provides for offsetting savings to local agencies or school districts that result in no net costs to the local agencies or school districts, *or includes additional revenue that was specifically intended to fund the costs of the state mandate in an amount sufficient to fund the cost of the state mandate.* (Emphasis added.)

The Budget Acts of 2003 and 2004 contain appropriations " considered offsetting revenues within the meaning of Government Code section 17556, subdivision (e)." The Budget Act of 2003 appropriated $69 million from the federal special education fund to counties to be used exclusively to support mental health services identified in a pupil's IEP and provided during the 2003-04 fiscal year by county mental health agencies pursuant to the test claim legislation. (Stats. 2003, ch. 157, item 6110-161-0890, provision 17.) The bill further states in relevant part that the funding shall be considered offsetting revenue pursuant to Government Code section 17556, subdivision (e):

> This funding shall be considered offsetting revenues within the meaning of subdivision (e) of section 17556 of the Government Code for any reimbursable mandated cost claim for provision of these mental health services provided in 2003-04.

The Budget Act of 2004 similarly appropriated $69 million to counties from the federal special education fund to be used exclusively to support mental health services provided during the 2004-05 fiscal year pursuant to the test claim legislation. (Stats. 2004, ch. 208, item 6110-161-0890, provision 10.) The appropriation was made as follows:

> Pursuant to legislation enacted in the 2003-04 Regular Session, of the funds appropriated in Schedule (4) of this item, $69,000,000 shall be used exclusively to support mental health services provided during the 2004-05 fiscal year by county mental health agencies pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of the Government Code and that are included within an individualized education program pursuant to the Federal Individuals with Disabilities Education Act (IDEA).

The Budget Act of 2004 does not expressly identify the $69 million as "offsetting revenues within the meaning of Government Code section 17556, subdivision (e)." But

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the statute does contain language that the appropriation was made "Pursuant to legislation enacted in the 2003-04 Regular Session." As indicated above, it is the 2003-04 Budget Bill that contains the language regarding the Legislature's intent that the $69 million is considered offsetting revenue within the meaning of Government Code section 17556, subdivision (e).

In order for Government Code section 17556, subdivision (e), to apply to deny this claim for fiscal year 2004-05, the plain language of the statute requires that two elements be satisfied. First, the statute must include additional revenue that was specifically intended to fund the costs of the state mandate. Second, the appropriation must be in an amount sufficient to fund the cost of the state mandate.

The Commission finds that the Legislature intended to fund the costs of this state-mandated program for fiscal year 2004-05 based on the language used by the Legislature that the funds "shall be considered offsetting revenues within the meaning of Government Code section 17556, subdivision (e)." Under the rules of statutory construction, it is presumed that the Legislature is aware of existing laws and that it enacts new laws in light of the existing law.[103] In this case, the Legislature specifically referred to Government Code section 17556, subdivision (e), when appropriating the $69 million. Thus, it must be presumed that the Legislature was aware of the plain language of Government Code section 17556, subdivision (e), and that its application results in a denial of a test claim.

But, based on public records, the second element under Government Code section 17556, subdivision (e), requiring that the appropriation must be *in an amount sufficient* to fund the cost of the state mandate, has not been satisfied. According to the State Controller's Deficiency Report issued on May 2, 2005, the amounts appropriated for this program in fiscal years 2003-04 and 2004-05 are not sufficient to pay the claims received by the State Controller's Office. Unpaid claims for fiscal year 2003-04 total $66,915,606. The unpaid claims for fiscal year 2004-05 total $68,958,263.[104]

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[103] *Williams v. Superior Court* (2001) 92 Cal.App.4th 612, 624.

[104] The State Controller's Deficiency Report is prepared pursuant to Government Code section 17567. Government Code section 17567 requires that in the event the amount appropriated for reimbursement of a state-mandated program is not sufficient to pay all of the claims approved by the Controller, the Controller shall prorate claims in proportion to the dollar amount of approved claims timely filed and on hand at the time of proration. The Controller shall then issue a report of the action to the Department of Finance, the Chairperson of the Joint Legislative Budget Committee, and the Chairperson of the respective committee in each house of the Legislature that considers appropriations. The Deficiency Report is, thus, an official record of a state agency and is properly subject to judicial notice by the court. (*Munoz v. State* (1995) 33 Cal.App.4th 1767, 1773, fn. 2; *Chas L. Harney, Inc. v. State of California* (1963) 217 Cal.App.2d 77, 85-87.)

The Deficiency Report lists the total unpaid claims for this program as follows:

1999 and prior Local Government Claims Bills	$ 8,646
2001-02	124,940,258

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This finding is further supported by the 2004 report published by Stanford Law School, which indicates that "$69 million represented only approximately half of the total funding necessary to maintain AB 3632 services."[105]

Accordingly, the Commission finds that Government Code section 17556, subdivision (e), does not apply to deny this claim for fiscal year 2004-05. Eligible claimants are, however, required to identify the funds received from the $69 million appropriation as an offset to be deducted from the costs claimed.[106]

Based on the program costs identified by the State Controller's Office, the Commission further finds that counties do incur increased costs mandated by the state pursuant to Government Code section 17514 for this program. However, as more fully discussed below, the state has established cost-sharing mechanisms for some of the mandated activities that affect the total costs incurred by a county.

B. Increased costs mandated by the state for providing psychotherapy or other mental health treatment services, and for the residential and non-educational costs of a pupil placed in an out-of-home residential facility

In the Commission's 1990 Statement of Decision, the Commission concluded that the costs incurred for providing psychotherapy or other mental health treatment services were subject to the Short-Doyle Act. Under the Short-Doyle Act, the state paid 90 percent of the total costs of mental health treatment services and the counties paid the remaining 10 percent. Thus, the Commission concluded that counties incurred increased costs mandated by the state in an amount that equaled 10 percent of the total psychotherapy or other mental health treatment costs. The Commission further concluded that conducting assessments, participation on an expanded IEP team, and case management services for seriously emotionally disturbed pupils placed in residential facilities were not subject to the Short-Doyle Act and, thus, were 100 percent reimbursable. The Statement of Decision contains no findings regarding the activity of issuing and paying providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils.

Since the Statement of Decision was issued, the law with respect to the funding of psychotherapy or other mental health treatment services has changed. In addition, the Commission finds that the original Statement of Decision does not reflect the cost sharing ratio established by the Legislature in Welfare and Institutions Code section 18355 with respect to the residential care of seriously emotionally disturbed pupils. These issues are addressed below.

2002-03	124,871,698
2003-04	66,915,606
2004-05	68,958,263

[105] "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004, page 20.

[106] Government Code section 17514; California Code of Regulations, title 2, section 1183.1.

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1. The costs for providing psychotherapy or other mental health treatment services

The test claim legislation (Stats. 1985, ch. 1274) amended Welfare and Institutions Code section 5651 to require that the annual Short-Doyle plan for each county include a description of the services required by Government Code sections 7571 and 7576 (psychotherapy or other mental health treatment services), including the cost of the services. Section 60200 of the regulations required the county to be financially responsible for the provision of mental health treatment services and that reimbursement to the provider of the services shall be based on a negotiated net amount or rate approved by the Director of Mental Health as provided in Welfare and Institutions Code section 5705.2, or the provider's reasonable actual cost. Welfare and Institutions Code section 5705.2 imposed a cost-sharing ratio for mental health treatment services between the state and the counties, with the state paying 90 percent and the counties paying 10 percent of the total costs.

In 1993, the Sixth District Court of Appeal in the *County of Santa Clara* case upheld the Commission's finding that psychotherapy or other mental health treatment services were to be funded as part of the Short-Doyle Act and, thus, only 10 percent of the total costs for treatment were reimbursable under article XIII B, section 6. The court interpreted the test claim legislation as follows:

> County entered into an NNA [negotiated net amount] contract with the state in lieu of the Short-Doyle plan and budget. (Welf. & Inst. Code, § 5705.2.) The NNA contract covers mental health services in the contracting county. The amount of money the state provides is the same whether the county signs a NNA contract or adopts a Short-Doyle plan.... By adding subdivision (g) to Welfare and Institutions Code section 5651, the legislature designated that the mental health services provided pursuant to Government Code section 7570 et seq. were to be funded as part of the Short-Doyle program. County's NNA contract was consistent with this intent. Accordingly, the fact that County entered into an NNA contract rather than a Short-Doyle plan and budget is not relevant.

Based on these findings, the court concluded that only 10 percent of the costs were "costs mandated by the state" and, thus, reimbursable under article XIII B, section 6. The court held as follows:

> By placing these services within Short-Doyle, however, the legislature limited the extent of its mandate for these services to the funds provided through the Short-Doyle program. A Short-Doyle agreement or NNA contract sets the maximum obligation incurred by a county for providing the services listed in the agreement or contract. "Counties may elect to appropriate more than their 10 per cent share, but in no event can they be required to do so." (*County of Sacramento v. Loeb* (1984) 160 Cal.App.3d 446, 450.) Since the services were subject to the Short-Doyle formula under which the state provided 90 per cent of the funds and the county 10 per cent, that 10 per cent was reimbursable under

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> section 6, article XIII B of the California Constitution. (Emphasis in original.)

There have been "intervening changes in the law" with respect to the costs for psychotherapy or other mental health treatment services, however. Thus, the decision in the *County of Santa Clara* case with respect to the inclusion of mental health treatment services for special education pupils in the Short-Doyle plan no longer applies and is not binding on the Commission for purposes of this reconsideration.[107]

In 1991, the Legislature enacted realignment legislation that repealed the Short-Doyle Act and replaced the sections with the Bronzan-McCorquodale Act. (Stats. 1991, ch. 89, §§ 63 and 173.) The realignment legislation became effective on June 30, 1991. The parties have disputed whether the Bronzan-McCorquodale Act keeps the cost-sharing ratio, with the state paying 90 percent and the counties paying 10 percent, for the cost of psychotherapy or other mental health treatment services for special education pupils.

The Commission finds, however, that the dispute does not need to be resolved for purposes of this reconsideration. Section 38 of Statutes 2002, chapter 1167 (Assem. Bill 2781) prohibits the funding provisions of the Bronzan-McCorquodale Act from affecting the responsibility of the state to fund psychotherapy and other mental health treatment services for handicapped and disabled pupils and requires the state to provide reimbursement to counties for those services for all allowable costs incurred. Section 38 also states the following:

> *For reimbursement claims for services delivered in the 2001-02 fiscal year and thereafter*, counties are *not* required to provide any share of those costs or to fund the cost of any part of these services with money received from the Local Revenue Fund [i.e. realignment funds]. (Emphasis added.)

In addition, SB 1895 (Stats. 2004, ch. 493, § 6) provides that realignment funds used by counties for this program "are eligible for reimbursement from the state *for all allowable costs* to fund assessments, psychotherapy, and other mental health services . . . ," and that the finding by the Legislature is "declaratory of existing law." (Emphasis added.)

Therefore, beginning July 1, 2001, the 90 percent-10 percent cost-sharing ratio for the costs incurred for psychotherapy and other mental health treatment services no longer applies. Since the period of reimbursement for purposes of this reconsideration begins July 1, 2004, and section 38 of Statutes 2002,chapter 1167 is still in effect, all of the county costs for psychotherapy or other mental health treatment services are reimbursable, less any applicable offsets that are identified below.

2. <u>The residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility</u>

Government Code section 7581 requires the county to be financially responsible for the residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility. As described above, the residential and non-

[107] *George Arakelian Farms, Inc., supra,* 49 Cal.3d 1279, 1291.

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educational costs include the costs for food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation.

Welfare and Institutions Code section 18355 describes a cost-sharing formula for the payment of these costs. That section states in relevant part the following:

> Notwithstanding any other provision of law, 24-hour out-of-home care for seriously emotionally disturbed children who are placed in accordance with Section 7572.5 of the Government Code shall be funded from a separate appropriation in the budget of the State Department of Social Services in order to fund both 24-hour out-of-home care payment and local administrative costs. Reimbursement for 24-hour out-of-home payment costs shall be from that appropriation, *subject to the same sharing ratio as prescribed in subdivision (c) of Section 15200*, and available funds... (Emphasis added.)

Since 1991, Welfare and Institutions Code section 15200, subdivision (c)(1), has provided that for counties that meet the performance standards or outcome measures in Welfare and Institutions Code section 11215, the state shall appropriate 40 percent of the sum necessary for the adequate care of each child. Thus, for those counties meeting the performance measures, their increased cost mandated by the state would equal 60 percent of the total cost of care for each special education child placed in an out-of-home residential facility, less any applicable offset.

When a county does not meet the performance standards or outcome measures in Welfare and Institutions Code section 11215, state funding for the program decreases and the counties are liable for the decreased cost.[108] The Commission finds that a county's cost incurred for the decrease in the state's share of the costs as a result of the county's failure to meet the performance standards, are not costs mandated by the state and are not reimbursable. Counties are mandated by the state to meet the performance standards for residential facilities.[109]

Therefore, the Commission finds that counties incur increased costs mandated by the state in an amount that equals 60 percent of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility.

C. Identification of offsets

Reimbursement under article XIII B, section 6 and Government Code section 17514 is required only for the increased costs mandated by the state. As determined by the California Supreme Court, the intent behind section 6 was to prevent the state from

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[108] Welfare and Institutions Code sections 15200, subdivision (c)(2), and 11215, subdivision (b)(5).

[109] *Ibid.*

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forcing new programs on local governments that require an increased expenditure by local government of their limited tax revenues.[110]

The 1990 Statement of Decision does not identify any offsetting revenues. The parameters and guidelines for this program lists the following reimbursements that must be deducted from the costs claimed:

- Any direct payments (categorical funding) received from the State which are specifically allocated to this program; and
- Any other reimbursements for this mandate (excluding Short-Doyle funding, private insurance payments, and Medi-Cal payments), which is received from any source, e.g. federal, state, etc.

The Commission agrees with the identification of any direct payments or categorical funds appropriated by the Legislature specifically for this program as an offset to be deducted from the costs claimed. In the past, categorical funding has been provided by the state for this program in the amount of $12.3 million.[111] The categorical funding was eliminated, however, in the Budget Acts of 2002 through 2004.

If, however, funds are appropriated in the Budget Act for this program, such as the $69 million appropriation in the 2004-05 Budget Act, such funds are required to be identified as an offset.

The Commission disagrees with the language in the existing parameters and guidelines that excludes private insurance payments as offsetting revenue. Federal law authorizes public agencies to access private insurance proceeds for services provided under the IDEA if the parent consents.[112] Thus, to the extent counties obtain private insurance proceeds with the consent of a parent for purposes of this program, such proceeds must be identified as an offset and deducted from the costs claimed. This finding is consistent with the California Supreme Court's decision in *County of Fresno v. State of California*. In the *County of Fresno* case, the court clarified that article XIII B, section 6 requires reimbursement by the state only for those expenses that are recoverable from tax revenues. Reimbursable costs under article XIII B, section 6, do not include reimbursement received from other non-tax sources.[113]

The Commission further disagrees with the language in the existing parameters and guidelines that excludes Medi-Cal payments as offsetting revenue. Federal law authorizes public agencies, with certain limitations, to use public insurance benefits, such as Medi-Cal, to provide or pay for services required under the IDEA.[114] Federal law limits this authority as follows:

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[110] *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 487; *County of San Diego, supra*, 15 Cal.4th at page 81.

[111] Budget Acts of 1994-2001, Item 4440-131-0001.

[112] 34 Code of Federal Regulations section 300.142, subdivision (f).

[113] *County of Fresno, supra*, 53 Cal.3d at page 487.

[114] 34 Code of Federal Regulations section 300.142, subdivision (e).

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(2) With regard to services required to provide FAPE [free appropriate public education] to an eligible child under this part, the public agency-

(i) May not require parents to sign up for or enroll in public insurance programs in order for their child to receive FAPE under Part B of the Act;

(ii) May not require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services provided pursuant to this part, but pursuant to paragraph (g)(2) of this section, may pay the cost that the parent would be required to pay;

(iii) May not use a child's benefits under a public insurance program if that use would

(A) Decrease available lifetime coverage or any other insured benefit;

(B) Result in the family paying for services that would otherwise be covered by the public insurance program and that are required for the child outside of the time the child is in school;

(C) Increase premiums or lead to the discrimination of insurance; or

(D) Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.[115]

According to the 2004 report published by Stanford Law School, 51.8 percent of the students receiving services under the test claim legislation are Medi-Cal eligible.[116] Thus, the Commission finds to the extent counties obtain proceeds under the Medi-Cal program from either the state or federal government for purposes of this mandated program, such proceeds must be identified as an offset and deducted from the costs claimed.

In addition, Government Code section 7576.5 describes offsetting revenue to counties transferred from local educational agencies for this program as follows:

> If funds are appropriated to local educational agencies to support the costs of providing services pursuant to this chapter, the local educational agencies shall transfer those funds to the community mental health services that provide services pursuant to this chapter in order to reduce

[115] 34 Code of Federal Regulations section 300.142, subdivision (e)(2)

[116] "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004, page 20.

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> the local costs of providing these services. These funds shall be used exclusively for programs operated under this chapter and are offsetting revenues in any reimbursable mandate claim relating to special education programs and services.

Government Code section 7576.5 was added by the Legislature in 2003 (Stats. 2003, ch. 227) and became operative and effective on August 11, 2003. Thus, the Commission finds money received by counties pursuant to Government Code section 7576.5 shall be identified as an offset and deducted from the costs claimed.

Finally, the existing parameters and guidelines do not require eligible claimants to offset any Short-Doyle funding, and specifically excludes such funding as an offset. As indicated above, the Short-Doyle Act was repealed and replaced with the realignment legislation of the Bronzan-McCorquodale Act. Based on the plain language of SB 1895 (Stats. 2004, ch. 493, § 6), realignment funds used by a county for this mandated program are not required to be deducted from the costs claimed. Section 6 of SB 1895 adds, as part of the Bronzan-McCorquodale Act, section 5701.6 to the Welfare and Institutions Code. Section 5701.6 states in relevant part the following:

> Counties may utilize money received from the Local Revenue Fund [realignment] ...to fund the costs of any part of those services provided pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code. *If money from the Local Revenue Fund is used by counties for those services, counties are eligible for reimbursement from the state for all allowable costs* to fund assessments, psychotherapy, and other mental health services allowable pursuant to Section 300.24 of Title 34 of the Code of Federal Regulations [IDEA] and required by Chapter 26.5 ... of the Government Code. (Emphasis added.)

Thus, the Commission finds that realignment funds used by a county for this mandated program are not required to be identified as an offset and deducted from the costs claimed.

Accordingly, the Commission finds that the following revenue and/or proceeds must be identified as offsets and be deducted from the costs claimed:

- Funds received by a county pursuant to Government Code section 7576.5.
- Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes funds received by a county pursuant to the $69 million appropriation to counties for purposes of this mandated program in the Budget Act of 2004 ((Stats. 2004, ch. 208, item 6110-161-0890, provision 10).
- Private insurance proceeds obtained with the consent of a parent for purposes of this program.

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- Medi-Cal proceeds obtained from the state or federal government that pay a portion of the county services provided to a pupil under this mandated program in accordance with federal law.
- Any other reimbursement received from the federal or state government, or other non-local source.[117]

CONCLUSION

The Commission concludes that the test claim legislation imposes a reimbursable state-mandated program on counties pursuant to article XIII B, section 6 of the California Constitution and Government Code section 17514 for the *increased costs* in performing the following activities:

1. Renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement (Gov. Code, § 7571; Cal. Code Regs., tit. 2, §§ 60030, 60100)
   - Renew the interagency agreement every three years, and revise if necessary.
   - Define the process and procedures for coordinating local services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils.
2. Perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team (Gov. Code, § 7572, Cal. Code Regs., tit. 2, § 60040)
   - Review the following educational information of a pupil referred to the county by a local educational agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.
   - If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.
   - If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.
   - Assess the pupil within the time required by Education Code section 56344.
   - If a mental health assessment cannot be completed within the time limits, provide notice to the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.
   - Prepare and provide to the IEP team, and the parent or guardian, a written assessment report in accordance with Education Code section 56327. The report

[117] *County of Fresno, supra,* 53 Cal.3d at page 487; California Code of Regulations, title 2, section 1183.1, subdivision (a)(8).

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shall include the following information: whether the pupil may need special education and related services; the basis for making the determination; the relevant behavior noted during the observation of the pupil in the appropriate setting; the relationship of that behavior to the pupil's academic and social functioning; the educationally relevant health and development, and medical findings, if any; for pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services; a determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate; and the need for specialized services, materials, equipment for pupils with low incidence disabilities.

- Review and discuss the county recommendation with the parent and the appropriate members of the IEP team before the IEP team meeting.
- In cases where the local education agency refers a pupil to the county for an assessment, attend the IEP meeting if requested by the parent.
- Review independent assessments of a pupil obtained by the parent.
- Following review of the independent assessment, discuss the recommendation with the parent and with the IEP team before the meeting of the IEP team.
- In cases where the parent has obtained an independent assessment, attend the IEP team meeting if requested.

3. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary (Gov. Code, § 7572.5, subds. (a) and (b); Cal. Code Regs., tit. 2, § 60100)
   - Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary.
   - Re-assess the pupil in accordance with section 60400 of the regulations, if necessary.
4. Act as the lead case manager if the IEP calls for residential placement of a seriously emotionally disturbed pupil (Gov. Code, § 7572.5, subd. (c)(1); Cal. Code Regs., tit. 2, § 60110)
   - Designate a lead case manager when the expanded IEP team recommends out-of-home residential placement for a seriously emotionally disturbed pupil. The lead case manager shall perform the following activities:
     1. Convene parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.
     2. Complete the local mental health program payment authorization in order to initiate out of home care payments.

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3. Coordinate the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.
4. Coordinate the completion of the residential placement as soon as possible.
5. Develop the plan for and assist the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.
6. Facilitate the enrollment of the pupil in the residential facility.
7. Conduct quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.
8. Notify the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.

5. Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (c))
   - Issue payments to providers of out-of-home residential facilities for the residential and non-educational costs of seriously emotionally disturbed pupils. Payments are for the costs of food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation. Counties are eligible to reimbursed for 60 percent of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility.
   - Submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed pupils for 24-hour out-of-home care.
6. Provide psychotherapy or other mental health services, as defined in regulations, when required by the IEP (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60020, subd. (a), 60200, subds. (a) and (b))
   - Provide psychotherapy or other mental health services identified in a pupil's IEP, as defined in sections 542 and 543 of the Department of Mental Health regulations. However, the activities of providing vocational services, socialization services, and crisis intervention to pupils, and dispensing medications necessary to maintain individual psychiatric stability during the treatment process, do *not* constitute a state-mandated new program or higher level of service.
7. Participate in due process hearings relating to mental health assessments or services (Gov. Code, § 7586; Cal. Code Regs., tit. 2, § 60550)

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The Commission further concludes that the following revenue and/or proceeds must be identified as offsets and be deducted from the costs claimed:

- Funds received by a county pursuant to Government Code section 7576.5
- Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes funds received by a county pursuant to the $69 million appropriation to counties for purposes of this mandated program in the Budget Act of 2004 ((Stats. 2004, ch. 208, item 6110-161-0890, provision 10).
- Private insurance proceeds obtained with the consent of a parent for purposes of this program.
- Medi-Cal proceeds obtained from the state or federal government that pay a portion of the county services provided to a pupil under this mandated program in accordance with federal law.
- Any other reimbursement received from the federal or state government, or other non-local source

The period of reimbursement for this decision begins July 1, 2004.

Finally, any statutes and/or regulations that were pled in *Handicapped and Disabled Students* (CSM 4282) that are not identified above do not constitute a reimbursable state-mandated program.

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BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

IN RE TEST CLAIM:	**Case No.: 02-TC-40/02-TC-49**
Government Code Sections 7570, 7571, 7572, 7572.5, 7572.55, 7573, 7576, 7579, 7582, 7584, 7585, 7586, 7586.6, 7586.7, 7587, 7588; Statutes 1984, Chapter 1747; Statutes 1985, Chapter 107; Statutes 1985, Chapter 759; Statutes 1985, Chapter 1274; Statutes 1986, Chapter 1133; Statutes 1992, Chapter 759; Statutes 1994, Chapter 1128; Statutes 1996, Chapter 654; Statutes 1998, Chapter 691; Statutes 2001, Chapter 745; Statutes 2002, Chapter 585; and Statutes 2002, Chapter 1167; and California Code of Regulations, Title 2, Sections 60000-60610; Filed on June 27, 2003 by the County of Stanislaus, Claimant; and Filed on June 30, 2003, by the County of Los Angeles, Claimant.	***Handicapped & Disabled Students II*** STATEMENT OF DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7 (*Adopted on May 26, 2005*)

STATEMENT OF DECISION

The attached Statement of Decision of the Commission on State Mandates is hereby adopted in the above-entitled matter.

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PAULA HIGASHI, Executive Director Date

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BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

IN RE TEST CLAIM:	**Case No.: 02-TC-40/02-TC-49**
Government Code Sections 7570, 7571, 7572, 7572.5, 7572.55, 7573, 7576, 7579, 7582, 7584, 7585, 7586, 7586.6, 7586.7, 7587, 7588; Statutes 1984, Chapter 1747; Statutes 1985, Chapter 107; Statutes 1985, Chapter 759; Statutes 1985, Chapter 1274; Statutes 1986, Chapter 1133; Statutes 1992, Chapter 759; Statutes 1994, Chapter 1128; Statutes 1996, Chapter 654; Statutes 1998, Chapter 691; Statutes 2001, Chapter 745; Statutes 2002, Chapter 585; and Statutes 2002, Chapter 1167; and California Code of Regulations, Title 2, Sections 60000-60610; Filed on June 27, 2003 by the County of Stanislaus, Claimant; and Filed on June 30, 2003, by the County of Los Angeles, Claimant.	***Handicapped & Disabled Students II*** STATEMENT OF DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7 *(Adopted on May 26, 2005)*

STATEMENT OF DECISION

The Commission on State Mandates ("Commission") heard and decided this test claim during a regularly scheduled hearing on May 26, 2005. Leonard Kaye and Paul McIver appeared on behalf of the County of Los Angeles. Pam Stone represented and appeared on behalf of the County of Stanislaus. Linda Downs appeared on behalf of the County of Stanislaus. Nicholas Schweizer and Jody McCoy appeared on behalf of the Department of Finance

The law applicable to the Commission's determination of a reimbursable state-mandated program is article XIII B, section 6 of the California Constitution, Government Code section 17500 et seq., and related case law.

The Commission adopted the staff analysis at the hearing by a vote of 4-0.

BACKGROUND

This test claim addresses amendments to the Handicapped and Disabled Students program (also known as, Assembly Bill 3632) administered by county mental health

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departments. The Handicapped and Disabled Students program was initially enacted in 1984, as the state's response to federal legislation that guaranteed disabled pupils, including those with mental health needs, the right to receive a free and appropriate public education (Individuals with Disabilities Education Act, or IDEA). Before 1984, the state adopted a comprehensive statutory scheme in the Education Code to govern the special education and related services provided to disabled children.[1] Among the related services, called "designated instruction and services" in California, the following mental health services are identified: counseling and guidance, psychological services other than the assessment and development of the IEP, parent counseling and training, health and nursing services, and social worker services.[2] The state and the local educational agencies (school districts and county offices of education) provided all related services, including mental health services, to children with disabilities.

In 1984 and 1985, the Legislature enacted Assembly Bill 3632 (Stats. 1984, ch. 1747, and Stats. 1985, ch. 1274), to shift the responsibility and funding for providing mental health services for students with disabilities from local educational agencies to county mental health departments. AB 3632 added Chapter 26.5 to the Government Code (§§ 7570 et seq.), and the Departments of Mental Health and Education adopted emergency regulations (Cal. Code Regs., tit. 2, §§ 60000-60610) to require county mental health departments to:

- Renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement.
- Perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team.
- Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary.
- Act as the lead case manager, as specified in statute and regulations, if the IEP calls for residential placement of a seriously emotionally disturbed pupil.
- Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils.
- Provide psychotherapy or other mental health services, as defined in regulations, when required by the IEP.
- Participate in due process hearings relating to issues involving mental health assessments or services.

[1] Education Code section 56000 et seq. (Stats. 1980, ch. 797.)

[2] Education Code section 56363.

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Past and Pending Commission Decisions on the Handicapped and Disabled Students Program

On April 26, 1990, the Commission adopted a statement of decision in *Handicapped and Disabled Students* (CSM 4282). The test claim was filed by the County of Santa Clara on Statutes 1984, chapter 1747; Statutes 1985, chapter 1274; and on California Code of Regulations, title 2, sections 60000 through 60610 (Emergency Regulations filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28)). The Commission determined that the activities of providing mental health assessments, psychotherapy and other mental health treatment services, as well as assuming expanded IEP responsibilities, were reimbursable as a state-mandated program under article XIII B, section 6 of the California Constitution beginning July 1, 1986. Activities related to assessments and IEP responsibilities were found to be 100 per cent (100%) reimbursable. Psychotherapy and other mental health treatment services were found to be ten per cent (10%) reimbursable due to the cost sharing methodology in existence under the Short-Doyle Act for local mental health services. On January 11, 1993, the Sixth District Court of Appeal, in an unpublished decision, sustained the Commission's decision in CSM 4282.[3]

In May 2000, the Commission approved a second test claim relating to this program, *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (CSM 97-TC-05). The test claim on *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) was filed on Government Code section 7576, as amended by Statutes 1996, chapter 654, the corresponding regulations (Cal. Code Regs, tit. 2, §§ 60100 and 60200), and on a Department of Mental Health Information Notice Number 86-29. The test claim in *Seriously Emotionally Disturbed Pupils* addressed only the counties' responsibilities for out-of-state residential placements for seriously emotionally disturbed pupils, and has a reimbursement period beginning January 1, 1997.

In addition, there are two other matters currently pending with the Commission relating to the test claim statutes and regulations. In 2001, the Counties of Los Angeles and Stanislaus filed requests to amend the parameters and guidelines on the original test claim decision, *Handicapped and Disabled Students* (CSM 4282). The counties request that the parameters and guidelines be amended to delete all references to the Short-Doyle cost-sharing mechanism for providing psychotherapy or other mental health services; to add an activity to provide reimbursement for room and board for in-state placement of pupils in residential facilities; and to amend the language regarding the reimbursement of indirect costs. The request to amend the parameters and guidelines was scheduled on the Commission's March 2002 hearing calendar. But at the request of the counties, the item was taken off calendar, and is still pending. If the Commission approves the counties'

[3] *County of Santa Clara v. Commission on State Mandates* (Jan. 11, 1993, H009520) [nonpub. Opn.]).

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request to amend the parameters and guidelines, the reimbursement period for the new amended portions of the parameters and guidelines would begin on July 1, 2000.[4]

The second matter currently pending with the Commission is the reconsideration of the *Handicapped and Disabled Students* test claim (04-RL-4282-10) that was directed by Statutes 2004, chapter 493 (Sen. Bill No. 1895).

This test claim, *Handicapped and Disabled Students II*, presents the following issues:

- Does the Commission have the jurisdiction to rehear in this test claim the statutes and regulations previously determined by the Commission to constitute a reimbursable state-mandated program in *Handicapped and Disabled Students* (CSM 4282) and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05)?
- Are the test claim statutes and regulations subject to article XIII B, section 6 of the California Constitution?
- Do the test claim statutes and regulations impose a new program or higher level of service on local agencies within the meaning of article XIII B, section 6 of the California Constitution?
- Do the test claim statutes and regulations impose "costs mandated by the state" within the meaning of Government Code sections 17514 and 17556?

Claimants' Position

The claimants contend that the test claim statutes and regulations constitute a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

The County of Los Angeles, according to its test claim, is seeking reimbursement for the following activities:

- Mental health assessments and related treatment services, including psychotherapy, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management.
- Placement in a residential facility outside the child's home, including the provision of food, clothing, shelter, daily supervision, school supplies, personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for visitation.
- Due process hearings, notifications, resolution requirements.
- Preparation of interagency agreements.

The County of Stanislaus is seeking reimbursement for the activities required by statutory and regulatory amendments to the original program. The County of Stanislaus takes no position on the issue of providing residential services to the child.

[4] California Code of Regulations, title 2, section 1183.2.

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The Counties of Los Angeles and Stanislaus filed comments on the draft staff analysis, which are addressed in the analysis of this claim.

Position of the Department of Finance

The Department of Finance filed comments on the test claims describing the Department's position on funding and the requested costs for residential treatment. With respect to funding, the Department contends the following:

- For claims for mental health treatment services provided before fiscal year 2000-01, eligible claimants are entitled to reimbursement for ten percent (10%) of their costs only. The Department argues that Bronzan-McCorquodale Act of 1991 was intended to replace the Short-Doyle Act, and provides ninety percent (90%) of the funding to counties for mental health treatment services for special education pupils.
- Eligible claimants are entitled to 100 per cent (100%) reimbursement for mental health treatment services beginning July 1, 2001. The Department states that section 38 of Statutes 2002, chapter 1167, increased the percentage of state reimbursement for treatment costs from ten percent (10%) to 100% for services delivered in fiscal year 2001-02 and subsequent years.

The Department of Finance states the following with respect to residential treatment costs:

> ....The [Department of Social Services (DSS)] sets reasonable board and care rates for in-state placement facilities based on specified criteria. To allow community mental health services to pay an unspecified and unregulated "patch" above and beyond the reasonable rate established by the DSS, could be extremely expensive and [would] provide no additional mental health services to the disabled child. The State would no longer be able to determine fair and reasonable placement costs. It is clear that Section 62000 [of the DSS regulations] intended that community mental health services defer to DSS when it came to board and care rate setting for in-state facilities. The state mandate process should not be used to undermine in-state rate setting for board and care in group homes.[5]

The Department of Finance filed comments on the draft staff analysis arguing that the Handicapped and Disabled Students program is federally mandated under the current federal law and that some of the activities recommended for approval do not increase the level of service required of counties and, thus, should be denied.

Position of the Department of Mental Health

The Department of Mental Health filed comments on the draft staff analysis that state in relevant part the following:

> After full review, [Department of Mental Health] wishes to state that it concurs with the comments made by the Department of Finance, but that [Department of Mental Health] has no objections, suggested

[5] Department of Finance comments filed October 7, 2003.

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modifications, or other comments regarding the submission to the Claimants.

Discussion

The courts have found that article XIII B, section 6 of the California Constitution[6] recognizes the state constitutional restrictions on the powers of local government to tax and spend.[7] "Its purpose is to preclude the state from shifting financial responsibility for carrying out governmental functions to local agencies, which are 'ill equipped' to assume increased financial responsibilities because of the taxing and spending limitations that articles XIII A and XIII B impose."[8] A test claim statute or executive order may impose a reimbursable state-mandated program if it orders or commands a local agency or school district to engage in an activity or task.[9] In addition, the required activity or task must be new, constituting a "new program," or it must create a "higher level of service" over the previously required level of service.[10]

The courts have defined a "program" subject to article XIII B, section 6, of the California Constitution, as one that carries out the governmental function of providing public services, or a law that imposes unique requirements on local agencies or school districts to implement a state policy, but does not apply generally to all residents and entities in the state.[11] To determine if the program is new or imposes a higher level of service, the test claim legislation must be compared with the legal requirements in effect immediately before the enactment of the test claim legislation.[12] A "higher level of service" occurs

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[6] Article XIII B, section 6, subdivision (a), (as amended by Proposition 1A in November 2004) provides: "Whenever the Legislature or any state agency mandates a new program or higher level of service on any local government, the State shall provide a subvention of funds to reimburse that local government for the costs of the program or increased level of service, except that the Legislature may, but need not, provide a subvention of funds for the following mandates: (1) Legislative mandates requested by the local agency affected. (2) Legislation defining a new crime or changing an existing definition of a crime. (3) Legislative mandates enacted prior to January 1, 1975, or executive orders or regulations initially implementing legislation enacted prior to January 1, 1975."

[7] *Department of Finance v. Commission on State Mandates (Kern High School Dist.)* (2003) 30 Cal.4th 727, 735.

[8] *County of San Diego v. State of California* (1997) 15 Cal.4th 68, 81.

[9] *Long Beach Unified School Dist. v. State of California* (1990) 225 Cal.App.3d 155, 174.

[10] *San Diego Unified School Dist. v. Commission on State Mandates* (2004) 33 Cal.4th 859, 878 (*San Diego Unified School Dist.*); *Lucia Mar Unified School District v. Honig* (1988) 44 Cal.3d 830, 835-836 (*Lucia Mar*).

[11] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 874, (reaffirming the test set out in *County of Los Angeles v. State of California* (1987) 43 Cal.3d 46, 56; *Lucia Mar, supra,* 44 Cal.3d 830, 835.)

[12] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 878; *Lucia Mar, supra,* 44 Cal.3d 830, 835.

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when the new "requirements were intended to provide an enhanced service to the public."[13]

Finally, the newly required activity or increased level of service must impose costs mandated by the state.[14]

The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6.[15] In making its decisions, the Commission must strictly construe article XIII B, section 6 and not apply it as an "equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."[16]

Issue 1: Does the Commission have jurisdiction to rehear in this test claim the statutes and regulations previously determined by the Commission to constitute a reimbursable state-mandated program in *Handicapped and Disabled Students* (CSM 4282) and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05)?

The claimants have included the following statutes and regulations in this test claim:

- Government Code sections 7570 et seq., as added and amended by Statutes 1984, chapter 1747, and Statutes 1985, chapter, 107.
- Government Code section 7576, as amended by Statutes 1996, chapter 654.
- Sections 60000 through 60610 of the joint regulations adopted by the Departments of Mental Health and Education to implement the program. The claimants do not, however, identify the version of the regulations for which they are claiming reimbursement.

As indicated in the Background, the statutes and some of the regulations identified in the paragraph above were included in two prior test claims that the Commission approved as reimbursable state-mandated programs. In 1990, the Commission adopted a statement of decision in *Handicapped and Disabled Students* (CSM 4282) approving Government Code sections 7570 et seq., as added and amended by Statutes 1984, chapter 1747, and Statutes 1985, chapter, 107, and sections 60000 through 60610 of the emergency regulations (filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86,

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[13] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 878.

[14] *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 487; *County of Sonoma v. Commission on State Mandates* (2000) 84 Cal.App.4th 1265, 1284 (*County of Sonoma*); Government Code sections 17514 and 17556.

[15] *Kinlaw v. State of California* (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

[16] *County of Sonoma, supra,* 84 Cal.App.4th 1265, 1280, citing *City of San Jose v. State of California* (1996) 45 Cal.App.4th 1802, 1817.

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No. 28)) as a reimbursable state-mandated program. The Legislature has directed the Commission to reconsider this decision.[17]

In 2000, the Commission adopted a statement of decision in *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) approving Government Code section 7576, as amended by Statutes 1996, chapter 654, and the corresponding regulations (Cal. Code Regs, tit. 2, §§ 60100 and 60200) as a reimbursable state-mandated program for the counties' responsibilities for out-of-state residential placements for seriously emotionally disturbed pupils.

It is a well-settled principle of law that an administrative agency, like the Commission, does not have jurisdiction to retry a question that has become final. If a prior final decision is retried by the agency, without the statutory authority to retry or reconsider the case, that decision is void.[18]

In the present case, the Commission does not have the statutory authority to rehear in this test claim the statutes and regulations previously determined by the Commission to constitute a reimbursable state-mandated program in *Handicapped and Disabled Students* (CSM 4282) and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

At the time these test claims were filed, Government Code section 17521 defined a "test claim" as the first claim, including claims joined or consolidated with the first claim, filed with the Commission alleging that a particular statute or executive order imposes costs mandated by the state. The Commission's regulations allowed the filing of more than one test claim on the same statute or executive order only when (1) the subsequent test claim is filed within sixty (60) days from the date the first test claim was filed; and (2) when each test claim is filed by a different type of claimant or the issues presented in each claim require separate representation. (Cal. Code Regs., tit. 2, §§ 1183, subd. (i).) This test claim was filed more than sixty days from the date that *Handicapped and Disabled Students* (CSM 4282) and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) were filed. In addition, all three test claims were filed by the same type of claimant; counties. There is no evidence in the record to suggest that the same statutes already determined by the Commission to constitute a reimbursable state-mandated program in the prior test claims require separate representation here.

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[17] See reconsideration of *Handicapped and Disabled Students* (04-RL-4282-10).

[18] *Heap v. City of Los Angeles* (1936) 6 Cal.2d 405, 407, where the court held that the civil service commission had no jurisdiction to retry a question and make a different finding at a later time; *City and County of San Francisco v. Ang* (1979) 97 Cal.App.3d 673, 697, where the court held that whenever a quasi-judicial agency is vested with the authority to decide a question, such decision, when made is conclusive of the issues involved in the decision as though the adjudication had been made by the court; and *Save Oxnard Shores v. California Coastal Commission* (1986) 179 Cal.App.3d 140, 143, where the court held that in the absence of express statutory authority, an administrative agency may not change a determination made on the facts presented at a full hearing once the decision becomes final.

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Finally, Government Code section 17559 grants the Commission the authority to reconsider prior final decisions only within 30 days after the Statement of Decision is issued. Since the two prior decisions in *Handicapped and Disabled Students* (CSM 4282) and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05) were adopted and issued well over 30 days ago, the Commission does not have the jurisdiction in this test claim to reconsider the same statutes and regulations pled and determined in prior test claims.

As recognized by the California Supreme Court, the purpose behind the statutory scheme and procedures established by the Legislature in Government Code section 17500 et seq. was to "avoid[] multiple proceedings, judicial and administrative, addressing the same claim that a reimbursable state mandate has been created."[19]

Therefore, the Commission does not have the jurisdiction in this test claim over the following statutes and regulations:

- The Government Code sections in Chapter 26.5 considered in *Handicapped and Disabled Students* (CSM 4282) that were added and amended by Statutes 1984, chapter 1747, and Statutes 1985, chapter, 107, and that have not been amended by the remaining test claim legislation. These statutes are Government Code sections 7571, 7572.5, 7573, 7586, 7586.7, and 7588.
- Government Code section 7576, as amended by Statutes 1996, chapter 654, as it relates to out-of-state placement of seriously emotionally disturbed pupils.
- California Code of Regulations, title 2, sections 60000 through 60610 (filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28)). These regulations were repealed and were superceded by new regulations, effective July 1, 1998.[20]
- California Code of Regulations, title 2, sections 60100 and 60200 (filed as emergency regulations on July 1, 1998 (Register 98, No. 26) and refiled as final regulations on August 9, 1999 (Register 99, No. 33)) as they relate to the out-of-state placement of seriously emotionally disturbed pupils.

Issue 2: Are the test claim statutes and regulations subject to article XIII B, section 6 of the California Constitution?

<u>The activities performed by counties under the Handicapped and Disabled Students program are mandated by the state and not by federal law</u>

[19] *Kinlaw, supra*, 54 Cal.3d at page 333.

[20] See History of the regulations (Cal. Code Regs., tit. 2, §§ 60000 et seq.), notes 8 and 9.

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The test claim statutes and regulations implement the federal special education law (IDEA) that requires states to guarantee to disabled pupils the right to receive a free and appropriate public education that emphasizes special education and related services designed to meet the pupil's unique educational needs.

The Department of Finance argues that the activities performed by counties under the Handicapped and Disabled Students program are federally mandated and, thus, reimbursement is not required under article XIII B, section 6 of the California Constitution. The Commission disagrees.

In 1992, the Third District Court of Appeal, in *Hayes v. Commission on State Mandates*, determined that the federal law at issue in the present case, IDEA, imposes a federal mandate on the states.[21] The *Hayes* case involved test claim legislation requiring school districts to provide special education services to disabled pupils. The school districts in the *Hayes* case alleged that the activities mandated by the state that exceeded federal law were reimbursable under article XIII B, section 6 of the California Constitution.

The court in *Hayes* determined that the state's "alternatives [with respect to federal law] were to participate in the federal program and obtain federal financial assistance and the procedural protections accorded by the act, or to decline to participate and face a barrage of litigation with no real defense and ultimately be compelled to accommodate the educational needs of handicapped children in any event."[22] The court concluded that the state had no "true choice" but to participate in the federal program and, thus, there was a federal mandate on the state.[23]

Although the court concluded that the federal law was a mandate on the states, the court remanded the case to the Commission for further findings to determine if the state's response to the federal mandate constituted a state-mandated new program or higher level of service on the school districts.[24] The court held that if the state "freely chose" to impose the costs upon the local agency as a means of implementing a federal program, then the costs are the result of a reimbursable state mandate. The court's holding is as follows:

> In our view the determination whether certain costs were imposed upon the local agency by a federal mandate must focus upon the local agency which is ultimately forced to bear the costs and how those costs came to be imposed upon that agency. *If the state freely chose to impose the costs upon the local agency as a means of implementing a federal program then the costs are the result of a reimbursable state mandate regardless whether the costs were imposed upon the state by the federal government.*[25] (Emphasis added.)

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[21] *Hayes v. Commission on State Mandates* (1992) 11 Cal.App.4th 1564, 1592.

[22] *Hayes, supra*, 11 Cal.App.4th at page 1591.

[23] *Ibid.*

[24] *Ibid.*

[25] *Id.* at page 1593-1594.

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Here, pursuant to the court's holding in *Hayes*, the state "freely chose" to impose the costs upon the counties as a means of implementing the federal IDEA program.

Federal law does not require the state to impose any requirements relating to special education and related services on counties. At the time the test claim legislation was enacted, the requirements under federal law were imposed only on states and local educational agencies.[26] In 1997, Congress amended the IDEA to "strengthen the requirements on ensuring provisions of services by non-educational agencies ..." (Sen. Rep. 105-17, dated May 9, 1997.) The amendment clarified that the state or local educational agency responsible for developing a child's IEP could look to non-educational agencies to pay for or provide those services the educational agencies are otherwise responsible for. The amendment further clarified that if a non-educational agency failed to provide or pay for the special education and related services, the state or local educational agency responsible for developing the IEP remain ultimately responsible for ensuring that children receive all the services described in their IEPs in a timely fashion and the state or local educational agency shall provide or pay for the services.[27] Federal law, however, does not require states to use non-educational agencies to pay for or provide services. A state's decision regarding how to implement the IDEA is still within the discretion, or the "free choice," of the state. The Department of Finance agrees with this interpretation of federal law. The Department states the following:

> While subparagraph (A) of paragraph (11) of subdivision (a) of Sec. 612 states that the state educational agency is responsible for ensuring for the provision of IDEA services, subparagraph (B) states that "[s]ubparagraph (A) shall not limit the responsibility of agencies in the State other than the State educational agency to provide, or pay for some or all of the costs of, a free appropriate public education for any child with a disability in the State." This makes clear that Federal IDEA anticipates that agencies other than educational agencies *may be* responsible for providing services and absorbing costs related to the federal legislation. Indeed, subparagraph (A) of paragraph (12) lays out specific guidelines for the assigning of responsibility for services among various agencies.
>
> DOF contends that the fact that *the state has chosen through AB 3632* and related legislation to make mental health services related to individual education plans (IEPs) the responsibility of mental health agencies does not, in and of itself, trigger mandate reimbursement through Article XIII B, section 6 as the responsibilities in question are federally mandated and

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[26] Title 34 Code of Federal Regulations section 300.2.

[27] Title 20 United States Code sections 1412 (a)(12)(A), (B), and (C), and 1401 (8); Title 34 Code of Federal Regulations section 300.142. (See also, Letters from the Department of Education dated July 28, 1998 and August 2, 2004, to all SELPAs, COEs, and LEAs on the requirements of 34 C.F.R. 300.142; and *Tri-County Special Education Local Plan Area v. County of Tuolumne* (2004) 123 Cal.App.4th 563, 578, where the court stated that "it is clear the Legislature could reassign administration of IDEA programs to a different entity if it chose to do so.".)

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> *federal law allows the state to choose the agency or agencies responsible for service.* (Emphasis added.)[28]

Accordingly, the activities performed by counties under the Handicapped and Disabled Students program are mandated by the state and not by federal law. Thus, the actual increased costs incurred as a result of the activities in the program that constitute a mandated new program or higher level of service are reimbursable within the meaning of article XIII B, section 6.

Several test claim statutes and regulations do not mandate counties to perform an activity and, thus, are not subject to article XIII B, section 6

In order for a statute or an executive order to be subject to article XIII B, section 6 of the California Constitution, the statutory language must mandate or require local governmental agencies to perform an activity or task.[29]

Here, there are several statutes included in the test claim that are helpful in understanding the Handicapped and Disabled Students program. But they do not require counties to perform an activity or task. These statutes are Government Code sections 7570, 7584, and 7587.[30]

In addition, non-substantive changes and amendments that do not affect counties were made to Government Code sections 7572, 7582, and 7585 by the test claim statutes. These amendments do not impose any state-mandated activities on counties.[31, 32]

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[28] Department of Finance comments on the draft staff analysis.

[29] *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 487; *County of Los Angeles, supra,* 43 Cal.3d 46, 56; *County of Sonoma v. Commission on State Mandates* (2000) 84 Cal.App.4th 1264, 1283-1284; *Department of Finance, supra,* 30 Cal.4th at page 736; Gov. Code, § 17514.

[30] Government Code section 7570 provides that ensuring a free and appropriate public education for children with disabilities under federal law and the Education Code is the joint responsibility of the Superintendent of Public Instruction and the Secretary of Health and Welfare. Government Code section 7584 defines "disabled youth," "child," and "pupil." Government Code section 7587 requires the Departments of Education and Mental Health to adopt regulations to implement the program.

[31] Government Code section 7572, as originally added in 1984 and amended in 1985, addresses the assessment of a student, including psychological and other mental health assessments performed by counties. The 1992 amendments to Government Code section 7572 substituted the word "disability" for "handicap," and made other clarifying, non-substantive amendments. Government Code section 7582 states that assessments and therapy treatment services provided under the program are exempt from financial eligibility standards and family repayment requirements. The 1992 amendment to section 7582 substituted "disabled child or youth" for "handicapped child." Government Code section 7585 addresses the notification of an agency's failure to provide a required service and reports to the Legislature. The 2001 amendments to section 7585 corrected the spelling of "administrative" and deleted the requirement for the Superintendent of

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Furthermore, the Commission finds that Government Code section 7579, as amended by the test claim legislation, does not impose any state-mandated duties on county mental health departments. As originally enacted, Government Code section 7579 required courts, regional centers for the developmentally disabled, or other non-educational public agencies that engage in referring children to, or placing children in, residential facilities, to notify the administrator of the special education local plan area (SELPA) in which the residential facility is located before the pupil is placed in an out-of-home residential facility. The intent of the legislation, as stated in subdivision (c), was to "encourage communication between the courts and other public agencies that engage in referring children to, or placing children in, residential facilities, and representatives of local educational agencies."

The 2002 test claim statute (Stats. 2002, ch. 585) amended Government Code section 7579 by adding subdivision (d), to require public agencies other than educational agencies that place a child in a residential facility located out of state, without the involvement of a local educational agency, to assume responsibility for educational and non-educational costs of the child. Government Code section 7579, subdivision (d), states the following:

> Any public agency other than an educational agency that places a disabled child or child suspected of being disabled in a facility out of state without the involvement of the school district, SELPA, or COE [county office of education] in which the parent or guardian resides, shall assume financial responsibility for the child's residential placement, special education program, and related services in the other state unless the other state or its local agencies assume responsibility.

Government Code section 7579, subdivision (d), however, does not apply to county mental health departments. The duty imposed by section 7579 to pay the educational and non-educational costs of a child placed in an out-of-state residential facility is a duty imposed on a placing agency, like a court or a regional center for the developmentally

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Public Instruction and the Secretary of Health and Welfare to submit yearly reports to the Legislature on the failure of an agency to provide a required service.

[32] The County of Los Angeles, in comments to the draft staff analysis for this test claim, addresses a finding made on the reconsideration of the original *Handicapped and Disabled Students* claim (04-RL-4282-10), relating to Government Code section 7572 and the counties' attendance at IEP meetings following a mental health assessment of a pupil. The County's comments are not relevant to this test claim, however. The language in Government Code section 7572 relating to the county's attendance at an IEP meeting following an assessment was added by the Legislature in 1985. As indicated in the analysis, the Commission does not have jurisdiction in this test claim to address the statutes or activities originally added by the Legislature in 1984 and 1985. The Commission does have jurisdiction in this test claim over Government Code section 7572, as amended by Statutes 1992, chapter 759. But the 1992 amendments to section 7572 were non-substantive and do not impose any additional state-mandated activities on counties.

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disabled, that fails to seek the involvement of the local educational agency. This consolidated test claim has been filed on behalf of county mental health departments.[33]

This conclusion is further supported by section 60510 of the regulations. Section 60510 of the regulations was adopted in 1998 (filed as an emergency regulation on July 1, 1998 (Register 98, No. 26) and refiled as a final regulation on August 9, 1999 (Register 99, No. 33)) to implement Government Code section 7579. The regulation requires "the court, regional center for the developmentally disabled, or public agency other than an educational agency" to notify the SELPA director before placing a child in a facility and requires the agency to provide specified information to the SELPA. Section 60510 is placed in article 7 of the regulations dealing with the exchange of information between "Education and Social Services." Article 7 is separate and apart from, and located after, the regulations addressing mental health related services. Accordingly, the Commission finds that Government Code section 7579, and section 60510 of the regulations, do not impose any state-mandated duties on county mental health departments.

Finally, the County of Stanislaus requests reimbursement for section 60400 of the regulations (filed as an emergency regulation on July 1, 1998 (Register 98, No. 26) and refiled as a final regulation on August 9, 1999 (Register 99, No. 33)). Section 60400, on its face, does not mandate any activities on counties. Rather, section 60400 of the regulations addresses the requirement imposed on the Department of Health Services to provide the services of a home health aide when the local educational agency considers a less restrictive placement from home to school for a pupil. The statutory authority and reference for this regulation is Government Code section 7575, which requires the Department of Health Services, "*or any designated local agency administering the California Children's Services*," to be responsible for occupational therapy, physical therapy, and the services of a home health aide, as required by the IEP. The claimants, however, did not plead Government Code section 7575 in their test claims. In addition, there is no evidence in the record that local agencies administering the California Children's Services program have incurred increased costs mandated by the state. Accordingly, the Commission finds that section 60400 of the regulations does not impose any state-mandated activities on county mental health departments.

Accordingly, Government Code sections 7570, 7572, 7579, 7582, 7584, 7585, and 7587, as amended by the test claim legislation, and sections 60400 and 60510 of the regulations do not impose state-mandated duties on counties and, thus, are not subject to article XIII B, section 6 of the California Constitution.

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[33] The declarations submitted by the claimants here are from the county mental health departments. (See declaration of Paul McIver, District Chief, Department of Mental Health, County of Los Angeles; and declaration of Dan Souza, Mental Health Director for the County of Stanislaus.)

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The remaining test claim statutes and regulations constitute a "program" within the meaning of article XIII B, section 6

The remaining test claim statutes and regulations consist of the following:

- Government Code sections 7572.55 (as added in 1994), and 7576 and 7586.6 (as amended in 1996); and
- With the exception of sections 60400 and 60510 of the regulations, the joint regulations adopted by the Departments of Mental Health and Education (Cal. Code Regs, tit. 2, §§ 60000 et seq.), which took effect as emergency regulations on July 1, 1998 (Register 98, No. 26) and became final on August 9, 1999 (Register 99, No. 33).

In order for the test claim statutes and regulations to be subject to article XIII B, section 6 of the California Constitution, the statutes and regulations must constitute a "program." The California Supreme Court, in the case of *County of Los Angeles* v. *State of California*[34], defined the word "program" within the meaning of article XIII B, section 6 as a program that carries out the governmental function of providing a service to the public, or laws which, to implement a state policy, impose unique requirements on local governments and do not apply generally to all residents and entities in the state. Only one of these findings is necessary to trigger the applicability of article XIII B, section 6.[35]

The test claim statutes and regulations involve the special education and related services provided to pupils. In 1988, the California Supreme Court held that education of handicapped children is "clearly" a governmental function providing a service to the public.[36] Thus, the remaining test claim statutes and regulations qualify as a program that is subject to article XIII B, section 6 of the California Constitution.

Issue 3: Do the remaining test claim statutes and regulations impose a new program or higher level of service on local agencies within the meaning of article XIII B, section 6 of the California Constitution?

This test claim addresses the statutory and regulatory changes made to the existing Handicapped and Disabled Students program. The courts have defined a "higher level of service" in conjunction with the phrase "new program" to give the subvention requirement of article XIII B, section 6 meaning. "Thus read, it is apparent that the subvention requirement for increased or higher level of service is directed to state-mandated increases in the services provided by local agencies in existing programs."[37] A statute or executive order imposes a reimbursable "higher level of service" when the statute or executive order, as compared to the legal requirements in effect immediately

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[34] *County of Los Angeles, supra,* 43 Cal.3d 46, 56.

[35] *Carmel Valley Fire Protection Dist., supra,* 190 Cal.App.3d at 537.

[36] *Lucia Mar Unified School District, supra,* 44 Cal.3d at page 835.

[37] *County of Los Angeles, supra,* 43 Cal.3d at page 56; *San Diego Unified School District, supra,* 33 Cal.4th at page 874.

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before the enactment of the test claim legislation, increases the actual level of governmental service provided in the existing program.[38]

As indicated above, the original statutes in Chapter 26.5 of the Government Code were added by the Legislature in 1984 and 1985. In addition, pursuant to the requirements of Government Code section 7587, the Departments of Mental Health and Education adopted the first set of emergency regulations for the program in 1986. Although the history of the regulations states that the first set of emergency regulations were repealed on June 30, 1997, by operation of Government Code section 7587, and that a new set of regulations were not operative until one year later (July 1, 1998), the Commission finds, as described below, that the initial set of emergency regulations remained operative after the June 30, 1997 deadline, until the new set of regulations became operative in 1998. Thus, for purposes of analyzing whether the remaining test claim legislation constitutes a new program or higher level of service, the initial emergency regulations, and the 1984 and 1985 statutes in Chapter 26.5 of the Government Code, constitute the existing law in effect immediately before the enactment of the test claim legislation.

Government Code section 7587 required the Departments of Mental Health and Education to adopt emergency regulations by January 1, 1986, to implement the Handicapped and Disabled Students program. The statute, as amended in 1996 (Stats. 1996, ch. 654), further states that the emergency regulations "shall not be subject to automatic repeal until the final regulations take effect on or before June 30, 1997." Section 7587 states, in relevant part, the following:

> ...For the purposes of the Administrative Procedure Act, *the adoption of the regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare*. These regulations shall not be subject to the review and approval of the Office of Administrative Law and *shall not be subject to automatic repeal until the final regulations take effect on or before June 30, 1997*, and the final regulations shall become effective immediately upon filing with the Secretary of State. Regulations adopted pursuant to this section shall be developed with the maximum feasible opportunity for public participation and comments. (Emphasis added.)

The final regulations were not adopted by the June 30, 1997 deadline. Nevertheless, the courts have interpreted the time limits contained in statutes similar to Government Code section 7587 as directory and not mandatory. When a deadline in a statute is deemed directory, then the action required by the statute remains valid.[39] The California Supreme Court describes the general rule of interpretation as follows:

> Time limits are usually deemed to be directory unless the Legislature clearly expresses a contrary intent. [Citation omitted.] "In ascertaining

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[38] *San Diego Unified School Dist., supra,* 33 Cal.4th 859, 878; *Lucia Mar, supra,* 44 Cal.3d 830, 835.

[39] *California Correctional Peace Officers Association v. State Personnel Board* (1995) 10 Cal.4th 1133, 1145.

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> probable intent, California courts have expressed a variety of tests. In some cases focus has been directed at the likely consequences of holding a particular time limitation mandatory, in an attempt to ascertain whether those consequences would defeat or promote the purpose of the enactment. . . .Other cases have suggested that a time limitation is deemed merely directory 'unless a consequence or penalty is provided for failure to do the act within the time commanded. [Citation omitted.] As *Morris v. County of Marin* [citation omitted] held, the consequence or penalty must have the effect of invalidating the government action in question if the limit is to be characterized as "mandatory."[40]

As determined by the California Supreme Court, time limits are usually deemed directory unless a contrary intent is expressly provided by the Legislature or there is a penalty for not complying with the deadline. In the present case, the plain language of Government Code section 7587 does *not* indicate that the Legislature intended the June 30, 1997 deadline to be mandatory, thus making the regulations invalid on that date. If that was the case, the state would be acting contrary to federal law by not having procedures in place for one year regarding the assessment, special education, and related services of a child suspected of needing mental health services necessary to preserve the child's right under federal law to receive a free and appropriate public education.[41] Instead, the plain language of the statute expresses the legislative intent that the regulations are "deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare." This language supports the conclusion that the Legislature intended the original regulations to remain valid until new regulations were adopted.

This conclusion is further supported by the actions of the affected parties after the June 30, 1997 deadline. In 1998, individual plaintiffs filed a lawsuit seeking a writ of mandate directing the Departments of Mental Health and Education to adopt final regulations in accordance with Government Code section 7587.[42] As indicated in the petition for writ of mandate, the plaintiffs asserted that the original emergency regulations were enforced and applied after the June 30, 1997 deadline, that the Office of

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[40] *Ibid.*

[41] The requirements of the federal special education law (the Individuals with Disabilities Education Act (IDEA)) have been determined to constitute a federal mandate on the states. (*Hayes v. Commission on State Mandates* (1992) 11 Cal.App.4th 1564, 1592.) Under federal law, states are required to provide specially designed instruction, at no cost to the parent, to meet the unique needs of a disabled pupil, including classroom instruction and related services, according to the pupil's IEP. (U.S.C., tit. 20 §§ 1400 et seq.; 34 C.F.R. § 300.343.) Related services include psychological services. (34 C.F.R. § 300.24.) Pursuant to federal regulations on the IEP process, the pupil must be evaluated in all areas of suspected disabilities by a multidisciplinary team. (34 C.F.R. § 300.502.)

[42] *McLeish and Ryan v. State Department of Education, et al.*, Sacramento Superior Court, Case No. 96CS01380.

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Administrative Law did not provide notice of repeal of the regulations, and that the original emergency regulations were never deleted from the California Code of Regulations.[43] Ultimately, the parties stipulated to a judgment and writ that subsequent emergency regulations would be filed on or before July 1, 1998, to supercede the original emergency regulations, and that on or before September 24, 1999, the final regulations would be in full force and effect.[44] Thus, the parties affected by the original emergency regulations continued to act as if the regulations were still in effect.

Therefore, the Commission finds that the initial set of emergency regulations remained operative after the June 30, 1997 deadline, until the new set of regulations became operative in 1998. Thus, for purposes of analyzing whether the remaining test claim legislation constitutes a new program or higher level of service, there is no time gap between the original emergency regulations and the subsequent regulations adopted in July 1998. The initial emergency regulations, and the 1984 and 1985 statutes in Chapter 26.5 of the Government Code, constitute the valid, existing law in effect immediately before the enactment of the test claim legislation.

Accordingly, the issue before the Commission is whether the remaining test claim legislation [Gov. Code, § 7572.55, as added in 1994, and §§ 7576 and 7586.6, as amended in 1996, and the joint regulations adopted by the Departments of Mental Health and Education (Cal. Code Regs, tit. 2, §§ 60000 et seq.), which took effect as emergency regulations on July 1, 1998 (Register 98, No. 26) and became final on August 9, 1999 (Register 99, No. 33)] imposes a new program or higher level of service when compared to the legal requirements in effect immediately before the enactment of the test claim legislation, by increasing the actual level of governmental service provided in the existing program.

A. Interagency Agreements (Gov. Code, § 7586.6; Cal. Code Regs., tit. 2, § 60030)

Government Code section 7586.6

Government Code section 7586.6 was added by the test claim legislation in 1996 to address, in part, the interagency agreements between counties and local educational agencies. Government Code section 7586.6, subdivision (b), states the following:

> It is the intent of the Legislature that the designated local agencies of the State Department of Education and the State Department of Mental Health update their interagency agreements for services specified in this chapter at the earliest possible time. It is the intent of the Legislature that the state and local interagency agreements be updated at least every three years or earlier as necessary.

The plain language of Government Code section 7586.6, subdivision (b), states the "legislative intent" that the local interagency agreements be updated at least every three years or earlier as necessary.

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[43] See Petition for Writ of Mandamus, paragraphs 42 and 43, *McLeish, supra.*

[44] See Writ of Mandamus, *McLeish, supra.*

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The Commission finds that Government Code section 7586.6 does not impose a new program or higher level of service. Even if legislative intent were determined to constitute a mandated activity, updating or renewing the interagency agreements every three years is not new and the level of service required of counties is not increased. Under prior law, former section 60030, subdivision (a)(2), of the regulations adopted by the Departments of Mental Health and Education required the local mental health director[45] and the county superintendent of schools to renew, and revise if necessary, the interagency agreements every three years or at any time the parties determine a revision is necessary.

Accordingly, the Commission finds that Government Code section 7586.6 does not impose a new program or higher level of service.

California Code of Regulations, title 2, section 60030

Section 60030 of the joint regulations governs the interagency agreements between counties and local educational agencies. Under prior law, the original emergency regulations required the development of an interagency agreement that included "a delineation of the process and procedure" for the following nine (9) items:

- Interagency referrals of pupils, which minimize time line delays. This may include written parental consent on the receiving agency's forms.
- Timely exchange of pupil information in accordance with applicable procedures ensuring confidentiality.
- Participation of mental health professionals, including those contracted to provide services, at IEP team meetings pursuant to Government Code sections 7572 and 7576.
- Developing or amending the mental health related service goals and objectives, and the frequency and duration of such services indicated on the pupil's IEP.
- Transportation of individuals with exceptional needs to and from the mental health service site when such service is not provided at the school.
- Provision by the school of an assigned, appropriate space for delivery of mental health services or a combination of education and mental health services to be provided at the school.
- Continuation of mental health services during periods of school vacation when required by the IEP.
- Identification of existing public and state-certified nonpublic educational programs, treatment modalities, and location of appropriate residential placements, which may be used for placement by the expanded IEP program team.

[45] Local mental health director is defined as "the officer appointed by the governing body of a county to manage a community mental health service." (Cal. Code Regs., tit. 2, § 60020, subd. (e).)

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- Out-of-home placement of seriously emotionally disturbed pupils in accordance with the educational and treatment goals on the IEP.[46]

In addition, former section 60100, subdivision (a), of the regulations required the local mental health program and the SELPA liaison to define the process and procedures for coordinating services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils. These requirements remain the law.

Section 60030 of the regulations, as replaced by the test claim legislation in 1998, now requires that the interagency agreement include a "delineation of the procedures" for seventeen (17) items. In this regard, section 60030, subdivision (c), requires that the following additional eight (8) procedures be identified in the interagency agreement:

- Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute, pursuant to Government Code section 7575, subdivision (f). For purposes of this subdivision only, the term "appropriate" means any service identified in the pupil's IEP, or any service the pupil actually was receiving at the time of the interagency dispute. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(2).)
- A host county[47] to notify the community mental health service of the county of origin within two (2) working days when a pupil with a disability is placed within the host county by courts, regional centers or other agencies for other than educational reasons. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(4).)
- Development of a mental health assessment plan and its implementation. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(5).)
- At least ten (10) working days prior notice to the community mental health service of all IEP team meetings, including annual IEP reviews, when the participation of its staff is required. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(7).)
- The provision of mental health services as soon as possible following the development of the IEP pursuant to section 300.342 of Title 34 of the Code of Federal Regulations. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(9).)
- The provision of a system for monitoring contracts with nonpublic, nonsectarian schools to ensure that services on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(14).)

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[46] Former California Code of Regulations, title 2, section 60030, subdivision (b).

[47] A "host county" is defined to mean the county where the pupil with a disability is living when the pupil is not living in the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (d).) The "county of origin" is defined as the county in which the parent of the pupil with disability resides. If the pupil is a ward or dependent of the court, an adoptee receiving adoption assistance, or a conservatee, the county of origin is the county where this status currently exists. (Cal. Code Regs., tit. 2, § 60020, subd. (b).)

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- The development of a resource list composed of qualified mental health professionals who conduct mental health assessments and provide mental health services. The community mental health service shall provide the LEA with a copy of this list and monitor these contracts to assure that services as specified on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(15).)
- Mutual staff development for education and mental health staff pursuant to Government Code section 7586.6, subdivision (a). (Cal. Code Regs., tit. 2, § 60030, subd. (c)(17).)

According to the final statement of reasons prepared by the Departments of Education and Mental Health for the regulations, the section on interagency agreements was "expanded because experience in the field has shown that many local interagency agreements are not effective." The final statement of reasons further states that the regulation "requires stronger interagency agreements in order to improve local agencies' ability to adhere to the timelines required by law."[48]

Since the interagency agreement must now contain additional information, the Commission finds that section 60030 of the regulations imposes a new program or higher level of service for the one-time activity of revising the interagency agreement with each local educational agency to include the following eight procedures:

- Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute, pursuant to Government Code section 7575, subdivision (f). For purposes of this subdivision only, the term "appropriate" means any service identified in the pupil's IEP, or any service the pupil actually was receiving at the time of the interagency dispute. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(2).)
- A host county to notify the community mental health service of the county of origin within two (2) working days when a pupil with a disability is placed within the host county by courts, regional centers or other agencies for other than educational reasons. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(4).)
- Development of a mental health assessment plan and its implementation. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(5).)
- At least ten (10) working days prior notice to the community mental health service of all IEP team meetings, including annual IEP reviews, when the participation of its staff is required. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(7).)
- The provision of mental health services as soon as possible following the development of the IEP pursuant to section 300.342 of Title 34 of the Code of Federal Regulations. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(9).)
- The provision of a system for monitoring contracts with nonpublic, nonsectarian schools to ensure that services on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(14).)

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[48] Final Statement of Reasons, pages 10-11.

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- The development of a resource list composed of qualified mental health professionals who conduct mental health assessments and provide mental health services. The community mental health service shall provide the LEA with a copy of this list and monitor these contracts to assure that services as specified on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(15).)
- Mutual staff development for education and mental health staff pursuant to Government Code section 7586.6, subdivision (a). (Cal. Code Regs., tit. 2, § 60030, subd. (c)(17).)[49]

B. Referral and Mental Health Assessment of a Pupil (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60040, 60045)

Government Code section 7576, as amended by the 1996 test claim statute (Stats. 1996, ch. 654), and sections 60040 and 60045 of the regulations govern the referral of a pupil suspected of needing mental health services to the county for an assessment. Under prior law, Government Code section 7572 and former section 60040 of the regulations required counties to perform the following referral and assessment activities:

- Review the following educational information of a pupil referred to the county by a local education agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.
- If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.
- If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.
- Assess the pupil within the time required by Education Code section 56344.

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[49] The Counties of Los Angeles and Stanislaus, in comments to the draft staff analysis, argue that revising the interagency agreement in accordance with section 60030 of the regulations is not a one-time activity. The County of Los Angeles argues "the negotiation, development, and periodic revision and review of Interagency Agreements require a variety of time consuming activities over an extended period of time." The County of Stanislaus contends that the interagency agreement is a living, breathing document. However, as indicated in the analysis, periodic renewal and revision of the agreements, which are ongoing activities, are not new. Counties were required to perform these activities every three years under the prior regulations. (Former Cal. Code Regs., tit. 2, § 60030.) Reimbursement for the ongoing activities of renewing the interagency agreements every three years and revising if necessary are addressed in the reconsideration of the original *Handicapped and Disabled Students* program (04-RL-4282-10).

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- If a mental health assessment cannot be completed within the time limits, provide notice to the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.
- Prepare and provide to the IEP team, and the parent or guardian, a written assessment report in accordance with Education Code section 56327. The report shall include the following information: whether the pupil may need special education and related services; the basis for making the determination; the relevant behavior noted during the observation of the pupil in the appropriate setting; the relationship of that behavior to the pupil's academic and social functioning: the educationally relevant health and development, and medical findings, if any; for pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services; a determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate; and the need for specialized services, materials, equipment for pupils with low incidence disabilities.
- Review and discuss the county recommendation with the parent and the appropriate members of the IEP team before the IEP team meeting.
- In cases where the local education agency refers a pupil to the county for an assessment, attend the IEP meeting if requested by the parent.
- Review independent assessments of a pupil obtained by the parent.
- Following review of the independent assessment, discuss the recommendation with the parent and with the IEP team before the meeting of the IEP team.
- In cases where the parent has obtained an independent assessment, attend the IEP team meeting if requested.

These activities are still required by law. However, the test claim legislation requires counties to perform additional activities. For example, Government Code section 7576, subdivision (b)(1), mandates a new program or higher level of service by requiring the county and the local educational agency to "work collaboratively to ensure that assessments performed *prior to referral* are as useful as possible to the community mental health service [i.e., the county] in determining the need for mental health services and the level of services needed." (Emphasis added.)

In addition, Government Code section 7576, subdivision (g), and section 60040, subdivision (g), mandate a new program or higher level of service by requiring a county that receives a referral for a pupil with a different county of origin, to forward the referral within one working day to the county of origin. The county of origin shall then have the programmatic and fiscal responsibility for providing or arranging for the provision of necessary services for the pupil.

Furthermore, section 60045 of the regulations addresses the assessment of a pupil and imposes new, required activities on counties. Under prior law, counties were required to determine if a mental health assessment of a pupil is necessary. (Former Cal. Code Regs., tit. 2, § 60040, subd. (d).) Section 60045 retains that requirement, and also

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requires that if the county determines that a mental health assessment is not necessary, the county shall document the reasons and notify the parents and local educational agency of the county determination within one working day. (Cal. Code Regs., tit. 2, § 60045, subd. (a)(1).)

Section 60045, subdivision (a)(2), now requires that if the county determines that the referral is incomplete, the county shall document the reasons, notify the local educational agency within one working day, and return the referral.

Section 60045, subdivision (b), provides that "if a mental health assessment is determined to be necessary," the community mental health service shall notify the local educational agency, develop a mental health assessment plan, and provide the plan and a consent form to the parent." Under prior law, counties were required to develop a mental health assessment plan and provide a consent form for the assessment to the parent. (Former Cal. Code Regs., tit. 2, § 60040, subd. (d).) However, the activities to notify the local educational agency when an assessment is determined necessary, and to provide the assessment plan to the parent are new activities.

Although section 60045, subdivisions (a) and (b), includes language that implies that the activities are within the discretion of the county (e.g., the activity is required "if no mental health assessment is determined necessary"), the Commission finds that these activities are mandated by the state when necessary to provide the pupil with a free and appropriate education under federal law. Under the rules of statutory construction, section 60045, subdivisions (a) and (b), must be interpreted in the context of the entire statutory scheme so that the statutory scheme may be harmonized and have effect.[50] In addition, it is presumed that the administrative agency, like the Departments of Mental Health and Education, did not adopt a regulation that alters the terms of a legislative enactment.[51] Federal law, through the IDEA, requires the state to *identify*, locate, and evaluate *all* children with disabilities, including children attending private schools, who are in need of special education and related services.[52] The state is also required by federal law to conduct a full and individual initial evaluation to determine whether a child has a qualifying disability, and the educational needs of the child.[53] In addition, Government Code section 7572, subdivision (a), requires that a child shall be assessed in all areas related to the suspected handicap by those qualified to make a determination of the child's need for the service. In cases where the pupil is suspected of needing mental health services, the state has delegated to the counties the activity of assessing the need for service. Accordingly, the Commission finds that the section 60045, subdivisions (a) and (b), mandate the following new activities that constitute a new program or higher level of service:

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[50] *Select Base Materials v. Board of Equalization* (1959) 51 Cal.2d 640, 645; *City of Merced v. State of California* (1984) 153 Cal.App.3d 777, 781-782.

[51] *Wallace v. State Personnel Board* (1959) 168 Cal.App.2d 543, 547.

[52] 20 United States Code section 1412, subdivision (a)(3).

[53] 20 United States Code section 1414, subdivision (a).

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- If the county determines that a mental health assessment is not necessary, the county shall document the reasons and notify the parents and local educational agency of the county determination within one working day.
- If the county determines that the referral is incomplete, the county shall document the reasons, notify the local educational agency within one working day, and return the referral.
- Notify the local educational agency when an assessment is determined necessary.
- Provide the assessment plan to the parent.

Furthermore, section 60045, subdivision (c), requires counties to perform a new activity to "report back to the referring [local educational agency] or IEP team within 30 days from the date of the receipt of the referral . . . if no parental consent for a mental health assessment has been obtained." The Commission finds this activity constitutes a new program or higher level of service.

The Commission further finds that section 60045, subdivision (d), mandates a new program or higher level of service on counties by requiring counties to notify the local educational agency within one working day after receipt of the parent's written consent for the mental health assessment to establish the date of the IEP meeting. This activity was not required under prior law.

The Commission also finds that section 60045, subdivision (f)(1), mandates a new program or higher level of service on counties by requiring counties to provide the parent with written notification that the parent may require the assessor to attend the IEP meeting to discuss the recommendation when the parent disagrees with the assessor's mental health service recommendation. As enacted before the test claim legislation, Government Code section 7572, subdivision (d)(1), requires that the parent be notified in writing of this parental right. But Government Code section 7572, subdivision (d)(1), does not specify the agency that is required to provide the written notice. Thus, section 60045, subdivision (f)(1), delegates the responsibility to the county.

Finally, section 60045, subdivision (h), mandates a new program or higher level of service by requiring the county of origin to prepare statutorily required IEP reassessments. Pursuant to federal law, yearly reassessments are required to determine the needs of the pupil.[54]

C. Transfers and Interim Placements (Cal. Code Regs., tit. 2, § 60055)

The Departments of Education and Mental Health adopted a new regulation in section 60055 to address the interim placement of a pupil receiving mental health services pursuant to an existing IEP following the pupil's transfer to a new school district. Section 60055 states the following:

> (a) Whenever a pupil who has been receiving mental health services, pursuant to an IEP, transfers into a school district from a school district in another county, the responsible LEA [local educational

[54] 34 Code of Federal Regulations, section 300.343.

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agency] administrator or IEP team shall refer the pupil to the local community mental health service [county] to determine appropriate mental health services.

(b) The local mental health director or designee shall ensure that the pupil is provided interim mental health services, as specified in the existing IEP, pursuant to Section 56325 of the Education Code, for a period not to exceed thirty (30) days, unless the parent agrees otherwise.

(c) An IEP team, which shall include an authorized representative of the responsible community mental health service, shall be convened by the LEA to review the interim services and make a determination of services within thirty (30) days of the pupil's transfer.

According to the final statement of reasons, section 60055 "conforms with and implements Education Code section 56325 which ensures that special education pupils continue to receive services after they transfer into a new school district or SELPA. This section is intended to address implementation problems in these situations reported by the field in which eligible pupils were denied services due to an inter-county transfer."[55]

The Commission finds that section 60055 mandates a new program or higher level of service on counties, following a pupil's transfer to a new school district, by requiring them to perform the following activities:

- Provide interim mental health services, as specified in the existing IEP, for thirty days, unless the parent agrees otherwise.
- Participate as a member of the IEP team of a transfer pupil to review the interim services and make a determination of services.

D. Participate as a Member of the IEP Team When Residential Placement of a Pupil is Recommended (Gov. Code, § 7572.55; Cal. Code Regs., tit. 2, § 60100)

Under existing law, when a child is assessed as seriously emotionally disturbed and any member of the IEP team recommends residential placement, the IEP team shall be expanded to include a representative of the county. The expanded IEP team is required to review the assessment and determine whether: (1) the child's needs can reasonably be met through any combination of nonresidential services, preventing the need for out-of-home care; (2) residential care is necessary for the child to benefit from educational services; and (3) residential services are available, which address the needs identified in the assessment and which will ameliorate the conditions leading to the seriously emotionally disturbed designation. The expanded IEP team is also required to consider all possible alternatives to out-of-home placement. (Gov. Code, § 7572.5, former Cal. Code Regs, tit. 2, § 60100.) Finally, the expanded IEP team is required to document the

[55] Final Statement of Reasons, page 20.

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pupil's educational and mental health treatment needs that support the recommendation for the placement. (Former Cal. Code Regs, tit. 2, § 60100, subd. (e).)

These activities remain the law and counties are currently eligible for reimbursement for their participation on the expanded IEP team.[56] However, the test claim legislation amended the law with respect to the activities performed by the expanded IEP team.

In 1994, the Legislature added section 7572.55 to the Government Code (Stats. 1994, ch. 1128). Government Code section 7572.55, subdivision (c), requires the expanded IEP team, when a recommendation is made that a child be placed in an *out-of-state* residential facility, to develop a plan for using less restrictive alternatives and in-state alternatives as soon as they become available, unless it is in the best educational interest of the child to remain in the out-of-state school.

In addition, section 60100 of the regulations, as adopted in 1998, requires the expanded IEP team to perform the following activities:

- The expanded IEP team shall document the alternatives to residential placement that were considered and the reasons why they were rejected. (Cal. Code Regs., tit. 2, § 60100, subd. (c).)
- The expanded IEP team shall ensure that placement is in accordance with admission criteria of the facility. (Cal. Code Regs., tit. 2, § 60100, subd. (j).)

The Department of Finance contends that these activities performed by the expanded IEP team do not constitute a new program or higher level of service. The Department states the following:

> It is our interpretation that there is no meaningful difference between the requirements under the prior regulations and the new regulations with respect to identifying, analyzing, and documenting all alternatives to residential placement. The existing activities of considering "all possible alternatives to out-of-home placement" and documenting "the pupil's educational and mental health treatment needs that support the recommendation for the placement" would already include the development of a plan for using less restrictive and in-state alternatives and documentation of the reasons why these alternatives were rejected. It is not clear that the new requirements cited above impose a new or higher level of service.[57]

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[56] For this reason, the Commission agrees with a comments filed by the Counties of Los Angeles and Stanislaus on the draft staff analysis that the county's participation on the expanded IEP team occurs when there is a recommendation for out-of-home placement, regardless of whether the recommendation is for a facility in the state or a facility out of the state. This test claim, however, addresses only the new activities required by the Government Code sections and regulations for which the Commission has jurisdiction (i.e., Gov. Code, § 7572.55, as added by Stats. 1994, ch. 1128, and the 1998 regulations.)

[57] Department of Finance comments to the draft staff analysis.

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The Commission disagrees. First, the activity required by Government Code section 7572.55, subdivision (c), to develop a plan for using less restrictive alternatives and in-state alternatives when a recommendation is made that a child be placed in an out-of-state facility, is a new requirement. Government Code section 7572.55 was *added* by the test claim legislation. Under prior law, the expanded IEP team was only required to "consider" all possible alternatives to residential placement. The express language of prior law did not require the expanded IEP team to develop a plan for using less restrictive alternatives specifically for out-of-state placements. Thus, the Commission finds that Government Code 7572.55, subdivision (c), imposes a new program or higher level of service with regard to the counties' participation on the expanded IEP team.

The Commission further finds that the two activities mandated by section 60100 are new activities, not required under prior law. Section 60100, subdivision (c), requires the expanded IEP team to document the alternatives to residential placement that were considered and the reasons why they were rejected. Under prior law, the expanded IEP team was required to "consider" all possible alternatives to residential placement. Prior law also required the expanded IEP team to document the pupil's educational and mental health treatment needs that support the final recommendation for the placement. But prior law did not require the expanded IEP team to document the alternatives to residential placement that were considered by the team and the reasons why the alternatives were rejected. Thus, the Commission finds that section 60100, subdivision (c), imposes a new program or higher level of service.

Moreover, the Commission finds that the activity required by section 60100, subdivision (j), imposes a new program or higher level of service by requiring, for the first time, that the expanded IEP team ensure that placement is in accordance with admission criteria of the facility.

Finally, when the expanded IEP team determines that it is necessary to place a pupil who is seriously emotionally disturbed in residential care, counties are now required to ensure that: (1) the mental health services are specified in the IEP in accordance with federal law; and (2) the mental health services are provided by qualified mental health professionals.[58] (Cal. Code Regs., tit. 2, § 60100, subd. (i).) Counties were not required to perform these activities under prior law. Therefore, the Commission finds that the activities required by section 60100, subdivision (i), constitute a new program or higher level of service.

E. Case Management Duties for Pupils Placed in Residential Care (Cal. Code Regs., tit. 2, §§ 60100, 60110)

Under existing law, Government Code section 7572.5, subdivision (c)(1), requires the county to act as the lead case manager if the review of the expanded IEP team calls for residential placement of the seriously emotionally disturbed pupil. The statute further

[58] Section 60020 defines "qualified mental health professional" to include the following licensed practitioners of the healing arts: a psychiatrist; psychologist; clinical social worker; marriage, family and child counselor; registered nurse, mental health rehabilitation specialist, and others who have been waivered under Welfare and Institutions Code section 5751.2.

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requires that "the mental health department shall retain financial responsibility for provision of case management services." Former section 60110, subdivision (a), required the following case management duties:

- Convene parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.
- Complete the local mental health program payment authorization in order to initiate out of home care payments.
- Coordinate the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.
- Develop the plan for and assist the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.
- Facilitate the enrollment of the pupil in the residential facility.
- Conduct quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.
- Notify the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.
- Coordinate the six-month expanded IEP team meeting with the local education agency administrator or designee.

Sections 60100 and 60110 of the regulations, as adopted in 1998, require county case managers to perform the following new activities not required under prior law:

- Coordinate the residential placement plan of a pupil with a disability who is seriously emotionally disturbed as soon as possible after the decision has been made to place the pupil in residential placement. The residential placement plan shall include provisions, as determined in the pupil's IEP, for the care, supervision, mental health treatment, psychotropic medication monitoring, if required, and education of the pupil. (Cal. Code Regs., tit, 2, § 60110, subd, (b)(1).)[59]
- When the IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in a community treatment facility, the lead case manager shall ensure that placement is in accordance with

[59] Although the regulation requires the county case manager to plan for the educational needs of a pupil placed in a residential facility, the local educational agency is ultimately responsible for "providing or arranging for the special education and non-mental health related services needed by the pupil. (Cal. Code Regs., tit. 2, § 60110, subd. (b)(2); Final Statement of Reasons, p. 24.)

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admission, continuing stay, and discharge criteria of the community treatment facility. (Cal. Code Regs., tit. 2, § 60110, subd. (b)(3).)[60]

- Identify, in consultation with the IEP team's administrative designee, a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health needs in a manner that is cost-effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment. (Cal. Code Regs, tit. 2, §§ 60100, subd. (e), 60110, subd. (c)(2).) Under prior law, the expanded IEP team identified the placement. (Former Cal. Code Regs., tit. 2, § 60100, subd. (f).)
- Document the determination that no nearby placement alternative that is able to implement the IEP can be identified and seek an appropriate placement that is as close to the parents' home as possible. (Cal. Code Regs., tit. 2, § 60100, subd. (f).)
- Notify the local educational agency that the placement has been arranged and coordinate the transportation of the pupil to the facility if needed. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(7).)
- Facilitate placement authorization from the county's interagency placement committee pursuant to Welfare and Institutions Code section 4094.5, subdivision (e)(1), by presenting the case of a pupil with a disability who is seriously emotionally disturbed prior to placement in a community treatment facility. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(11).)[61]

The Commission finds that the new activities bulleted above constitute a new program or higher level of service.

In addition, the language for some of the case management activities required under existing law was amended by section 60110 of the test claim legislation. Thus, the issue is whether the amended language mandates an increase in the level of service provided by the county case manager.

For example, existing law required counties to "conven[e] parents and representatives of public and private agencies in accordance with subsection (f) of Section 60100 in order to identify the appropriate residential placement." (Former Cal. Code Regs., tit. 2, § 60110,

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[60] A "community treatment facility" is defined in section 60025 of the regulations to mean "any residential facility that provides mental health treatment services to children in a group setting which has the capacity to provide secure confinement. The facility's program components shall be subject to program standards developed and enforced by the State Department of Mental Health pursuant to Section 4094 of the Welfare and Institutions Code."

[61] Welfare and Institutions Code section 4094.5, subdivision (e)(1), states in relevant part that "[t]he child shall, prior to admission, have been determined to be in need of the level of care provided by a community treatment facility, by a county interagency placement committee ..."

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subd. (c)(1).) Section 60110, subdivision (c)(1), as replaced by the test claim legislation, amended the regulation, in relevant part, by requiring the county case manager to include "educational staff" in the meeting. The Commission finds that the requirement to include "educational staff" in the meeting does not increase the level of service required by county case managers. The old regulation required county case managers to convene the meeting with "representatives of public agencies." For purposes of this program, "representatives of public agencies" includes educational staff.[62] Thus, section 60110, subdivision (c)(1), does not impose a new program or higher level of service.

Furthermore, former section 60110, subdivision (c)(8), required case managers to conduct quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services as required by the IEP. That requirement remains the law. However, section 60110, subdivision (c)(8), as replaced by the test claim legislation, requires the case manager to also evaluate "the continuing stay criteria" of a pupil placed in a community treatment facility on a quarterly basis:

> In addition, for children placed in a community treatment facility, an evaluation shall be made within every 90 days of the residential placement of the pupil to determine if the pupil meets the continuing stay criteria as defined in Welfare and Institutions Code section 4094 and implementing mental health regulations.

Pursuant to Department of Mental Health regulations, the continuing stay criteria require the case manager and the community treatment facility psychiatrist to evaluate and document the continued placement of the pupil in the community treatment facility.[63]

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[62] See section 60000 of the regulations, which provides that "this chapter applies to the State Departments of Mental Health, Social Services, and their designated local agencies, and the California Department of Education, school districts, county offices, and special education local plan areas."

[63] California Code of Regulations, title 9, section 1924, defines the "continuing stay criteria" for this program as follows:

> (b) Individuals who are special education pupils identified in paragraph (4) of subdivision (c) of Section 56026 of the Education Code and who are placed in a CTF [community treatment facility] prior to age eighteen (18) pursuant to Chapter 26.5 of the Government Code may continue to receive services through age 21 provided the following conditions are met:
>
> (1) They continue to satisfy the requirements of subsection (a) [documentation by the CTF psychiatrist and the case manager supporting the continued placement of the pupil in the community treatment facility];
>
> (2) They have not graduated from high school;
>
> (3) They sign a consent for treatment and a release of information for CTF staff to communicate with education and county mental health

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The Commission finds that the evaluation every 90 days of the continuing stay criteria of a pupil placed in a community treatment facility, as required by section 60110, subdivision (c)(8), constitutes a new program or higher level of service.

Finally, under prior law, the expanded IEP team was required to review the case progress, the continuing need for out-of-home placement, the extent of compliance with the IEP, and progress toward alleviating the need for out-of-home care "at least every six months." (Gov. Code, § 7572.5, subd. (c)(2).) In addition, former section 60110, subdivision (c)(10), required case managers to "coordinate the six-month expanded IEP team meeting with the local educational agency administrator or designee."

Section 60110, subdivision (c)(10), as adopted by the test claim legislation in 1998, replaced the requirement imposed on the case manager to "coordinate" the expanded six-month IEP team meeting, with the requirement to "schedule and attend" the six-month expanded IEP team meeting. Section 60110, subdivision (c)(10), states the following:

> Schedule and attend the next expanded IEP team meeting with the expanded IEP team's administrative designee within six months of the residential placement of a pupil with a disability who is seriously emotionally disturbed and every six months thereafter as the pupil remains in residential placement.

The Commission finds that section 60110, subdivision (c)(10), increases the level of service required of counties. Under the prior requirement, case managers were required to coordinate the expanded IEP team meeting every six months. Case managers are now required to schedule the meeting. The activities of "coordinating" and "scheduling" are different. To "coordinate" means to "to place in the same order, class, or rank; to harmonize in a common effort; to work together harmoniously." To "schedule" means "to plan or appoint for a certain date or time."[64] In addition, although a representative from the county is a member of the IEP team, there was no requirement that the case manager, who may be a different person than the IEP team member, attend the IEP team meeting.[65] Therefore, the Commission finds that section 60110, subdivision (c)(10), of the regulations constitutes a new program or higher level of service for the activity of scheduling and attending the six-month expanded IEP team meetings.

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professionals after staff have informed them of their rights as an adult;

(4) A CTF obtains an exception from the California Department of Social Services to allow for the continued treatment of the young adult in a CTF… .

[64] Webster's II New College Dictionary (1999) pages 248, 987.

[65] Existing law authorizes the county to delegate the case management responsibilities to the county welfare department. (Gov. Code, § 7572.5, subd. (c)(1).)

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F. Authorize Payments to Out-Of-Home Residential Care Providers (Cal. Code Regs., tit. 2, § 60200, subd. (e))

Pursuant to existing law, counties are financially responsible for 60 percent of the total residential and non-educational costs of a seriously emotionally disturbed pupil placed in an out-of-home residential facility. The residential and non-educational costs include the costs for food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation. (Gov. Code, § 7581, former Cal. Code Regs., tit. 2, § 60200, subd. (e), Welf. & Inst. Code, § 15200, subd. (c)(1).) The counties' financial responsibility for the residential and non-educational costs of pupils placed out of the home remain the law today.

In addition, former section 60200 of the regulations required the county welfare department to issue the payments to providers of out-of-home facilities in accordance with Welfare and Institutions Code section 18351, upon receipt of authorization documents from the State Department of Mental Health *or* a designated county mental health agency. The authorization documents are required to include information sufficient to demonstrate that the child meets all eligibility criteria established in the regulations for this program. (Welf. & Inst. Code, § 18351.)

The county welfare department is still required to issue payments to the residential facilities under section 60200, subdivision (e), of the regulations, as replaced in 1998. However, the regulation now requires the county community mental health service to authorize the payment to the residential facility before the county welfare agency can issue the payment. Subdivision (e) states, "[t]he community mental health service shall be responsible for authorizing payment to the facilities listed in Section 60025 based upon rates established by the Department of Social Services in accordance with Sections 18350 through 18356 of the Welfare and Institutions Code."

The Department of Finance contends that "[a]ccording to the Department of Social Services, there is no meaningful difference between the requirements under the prior regulations and the new regulations with respect to authorizing payments to the out-of-home residential facilities." The Department further states that "the child's mental health caseworker is already required to participate in the development of the IEP, and this IEP could constitute the authorizing paperwork that is presented to the county child welfare department to initiate payment for residential treatment." Thus, the Department argues that "[i]t is not clear that the new requirement . . . would impose a new or higher level of service."[66]

The Commission disagrees with the Department's interpretation of section 60200 of the regulations. The same rules of construction applicable to statutes govern the interpretation of administrative regulations. Thus, the Commission, like a court, should attempt to ascertain the intent of the regulating agency.[67]

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[66] Department of Finance comments to the draft staff analysis.

[67] *Goleta Valley Community Hospital v. Department of Health Services* (1984) 149 Cal.App.3d 1124, 1129.

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As indicated above, prior law specified that either the Department of Mental Health or a designated county mental health agency provided the authorization documents before payment to the residential facility could be issued. According to the final statement of reasons prepared by the Departments of Mental Health and Education for the 1998 regulations, section 60200, subdivision (e), now assigns the responsibility of authorizing payments to the residential facilities solely to the county community mental health service. The final statement of reasons also states that it is the responsibility of the county to determine that the residential placement meets all of the criteria established in Welfare and Institutions Code sections 18350 through 18356. The final statement of reasons for this regulation expressly provides the following:

> Subsection (e) assigns the responsibility for authorizing payment for board and care to the community mental health service. It is the responsibility of the community mental health service to determine that the residential placement meets all of the criteria established in Sections 18350 through 18356 of the Welfare and Institutions Code. These sections of code also refer to Section 11460 of the Welfare and Institutions Code which state that rates will be established by CDSS, and outline certain requirements in order for facilities to be eligible for payment."[68]

Thus, compliance with section 60200, subdivision (e), of the regulations requires the counties to determine that the residential placement meets all of the criteria established in the Welfare and Institutions Code before authorizing payment. The final statement of reasons suggests that the requirement to authorize payment to residential facilities may not be satisfied by simply providing the IEP to the county welfare department.

The Department of Social Services has not provided the Commission with any comments on this test claim. In addition, the argument asserted by the Department of Finance is not supported with documentary evidence or declarations signed under the penalty of perjury, as required by the Commission's regulations. (Cal. Code Regs., tit. 2, § 1183.02, subd. (c).)

Accordingly, the Commission finds that authorizing payments to the residential facilities in accordance with section 60200, subdivision (e), constitutes a new program or higher level of service.

G. Provide Psychotherapy or Other Mental Health Treatment Services (Cal. Code Regs, tit. 2, §§ 60020, subd. (i), 60050, subd. (b), 60200, subd. (c))

Pursuant to existing law, counties are required to provide psychotherapy or other mental health treatment services to a pupil, either directly or by contract, when required by the pupil's IEP. (Gov. Code, § 7576; former Cal. Code Regs., tit. 2, § 60200, subd. (b).) Under the former regulations, "psychotherapy and other mental health services" were defined to include the day services and outpatient services identified in sections 542 and 543 of the Department of Mental Health regulations. (Former Cal. Code Regs., tit. 2, § 60020, subd. (a).)

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[68] Final Statement of Reasons, page 26.

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The regulations adopted by the Departments of Education and Mental Health in 1998 modified these activities. For example, section 60200, subdivision (c)(1), adds new requirements when a pupil receives mental health services in a host county. Under such circumstances, the county of origin (the county where the parent resides, the pupil receives adoption assistance, or where the pupil is a ward of the court, for example) is financially responsible for the mental health services, even though the services are provided in a host county. (Cal. Code Regs., tit. 2, § 60200, subd. (c).) Section 60200, subdivision (c)(1), states the following:

> The host county shall be responsible for making its provider network available and shall provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals. Counties of origin shall negotiate with host counties to obtain access to limited resources, such as intensive day treatment and day rehabilitation.

Thus, the Commission finds that section 60200, subdivision (c)(1), of the regulations mandates a new program or higher level of service for the following new activities:

- The host county shall make its provider network available and provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals.
- The county of origin shall negotiate with the host county to obtain access to limited resources, such as intensive day treatment and day rehabilitation.

In addition, section 60020, subdivision (i), changed the definition of mental health services. As indicated above, the former regulations defined "psychotherapy and other mental health services" to include the day services and outpatient services identified in sections 542 and 543 of the Department of Mental Health regulations. (Former Cal. Code Regs., tit. 2, § 60020, subd. (a).) Under the prior regulations, these services included the following: day care intensive services, day care habilitative (counseling and rehabilitative) services, vocational services, socialization services, collateral services, assessment, individual therapy, group therapy, medication (including the prescribing, administration, or dispensing of medications, and the evaluation of side effects and results of the medication), and crisis intervention.

Section 60020, subdivision (i), of the regulations, now defines "mental health services" as follows:

> "Mental health services" means mental health assessment and the following services when delineated on an IEP in accordance with Section 7572(d) of the Government Code: psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin.

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Section 60020 of the test claim regulations continues to include mental health assessments, collateral services, intensive day treatment, and day rehabilitation within the definition of "mental health services." These services are not new.[69]

However, the activities of crisis intervention, vocational services, and socialization services were deleted by the test claim regulations. The final statement of reasons, in responding to a comment that these activities remain in the definition of "mental health services," states the following:

> The provision of vocational services is assigned to the State Department of Rehabilitation by Government Code section 7577.
>
> Crisis service provision is delegated to be "from other public programs or private providers, as appropriate" by these proposed regulations in Section 60040(e) because crisis services are a medical as opposed to educational service. They are, therefore, excluded under both the Tatro and Clovis decisions. These precedents apply because "medical" specialists must deliver the services. A mental health crisis team involves specialized professionals. Because of the cost of these professional services, providing these services would be a financial burden that neither the schools nor the local mental health services are intended to address in this program.
>
> The hospital costs of crisis service provision are explicitly excluded from this program in the Clovis decision for the same reasons.
>
> Additionally, the IEP process is one that responds slowly due to the problems inherent in convening the team. It is, therefore, a poor avenue for the provision of crisis services. While the need for crisis services can be a predictable requirement over time, the particular medical requirements of the service are better delivered through the usual local mechanisms established specifically for this purpose.[70]

Thus, counties are not eligible for reimbursement for providing crisis intervention, vocational services, and socialization services since these activities were repealed as of July 1, 1998.

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[69] The County of Los Angeles, in comments to the draft staff analysis, argues that all activities specified in section 60020, subdivision (i), should be reimbursable under this test claim. The County of Stanislaus filed similar comments. As indicated in the analysis, however, the activities of mental health assessments, collateral services, intensive day treatment, and case management, are not new activities. Counties were required to perform these activities under the prior regulations. (Former Cal. Code Regs., tit. 2, § 60020, subd. (a).) Reimbursement for the activities of mental health assessments, collateral services, intensive day treatment, and case management, are addressed in the reconsideration of the original *Handicapped and Disabled Students* program (04-RL-4282-10).

[70] Final Statement of Reasons, pages 55-56.

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Nevertheless, section 60020 of the regulations increases the level of service of counties providing mental health services by including case management services and "psychotherapy" within the meaning of "mental health services." The regulation defines psychotherapy to include both individual and group therapy, based on the definition in Business and Professions Code section 2903. Business and Professions Code section 2903 states in relevant part the following:

> No person may engage in the practice of psychology, or represent himself or herself to be a psychologist, without a license granted under this chapter, except as otherwise provided in this chapter. The practice of psychology is defined as rendering or offering to render for a fee to individuals, groups, organizations or the public any psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.
>
> The application of these principles and methods includes, but is not restricted to: diagnosis, prevention, treatment, and amelioration of psychological problems and emotional and mental disorders of individuals and groups.
>
> Psychotherapy within the meaning of this chapter means the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffectual or maladjustive.

The Commission finds that providing the services of case management and psychotherapy, as defined in Business and Professions Code section 2903, to a pupil when required by the pupil's IEP constitutes a new program or higher level of service.

Furthermore, under prior law, mental health services included prescribing, administering, and dispensing medications, and evaluating the side effects and results of the medication. Section 60020, subdivision (i), now includes "medication monitoring" within the provision of mental health services. "Medication monitoring" is defined in section 60020, subdivision (f), as follows:

> "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, and monitoring of psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness.

The Department of Finance argues that "medication monitoring" does not increase the level of service provided by counties. The Department states the following:

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> It is our interpretation that there is no meaningful difference between the medication requirements under the prior regulations and the new regulations of the test claim. The existing activities of "dispensing of medications, and the evaluation of side effects and results of medication" are in fact activities of medication monitoring and seem representative of all aspects of medication monitoring. To the extent that counties are already required to evaluate the "side effects and results of medication," it is not clear that the new requirement of "medication monitoring" imposes a new or higher level of service.[71]

The Commission disagrees with the Department's interpretation of section 60020, subdivisions (i) and (f), of the regulations, and finds that "medication monitoring" as defined in the regulation increases the level of service required of counties.

The same rules of construction applicable to statutes govern the interpretation of administrative regulations.[72] Under the rules of statutory construction, it is presumed that the Legislature or the administrative agency intends to change the meaning of a law or regulation when it materially alters the language used.[73] The courts will not infer that the intent was only to clarify the law when a statute or regulation is amended unless the nature of the amendment clearly demonstrates the case.[74]

In the present case, the test claim regulations, as replaced in 1998, materially altered the language regarding the provision of medication. The activity of "dispensing" medications was deleted from the definition of mental health services. In addition, the test claim regulations deleted the phrase "evaluating the side effects and results of the medication," and replaced the phrase with "monitoring of psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness." The definitions of "evaluating" and "monitoring" are different. To "evaluate" means to "to examine carefully; appraise."[75] To "monitor" means to "to keep watch over; supervise."[76] The definition of "monitor" and the regulatory language to monitor the "psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness" indicate that the activity of "monitoring" is an ongoing activity necessary to ensure that the pupil receives a free and appropriate education under federal law. This interpretation is supported by the final statement of reasons for the adoption of the language in section 60020, subdivision (f), which state that the regulation was intended to make it

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[71] Department of Finance comments to draft staff analysis.

[72] *Goleta Valley Community Hospital v. Department of Health Services* (1984) 149 Cal.App.3d 1124, 1129.

[73] *Garrett v. Young* (2003) 109 Cal.App.4th 1393, 1404-1405.

[74] *Medina v. Board of Retirement, Los Angeles County Employees Retirement Assn.* (2003) 112 Cal.App.4th 864, 869-870.

[75] Webster's II New College Dictionary (1999) page 388.

[76] *Id.* at page 708.

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clear that "medication monitoring" is an educational service that is provided pursuant to an IEP, rather than a medical service that is not allowable under the program.[77]

Neither the Department of Mental Health nor the Department of Education, agencies that adopted the regulations, filed substantive comments on this test claim. Thus, there is no evidence in the record to contradict the finding, based on the rules of statutory construction, that "medication monitoring" increases the level of service on counties.

Therefore, the Commission finds that the activity of "medication monitoring," as defined in section 60020, subdivisions (f) and (i), constitutes a new program or higher level of service.

Finally, section 60050 was added by the test claim legislation to address the completion or termination of IEP health services. In relevant part, section 60050, subdivision (b), states the following:

> When completion or termination of IEP specified health services is mutually agreed upon by the parent and the community mental health service, or when the pupil is no longer participating in treatment, the community mental health service shall notify the parent and the LEA which shall schedule an IEP meeting to discuss and document this proposed change it if is acceptable to the IEP team.

The Commission finds that section 60050, subdivision (b), mandates a new program or higher level of service by requiring counties to notify the parent and the local educational agency when the parent and the county mutually agree upon the completion or termination of the service, or when the pupil is no longer participating in treatment.

H. Participation in Due Process Hearings (Cal. Code Regs., tit. 2, § 60550)

The County of Los Angeles argues that a county's participation in a due process hearing, which resolves disputes between a parent and a public agency regarding special education and related services, is reimbursable. The County further argues that reimbursement should cover the costs for "participation in mediation conferences, travel costs associated with dispute resolution, preparation of witnesses and documentary evidence, as well as participation in administrative hearings ..."[78] The Commission disagrees.

Under existing law, due process procedures are in place to resolve disputes between a parent and a public agency regarding the special education and related services, including mental health services provided to a pupil by a county under the Handicapped and Disabled Students program. Government Code section 7586, as originally enacted in 1984, requires all state departments and their designated local agencies, including counties, to be governed by the procedural due process protections required by federal law. Government Code section 7586, subdivision (a), states the following:

> All state departments, and their designated local agencies, shall be governed by the procedural safeguards required in Section 1415 of

[77] Final Statement of Reasons, page 7.

[78] County of Los Angeles' comments to the draft staff analysis.

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> Title 20 of the United States Code. A due process hearing arising over a related service or designated instruction and service shall be filed with the Superintendent of Public Instruction. Resolution of all issues shall be through the due process hearing process established in Chapter 5 (commencing with Section 56500) of Part 30 of Division 4 of the Education Code. The decision issued in the due process hearing shall be binding on the department having responsibility for the services in issue as prescribed by this chapter.

Pursuant to the former regulations, counties were required to participate in the due process hearings relating to issues involving mental health assessments or services and were required to prepare documentation and provide testimony supporting the county's position. (Former Cal. Code Regs., tit. 2, § 60550.) Counties are currently eligible for reimbursement for their participation in the due process hearings.

The test claim legislation, section 60550 of the regulations, as enacted in 1998, does not increase the level of service provided by counties with respect to the due process hearings. Counties are still subject to the due process hearing procedures as they were under prior law, and are still required to prepare documentation and provide testimony to support its position. According to the final statement of reasons, the amendments in the regulation, with respect to the county, simply reflect the deletion of the Office of Administrative Hearings from the hearing process.

Therefore, the Commission finds that section 60550 does not mandate that counties perform new activities or increase their level of service. Therefore, section 60550 of the regulations does not impose a new program or higher level of service on counties.

I. Compliance Complaints (Cal. Code Regs., tit. 2, § 60560)

The County of Stanislaus requests reimbursement for defending against an allegation that the county has not complied with the regulations for this program, in accordance with section 60560 of the regulations. Section 60560 states that "[a]llegations of failure by an LEA, Community Mental Health Services or CCS to comply with these regulations, shall be resolved pursuant to [sections 4600 et seq. of the Department of Education regulations]."

The Commission finds that the compliance complaint procedure established by section 60560 does not constitute a new program or higher level of service. The compliance complaint procedures, as they relate to the counties' participation in the Handicapped and Disabled Students program, have been in the law since 1991. Section 4650 of the Department of Education regulations (the regulation cited as the authority for section 60560 of the joint regulations in this case) addresses compliance complaints and was adopted in 1991.[79] Section 4650, subdivision (a)(viii), states in relevant part the following:

> For complaints relating to special education the following shall also be conditions for direct state intervention:

[79] California Code of Regulations, title 5, section 4650.

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> (A) The complainant alleges that a public agency, other than a local educational agency, as specified in Government Code section 7570 et seq., fails or refuses to comply with an applicable law or regulation relating to the provision of free appropriate public education to handicapped individuals ...

Therefore, the Commission finds that section 60560 does not constitute a new program or higher level of service.

J. Interagency Dispute Resolution (Cal. Code Regs., tit. 2, §§ 60600, 60610)

The County of Stanislaus requests reimbursement for the counties' participation in interagency dispute resolution procedures, in accordance with sections 60600 and 60610 of the regulations. These regulations implement Government Code section 7585, which was enacted in 1984. Government Code section 7585 provides that whenever any department or local agency designated by that department fails to provide a related service specified in a pupil's IEP, the parent, adult pupil, or any local educational agency shall submit a written notification of the failure to provide the service to the Superintendent of Public Instruction or the Secretary of Health and Welfare. The superintendent and the secretary, or their designees, shall meet to resolve the issue within 15 days. If the issue cannot be resolved, the matter is referred to the Office of Administrative Hearings, whose decision is binding on the parties. Under prior regulations (former section 60610), once the dispute resolution procedures have been completed, the agency determined responsible for the service shall pay for, or provide the service, and shall reimburse the other agency that provided the service, if applicable.

Sections 60600 and 60610, as adopted in 1998, do not change the prior dispute resolution procedures. The level of participation by the county under the interagency dispute resolution procedures remains the same.

Therefore, the Commission finds that sections 60600 and 60610 of the regulations do not mandate a new program or higher level of service on counties.

Issue 4: Do the test claim statutes and regulations impose costs mandated by the state within the meaning of article XIII B, section 6 and Government Code section 17514?

As indicated above, the Commission finds that the following activities mandate a new program or higher level of service on counties:

1. Interagency Agreements (Cal. Code Regs., tit. 2, § 60030)
   - The one-time activity of revising the interagency agreement with each local educational agency to include the following eight procedures:
     - Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute, pursuant to Government Code section 7575, subdivision (f). For purposes of this subdivision only, the term "appropriate" means any service identified in the pupil's IEP, or any service the pupil actually was receiving at the time of the interagency dispute. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(2).)

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- A host county to notify the community mental health service of the county of origin within two (2) working days when a pupil with a disability is placed within the host county by courts, regional centers or other agencies for other than educational reasons. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(4).)
- Development of a mental health assessment plan and its implementation. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(5).)
- At least ten (10) working days prior notice to the community mental health service of all IEP team meetings, including annual IEP reviews, when the participation of its staff is required. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(7).)
- The provision of mental health services as soon as possible following the development of the IEP pursuant to section 300.342 of Title 34 of the Code of Federal Regulations. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(9).)
- The provision of a system for monitoring contracts with nonpublic, nonsectarian schools to ensure that services on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(14).)
- The development of a resource list composed of qualified mental health professionals who conduct mental health assessments and provide mental health services. The community mental health service shall provide the LEA with a copy of this list and monitor these contracts to assure that services as specified on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(15).)
- Mutual staff development for education and mental health staff pursuant to Government Code section 7586.6, subdivision (a). (Cal. Code Regs., tit. 2, § 60030, subd. (c)(17).)

2. Referral and Mental Health Assessments (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60040, 60045)

- Work collaboratively with the local educational agency to ensure that assessments performed prior to referral are as useful as possible to the community mental health service in determining the need for mental health services and the level of services needed. (Gov. Code, § 7576, subd. (b)(1).)
- A county that receives a referral for a pupil with a different county of origin shall forward the referral within one working day to the county of origin. (Gov. Code, § 7576, subd. (g); Cal. Code Regs., tit. 2, § 60040, subd. (g).)
- If the county determines that a mental health assessment is not necessary, the county shall document the reasons and notify the parents and the local educational agency of the county determination within one day. (Cal Code Regs., tit. 2, § 60045, subd. (a)(1).)

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- If the county determines that the referral is incomplete, the county shall document the reasons, notify the local educational agency within one working day, and return the referral. (Cal. Code Regs., tit. 2, § 60045, subd. (a)(2).)
- Notify the local educational agency when an assessment is determined necessary. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)
- Provide the assessment plan to the parent. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)
- Report back to the referring local educational agency or IEP team within 30 days from the date of the receipt of the referral if no parental consent for a mental health assessment has been obtained. (Cal. Code Regs., tit. 2, § 60045, subd. (c).)
- Notify the local educational agency within one working day after receipt of the parent's written consent for the mental health assessment to establish the date of the IEP meeting. (Cal. Code Regs., tit. 2, § 60045, subd. (d).)
- Provide the parent with written notification that the parent may require the assessor to attend the IEP meeting to discuss the recommendation when the parent disagrees with the assessor's mental health service recommendation. (Cal. Code Regs., tit. 2, § 60045, subd. (f).)
- The county of origin shall prepare yearly IEP reassessments to determine the needs of a pupil. (Cal. Code Regs., tit. 2, § 60045, subd. (h).)

3. Transfers and Interim Placements (Cal. Code Regs., tit. 2, § 60055)
   - Following a pupil's transfer to a new school district, the county shall provide interim mental health services, as specified in the existing IEP, for thirty days, unless the parent agrees otherwise.
   - Participate as a member of the IEP team of a transfer pupil to review the interim services and make a determination of services.
4. Participate as a Member of the Expanded IEP Team When Residential Placement of a Pupil is Recommended (Gov. Code, § 7572.55; Cal Code Regs., tit. 2, § 60100)
   - When a recommendation is made that a child be placed in an out-of-state residential facility, the expanded IEP team, with the county as a participant, shall develop a plan for using less restrictive alternatives and in-state alternatives as soon as they become available, unless it is in the best educational interest of the child to remain in the out-of-state school. (Gov. Code, § 7572.55, subd. (c).)
   - The expanded IEP team, with the county as a participant, shall document the alternatives to residential placement that were considered and the reasons why they were rejected. (Cal. Code Regs., tit. 2, § 60100, subd. (c).)

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- The expanded IEP team, with the county as a participant, shall ensure that placement is in accordance with the admission criteria of the facility. (Cal. Code Regs., tit. 2, § 60100, subd. (j).)
- When the expanded IEP team determines that it is necessary to place a pupil who is seriously emotionally disturbed in residential care, counties shall ensure that: (1) the mental health services are specified in the IEP in accordance with federal law, and (2) the mental health services are provided by qualified mental health professionals. (Cal. Code Regs., tit. 2, § 60100, subd. (i).)

5. Case Management Duties for Pupils Placed in Residential Care (Cal. Code Regs., tit. 2, §§ 60100, 60110)

- Coordinate the residential placement plan of a pupil with a disability who is seriously emotionally disturbed as soon as possible after the decision has been made to place the pupil in residential placement. The residential placement plan shall include provisions, as determined in the pupil's IEP, for the care, supervision, mental health treatment, psychotropic medication monitoring, if required, and education of the pupil. (Cal. Code Regs., tit, 2, § 60110, subd, (b)(1).)
- When the IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in a community treatment facility, the lead case manager shall ensure that placement is in accordance with admission, continuing stay, and discharge criteria of the community treatment facility. (Cal. Code Regs., tit. 2, § 60110, subd. (b)(3).)
- Identify, in consultation with the IEP team's administrative designee, a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health needs in a manner that is cost-effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment. (Cal. Code Regs, tit. 2, §§ 60100, subd. (e), 60110, subd. (c)(2).)
- Document the determination that no nearby placement alternative that is able to implement the IEP can be identified and seek an appropriate placement that is as close to the parents' home as possible. (Cal. Code Regs., tit. 2, § 60100, subd. (f).)
- Notify the local educational agency that the placement has been arranged and coordinate the transportation of the pupil to the facility if needed. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(7).)
- Facilitate placement authorization from the county's interagency placement committee pursuant to Welfare and Institutions Code section 4094.5, subdivision (e)(1), by presenting the case of a pupil with a disability who is seriously emotionally disturbed prior to placement in a community treatment facility. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(11).)

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- Evaluate every 90 days the continuing stay criteria, as defined in Welfare and Institutions Code section 4094, of a pupil placed in a community treatment facility. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(8).)
- Schedule and attend the next expanded IEP team meeting with the expanded IEP team's administrative designee within six months of the residential placement of a pupil with a disability who is seriously emotionally disturbed and every six months thereafter as the pupil remains in residential placement. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(10).)

6. Authorize Payments to Out-Of-Home Residential Care Providers (Cal. Code Regs., tit. 2, § 60200, subd. (e))
   - Authorize payments to residential facilities based on rates established by the Department of Social Services in accordance with Welfare and Institutions Code sections 18350 and 18356.
7. Provide Psychotherapy or Other Mental Health Treatment Services (Cal. Code Regs., tit. 2, §§ 60020, subd. (i), 60050, subd. (b), 60200, subd. (c))
   - The host county shall make its provider network available and provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)
   - The county of origin shall negotiate with the host county to obtain access to limited resources, such as intensive day treatment and day rehabilitation. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)
   - Provide case management services to a pupil when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)
   - Provide individual or group psychotherapy services, as defined in Business and Professions Code section 2903, when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)
   - Provide medication monitoring services when required by the pupil's IEP. "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, and monitoring of psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subds. (f) and (i).)
   - Notify the parent and the local educational agency when the parent and the county mutually agree upon the completion or termination of a service, or when the pupil is no longer participating in treatment. ((Cal. Code Regs., tit. 2, § 60050, subd. (b).)

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In order for the activities listed above to impose a reimbursable, state-mandated program under article XIII B, section 6 of the California Constitution, two additional elements must be satisfied. First, the activities must impose costs mandated by the state pursuant to Government Code section 17514.[80] Second, the statutory exceptions to reimbursement listed in Government Code section 17556 cannot apply.

Government Code section 17514 defines "costs mandated by the state" as any increased cost a local agency or school district is required to incur as a result of a statute that mandates a new program or higher level of service.

Government Code section 17556 states that the Commission shall not find costs mandated by the state, as defined in section 17514, in any claim submitted by a local agency or school district, if, after a hearing, the commission finds that:

> (a) The claim is submitted by a local agency or school district that requested legislative authority for that local agency or school district to implement the program specified in the statute, and that statute imposes costs upon that local agency or school district requesting the legislative authority. A resolution from the governing body or a letter from a delegated representative of the governing body of a local agency or school district that requests authorization for that local agency or school district to implement a given program shall constitute a request within the meaning of this paragraph.
>
> (b) The statute or executive order affirmed for the state a mandate that had been declared existing law or regulation by action of the courts.
>
> (c) The statute or executive order imposes a requirement that is mandated by a federal law or regulation and results in costs mandated by the federal government, unless the statute or executive order mandates costs that exceed the mandate in that federal law or regulation. This subdivision applies regardless of whether the federal law or regulation was enacted or adopted prior to or after the date on which the state statute or executive order was enacted or issued.
>
> (d) The local agency or school district has the authority to levy service charges, fees, or assessments sufficient to pay for the mandated program or increased level of service.
>
> (e) The statute, executive order, or an appropriation in a Budget Act or other bill provides for offsetting savings to local agencies or school districts that result in no net costs to the local agencies or school districts, or includes additional revenue that was specifically intended to fund the costs of the state mandate in an amount sufficient to fund the cost of the state mandate.
>
> (f) The statute or executive order imposed duties that were expressly included in a ballot measure approved by the voters in a statewide or local election.

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[80] See also, *Lucia Mar Unified School Dist.*, *supra*, 44 Cal.3d 830, 835.

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> (g) The statute created a new crime or infraction, eliminated a crime or infraction, or changed the penalty for a crime or infraction, but only for that portion of the statute relating directly to the enforcement of the crime or infraction.

Except for Government Code section 17556, subdivision (e), the Commission finds that the exceptions listed in section 17556 are not relevant to this claim, and do not apply here. Since the Legislature has appropriated funds for this program, however, Government Code section 17556, subdivision (e), is relevant and is analyzed below.

A. Government Code section 17556, subdivision (e), does not apply to deny this claim

Government Code section 17556, subdivision (e), states the Commission shall not find costs mandated by the state if the Commission finds that:

> The statute, executive order, or an appropriation in a Budget Act or other bill provides for offsetting savings to local agencies or school districts that result in no net costs to the local agencies or school districts, *or includes additional revenue that was specifically intended to fund the costs of the state mandate in an amount sufficient to fund the cost of the state mandate*. (Emphasis added.)

Thus, in order for Government Code section 17556, subdivision (e), to apply to deny this claim, the plain language of the statute requires that two elements be satisfied. First, the statute must include additional revenue that was specifically intended to fund the costs of the state mandate. Second, the appropriation must be in an amount sufficient to fund the cost of the state mandate.

For the reasons provided below, the Commission finds that Government Code section 17556, subdivision (e), does not apply to deny this claim.

The reimbursement period of this test claim, if approved by the Commission, would begin July 1, 2001. The Budget Act of 2001 appropriated funds to counties specifically for this program in the amounts of $12,334,000 and $46,944,000.[81] The Budget Act of 2002 appropriated $1000 to counties.[82]

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[81] Statutes 2001, chapter 106, items 4440-131-0001 and 4440-295-0001. Item 4440-295-0001, however, is an appropriation, pursuant to article XIII B, section 6, for the original program approved by the Commission in CSM 4282, *Handicapped and Disabled Students* (Stats. 1984, ch. 1747; Stats. 1985, ch. 1274; and on Cal. Code Regs., tit.2, §§ 60000 through 60610 (Emergency Regulations filed December 31, 1985, designated effective January 1, 1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28)).

[82] Statutes 2002, chapter 379, item 4440-295-0001. Item 4440-295-0001 is an appropriation, pursuant to article XIII B, section 6, for the original program added approved by the Commission in CSM 4282, *Handicapped and Disabled Students* (Stats. 1984, ch. 1747; Stats. 1985, ch. 1274; and on Cal. Code Regs., tit.2, §§ 60000 through 60610 (Emergency Regulations filed December 31, 1985, designated effective January 1,

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The Commission finds that the amount appropriated in 2001 and 2002 are not sufficient to fund the cost of the state mandate and, thus, the second element under Government Code section 17556, subdivision (e), has not been satisfied. According to the State Controller's Deficiency Report issued on May 2, 2005, the unpaid claims for fiscal year 2001-02 total $124,940,258. The unpaid claims for fiscal year 2002-03 total $124,871,698.[83]

In addition, the Budget Acts of 2003 and 2004 contain appropriations "considered offsetting revenues within the meaning of Government Code section 17556, subdivision (e)." However, for the reasons provided below, the Commission finds that Government Code section 17556, subdivision (e), has not been satisfied with these appropriations.

The Budget Act of 2003 appropriated $69 million to counties from the federal special education fund to be used exclusively to support mental health services identified in a pupil's IEP and provided during the 2003-04 fiscal year by county mental health agencies pursuant to the test claim legislation. (Stats. 2003, ch. 157, item 6110-161-0890, provision 17.) The bill further states in relevant part that the funding shall be considered offsetting revenue pursuant to Government Code section 17556, subdivision (e):

> This funding shall be considered offsetting revenues within the meaning of subdivision (e) of section 17556 of the Government Code for any reimbursable mandated cost claim for provision of these mental health services provided in 2003-04.

The Budget Act of 2004 similarly appropriated $69 million to counties from the federal special education fund to be used exclusively to support mental health services provided during the 2004-05 fiscal year pursuant to the test claim legislation. (Stats. 2004, ch. 208, item 6110-161-0890, provision 10.) The appropriation in 2004 was made as follows:

> Pursuant to legislation enacted in the 2003-04 Regular Session, of the funds appropriated in Schedule (4) of this item, $69,000,000 shall be used exclusively to support mental health services provided during the

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1986 (Register 86, No. 1) and refiled June 30, 1986, designated effective July 12, 1986 (Register 86, No. 28)).

[83] The Deficiency Report is prepared pursuant to Government Code section 17567. Government Code section 17567 requires that in the event the amount appropriated for reimbursement of a state-mandated program is not sufficient to pay all of the claims approved by the Controller, the Controller shall prorate claims in proportion to the dollar amount of approved claims timely filed and on hand at the time of proration. The Controller shall then issue a report of the action to the Department of Finance, the Chairperson of the Joint Legislative Budget Committee, and the Chairperson of the respective committee in each house of the Legislature that considers appropriations. The Deficiency Report is, thus, an official record of a state agency and is properly subject to judicial notice by the court. (*Munoz v. State* (1995) 33 Cal.App.4th 1767, 1773, fn. 2; *Chas L. Harney, Inc. v. State of California* (1963) 217 Cal.App.2d 77, 85-87.)

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> 2004-05 fiscal year by county mental health agencies pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of the Government Code and that are included within an individualized education program pursuant to the Federal Individuals with Disabilities Education Act (IDEA).

The Budget Act of 2004 does not expressly identify the $69 million as "offsetting revenues within the meaning of Government Code section 17556, subdivision (e)." But the statute does contain language that the appropriation was made "[p]ursuant to legislation enacted in the 2003-04 Regular Session." As indicated above, it is the 2003-04 Budget Bill that contains the language regarding the Legislature's intent that the $69 million is considered offsetting revenue within the meaning of Government Code section 17556, subdivision (e).

The Commission finds that the Legislature intended to fund the costs of this state-mandated program for fiscal year 2004-05 based on the language used by the Legislature that the funds "shall be considered offsetting revenues within the meaning of Government Code section 17556, subdivision (e)." Under the rules of statutory construction, it is presumed that the Legislature is aware of existing laws and that it enacts new laws in light of the existing law.[84] In this case, the Legislature specifically referred to Government Code section 17556, subdivision (e), when appropriating the $69 million. Thus, it must be presumed that the Legislature was aware of the plain language of Government Code section 17556, subdivision (e), and that its application results in a denial of a test claim.

But, based on public records, the second element under Government Code section 17556, subdivision (e), requiring that the appropriation must be *in an amount sufficient* to fund the cost of the state mandate, has not been satisfied. According to the State Controller's Deficiency Report issued on May 2, 2005, the amounts appropriated for this program in fiscal years 2003-04 and 2004-05 are not sufficient to pay the claims approved by the State Controller's Office. Unpaid claims for fiscal year 2003-04 total $66,915,606. The unpaid claims for fiscal year 2004-05 total $68,958,263.[85]

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[84] *Williams v. Superior Court* (2001) 92 Cal.App.4th 612, 624.

[85] The State Controller's Deficiency Report lists the total unpaid claims for the following fiscal years as follows:

1999 and prior Local Government Claims Bills	$ 8,646
2001-02	124,940,258
2002-03	124,871,698
2003-04	66,915,606
2004-05	68,958,263

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This finding is further supported by the 2004 report published by Stanford Law School, which states "$69 million represented only approximately half of the total funding necessary to maintain AB 3632 services."[86]

Accordingly, the Commission finds that Government Code section 17556, subdivision (e), does not apply to deny this claim. Eligible claimants are, however, required to identify the funds received during fiscal years 2001-02 through 2004-05 as an offset to be deducted from the costs claimed.[87]

Based on the program costs identified by the State Controller's Office, the Commission further finds that counties do incur increased costs mandated by the state pursuant to Government Code section 17514 for this program. However, as more fully discussed below, the state has amended cost-sharing mechanisms for some of the mandated activities that affect the total costs incurred by a county.

B. Increased costs mandated by the state for providing psychotherapy and other mental health services.

In *Handicapped and Disabled Students* (CSM 4282), the Commission determined that the costs incurred for providing psychotherapy or other mental health treatment services were subject to the Short-Doyle Act. Under the Short-Doyle Act, the state paid 90 percent of the total costs of mental health treatment services and the counties paid the remaining 10 percent. Thus, the Commission concluded that counties incurred increased costs mandated by the state in an amount that equaled 10 percent of the total psychotherapy or other mental health treatment costs. In 1993, the Sixth District Court of Appeal agreed with the Commission's conclusion.[88]

In 1991, the Legislature enacted realignment legislation that repealed the Short-Doyle Act and replaced the sections with the Bronzan-McCorquodale Act. (Stats. 1991, ch. 89, §§ 63 and 173.) The realignment legislation became effective on June 30, 1991. The parties have disputed whether the Bronzan-McCorquodale Act keeps the cost-sharing ratio, with the state paying 90 percent and the counties paying 10 percent, for the cost of psychotherapy or other mental health treatment services for special education pupils.

The Commission finds, however, that the Commission does not need to resolve that dispute for purposes of this test claim. Section 38 of Statutes 2002, chapter 1167 (Assem. Bill 2781) prohibits the funding provisions of the Bronzan-McCorquodale Act from affecting the responsibility of the state to fund psychotherapy and other mental health treatment services for handicapped and disabled pupils and requires the state to provide reimbursement to counties for those services for all allowable costs incurred. Section 38 also states the following:

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[86] "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004, page 20.

[87] Government Code section 17514; California Code of Regulations, title 2, section 1183.1.

[88] *County of Santa Clara v. Commission on State Mandates*, Sixth District Court of Appeal Case No. H009520, filed January 11, 1993 (unpubl.)

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> *For reimbursement claims for services delivered in the 2001-02 fiscal year and thereafter*, counties are *not* required to provide any share of those costs or to fund the cost of any part of these services with money received from the Local Revenue Fund [i.e. realignment funds]. (Emphasis added.)

In addition, Senate Bill 1895 (Stats. 2004, ch. 493, § 6) states that realignment funds used by counties for this program "are eligible for reimbursement from the state *for all allowable costs* to fund assessments, psychotherapy, and other mental health services . . . .," and that the finding by the Legislature is "declaratory of existing law." (Emphasis added.)

Therefore, beginning July 1, 2001, the 90 percent-10 percent cost-sharing ratio for the costs incurred for psychotherapy and other mental health treatment services no longer applies. Since the period of reimbursement for purposes of this reconsideration begins July 1, 2001, and section 38 of Statutes 2002, chapter 1167 is still in effect, all of the county costs for psychotherapy or other mental health treatment services are reimbursable, less any applicable offsets that are identified below.

C. Identification of offsets

Reimbursement under article XIII B, section 6 and Government Code section 17514 is required only for the increased costs mandated by the state. As determined by the California Supreme Court, the intent behind section 6 was to prevent the state from forcing new programs on local governments that require an increased expenditure by local government of their limited tax revenues.[89]

Government Code section 7576.5 states the following:

> If funds are appropriated to local educational agencies to support the costs of providing services pursuant to this chapter, the local educational agencies shall transfer those funds to the community mental health services that provide services pursuant to this chapter in order to reduce the local costs of providing these services. These funds shall be used exclusively for programs operated under this chapter and are offsetting revenues in any reimbursable mandate claim relating to special education programs and services.

Government Code section 7576.5 was added by the Legislature in 2003 (Stats. 2003, ch. 227) and became operative and effective on August 11, 2003. Thus, the Commission finds money received by counties pursuant to Government Code section 7576.5 shall be identified as an offset and deducted from the costs claimed.

In addition, any direct payments or categorical funds appropriated by the Legislature to the counties specifically for this program shall be identified as an offset and deducted from the costs claimed. This includes the appropriations made by the Legislature in the Budget Act of 2001, which appropriated funds to counties in the amount of $12,334,000

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[89] *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 487; *County of San Diego, supra*, 15 Cal.4th at page 81.

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and the $69 million appropriations in 2003 and 2004.[90] The appropriations made by the Legislature in 2001 and 2002, under Item 4440-295-0001 (appropriations of $46,944,000 and $1000, respectively), however, were expressly made pursuant to article XIII B, section 6 for purposes of reimbursing the original program approved by the Commission in CSM 4282, *Handicapped and Disabled Students*.[91] Since the Commission does not have jurisdiction in this test claim over the reimbursement of the statutes and regulations pled in the original test claim (CSM 4282), the Commission finds that the 2001 appropriation of $46,944,000 and the 2002 appropriation of $1000 are not required to be identified as an offset and deducted from the costs claimed here.

Furthermore, to the extent counties obtain private insurance proceeds with the consent of a parent for purposes of this program, such proceeds must be identified as an offset and deducted from the costs claimed. Federal law authorizes public agencies to access private insurance proceeds for services provided under the IDEA if the parent consents.[92] Thus, this finding is consistent with the California Supreme Court's decision in *County of Fresno v. State of California*. In the *County of Fresno* case, the court clarified that article XIII B, section 6 requires reimbursement by the state only for those expenses that are recoverable from tax revenues. Reimbursable costs under article XIII B, section 6, do not include reimbursement received from other non-tax sources.[93]

The Commission further finds that, to the extent counties obtain proceeds under the Medi-Cal program from either the state or federal government for purposes of this mandated program, such proceeds must be identified as an offset and deducted from the costs claimed. Federal law authorizes public agencies, with certain limitations, to use public insurance benefits, such as Medi-Cal, to provide or pay for services required under the IDEA.[94] Federal law limits this authority as follows:

> (2) With regard to services required to provide FAPE [free appropriate public education] to an eligible child under this part, the public agency-
>
> (i) May not require parents to sign up for or enroll in public insurance programs in order for their child to receive FAPE under Part B of the Act;
>
> (ii) May not require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services provided pursuant to this part, but pursuant to paragraph (g)(2)

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[90] Statutes 2001, chapter 106, items 4440-131-0001; Statutes 2003, chapter 157, item 6110-161-0890, provision 17; Statutes 2004, chapter 208, item 6110-161-0890, provision 10.

[91] Statutes 2001, chapter 106, item 4440-295-0001; Statutes 2002, chapter 379, item 4440-295-0001.

[92] 34 Code of Federal Regulations section 300.142, subdivision (f).

[93] *County of Fresno, supra*, 53 Cal.3d at page 487.

[94] 34 Code of Federal Regulations section 300.142, subdivision (e).

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of this section, may pay the cost that the parent would be required to pay;

(iii) May not use a child's benefits under a public insurance program if that use would

(A) Decrease available lifetime coverage or any other insured benefit;

(B) Result in the family paying for services that would otherwise be covered by the public insurance program and that are required for the child outside of the time the child is in school;

(C) Increase premiums or lead to the discrimination of insurance; or

(D) Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.[95]

According to the 2004 report published by Stanford Law School, 51.8 percent of the students receiving services under the test claim legislation are Medi-Cal eligible.[96] Thus, the finds to the extent counties obtain proceeds under the Medi-Cal program from the state or federal government for purposes of this mandated program, such proceeds must be identified as an offset and deducted from the costs claimed.[97]

Finally, Senate Bill 1895 (Stats. 2004, ch. 493, § 6), states that realignment funds under the Bronzan-McCorquodale Act that are used by a county for the Handicapped and Disabled Students program are not required to be deducted from the costs claimed. Section 6 of Senate Bill 1895 adds, as part of the Bronzan-McCorquodale Act, section 5701.6 to the Welfare and Institutions Code, which states in relevant part the following:

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[95] 34 Code of Federal Regulations section 300.142, subdivision (e)(2).

[96] "Challenge and Opportunity – An Analysis of Chapter 26.5 and the System for Delivering Mental Health Services to Special Education Students in California," Youth and Education Law Clinic, Stanford Law School, May 2004, page 20.

[97] In comments to the draft staff analysis, the County of Stanislaus states that counties share in the cost of Medi-Cal and, thus, the local Medi-Cal match should not be offset from the costs claimed under this program. The Commission agrees. Under the Medi-Cal program, "the state's share of costs of medical care and services, county administration, and fiscal intermediary services shall be determined pursuant to a plan approved by the Director of Finance and certified to by the director." (Welf. & Inst. Code, § 14158.5.) Thus, this analysis recommends that *to the extent* a county obtains proceeds under the Medi-Cal program from the state or federal government and that such proceeds pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program, such funds are required to be identified as an offset and deducted from the costs claimed.

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> Counties may utilize money received from the Local Revenue Fund [realignment] ... to fund the costs of any part of those services provided pursuant to Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code. *If money from the Local Revenue Fund is used by counties for those services, counties are eligible for reimbursement from the state for all allowable costs* to fund assessments, psychotherapy, and other mental health services allowable pursuant to Section 300.24 of Title 34 of the Code of Federal Regulations [IDEA] and required by Chapter 26.5 ... of the Government Code. (Emphasis added.)

Senate Bill 1895 was a budget trailer bill to the 2004 budget. However, for reasons provided below, the language in Welfare and Institutions Code section 5701.6, that realignment funds are not required to be identified as an offset and deducted from the costs claimed, is retroactive and applies to the reimbursement period for this test claim, beginning July 1, 2001.

Welfare and Institutions Code section 5701.6, subdivision (b), states that "[t]his section is declaratory of existing law." Although a legislative statement that an act is declaratory of existing law is not binding on the courts, the courts have interpreted such language as legislative intent that the amendment applies to all existing causes of action. The courts have given retroactive effect to such a statute when there is no constitutional objection to its retroactive application. In this regard, the California Supreme Court has stated the following:

> A subsequent expression of the Legislature as the intent of the prior statute, although not binding on the court, may properly be used in determining the effect of a prior act. [Citation omitted.] Moreover, even if the court does not accept the Legislature's assurance that an unmistakable change in the law is merely a "clarification," the declaration of intent may still effectively reflect the Legislature's purpose to achieve a retrospective change. [Citation omitted.] Whether a statute should apply retrospectively or only prospectively is, in the first instance, a policy question of the legislative body enacting the statute. [Citation omitted.] Thus, where a statute provides that it clarifies or declares existing law, "[i]t is obvious that such a provision is indicative of a legislative intent that the amendment apply to all existing causes of action from the date of its enactment. In accordance with the general rules of construction, we must give effect to this intention unless there is some constitutional objection thereto." [Citations omitted.][98]

Thus, the Commission finds that realignment funds used by a county for this mandated program are not required to be identified as an offset and deducted from the costs claimed.

Accordingly, the Commission finds that the following revenue and/or proceeds must be identified as offsets and be deducted from the costs claimed:

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[98] *Western Security Bank v. Superior Court* (1997) 15 Cal.4th 232, 244.

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- Funds received by a county pursuant to Government Code section 7576.5.
- Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Act of 2001, which appropriated funds to counties in the amounts of $12,334,000 (Stats. 2001, ch. 106, item 4440-131-0001), and the $69 million appropriations in 2003 and 2004 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17; Stats. 2004, ch. 208, item 6110-161-0890, provision 10).
- Private insurance proceeds obtained with the consent of a parent for purposes of this program.
- Medi-Cal proceeds obtained from the state or federal government that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.
- Any other reimbursement received from the federal or state government, or other non-local source.[99]

CONCLUSION

The Commission concludes that the test claim legislation imposes a reimbursable state-mandated program on counties pursuant to article XIII B, section 6 of the California Constitution and Government Code section 17514 for the increased costs in performing the following activities:

1. Interagency Agreements (Cal. Code Regs., tit. 2, § 60030)
   - The one-time activity of revising the interagency agreement with each local educational agency to include the following eight procedures:
     - Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute, pursuant to Government Code section 7575, subdivision (f). For purposes of this subdivision only, the term "appropriate" means any service identified in the pupil's IEP, or any service the pupil actually was receiving at the time of the interagency dispute. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(2).)
     - A host county to notify the community mental health service of the county of origin within two (2) working days when a pupil with a disability is placed within the host county by courts, regional centers or other agencies for other than educational reasons. (Cal. Code Regs, tit. 2, § 60030, subd. (c)(4).)
     - Development of a mental health assessment plan and its implementation. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(5).)

[99] *County of Fresno, supra,* 53 Cal.3d at page 487; California Code of Regulations, title 2, section 1183.1, subdivision (a)(8).

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- At least ten (10) working days prior notice to the community mental health service of all IEP team meetings, including annual IEP reviews, when the participation of its staff is required. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(7).)
- The provision of mental health services as soon as possible following the development of the IEP pursuant to section 300.342 of Title 34 of the Code of Federal Regulations. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(9).)
- The provision of a system for monitoring contracts with nonpublic, nonsectarian schools to ensure that services on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(14).)
- The development of a resource list composed of qualified mental health professionals who conduct mental health assessments and provide mental health services. The community mental health service shall provide the LEA with a copy of this list and monitor these contracts to assure that services as specified on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(15).)
- Mutual staff development for education and mental health staff pursuant to Government Code section 7586.6, subdivision (a). (Cal. Code Regs., tit. 2, § 60030, subd. (c)(17).)

2. Referral and Mental Health Assessments (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60040, 60045)

- Work collaboratively with the local educational agency to ensure that assessments performed prior to referral are as useful as possible to the community mental health service in determining the need for mental health services and the level of services needed. (Gov. Code, § 7576, subd. (b)(1).)
- A county that receives a referral for a pupil with a different county of origin shall forward the referral within one working day to the county of origin. (Gov. Code, § 7576, subd. (g); Cal. Code Regs., tit. 2, § 60040, subd. (g).)
- If the county determines that a mental health assessment is not necessary, the county shall document the reasons and notify the parents and the local educational agency of the county determination within one day. (Cal Code Regs., tit. 2, § 60045, subd. (a)(1).)
- If the county determines that the referral is incomplete, the county shall document the reasons, notify the local educational agency within one working day, and return the referral. (Cal. Code Regs., tit. 2, § 60045, subd. (a)(2).)
- Notify the local educational agency when an assessment is determined necessary. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)
- Provide the assessment plan to the parent. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)

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- Report back to the referring local educational agency or IEP team within 30 days from the date of the receipt of the referral if no parental consent for a mental health assessment has been obtained. (Cal. Code Regs., tit. 2, § 60045, subd. (c).)
- Notify the local educational agency within one working day after receipt of the parent's written consent for the mental health assessment to establish the date of the IEP meeting. (Cal. Code Regs., tit. 2, § 60045, subd. (d).)
- Provide the parent with written notification that the parent may require the assessor to attend the IEP meeting to discuss the recommendation when the parent disagrees with the assessor's mental health service recommendation. (Cal. Code Regs., tit. 2, § 60045, subd. (f).)
- The county of origin shall prepare yearly IEP reassessments to determine the needs of a pupil. (Cal. Code Regs., tit. 2, § 60045, subd. (h).)

3. Transfers and Interim Placements (Cal. Code Regs., tit. 2, § 60055)
   - Following a pupil's transfer to a new school district, the county shall provide interim mental health services, as specified in the existing IEP, for thirty days, unless the parent agrees otherwise.
   - Participate as a member of the IEP team of a transfer pupil to review the interim services and make a determination of services.
4. Participate as a Member of the Expanded IEP Team When Residential Placement of a Pupil is Recommended (Gov. Code, § 7572.55; Cal Code Regs., tit. 2, § 60100)
   - When a recommendation is made that a child be placed in an out-of-state residential facility, the expanded IEP team, with the county as a participant, shall develop a plan for using less restrictive alternatives and in-state alternatives as soon as they become available, unless it is in the best educational interest of the child to remain in the out-of-state school. (Gov. Code, § 7572.55, subd. (c).)
   - The expanded IEP team, with the county as a participant, shall document the alternatives to residential placement that were considered and the reasons why they were rejected. (Cal. Code Regs., tit. 2, § 60100, subd. (c).)
   - The expanded IEP team, with the county as a participant, shall ensure that placement is in accordance with the admission criteria of the facility. (Cal. Code Regs., tit. 2, § 60100, subd. (j).)
   - When the expanded IEP team determines that it is necessary to place a pupil who is seriously emotionally disturbed in residential care, counties shall ensure that: (1) the mental health services are specified in the IEP in accordance with federal law, and (2) the mental health services are provided by qualified mental health professionals. (Cal. Code Regs., tit. 2, § 60100, subd. (i).)

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5. Case Management Duties for Pupils Placed in Residential Care (Cal. Code Regs., tit. 2, §§ 60100, 60110)

   - Coordinate the residential placement plan of a pupil with a disability who is seriously emotionally disturbed as soon as possible after the decision has been made to place the pupil in residential placement. The residential placement plan shall include provisions, as determined in the pupil's IEP, for the care, supervision, mental health treatment, psychotropic medication monitoring, if required, and education of the pupil. (Cal. Code Regs., tit, 2, § 60110, subd, (b)(1).)
   - When the IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in a community treatment facility, the lead case manager shall ensure that placement is in accordance with admission, continuing stay, and discharge criteria of the community treatment facility. (Cal. Code Regs., tit. 2, § 60110, subd. (b)(3).)
   - Identify, in consultation with the IEP team's administrative designee, a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health needs in a manner that is cost-effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment. (Cal. Code Regs, tit. 2, §§ 60100, subd. (e), 60110, subd. (c)(2).)
   - Document the determination that no nearby placement alternative that is able to implement the IEP can be identified and seek an appropriate placement that is as close to the parents' home as possible. (Cal. Code Regs., tit. 2, § 60100, subd. (f).)
   - Notify the local educational agency that the placement has been arranged and coordinate the transportation of the pupil to the facility if needed. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(7).)
   - Facilitate placement authorization from the county's interagency placement committee pursuant to Welfare and Institutions Code section 4094.5, subdivision (c)(1), by presenting the case of a pupil with a disability who is seriously emotionally disturbed prior to placement in a community treatment facility. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(11).)
   - Evaluate every 90 days the continuing stay criteria, as defined in Welfare and Institutions Code section 4094, of a pupil placed in a community treatment facility every 90 days. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(8).)
   - Schedule and attend the next expanded IEP team meeting with the expanded IEP team's administrative designee within six months of the residential placement of a pupil with a disability who is seriously emotionally disturbed and every six months thereafter as the pupil remains in residential placement. (Cal. Code Regs. tit. 2, § 60110, subd. (c)(10).)

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6. Authorize Payments to Out-Of-Home Residential Care Providers (Cal. Code Regs., tit. 2, § 60200, subd. (e))
   - Authorize payments to residential facilities based on rates established by the Department of Social Services in accordance with Welfare and Institutions Code sections 18350 and 18356.
7. Provide Psychotherapy or Other Mental Health Treatment Services (Cal. Code Regs., tit. 2, §§ 60020, subd. (i), 60050, subd. (b), 60200, subd. (c))
   - The host county shall make its provider network available and provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)
   - The county of origin shall negotiate with the host county to obtain access to limited resources, such as intensive day treatment and day rehabilitation. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)
   - Provide case management services to a pupil when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)
   - Provide individual or group psychotherapy services, as defined in Business and Professions Code section 2903, when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)
   - Provide medication monitoring services when required by the pupil's IEP. "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication support services include prescribing, administering, and monitoring of psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subds. (f) and (i).)
   - Notify the parent and the local educational agency when the parent and the county mutually agree upon the completion or termination of a service, or when the pupil is no longer participating in treatment. ((Cal. Code Regs., tit. 2, § 60050, subd. (b).)

The Commission further concludes that the following revenue and/or proceeds must be identified as offsets and deducted from the costs claimed:

- Funds received by a county pursuant to Government Code section 7576.5.
- Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Act of 2001, which appropriated funds to counties in the amounts of $12,334,000 (Stats. 2001, ch. 106, items 4440-131-0001), and the $69 million appropriations in 2003 and

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2004 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17; Stats. 2004, ch. 208, item 6110-161-0890, provision 10).

- Private insurance proceeds obtained with the consent of a parent for purposes of this program.
- Medi-Cal proceeds obtained from the state or federal government that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.
- Any other reimbursement received from the federal or state government, or other non-local source.

The reimbursement period for this test claim begins July 1, 2001.[100]

Finally, any statutes and or regulations that were pled in this test claim that are not identified above do not constitute a reimbursable state-mandated program.

[100] Government Code section 17557, subdivision (e).

EXHIBIT C

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County of Santa Clara
Incorrect Reduction Claim
Handicapped & Disabled Students, AB 3632
FY 2004, 2005, and 2006

ITEM 10: FINAL STATE AUDIT REPORT AND OTHER WRITTEN NOTICES OF ADJUSTMENT

1. Final Audit Report (dated June 30, 2009) 401
2. Letter from Ginny Brummels, Manager of the Local Reimbursement Section of the State Controller's Office, to Ram Venkatesan, SB 90 Coordinator of the Santa Clara County Finance Agency, advising County of adjustments to its FY 2004 claim (July 11, 2009) 431
3. Letter from Ginny Brummels, Manager of the Local Reimbursement Section of the State Controller's Office, to Ram Venkatesan, SB 90 Coordinator of the Santa Clara County Finance Agency, advising County of adjustments to its FY 2005 claim (dated July 22, 2009).....432
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SANTA CLARA COUNTY

Audit Report

HANDICAPPED AND DISABLED STUDENTS PROGRAM

Chapter 1747, Statutes of 1984,
and Chapter 1274, Statutes of 1985

July 1, 2003, through June 30, 2006

JOHN CHIANG
California State Controller

June 2009

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JOHN CHIANG

California State Controller

June 30, 2009

The Honorable Liz Kniss, President
Santa Clara County Board of Supervisors
70 West Hedding Street
San Jose, CA 95110-1768

Dear Ms. Kniss:

The State Controller's Office audited the costs claimed by the Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006.

The county claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs and understated offsetting revenues. The State paid the county $15,543,249. The amount paid exceeds allowable costs claimed by $12,947,168.

The county is reviewing claimed costs identified in its accounting system by its contractors as rehabilitation services to determine if these claimed costs are for activities reimbursable under the mandate. If the county subsequently provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, we will revise the final report as appropriate.

If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (CSM). The IRC must be filed within three years following the date that we notify you of a claim reduction. You may obtain IRC information at CSM's Web site link at www.csm.ca.gov/docs/IRCForm.pdf.

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849.

Sincerely,

Original signed by

JEFFREY V. BROWNFIELD
Chief, Division of Audits

JVB/sk

Corrected 09/11/09

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cc: Lesha Luu, Division Manager-Accounting
Controller/Treasurer Department
Santa Clara County Finance Agency
Martha Paine, Director of General Fund Financial Services
Santa Clara Valley Health & Hospital System
Vinod K. Sharma, CPA
Controller-Treasurer
Santa Clara County Finance Agency
John V. Guthrie, Director of Finance
Santa Clara County
Todd Jerue, Program Budget Manager
Corrections and General Government
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Fiscal Policy Division
California Department of Education
Stacey Wofford
Special Education Program
Department of Mental Health
Cynthia Wong, Manager
Special Education Division
California Department of Education

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Attachment—County's Response to Draft Audit Report

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Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by the Santa Clara County for the legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006.

The county claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable. The costs are unallowable because the county overstated assessment, treatment, and administrative costs and understated offsetting revenues. The State paid the county $15,543,249. The amount paid exceeds allowable costs claimed by $12,947,168.

Background

Chapter 26 of the Government Code, commencing with section 7570 and Welfare and Institutions Code section 5651 (added and amended by Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) require counties to participate in the mental health assessment for "individuals with exceptional needs," participate in the expanded "Individualized Education Program" (IEP) team, and provide case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed." These requirements impose a new program or higher level of service on counties.

On April 26, 1990, the Commission on State Mandates (CSM) determined that this legislation imposed a state mandate reimbursable under Government Code section 17561.

The program's parameters and guidelines establish the state mandate and define reimbursement criteria. The CSM adopted the parameters and guidelines for the Handicapped and Disabled Students Program on August 22, 1991 and last amended them on August 29, 1996. In compliance with Government Code section 17558, the SCO issues claiming instructions, to assist local agencies and school district in claiming mandated program reimbursable costs.

The parameters and guidelines for the Handicapped and Disabled Students Program state that only 10% of mental health treatment costs are reimbursable. However, on September 30, 2002, Assembly Bill 2781 (Chapter 1167, Statutes of 2002) changed the regulatory criteria by stating that the percentage of treatment costs claimed by counties for fiscal year (FY) 2000-01 and prior fiscal years is not subject to dispute by the SCO. Further, this legislation states that, for claims filed in FY 2001-02 and thereafter, counties are not required to provide any share of these costs or to fund the costs of any part of these services with money received from Local Revenue Fund established by Welfare and Institutions Code Section 17600 et seq. (realignment funds).

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Furthermore, Senate Bill 1895 (Chapter 493, Statutes of 2004) states that realignment funds used by counties for the Handicapped and Disabled Students Program "are eligible for reimbursement from the state *for all allowable costs* [emphasis added] to fund assessments, psychotherapy, and other mental health services . . ." and that the finding by the Legislature is "declaratory of existing law."

On May 26, 2005, the CSM adopted a statement of decision for the Handicapped and Disabled Students II Program that incorporates the above legislation and further identified medication support as a reimbursable cost effective July 1, 2001. The CSM adopted the parameters and guidelines for this new program on December 9, 2005, and made technical corrections to it on July 21, 2006.

The parameters and guidelines for the Handicapped and Disabled Students II Program states that "Some costs disallowed by the State Controller's Office (SCO) in prior years are now reimbursable beginning July 1, 2001 (e.g., medication monitoring). Rather than claimants re-filing claims for these costs incurred, beginning July 1, 2001, the State Controller's Office will reissue the audit reports." Consequently, we are allowing medication support costs commencing July 1, 2001.

On January 26, 2006, CSM amended the parameters and guidelines for the Handicapped and Disabled Students Program, and corrected them on July 21, 2006, allowing reimbursement for out-of-home residential placements beginning July 1, 2004.

Objective, Scope, and Methodology

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Handicapped and Disabled Students Program for the period of July 1, 2003, through June 30, 2006.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

We conducted this performance audit under the authority of Government Code sections 12410, 17558.5, and 17561. We did not audit the county's financial statements. We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We limited our review of the county's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

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Conclusion

Our audit disclosed instances of noncompliance with the requirements outlined above. These instances are described in the accompanying Summary of Program Costs (Schedule 1) and in the Findings and Recommendations section of this report.

For the audit period, Santa Clara County claimed $22,284,470 ($22,285,470 less a $1,000 penalty for filing a late claim) for costs of the Handicapped and Disabled Students Program. Our audit disclosed that $2,596,081 is allowable and $19,688,389 is unallowable.

For the fiscal year (FY) 2003-04 claim, the State made no payment to the county. Our audit disclosed that the entire $6,741,221 is unallowable.

For the FY 2004-05 claim, the State paid the county $7,987,359. Our audit disclosed that $1,103,279 is allowable. The State will offset $6,884,080 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

For the FY 2005-06 claim, the State paid the county $7,555,890. Our audit disclosed that $1,492,802 is allowable. The State will offset $6,063,088 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

Views of Responsible Official

We issued a revised draft audit report on May 22, 2009. Vinod K. Sharma, Controller-Teasurer, responded by letter dated June 19, 2009 (Attachment), disagreeing with the audit results, except Finding 3. This final audit report includes the county's response.

Restricted Use

This report is solely for the information and use of Santa Clara County, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.

Original signed by

JEFFREY V. BROWNFIELD
Chief, Division of Audits

June 30, 2009

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Schedule 1—
Summary of Program Costs
July 1, 2003, through June 30, 2006

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference[1]
July 1, 2003, through June 30, 2004				
Assessment/case management costs	$ 2,916,448	$ 2,448,139	$ (468,309)	Finding 1
Administrative costs	327,705	217,084	(110,621)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(660,446)	(530,750)	129,696	Finding 3
State categorical funds (EPSDT and IDEA[2])	(1,234,699)	(1,361,396)	(126,697)	Finding 3
Net assessment/case management costs	1,349,008	773,077	(575,931)	
Treatment costs	13,505,487	5,554,893	(7,950,594)	Finding 1
Administrative costs	1,517,536	564,933	(952,603)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,643,031)	(1,394,465)	2,248,566	Finding 3
State categorical funds (EPSDT and IDEA[2])	(5,986,779)	(5,713,036)	273,743	Finding 3
Net treatment costs	5,393,213	(987,675)	(6,380,888)	
Subtotal	6,742,221	(214,598)	(6,956,819)	
Adjustment to eliminate negative balance	—	215,598	215,598	
Less late claim penalty	(1,000)	(1,000)	—	
Net costs	$ 6,741,221	—	$ (6,741,221)	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		$ —		
July 1, 2004, through June 30, 2005				
Assessment/case management costs	$ 3,632,443	$ 3,013,464	$ (618,979)	Finding 1
Administrative costs	585,060	181,632	(403,428)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(701,686)	(497,450)	204,236	Finding 3
State categorical funds (EPSDT and IDEA[2])	(1,550,169)	(1,602,088)	(51,919)	Finding 3
Net assessment/case management costs	1,965,648	1,095,558	(870,090)	
Treatment costs	12,987,816	6,374,218	(6,613,598)	Finding 1
Administrative costs	2,091,885	429,622	(1,662,263)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,503,392)	(1,339,985)	2,163,407	Finding 3
State categorical funds (EPSDT and IDEA[2])	(5,554,598)	(5,456,134)	98,464	Finding 3
Net treatment costs	6,021,711	7,721	(6,013,990)	
Subtotal	7,987,359	1,103,279	(6,884,080)	
Less late claim penalty	—	—	—	
Total program costs	$ 7,987,359	1,103,279	$ (6,844,080)	
Less amount paid by the State		(7,987,359)		
Allowable costs claimed in excess of (less than) amount paid		$ (6,884,080)		

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Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference [1]
July 1, 2005, through June 30, 2006				
Assessment/case management costs	$ 3,723,702	$ 3,060,385	$ (663,317)	Finding 1
Administrative costs	434,297	160,885	(273,412)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(636,167)	(483,811)	152,356	Finding 3
State categorical funds (EPSDT and IDEA [2])	(1,126,462)	(1,654,661)	(528,199)	Finding 3
Net assessment/case management costs	2,395,370	1,082,798	(1,312,572)	
Treatment costs	12,878,460	6,766,962	(6,111,498)	Finding 1
Administrative costs	1,502,020	377,596	(1,124,424)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(3,313,672)	(1,278,745)	2,034,927	Finding 3
State categorical funds (EPSDT and IDEA [2])	(5,906,288)	(5,455,809)	450,479	Finding 3
Net treatment costs	5,160,520	410,004	(4,750,516)	
Subtotal	7,555,890	1,492,802	(6,063,088)	
Total program costs	$ 7,555,890	1,492,802	$ (6,063,088)	
Less amount paid by the State		(7,555,890)		
Allowable costs claimed in excess of (less than) amount paid		$ (6,063,088)		
Summary: July 1, 2003, through June 30, 2006				
Assessment/case management costs	$ 10,272,593	$ 8,521,988	$ (1,750,605)	
Administrative costs	1,347,062	559,601	(787,461)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(1,998,299)	(1,512,011)	486,288	
State categorical funds (EPSDT and IDEA [2])	(3,911,330)	(4,618,145)	(706,815)	
Net assessment/case management costs	5,710,026	2,951,433	(2,758,593)	
Treatment costs	39,371,763	18,696,073	(20,675,690)	
Administrative costs	5,111,441	1,372,151	(3,739,290)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(10,460,095)	(4,013,195)	6,446,900	
State categorical funds (EPSDT and IDEA [2])	(17,447,665)	(16,624,979)	822,686	
Net treatment costs	16,575,444	(569,950)	(17,145,394)	
Subtotal	22,285,470	2,381,483	(19,903,987)	
Adjustment to eliminate negative balance	—	215,598	215,598	
Less late claim penalty	(1,000)	(1,000)	—	
Total program costs	$ 22,284,470	2,596,081	$ (19,688,389)	
Less amount paid by the State		(15,543,249)		
Allowable costs claimed in excess of (less than) amount paid		$(12,947,168)		

[1] See the Findings and Recommendations section.

[2] The county received $6,003,824, $5,918,277, and $5,918,277 in Individuals with Disabilities Education Act (IDEA) funds for FY 2003-04, FY 2004-05, and FY 2005-06, respectively. This amount is included in the Allowable per Audit column.

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Findings and Recommendations

FINDING 1—Overstated assessment and treatment costs

The county overstated costs by $22,426,295 for the audit period. The county did not prepare its claims based on its actual costs to implement the mandated program.

In the prior SCO audit of this program for fiscal year (FY) 2000-01 and FY 2001-02, dated October 31, 2006, we reported that the county's claimed costs were not based on actual program costs because its automated system did not have unique procedure codes to identify mandate-related services. The county used an extraction program to accumulate all mandate-related units of service for its clients assessed at four main sites. At these sites, the extraction program erroneously picked up clients who were denied services and for whom cases were closed.

In the current audit, the county's extraction program again picked up clients for whom cases were closed. The county implemented a new system beginning October 1, 2003; the new system became fully functional in the middle of FY 2003-04. This mid-year implementation caused additional errors and irregularities for FY 2003-04. When the client data from the two systems were merged, other problems became apparent, such as data loss, overstated units, and ineligible clients.

When preparing its claims, the county:

- Claimed unsupported costs;
- Claimed ineligible crisis-intervention services and board and care costs for FY 2003-04 and ineligible therapeutic behavioral services and rehabilitation services for the entire audit period;
- Commingled in-state and out-of-state residential placement; we moved eligible out-of-state costs to the Seriously Emotionally Disturbed Pupils: Out-of-State Mental Health Services Program;
- Duplicated costs by claiming out-of-county residential placement and related services that were included in the pool of costs used to determine unit rates; and
- Omitted reimbursable costs; we considered these costs in determining our adjustments.

We adjusted costs based on actual units of service provided to eligible clients using the appropriate unit cost that represented the actual cost to the county.

The program's parameters and guidelines specify that only the following services are reimbursable: case management, assessment, individual therapy, collateral therapy and contacts, group therapy, day treatment, and day rehabilitation. Beginning with FY 2001-02, medication monitoring is reimbursable as well. Beginning with FY 2004-05, reimbursable out-of-home residential placement costs include mental health treatment and room-and-board costs; previously, only mental health treatment costs were reimbursable.

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The following table summarizes the overstated costs claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment costs	$ (468,309)	$ (618,979)	$ (663,317)	$ (1,750,605)
Treatment costs	(7,950,594)	(6,613,598)	(6,111,498)	(20,675,690)
Total	$(8,418,903)	$(7,232,577)	$(6,774,815)	$(22,426,295)

Recommendation

We recommend that the county ensure that it uses the actual units of service and costs per unit, and claims only eligible services in accordance with the mandated program. Furthermore, we recommend that the county implement an automated system that can accurately accumulate and report all mandate-related units of service.

County's Response

Since the primary disagreement relates to rehabilitation services, we included only the portion of its response that relates to these services. For the county's complete response to Finding 1 please refer to the attachment.

The Draft Report states that the County claimed ineligible rehabilitation services. The County disagrees that rehabilitation costs are ineligible for reimbursement for the reasons stated below. In addition, the County is currently reviewing the claimed costs identified in its accounting system and by its contractors as rehabilitation services to determine if these claimed costs can be claimed for activities reimbursable under the mandate. The State Controller's Office has agreed that if the County provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, the final report will be revised as appropriate.

The federal Individuals with Disabilities Education Act (IDEA) entitles qualifying students to a free appropriate public education (FAPE) in the least restrictive environment. See, generally, 20 U.S.C. §1400 et seq; 34 C.F.R. §300 et seq. FAPE is defined as special education and related services "to meet the unique needs of a child with a disability." 20 U.S.C. §1401(29); 34 C.F.R. §300.39(a); Cal. Educ. Code §56031. Related services are defined to be any supportive services required to assist a child with a disability benefit from special education, including "psychological services, physical and occupational therapy, recreation, including therapeutic recreation, ... [and] counseling services, including rehabilitation counseling." 20 U.S.C. §1401(26); 34 C.F.R. §300.34(a); Cal. Educ. Code §56363; 5 C.C.R. §3051-52. The "list of related services is not exhaustive and may include other developmental, corrective, or supportive services if they are required to assist a child with a disability to benefit from special education." 34 C.F.R. §300 Appendix A. A student is entitled to related services, including rehabilitation, if such services are necessary for the student to benefit from special education, if rehabilitation constitutes the related service provided in the LRE, or if rehabilitation services would allow the student to remain in their "regular" school.

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In addition to FAPE, the IDEA requires local education agencies (LEAs) to place special education students in the least restrictive environment. Specifically, the IDEA entitles special education students to be educated, "to the maximum extent possible", with their non-disabled peers. 20 U.S.C. §1412(a)(5); 34 C.F.R. 300.114(a)(2)(i); Cal. Educ. Code §56031.

Under California law, mental health services must be provided to special education students in the least restrictive environment. Cal. Gov. Code §7576(a) states that "[i]t is the intent of the Legislature that the local educational agency and the community mental health service vigorously attempt to develop a mutually satisfactory placement that is acceptable to the parent and addresses the educational and mental health treatment needs of the pupil in a manner that is cost effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment."

The IDEA places the responsibility for providing all special education and related services squarely on the state education agency and LEAs. 34 C.F.R. 300.341; 20 U.S.C. 1214(a)(11); 34 C.F.R. 300.600. The California Department of Education (CDE), or an LEA, may provide services through other agencies, non-profit organizations, or private service providers, but if the other organization or agency fails or refuses to provide the specified service, the LEA or CDE must do so. 20 U.S.C. 1412(a)(12)(B).

With the passage AB 3632, the State of California shifted responsibility for providing mental health services required by a student's IEP from LEAs to counties, specifically to local offices of county mental health (CMH). Cal. Gov. Code § 7570 et seq. In doing so, the state sought to have CMH agencies, who were already providing mental health services to emotionally disturbed youth and adults, assume the responsibility for providing needed mental health services to children who qualified for special education. Moreover, it was believed that mental health services would be most cost efficiently provided by CMH agencies.

Specifically, California made the California Department of Mental Health (CDMH) and local CMH agencies "responsible for the provision of mental health services, as defined in regulations by the State Department of Mental Health, developed in consultation with the State Department of Education, if required in the individualized education program of a pupil." Cal. Gov. Code § 7576(a). Thus, CMH agencies are responsible for mental health services that are necessary for the child to benefit from special education, that are beyond the capacity of the school's counseling and guidance services, and that come within the definition of mental health services which CDMH must provide under regulations.

CDMH regulations define mental health services as "mental health assessments and ... psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management." 2 C.C.R. § 60020(i). This section of the California Code of Regulations refers to 9 C.C.R. §§ 542-543.While "day rehabilitation" is not defined, "day care habilitative services" is defined as "services designed and staffed to provide counseling and rehabilitation to maintain or restore personal

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independence at the best possible functional level for the patient with chronic psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service." 9 C.C.R. §542(b). The components of day care habilitative services, which are rendered to individuals in a group setting, are the same components of mental health rehabilitation services, which are rendered to individuals in an individual setting. On May 26, 2005, the Commission on State Mandates adopted the Statement of Decision on the Reconsideration of Handicapped and Disabled Students (04-RL-4282-10), which recognized day care habilitative services, as defined by 9 C.C.R. §542, as a reimbursable service. Given that day care habilitative services (which are reimbursable) have the same service components as mental health rehabilitation services, the mental health rehabilitation services should similarly be reimbursable.

Moreover, the claimed "rehabilitation services" are a sub-category (service function) under the broader label "mental health services." The services that are rendered and categorized under the "rehabilitation services" sub-category are mental health treatment interventions provided within the context of intensive outpatient mental health services, and are provided by mental health practitioners pursuant to the a mental health treatment plan for the purposes of mitigating symptoms of psychiatric diagnoses that meet medical necessity. As such, these interventions are recognized mental health outpatient treatment interventions that are the same services that have been routinely approved as eligible costs in accordance with the parameters and guidelines of the mandate program (i.e., HDS I for 03-04, and HDS II for 04-05, and 05-06).

In 2005, the Commission on State Mandates refused to specifically define rehabilitation services to match the Medi-Cal definition of rehabilitation services provided in 9 C.C.R. §1810.243. 04-RL-4282-10, p. SA-39, 40, footnote 103. The Commission reasoned that there was no support for adopting this definition, as neither 2 C.C.R. §60020 nor the sections to which it refers, 9 C.C.R. §§542-543, reference 9 C.C.R. §1810.243. Id. The Commission's decision not to adopt this specific definition of rehabilitation services is not an indicator of whether the counties are responsible for providing rehabilitation services, or that rehabilitation services are not reimbursable under the mandate. On the contrary, rehabilitation services are, by definition, designed to provide students reasonable and necessary mental health services in the least restrictive environment, and are thus reimbursable under the mandate, as are similar and equivalent day rehabilitative services currently reimbursable under the mandate.

For all of these reasons, the County's claimed costs for rehabilitation services should not be denied. The County reserves the right to pursue all remedies available to it should these rehabilitation services be disallowed, including but not limited to filing an Incorrect Reduction Claim.

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SCO's Comment

The finding and recommendation remain unchanged.

We do not dispute the following assertions in the county's response:

- The Individuals with Disabilities Education Act (IDEA) entitles qualifying students to a free appropriate public education (FAPE) in the least restrictive environment. FAPE includes special education and related services to meet the needs of a child with a disability.

- California Education Code section 56363 defines "related services" and includes "psychological services, physical and occupational therapy, recreation . . . and counseling services, including rehabilitation counseling."

- Under federal regulations (Title 34, California Code of Regulations [CCR], section 300.34), rehabilitation counseling services "means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with a disability by vocational rehabilitation programs funded under the Rehabilitation Act."

- Regarding the discussion of the shift in responsibilities from local educational agencies (LEAs) to county mental health departments, we agree that Chapter 26 of the Government Code, commencing with section 7570, and Welfare and Institutions Code section 5651 (added and amended by Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) requiring counties to participate in the mental health assessment for "individuals with exceptional needs," participate in the expanded "Individualized Education Program" (IEP) team, and provide case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed." The Commission on State Mandates (CSM) determined that these requirements impose a new program or higher level of service on counties.

- Title 2, CCR, section 60020, subdivision (i), provides the basis for the services in the state mandated cost program. This section includes "mental health assessments and the following services when delineated on an IEP in accordance with Section 7572(d) of the Government Code: psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin."

- Title 9, CCR, section 542, defines day services. These services are designed to provide alternatives to 24-hour care and supplement other modes of treatment and residential services, and include day care

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intensive services, day care habilitative services, vocational services and socialization services. The CSM determined that the state-mandated cost program includes only day care intensive services and day care habilitative (rehabilitation) services as eligible services.

- Title 9, CCR, section 543, defines outpatient services. These services are designed to provide short-term or sustained therapeutic intervention for individuals experiencing acute or ongoing psychiatric distress, and include collateral services, assessment, individual therapy, group therapy, medication and crisis intervention. The CSM determined that the state-mandated cost program includes all services with the exception of crisis intervention. Outpatient services do not include rehabilitation services.

- On May 26, 2005, CSM adopted the statement of decision on the Reconsideration of the Handicapped and Disabled Students program, refusing to include a definition of rehabilitation services consistent with Title 9, CCR, section 1810.243.

Despite the undisputed assertions, the finding remains unchanged because the program's parameters and guidelines do not identify outpatient rehabilitation services as an eligible service. Furthermore, outpatient rehabilitation services are not included in the underlying regulations that form the basis for the state-mandated cost program (Title 2, CCR, 60020(i)). As previously noted, in the legislative reconsideration (SB 1895 (Chapter 493, Statutes of 2004)), a county argued that outpatient rehabilitation services, medication monitoring and crisis intervention services should be included in the program's parameters and guidelines. On May 26, 2005, CSM adopted the statement of decision on the reconsideration for the Handicapped and Disabled Students Program (04-RL-4282-10) refusing to include outpatient rehabilitation services and crisis intervention services, including only medication monitoring. If the rehabilitation definition was adopted by the CSM, outpatient rehabilitation services would be eligible under the program. Nevertheless, CSM's refusal to include rehabilitation services renders them ineligible under the state-mandated cost program.

Second, the outpatient rehabilitation services put forth by the county are not consistent with the day care habilitative (rehabilitation) services. Day care habilitative (rehabilitation) services do not include vocational services or socialization services, as these are separate and distinct services. In contrast, outpatient rehabilitation services as defined by federal and state regulations include elements of vocational services and socialization services. Furthermore, the county's Clinical Record Documentation Manual for Outpatient Mental Health Services provides a definition of rehabilitation services as follows:

> Education, training, and counseling for the client in relation to functional skills:
>
> - Health – medication education and compliance, grooming and personal hygiene skills, meal preparation skills.
> - Daily Activities – money management, leisure skills.

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- Social Relationships – social skills, developing and maintaining a support system.
- Living Arrangement – maintaining current housing situation.

Based on the cases provided by the county, the rehabilitation services are consistent with the above definition. As such, the services provided are not within the context of the program's parameters and guidelines because outpatient rehabilitation services are not identified as an eligible service.

Another issue is that the rehabilitation services claimed by the county are also provided under the Wraparound program. Under Senate Bill 163, (Chapter 795, Statutes of 1997), Wraparound services were established using non-federal Aid to Families with Dependent Children–Foster Care (AFDC-FC). Counties can utilize the AFDC-FC funding to provide children and families with family-based service alternatives to group home care using the Wraparound process. The funding is provided to eligible clients for services in lieu of an out-of-home residential placement, and may include mental health treatment services. In claiming rehabilitation services provided relative to Wraparound, the county did not identify any associated AFDC-FC revenues to offset costs claimed. We did not pursue this issue further because outpatient rehabilitation services are excluded from reimbursement under the mandated cost program.

Lastly, we do not dispute the need for nor the basis to provide rehabilitation services prescribed within a pupil's IEP in accordance with federal IDEA regulations. However, services provided outside of the program's parameters and guidelines are not subject to reimbursement under the state-mandated cost program.

FINDING 2—Overstated administrative costs

The county overstated its administrative costs by $4,526,751 for the audit period.

The county miscalculated its administrative cost rates because it did not include all offsetting revenues. In the prior audit noted in Finding 1, the county did not offset its administrative costs by revenues received. We adjusted administrative rates calculations by offsetting administrative costs by all relevant revenues.The adjustments resulted in a reduction to administrative rates applied for the audit period. The overstatement is also due to the county's application of the administrative rates to ineligible costs, duplicated costs, and overstated direct costs that are not based on actual program costs.

The parameters and guidelines specify that administrative costs incurred in the performance of the mandated activities and adequately documented are reimbursable.

The parameters and guidelines further specify that to the extent the State Department of Mental Health has not already compensated reimbursable indirect costs from categorical funding sources, the costs may be claimed.

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The following table summarizes the overstated administrative costs claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment	$ (110,621)	$ (403,428)	$ (273,412)	$ (787,461)
Treatment	(952,603)	(1,662,263)	(1,124,424)	(3,739,290)
Total	$(1,063,224)	$(2,065,691)	$(1,397,836)	$(4,526,751)

Recommendation

We recommend that the county consider relevant offsetting revenues in its calculation of administrative cost rates and apply the rates to eligible direct costs.

County's Response

The FY04 – FY06 claims as originally filed utilized the administrative cost methodology developed with the State Controller's Office during the course of the County's FY01 – FY02 audit. This methodology specifically included offsetting MediCal Administrative Reimbursement (MAR), Utilization Review (UR) and MediCal Administrative Activities (MAA) revenues. Documentation of this methodology showing the offsetting revenues was given to the auditor at the commencement of the audit. The County does not agree with the conclusion in the Audit Report that the original claims did not include offsetting revenues in the administrative cost calculations.

The auditor requested documentation of the administrative cost calculations utilized in the County's FY04 – FY06 Short Doyle MediCal cost reports. These work papers are utilized in the cost report to determine the County's total administrative costs eligible for MediCal Administrative Reimbursement. The auditor apparently interpreted these work papers as proposed SB90 claim administrative rate proposals rather than simply the work papers upon which administrative costs are calculated. It was not the County's intent that the percentages included in the work papers be interpreted in that fashion.

The County disagrees with any disallowance of administrative costs associated with services that the County alleges are reimbursable.

The County also notes that the auditor appears to have used different administrative cost rates for assessment as opposed to treatment services in each of the three years. For FY04, for example, audited treatment costs of $2,448,139 and administrative costs of $217,084 are shown, for an administrative/treatment cost ratio of 8.87%. The corresponding ratio for treatment services, however, was 10.17%. Smaller but similar differences are seen with the FY05 and FY06 data. The County questions why these percentages would be different for assessment and treatment services and requests that the final report accurately reflect the correct administrative cost rate.

The County reserves the right to continue investigating these issues and to pursue all remedies available to it with respect to the disallowance of administrative costs, including but not limited to filing an Incorrect Reduction Claim.

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SCO's Comment

The finding and recommendation remain unchanged.

We computed the administrative costs using the county's cost reports submitted to California Department of Mental Health (CDMH). We adjusted administrative costs by all relevant revenues received, as identified in the cost reports. Concurrent with our audit, the county was undergoing a Medi-Cal audit. The county's concern at that time was if there were significant Medi-Cal audit adjustments to pools of cost impacting the administrative rates, would we consider any adjustments subsequent to the issuance of the final report. We assured the county that in case of such an occurrence we would consider information submitted after the issuance of the final report. Once reviewed, we would consider revising the final report to incorporate any significant changes.

Concerning the application of disparate administrative rates, we did not use a separate administrative cost rate for assessment services as opposed to treatment services. We applied the same administrative cost rates to assessment and treatment services. However, since the administrative rates are calculated based on allocations in the cost reports, these rates are not appropriate for items that are expensed in the administrative cost pool or outside of the cost reports. For example, residential placement costs are expensed in the administrative cost pool in cost reports submitted to CDMH. Residential placement costs are already included in administrative costs in the cost reports, and therefore, we did not apply the administrative rate to administrative costs.

FINDING 3—
Overstated offsetting revenues

The county overstated offsetting revenues by $7,049,059 for the audit period.

The county miscalculated revenues by using inaccurate Medi-Cal units; applying incorrect funding percentages for Short-Doyle/Medi-Cal FFP (SD/MC) and Early and Periodic, Screening, Diagnosis and Treatment (EPSDT); and including revenues related to unallowable costs.

We recalculated total revenues by applying the appropriate cost per unit to eligible units of service, using the correct funding percentages for SD/MC and EPSDT, and excluding revenues related to unallowable costs.

The parameters and guidelines specify that any direct payments (categorical funds, Short Doyle/Medi-Cal FFP, and other offsets such as private insurance) received from the State that are specifically allocated to the program, and/or any other reimbursement received as a result of the mandate, must be deducted from the claim.

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The following table summarizes the overstated offsetting revenues claimed:

	Fiscal Year			
	2003-04	2004-05	2005-06	Total
Assessment:				
Short-Doyle/Medi-Cal funds	$ 129,696	$ 204,236	$ 152,356	$ 486,288
State categorical funds (EPSDT and IDEA)	(126,697)	(51,919)	(528,199)	(706,815)
Total assessment	2,999	152,317	(375,843)	(220,527)
Treatment:				
Short-Doyle/Medi-Cal funds	2,248,566	2,163,407	2,034,927	6,446,900
State categorical funds (EPSDT and IDEA)	273,743	98,464	450,479	822,686
Total treatment	2,522,309	2,261,871	2,485,406	7,269,586
Total	$2,525,308	$2,414,188	$2,109,563	$ 7,049,059

Recommendation

We recommend that the county use accurate SD/MC units and apply the appropriate reimbursement percentages and all applicable revenue sources when computing offsetting revenues.

As regards rehabilitation and other services provided relative to the wraparound program, we reiterate that the county should identify all relevant revenues associated with the services provided to mandated-program clients. These revenues include wraparound program funds provided by the California Department of Social Services.

County's Response

The county disagreed only with the portion of the finding and recommendation that relates to ineligible rehabilitation services.

SCO's Comment

The finding and recommendation remain unchanged. For further discussion of rehabilitation services refer to our response in Finding 1.

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Attachment—
County's Response to Draft Audit Report

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County of Santa Clara
Finance Agency
Controller-Treasurer Department

County Government Center
70 West Hedding Street, East Wing 2nd floor
San Jose, California 95110-1705
(408) 299-5200 FAX 289-8629

DATE: June 19, 2009

TO: Jim L. Spano
Chief, Compliance Audits Bureau,
State Controller's Office, Division of audits,
Post Office Box 942850,
Sacramento, CA 94250-5874

FROM: Vinod K.Sharma
Controller-Treasurer

SUBJECT: Legislatively mandated Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984) revised audit report for the period of July1, 2003, through June 30, 2006-Response from the County of Santa Clara.

Enclosed are our responses to the audit findings in the draft report on the claim. Please incorporate these responses in your audit report. In case you need any clarifications, please contact Mr. Ram Venkatesan at 408-299-5210.

Thank you,

Vinod Sharma
Controller-Treasurer
Santa Clara County

Board of Supervisors: Donald F. Gage, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss
Acting County Executive: Gary A. Graves

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The County of Santa Clara (the "County") submits the following response to the Revised Draft Audit Report ("Draft Report") for the Handicapped and Disabled Students Program for the periods July 1, 2003 through June 30, 2006. The Draft Report was received by the County on May 27, 2009. The County was provided an extension by the State Controller's Office until June 19, 2009 to respond to the Draft Report.

Views of Responsible Officials

COUNTY'S RESPONSE

The County disagrees with the statement made in the "Views of Responsible Officials" section of the Draft Report, which states: "On May 15, 2009, we contacted the county regarding the revision to the audit adjustments and re-issuance of the draft report. The adjustments are based on the county's inclusion of ineligible rehabilitation costs. Martha Paine, Director of General Fund Financial Services, stated that the county would decline a second exit conference to discuss the rehabilitation costs, as the county would like additional time to review the issue." The County advised the auditor that it needed more time to review the rehabilitation services issue, which was first brought up to the County by the auditors in late April 2009, a month after the State Controller issued a draft report for this audit with no mention of the rehabilitation service disallowance. Given the magnitude of the disallowance and the fact that it was sprung on the County at the last minute, the County requested additional time to review the matter. The County advised the auditors that the additional time was needed in order to have meaningful discussions at the exit conference. The auditor declined to grant any additional time to the County. After it became apparent that the State Controller's Office would be issuing the Draft Report without additional time, the County requested an exit conference, which was held on June 3, 2009. The Draft Report was issued on May 27, 2009, prior to the exit conference. The County objects to the issuance of the Draft Report prior to the exit conference, and reserves all rights and remedies with respect thereto.

With respect to the Findings and Recommendations contained in the Draft Report, the County submits the following responses.

Findings and Recommendations

FINDING 1 AS STATED IN THE DRAFT REPORT:

FINDING 1— Overstated assessment and treatment costs
The county overstated costs by $22,426,295 for the audit period. The county did not prepare its claims based on its actual costs to implement the mandated program.

In the prior SCO audit of this program for fiscal year (FY) 2000-01 and FY 2001-02, dated October 31, 2006, we reported that the county's claimed costs were not based on actual program costs because its automated system did not have unique procedure codes to identify mandate-related services. The county used an extraction program to accumulate all mandate-related units of service for its clients assessed at four main sites. At these sites, the extraction program erroneously picked up clients who were denied services and for whom cases were closed.

In the current audit, the county's extraction program again picked up clients for whom cases were closed. The county implemented a new system beginning October 1, 2003; the new system became fully functional in the middle of FY 2003-04. This mid-year implementation caused

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additional errors and irregularities for FY 2003-04. When the client data from the two systems were merged, other problems became apparent, such as data loss, overstated units, and ineligible clients.

When preparing its claims, the county:

Claimed unsupported costs;

- Claimed ineligible crisis-intervention services and board and care costs for FY 2003-04 and ineligible therapeutic behavioral services and rehabilitation services for the entire audit period;
- Commingled in-state and out-of-state residential placement; we moved eligible out-of-state costs to the Seriously Emotionally Disturbed Pupils: Out-of-State Mental Health Services Program;
- Duplicated costs by claiming out-of-county residential placement and related services that were included in the pool of costs used to determine unit rates; and
- Omitted reimbursable costs; we considered these costs in determining our adjustments.

We adjusted costs based on actual units of service provided to eligible clients using the appropriate unit cost that represented the actual cost to the county.

The program's parameters and guidelines specify that only the following services are reimbursable: case management, assessment, individual therapy, collateral therapy and contacts, group therapy, day treatment, and day rehabilitation. Beginning with FY 2001-02, medication monitoring is reimbursable as well. Beginning with FY 2004-05, reimbursable out-of-home residential placement costs include mental health treatment and room-and-board costs; previously, only mental health treatment costs were reimbursable.

Recommendation
We recommend that the county ensure that it uses the actual units of service and costs per unit, and claims only eligible services in accordance with the mandated program. Furthermore, we recommend that the county implement an automated system that can accurately accumulate and report all mandate-related units of service.

COUNTY'S RESPONSE TO FINDING 1

A. Unsupported Costs

The Draft Report states that the County claimed unsupported costs because the County's extraction program erroneously picked up costs for ineligible clients. The County responds that prior to the initiation of this audit it discovered that its computer program improperly claimed costs for dates that were outside the bounds of the IEPs. In other words, once an IEP was in place, the computer system picked up costs for services rendered to the client (who may have already been an existing County Mental Health client), including services rendered before or after the effective dates of the IEP. The County self-reported this error to the auditors prior to the audit and provided new units of service information based on the actual effective dates of the IEPs for all three years. The County agrees that it cannot claim costs for services that are outside the dates of the IEPs and has remedied the problem with its computer system.

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B. Crisis Intervention and Therapeutic Behavorial Services

The Draft Report states that the County claimed ineligible crisis-intervention services and therapeutic behavioral services (TBS). The County claimed costs for crisis intervention services in FY04, however, removed all such services from any subsequent claims. The County agrees that it claimed TBS services that were deemed ineligible by the State, and either removed or will remove those services from subsequent claims, but reserves all rights and remedies available.

C. Rehabilitation Services

The Draft Report states that the County claimed ineligible rehabilitation services. The County disagrees that rehabilitation costs are ineligible for reimbursement for the reasons stated below. In addition, the County is currently reviewing the claimed costs identified in its accounting system and by its contractors as rehabilitation services to determine if these claimed costs can be claimed for activities reimbursable under the mandate. The State Controller's Office has agreed that if the County provides corroborating evidence to support that any of the ineligible rehabilitation costs are for activities reimbursable under the mandate, the final report will be revised as appropriate.

The federal Individuals with Disabilities Education Act (IDEA) entitles qualifying students to a free appropriate public education (FAPE) in the least restrictive environment. *See, generally, 20 U.S.C. §1400 et seq; 34 C.F.R. §300 et seq.* FAPE is defined as special education and related services "to meet the unique needs of a child with a disability." *20 U.S.C. §1401(29); 34 C.F.R. §300.39(a); Cal. Educ. Code §56031.* Related services are defined to be any supportive services required to assist a child with a disability benefit from special education, including "psychological services, physical and occupational therapy, recreation, including therapeutic recreation, ... [and] counseling services, including rehabilitation counseling." *20 U.S.C. §1401(26); 34 C.F.R. §300.34(a); Cal. Educ. Code §56363; 5 C.C.R. §3051-52.* The "list of related services is not exhaustive and may include other developmental, corrective, or supportive services if they are required to assist a child with a disability to benefit from special education." *34 C.F.R. §300 Appendix A.* A student is entitled to related services, including rehabilitation, if such services are necessary for the student to benefit from special education, if rehabilitation constitutes the related service provided in the LRE, or if rehabilitation services would allow the student to remain in their "regular" school.

In addition to FAPE, the IDEA requires local education agencies (LEAs) to place special education students in the least restrictive environment. Specifically, the IDEA entitles special education students to be educated, "to the maximum extent possible", with their non-disabled peers. *20 U.S.C. §1412(a)(5); 34 C.F.R. 300.114(a)(2)(i); Cal. Educ. Code §56031.*

Under California law, mental health services must be provided to special education students in the least restrictive environment. Cal. Gov. Code §7576(a) states that "[i]t is the intent of the Legislature that the local educational agency and the community mental health service vigorously attempt to develop a mutually satisfactory placement that is acceptable to the parent and addresses the educational and mental health treatment needs of the pupil in a manner that is cost effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment."

The IDEA places the responsibility for providing all special education and related services squarely on the state education agency and LEAs. *34 C.F.R. 300.341; 20 U.S.C. 1214(a)(11); 34*

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C.F.R. 300.600. The California Department of Education (CDE), or an LEA, may provide services through other agencies, non-profit organizations, or private service providers, but if the other organization or agency fails or refuses to provide the specified service, the LEA or CDE must do so. *20 U.S.C. 1412(a)(12)(B).*

With the passage AB 3632, the State of California shifted responsibility for providing mental health services required by a student's IEP from LEAs to counties, specifically to local offices of county mental health (CMH). *Cal. Gov. Code § 7570 et seq.* In doing so, the state sought to have CMH agencies, who were already providing mental health services to emotionally disturbed youth and adults, assume the responsibility for providing needed mental health services to children who qualified for special education. Moreover, it was believed that mental health services would be most cost efficiently provided by CMH agencies.

Specifically, California made the California Department of Mental Health (CDMH) and local CMH agencies "responsible for the provision of mental health services, as defined in regulations by the State Department of Mental Health, developed in consultation with the State Department of Education, if required in the individualized education program of a pupil." *Cal. Gov. Code § 7576(a).* Thus, CMH agencies are responsible for mental health services that are necessary for the child to benefit from special education, that are beyond the capacity of the school's counseling and guidance services, and that come within the definition of mental health services which CDMH must provide under regulations.

CDMH regulations define mental health services as "mental health assessments and ... psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day treatment, day rehabilitation, and case management." *2 C.C.R. § 60020(i).* This section of the California Code of Regulations refers to 9 C.C.R. *§§* 542-543.While "day rehabilitation" is not defined, "day care habilitative services" is defined as "services designed and staffed to provide counseling and rehabilitation to maintain or restore personal independence at the best possible functional level for the patient with chronic psychiatric impairments who may live independently, semi-independently, or in a supervised residential facility which does not provide this service." *9 C.C.R. §542(b).* The components of day care habilitative services, which are rendered to individuals in a group setting, are the same components of mental health rehabilitation services, which are rendered to individuals in an individual setting. On May 26, 2005, the Commission on State Mandates adopted the Statement of Decision on the *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), which recognized day care habilitative services, as defined by 9 C.C.R. §542, as a reimbursable service. Given that day care habilitative services (which are reimbursable) have the same service components as mental health rehabilitation services, the mental health rehabilitation services should similarly be reimbursable.
Moreover, the claimed"rehabilitation services" are a sub-category (service function) under the broader label "mental health services." The services that are rendered and categorized under the "rehabilitation services" sub-category are mental health treatment interventions provided within the context of intensive outpatient mental health services, and are provided by mental health practitioners pursuant to the a mental health treatment plan for the purposes of mitigating symptoms of psychiatric diagnoses that meet medical necessity. As such, these interventions are recognized mental health outpatient treatment interventions that are the same services that have been routinely approved as eligible costs in accordance with the parameters and guidelines of the mandate program (i.e., HDS I for 03-04, and HDS II for 04-05, and 05-06).

In 2005, the Commission on State Mandates refused to specifically define rehabilitation services to match the Medi-Cal definition of rehabilitation services provided in 9 C.C.R. §1810.243. *04-*

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RL-4282-10, p. SA-39, 40, footnote 103. The Commission reasoned that there was no support for adopting this definition, as neither 2 C.C.R. §60020 nor the sections to which it refers, 9 C.C.R. §§542-543, reference 9 C.C.R. §1810.243. *Id.* The Commission's decision not to adopt this specific definition of rehabilitation services is not an indicator of whether the counties are responsible for providing rehabilitation services, or that rehabilitation services are not reimbursable under the mandate. On the contrary, rehabilitation services are, by definition, designed to provide students reasonable and necessary mental health services in the least restrictive environment, and are thus reimbursable under the mandate, as are similar and equivalent day rehabilitative services currently reimbursable under the mandate.

For all of these reasons, the County's claimed costs for rehabilitation services should not be denied. The County reserves the right to pursue all remedies available to it should these rehabilitation services be disallowed, including but not limited to filing an Incorrect Reduction Claim.

D. Comingled in-state and out-of-state placement

The Draft Report states that the County comingled in-state and out-of-state placement costs. In other words, the County submitted one claim for in-state services and one claim for out-of-state services, and mixed some of the in-state services in the out-of-state claim, and vice versa. The County understands that the auditor adjusted these services in the appropriate claims and no disallowance was made on the basis of the comingled placement. This will no longer be an issue as the State has consolidated the two mandated cost claims into a single claim..

E. Duplicated Costs

The Draft Report states that the County duplicated costs by claiming out-of-county residential placement and related services that were included in the pool of costs used to determine unit rates. This issue arose when the County erroneously submitted out-of-county and out-of-state travel/case management costs when these costs were charged to the County outpatient clinics and therefore were already included in the unit cost rate. The County no longer claims out-of-county or out-of-state travel/case management separately.

FINDING 2 AS STATED IN THE DRAFT REPORT
FINDING 2— Overstated administrative costs

The county overstated its administrative costs by $4,526,751 for the audit period.

The county miscalculated its administrative cost rates because it did not include all offsetting revenues. In the prior audit noted in Finding 1, the county did not offset its administrative costs by revenues received. We adjusted administrative rates calculations by offsetting administrative costs by all relevant revenues. The adjustments resulted in a reduction to administrative rates applied for the audit period. The overstatement is also due to the county's application of the

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administrative rates to ineligible costs, duplicated costs, and overstated direct costs that are not based on actual program costs.

The parameters and guidelines specify that administrative costs incurred in the performance of the mandated activities and adequately documented are reimbursable.

The parameters and guidelines further specify that to the extent the State Department of Mental Health has not already compensated reimbursable indirect costs from categorical funding sources, the costs may be claimed.

Recommendation
We recommend that the county consider relevant offsetting revenues in its calculation of administrative cost rates and apply the rates to eligible direct costs.

COUNTY'S RESPONSE TO FINDING 2

The FY04 – FY06 claims as originally filed utilized the administrative cost methodology developed with the State Controller's Office during the course of the County's FY01 – FY02 audit. This methodology specifically included offsetting MediCal Administrative Reimbursement (MAR), Utilization Review (UR) and MediCal Administrative Activities (MAA) revenues. Documentation of this methodology showing the offsetting revenues was given to the auditor at the commencement of the audit. The County does not agree with the conclusion in the Audit Report that the original claims did not include offsetting revenues in the administrative cost calculations.

The auditor requested documentation of the administrative cost calculations utilized in the County's FY04 – FY06 Short Doyle MediCal cost reports. These work papers are utilized in the cost report to determine the County's total administrative costs eligible for MediCal Administrative Reimbursement. The auditor apparently interpreted these work papers as proposed SB90 claim administrative rate proposals rather than simply the work papers upon which administrative costs are calculated. It was not the County's intent that the percentages included in the work papers be interpreted in that fashion.

The County disagrees with any disallowance of administrative costs associated with services that the County alleges are reimburseable.

The County also notes that the auditor appears to have used different administrative cost rates for assessment as opposed to treatment services in each of the three years. For FY04, for example, audited treatment costs of $2,448,139 and administrative costs of $217,084 are shown, for an administrative/treatment cost ratio of 8.87%. The corresponding ratio for treatment services, however, was 10.17%. Smaller but similar differences are seen with the FY05 and FY06 data. The County questions why these percentages would be different for assessment and treatment services and requests that the final report accurately reflect the correct administrative cost rate.

The County reserves the right to continue investigating these issues and to pursue all remedies available to it with respect to the disallowance of administrative costs, including but not limited to filing an Incorrect Reduction Claim.

FINDING 3 AS STATED IN THE DRAFT REPORT

FINDING 3— Overstated offsetting revenues

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The county overstated offsetting revenues by $7,049,059 for the audit period.

The county miscalculated revenues by using inaccurate Medi-Cal units; applying incorrect funding percentages for Short-Doyle/Medi-Cal FFP (SD/MC) and Early and Periodic, Screening, Diagnosis and Treatment (EPSDT); and including revenues related to unallowable costs.

We recalculated total revenues by applying the appropriate cost per unit to eligible units of service, using the correct funding percentages for SD/MC and EPSDT, and excluding revenues related to unallowable costs.

The parameters and guidelines specify that any direct payments (categorical funds, Short Doyle/Medi-Cal FFP, and other offsets such as private insurance) received from the State that are specifically allocated to the program, and/or any other reimbursement received as a result of the mandate, must be deducted from the claim.

Recommendation

We recommend that the county use accurate SD/MC units and apply the appropriate reimbursement percentages and all applicable revenue sources when computing offsetting revenues.

As regards rehabilitation and other services provided relative to the wrap-around program, we reiterate that the county should identify all relevant revenues associated with the services provided to mandated-program clients. These revenues include wrap-around program funds provided by the California Department of Social Services.

COUNTY'S RESPONSE TO FINDING 3

The FY04 – FY06 claims as originally filed did in fact utilize correct percentages for Short Doyle MediCal FFP. For FY04, the percentage was 54.35% for 3 months and 52.95% for 9 months; for FY05 and FY06, the percentage was 50% for twelve months. However, when it became necessary for the County to rerun all of the units of service due to the discovery of the ineligible claims prior to the audit (as referenced in the County's response to Finding 1), the County inadvertently utilized a 50% rate for 2004 instead of the 54.35% and 52.95% rates. The correct percentages were utilized for both FY05 and FY06.

The County concurs that certain EPSDT revenues were underestimated. EPSDT revenues will necessarily always be estimates at the time SB90 claims are filed as the State Department of Mental Health (SDMH) does not issue EPSDT cost settlements until 18 months after the end of the fiscal year and the SB90 claims are due seven months after the end of the fiscal year. Further, SDMH did not send the County its FY04, FY05 or FY06 cost settlement schedules at the time they were completed, and subsequent queries as to their whereabouts were not answered. The County received copies of these documents from the State Controller's Office auditor rather than from SDMH. In the absence of this settlement information, the County was carrying over proportional MediCal FFP: EPSDT amounts from prior years. In the future, the County will ensure that its estimates are based on the most current SDMH EPSDT cost settlement data available.

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Lastly, the County disagrees with any disallowances associated with services that the County alleges are reimbursable, and the County reserves all rights and remedies available to it, including but not limited to filing an Incorrect Reduction Claim.

The Draft Report states that "the County should identify all relevant revenues associated with the services provided to mandated-program clients. These revenues include wrap-around program funds provided by the California Department of Social Services." This statement in the Draft Report is dicta. No portion of the County's claim was evaluated or disallowed on the basis of alleged failure to identify offsetting revenues available to the Mental Health Department for mental health services. The County is reviewing this issue and reserves all rights and remedies available to it.

CONCLUSION

In view of the clarifications and explanations furnished by the County contesting the disallowances as above, The County requests that no adjustments for these disallowances (insofar as these relate to the disputed disallowances) be made from the payments due to the County on this or any other SB 90 mandated programs for past or future claims until the Incorrect reduction claim is heard by the Commission on Mandates and completion of all other appropriate administrative and legal measures if any, that will be taken by the County of Santa Clara.

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State Controller's Office
Division of Audits
Post Office Box 942850
Sacramento, CA 94250-5874

http://www.sco.ca.gov

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Attn: Ginny
3 pages

JOHN CHIANG
California State Controller
Division of Accounting and Reporting

9943
00111
2009/07/11

JULY 11, 2009

AUDITOR-CONTROLLER
COUNTY OF SANTA CLARA
70 W HEDDING ST, EAST WING
SAN JOSE CA 95110

DEAR CLAIMANT:

RE: MANDI & DISABLE STU CH 1747/84

WE HAVE REVIEWED YOUR 2003/2004 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		6,742,221.00
ADJUSTMENT TO CLAIM:		
FIELD AUDIT FINDINGS	- 6,741,221.00	
LATE CLAIM PENALTY	- 1,000.00	
TOTAL ADJUSTMENTS		- 6,742,221.00
AMOUNT DUE CLAIMANT		$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

SINCERELY,

Ginny Brummels

GINNY BRUMMELS, MANAGER
LOCAL REIMBURSEMENT SECTION
P.O. BOX 942850 SACRAMENTO, CA 94250-5875

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JOHN CHIANG

California State Controller

July 22, 2009

Mr. Ram Venkatesan
SB 90 Coordinator
County of Santa Clara
70 W. Hedding Street, East Wing, 2nd Floor
San Jose CA 95110

RE: Services to Handicapped Students CH 1747/84

Dear Claimant:

We have reviewed your 2004/2005 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed		$7,987,359.00
Adjustment to Claim:		
Field Audit Findings	-$6,884,080.00	
Total Adjustments		$1,103,279.00
Less: Prior Payment		
Schedule Number	MA63900A (PAID 08/03/2006)	- $2,248,732.00
Schedule Number	MA51301E (PAID 09/13/2005)	- $5,738,627.00
Amount Due State		- $6,884,080.00

The overpayment amount of $6,884,080.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

Ginny Brummels

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250

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JOHN CHIANG

California State Controller

July 22, 2009

Mr. Ram Venkatesan
SB 90 Coordinator
County of Santa Clara
70 W. Hedding Street, East Wing, 2nd Floor
San Jose CA 95110

RE: Services to Handicapped Students CH 1747/84

Dear Claimant:

We have reviewed your 2005/2006 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed		$7,555,890.00
Adjustment to Claim:		
Field Audit Findings	-$6,063,088.00	
Total Adjustments		$1,492,802.00
Less: Prior Payment		
Schedule Number	MA61358A (PAID 03/07/2007)	- $1,446,470.00
Schedule Number	MA52817E (PAID 03/16/2006)	- $6,109,420.00
Amount Due State		- $6,063,088.00

The overpayment amount of $6,063,088.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

Ginny Brummels

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250

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EXHIBIT D

County of Santa Clara
Incorrect Reduction Claim
Handicapped & Disabled Students, AB 3632
FY 2004, 2005, and 2006

ITEM 11: REIMBURSEMENT CLAIMS

1. FY 2004 amended SB 90 claim 434
2. FY 2005 SB 90 claim 534
3. FY 2006 SB 90 claim 598

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CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
SERVICES TO HANDICAPPED STUDENTS

(19) Program Number 00111
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program Number 111

CLIENT ORIGINAL

(01) Claimant Identification Number: 9934

(02) Claimant Name: County of Santa Clara

County of Location: Santa Clara

Street Address or P.O. Box: 70 West Hedding

City: San Jose State: CA Zip Code: 95110

Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated [x]	(09) Reimbursement [ ]
	(04) Combined [ ]	(10) Combined [ ]
	(05) Amended [ ]	(11) Amended [x]
Fiscal Year of Cost	(06) 2004-2005	(12) 2003-2004
Total Claimed Amount	(07) $7,416,443	(13) $6,742,221
LESS: 10% Late Penalty		(14)
LESS: Prior Claim Payment Received		(15)
Net Claimed Amount		(16) $6,742,221
Due from State	(08) $7,416,443	(17) $6,742,221
Due to State		(18)

Reimbursement Claim Data	
(22) HDS-1, (03)(a)	
(23) HDS-1, (03)(b)	7
(24) HDS-1, (03)(c)	
(25) HDS-1, (04)(1)(d)	2,560,96
(26) HDS-1, (04)(2)(d)	319,07
(27) HDS-1, (04)(3)(d)	36,40
(28) HDS-1, (04)(4)(d)	
(29) HDS-1, (04)(5)(d)	13,505,48
(30) HDS-1, (06)	1
(31) HDS-3, (05)	660,44
(32) HDS-3, (06)	
(33) HDS-3, (07)	1,234,6
(34) HDS-3, (09)	
(35) HDS-3, (10)	
(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims wit the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 10 through 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set f on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer: [signature] Date: 3/7/05

Ram Venkatesan — Print or type name

SB 90 Coordinator — Title

(38) Name of Contact Person for Claim: Martha Paine

Telephone Number: 408.885.6860

E-Mail Address: martha.paine@hhs.co.scl.ca.us

Form FAM-27(Revised 09/03)

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
CLAIM SUMMARY

FORM
HDS-1

(1) Claimant: County of Santa Clara	(2) Type of Claim: Reimbursement [X]; Estimated [ ]	Fiscal Year: 2003/2004

Claim Statistics	
(03)(a) Number of students who were suspected of being "individuals with exceptional needs," and were referred to the local mental health department for assessment and recommendation in the fiscal year of the claim.	NA
(b) Number of students who required residential placements in the fiscal year of claim.	7
(c) Number of due process proceedings that took place in the fiscal year of claim.	NA

Direct Costs	Object Accounts			
(04) Reimburseable Components	(a) Salaries	(b) Benefits	(c) Serv/Supply	(d) Total
1. Assessment				$2,560,966
2. Residential Placement				$319,077
3. Related Services				$36,404
4. Due Process Proceedings				$0
5. Treatment Services				$13,505,487
(05) Total Direct Costs				$16,421,934

Indirect Costs		
(06) Indirect Cost Rate	[From ICRP]	11.24%
(07) Total Indirect Costs	[Line (06) x {line (05)(d)}]	$1,845,241
(08) Total Direct and Indirect Costs	[Line (05)(d) + line (07)]	$18,267,176

Cost Reduction		
(09) Less: Offsetting Savings		$0
(10) Less: Other Reimbursements	(i.e. State General/Realignment & Categorical Funds, SD-MC FFP,etc)	$11,524,955
(11) Total Claimed Amount	[Line 908) - {line (09) + line (10)}	$6,742,221

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-2

(1) Claimant

(2) Fiscal Year Costs Were Incurred

(3) Reimbursable Components: Check only one box per form to identify the component being claimed

- [ ] Assessment
- [ ] Residential Placement
- [ ] Related Services
- [ ] Due Process Proceedings
- [ ] Treatment Services

(4) Description of Expenses: Complete columns (a) through (f)

(a) Employee Names, Job Classifications, Functions Performed and Descriptions of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	Object Accounts (d) Salaries	(e) Benefits	(f) Services and Supplies

(05) Total [ ] Subtotal [ ] Page ____ of ____

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MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL		FORM HDS-3
(1) Claimant County of Santa Clara	(2) Fiscal Year Costs Were Incurred FY2003-2004	
(3) Reimbursable Components:	Check only one box per form to identify the component being claimed	
Assessment of Individuals With Exceptional Needs		
(a) Assessment: Interviews, Review of Records, Observations, Testing, etc		$2,560,966
(b) Residential Placement: IEP Reviews, Case Management, and Expanded IEP		$319,077
(c) Related Services: Attendance at IEP Meetings, Meetings with IEP Members and Parents, and Review of Independent Assessment		$36,404
(d) Due Process Proceedings		
(e) Administrative Costs		$327,705
Mental Health Treatment		
(f) Treatment Services: Short Doyle Program		$13,505,487
(g) Administrative Costs		$1,517,536
(04) Sub-total for Assessment of Individuals with Exceptional Needs	[Sum of (03), lines (a) to (e)]	$3,244,152
(05) Less: Amount Received from Short Doyle MediCal (FFP Only)		$660,446
(06) Less: Amount Received from State Categorical Funding		$0
(07) Less; Amount Received from Other (Identify)	SELPA II, IDEA, EPSDT	$1,234,699
(08) Total for Assessment of Individuals with Exceptional Needs	[Line (04) - Sum of lines (05) - (07)]	$1,349,007
(09) Subtotal for Mental Health Treatment [block (03), lines (f) and (g)		$15,023,024
(10) Less: Non-Categorical State General/Realignment Funds		$0
(11) Less: Amount Received from Short Doyle MediCal (FFP Only)		$3,643,031
(12) Less: Amount Received from State Categorical Funding		$0
(13) Less: Amount Received from Other (Identify)	SELPA II, IDEA, EPSDT	$5,986,779
(14) Total Mental Health Treatment	[Line (09) - Sum of lines (10) to (13)]	$5,393,214
(15) Total Claimed Amount	[Sum of lines (08) and (14)]	$6,742,221

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: FY2003-2004

(3) Reimbursable Components:

- [X] Assessment
- [ ] Treatment Services
- [ ] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Asian Americans for Community Involvement	151	15:01	2,900	$1.7314	$5,021
Asian Americans for Community Involvement	151	15:15,30	302	$2.2328	$674
Achieve	144	15:01	3,058	$1.8200	$5,566
Achieve	144	15:15,30	4,789	$2.3600	$11,302
Alliance	689	15:01	1,313	$1.5145	$1,989
Alliance	689	15:30	337	$1.9531	$658
Catholic Charities	153	15:01	37	$1.8300	$68
Catholic Charities	153	15:15,30	480	$2.3600	$1,133
Chamberlains	154	15:01	2,060	$1.5404	$3,173
Chamberlains	154	15:15,30	880	$1.9865	$1,748
Childrens Health Council	250	15:01	50,215	$1.8300	$91,893
Childrens Health Council	250	15:15,30	9,168	$2.3600	$21,636
Community Solutions	164	15:01	18,554	$1.6447	$30,516
Community Solutions	164	15:15,30	4,877	$2.1211	$10,345
Santa Clara County MH	043	15:01	551,127	$1.7114	$943,199
Santa Clara County MH	043	15:15,30	258,130	$2.2071	$569,719
Eastfield Ming Quong	156	15:01	85,963	$1.6247	$139,664
Eastfield Ming Quong	156	15:15,30	144,748	$2.0739	$300,193
(05) Total [ ] Subtotal [X] [ ]	Page 1 of 2				$2,138,496

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: FY2003-2004

(3) Reimbursable Components:

- [X] Assessment
- [ ] Treatment Services
- [ ] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Carryover from Page 1 of 2					$2,138,496
Family & Childrens Services	150	15:01	701	$1.4785	$1,036
Family & Childrens Services	150	15:15,30	306	$1.9067	$583
Gardner	251	15:01	9,768	$1.3343	$13,033
Hope	157	15:01	1,584	$1.7767	$2,814
Hope	157	15:15,30	915	$2.2912	$2,096
Oasis	1031	15:01	1,288	$1.8300	$2,357
Rebekah's Childrens Services	255	15:01	172,445	$1.8300	$315,574
Rebekah's Childrens Services	255	15:15,30	5,247	$2.3600	$12,383
Starlight	840	15:01	28,604	$1.8300	$52,345
Starlight	840	15:15,30	8,579	$2.3600	$20,246
(05) Total [X] Subtotal		Page 2 of 2			$2,560,966

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: FY2003-2004

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Treatment Services
- [X] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Families First			437	$112.08	$48,981
Milhous			91	$162.84	$14,818
Seneca				Varies	$42,059
Sunny Hills			757	$98.00	$74,188
Victor Treatment Centers				Varies	$130,665
CEDU Mediated Education/Therapy Cost					$5,600
Blau Mediated Residential/Education/Therapy Cost					$1,460
Travel to Out of County Residential Placements:					
Chico 2/26/03-2/27/03					$124
Chico 5/18/04-5/19/04					$134
Orange 9/11/03-9/12/03					$118
San Diego 12/22/03-12/23/03					$305
San Diego 3/3/04-3/4/04					$336
Van Nuys 4/8/04-4/10/04					$289
(05) Total [X] Subtotal					$319,077

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: FY2003-2004

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Residential Placement
- [X] Treatment Services
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Asian Americans for Community Involvement	151	15:10-59	8,800	$2.2328	$19,649
Asian Americans for Community Involvement	151	15:60	725	$4.1345	$2,998
Achieve	144	15:10-59	99,554	$2.3600	$234,947
Achieve	144	15:60	3,990	$4.3700	$17,436
Achieve	144	15:70	1,115	$3.5200	$3,925
Achieve	144	10:85	581	$154.0994	$89,532
Alliance	689	15:10-59	1,426	$1.9531	$2,785
Alliance	689	15:60	627	$3.6589	$2,294
Catholic Charities	153	15:10-59	16,264	$2.3600	$38,383
Catholic Charities	153	15:60	141	$4.3700	$616
Chamberlains	154	15:10-59	4,860	$1.9865	$9,654
Chamberlains	154	15:60	1,825	$3.6785	$6,713
Chamberlains	154	10:70	155	$2.9630	$459
Chamberlains	154	10:81	30	$108.4200	$3,253
Childrens Health Council	250	15:10-59	203,706	$2.3600	$480,746
Childrens Health Council	250	15:60	7,890	$4.3700	$34,479
Childrens Health Council	250	15:70	660	$3.5200	$2,323
Community Solutions	164	15:10-59	25,556	$2.1211	$54,207
Community Solutions	164	15:60	3,848	$3.9276	$15,113
Community Solutions	164	15:70	726	$3.1636	$2,297
Santa Clara County	043	15:10-59	238,109	$2.2071	$525,530
Santa Clara County	043	15:60	43,141	$5.6833	$245,183
Santa Clara County	043	10:70	4,607	$3.2919	$15,166
(05) Total [ ] Subtotal [X]					$1,807,689

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: FY2003-2004

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Residential Placement
- [X] Treatment Services
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Carryover from page 1 of 2					$1,807,689
Eastfield Ming Quong	156	15:10-59	3,214,372	$2.0739	$6,666,286
Eastfield Ming Quong	156	15:58	120,208	$2.3600	$283,691
Eastfield Ming Quong	156	15:60	74,159	$3.8961	$288,931
Eastfield Ming Quong	156	15:70	97,848	$3.1034	$303,661
Eastfield Ming Quong	156	10:85	7,186	$162.0075	$1,164,186
Family & Childrens Services	150	15:10-59	6,781	$1.9067	$12,929
Family & Childrens Services	150	15:60	260	$3.5306	$918
Family & Childrens Services	150	15:70	20	$2.8439	$57
Gardner	251	15:10-59	11,589	$1.7208	$19,942
Gardner	251	15:60	235	$3.1863	$749
Gardner	251	15:70	265	$2.5666	$680
Hope	157	15:10-59	2,961	$2.2912	$6,784
Hope	157	15:58	18,690	$2.2912	$42,823
Hope	157	15:60	1,750	$4.2426	$7,425
Innvision	159	10:95	11	$100.9858	$1,111
Oasis	1031	10:95	67	$118.9400	$7,969
Oasis	1031	15:10-59	1,437	$2.3600	$3,391
Oasis	1031	15:60	1,133	$4.3700	$4,951
Oasis	1031	15:70	65	$3.5200	$229
Rebekah's Childrens Services	255	15:10-59	549,789	$2.3600	$1,297,502
Rebekah's Childrens Services	255	15:58	28,963	$2.3600	$68,353
Rebekah's Childrens Services	255	15:60	4,015	$4.3700	$17,546
Rebekah's Childrens Services	255	15:70	3,105	$3.5200	$10,930
Rebekah's Childrens Services	255	10:85	1,226	$183.4600	$224,922
Starlight	840	15:10-59	15,072	$2.3600	$35,570
Starlight	840	15:58	189,543	$2.3600	$447,321
Starlight	840	15:60	13,319	$4.3700	$58,204
Starlight	850	15:70	1,611	$3.5200	$5,671
Starlight	840	10:85	3,125	$183.4600	$573,313
Starlight	840	10:89	1,059	$133.8151	$141,643
Ujima	163	15:10-59	71	$1.5685	$111
(05) Total [ ] Subtotal [X] [ ]	Page 1 of 2				$13,505,487

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: FY2003-2004

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Treatment Services
- [ ] Residential Placement
- [X] Other (Identify): IEP Meetings and Review

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers		(b) Salary Rate	(c) Benefits % Sal	(d) Hours Worked	(e) Salary	(f) Benefits
Jodi Barnum	Psychiatric Social Worker II	$37.67	41.27%	44.82	$1,688	$697
Nang Cao	Psychiatric Social Worker II	$48.50	32.72%	73.53	$3,566	$1,167
Jeff Cummins	Psychiatric Social Worker II	$47.85	31.55%	53.33	$2,552	$805
Monica Dittrich	Marriage/Family Therapist I	$38.90	39.96%	4.13	$161	$64
Aurelia Espinoza	Psychiatric Social Worker II	$30.44	34.12%	1.65	$50	$17
Diane Fjelstad	Psychiatric Social Worker II	$46.65	29.88%	25.67	$1,197	$358
Hayley Giniger	Marriage/Family Therapist II	$46.10	27.80%	5.43	$250	$70
Lilly Goldbard	Psychiatric Social Worker II	$46.91	36.30%	7.83	$367	$133
Lorena Gonzalez	Psychiatric Social Worker II	$42.72	32.69%	3.13	$134	$44
Wendy Goodridge	Marriage/Family Therapist II	$41.23	36.67%	54.37	$2,242	$822
Carol Urbanski	Psychiatric Social Worker II	$48.62	35.98%	108.68	$5,284	$1,901
George Gutierrez	Marriage/Family Therapist II	$46.15	36.88%	0.68	$32	$12
Danielle Hanchett	Psychiatric Social Worker I	$30.49	23.25%	6.55	$200	$46
Louise Hill	Psychiatric Social Worker II	$42.95	28.47%	6.72	$288	$82
Karen Leavitt	Psychiatric Social Worker I	$39.00	40.16%	13.40	$523	$210
Mikelle Le	Marriage/Family Therapist I	$43.10	22.28%	11.87	$511	$114
Samphor Mao	Psychiatric Social Worker I	$39.18	39.35%	58.58	$2,295	$903
Dolores Ponce	Psychiatric Social Worker II	$46.89	29.84%	3.50	$164	$49
Joann Riniti	Clinical Psychologist	$26.24	34.91%	9.83	$258	$90
David Silva	Psychiatric Social Worker II	$41.23	32.09%	11.40	$470	$151
Tova Sweet	Marriage/Family Therapist II	$47.00	29.87%	85.67	$4,026	$1,203
Lola WhiteleyBruton	Psychiatric Social Worker II	$40.14	35.02%	13.58	$545	$191
Maria Erl Papa	Marriage/Family Therapist II	$46.87	31.39%	1.38	$65	$20
Nga Le	Psychiatric Social Worker II	$46.99	27.56%	5.50	$258	$71
Yukiko Ascue	Psychiatric Social Worker II	$48.31	36.12%	0.83	$40	$15
					$27,169	$9,235
(05) Total	X Subtotal					$36,404

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: FY2003-2004

(3) Reimbursable Components: Administrative Costs

[X] Assessment of Individual

[ ] Mental Health Treatment

(4) Description of Expenses: Complete columns (a) through (g)

(a)	(b)	(c)	(d)	(e)	(f)	(g)
From ICRP Calculation:						
Total Net Administrative Cost	$18,514,288					
Total Allowable Direct Cost	$164,770,006					
Admin Percentage	11.24%					
Ch 26.5 Assessment Cost	$2,560,966					
Residential Placement	$319,077					
IEP Meetings and Reviews	$36,404					
Subtotal	$2,916,447					
Assessment Admin Cost	$327,705					
(05) Total Direct Costs						
Indirect Costs						
(06) Indirect Cost Rate	[From ICRP]					0.00%
(07) Total Indirect Costs	[Line (06) x line (05)(g)]					$327,705

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COUNTY OF SANTA CLARA
Mental Health Department - BU 412
Services to Handicapped and Disabled Students
Out of State Mental Health Services
CH 1747 - 84 (AKA AB3632, CH. 26.5)
INDIRECT COST RATE PROPOSAL
Fiscal Year
2003-2004

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
SALARIES and BENEFITS				
Salaries & Wages	24,844,227	0	6,553,614	18,290,613
Overtime	204,834	0	39,583	165,251
Benefits	8,033,061	0	2,180,372	5,852,689
* SUBTOTAL OBJECT 1, Salaries and Benefits :	33,082,122	0	8,773,569	24,308,553
SERVICES and SUPPLIES				
5205100 Communications	283,661	0	199,220	84,441
5205300 Communications	84,464	0	14,863	69,601
5210100 Food - Other	10,971	0	7,305	3,666
5210110 Food - Meat, Fish, Poultry	5,356	0	4,677	679
5210150 Food - Bakery	80	0	40	40
5210160 Food - Produce	36	0	0	36
5210170 Food - Prepared Entrees	1,132	0	457	675
5215700 Garbage	15,957	0	0	15,957
5220200 Insurance	131,655	0	131,655	0
5225200 Witness Expense	49,608	0	49,608	0
5231100 Contract Maint Equipment	919	0	0	919
5235100 Maint - Struct/Improvements	69,182	0	69,182	0
5235110 Maint - Struct/Improvements	357,473	0	0	357,473
5235130 Maint - Struct/Improvements	2,107	0	0	2,107
5235410 Contract Maint Building	50,328	0	0	50,328
5235420 Contract Maint Preventive	60	0	0	60
5240100 Medical/Dental/Lab	13,592,885	0	90	13,592,795
5240200 Medical/Dental/Lab	1,705	0	0	1,705
5245100 Membership Dues & Fees	25,341	25,341	0	0
5250100 Office Expense	353,057	0	109,919	243,138
5250200 Postage - External	3,456	0	1,294	2,162
5250250 Postage - Internal	26,910	0	10,539	16,371
5250500 Freight	1,718	0	1,751	(33)
5250750 Printing - Internal	25,013	0	21,489	3,524
5250800 PC Software	160,302	0	145,790	14,512
5250810 PC Software - Maint	1,238	0	0	1,238
5251000 Workshops/Conferences	15,338	0	14,858	480
5251300 Mgt Development	693	0	693	0
5251400 Books & Periodicals	5,435	0	0	5,435
5251410 Subscriptions	5,536	0	0	5,536
5252100 Training Programs	98,559	0	98,559	0
5255100 Prof & Spec Services	1,106,458	0	1,043,525	62,933
5255108 Psych Testing	3,429	0	3,142	287
5255150 Advertising	3,428	0	3,428	0
5255500 Contract Services (excluding Prior Year Adj*)	99,623,429	9,187,907	0	90,435,522
5255600 Data Proc - Internal	70,471	0	8,285	62,186
5257100 Consult & Mgt Fees	28,315	0	3,508	24,807
5257130 Consulting Fees - General	191	0	0	191
5257400 Medical Prof Fees	32	0	0	32
5258200 Prof Services - Internal	7,487,539	0	422,330	7,065,209
5259000 Purch Services Other	655,746	0	648,488	7,258
5259040 Prof Grp S/S	15,135	0	0	15,135

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Mental Health Department - BU 412
Services to Handicapped and Disabled Students
Out of State Mental Health Services
CH 1747 - 84 (AKA AB3632, CH. 26.5)
INDIRECT COST RATE PROPOSAL
Fiscal Year
2003-2004

5259100	Corporate Services Charge	8,706,325	0	8,706,325	0
5260100	Publications & Legal	3,743	0	3,743	0
5265100	Equipment - Other	72,890	0	39,675	33,216
5265110	Copy Machines	231	0	231	0
5265150	Office Equipment	32,302	0	16,835	15,467
5265170	Trade Show Space Rental	80	0	80	0
5270100	Building & Improvements	80	0	0	80
5270200	Office Rents	1,908,506	0	512,511	1,395,995
5275100	Small Tools & Instruments	48,860	0	17,318	31,542
5275200	PC Hardware	168,831	0	147,822	21,009
5275500	Equipment	(42,355)	0	(42,355)	0
5280000	Special Dept Expense	710	0	710	0
5280700	Med Supplies - Other	1,336	0	0	1,336
5280710	Med Supplies - Prosthesis	219	0	0	219
5280711	Med Supplies - Skin Graft	69	0	0	69
5280716	Med Supplies - Pharmaceuticals	480,496	0	0	480,496
5280800	Supplies - Non Medical	7,916	0	283	7,633
5281000	Correction Industries	(31,243)	0	0	(31,243)
5281200	Library Books	2	0	0	2
5281600	County Overhead	3,527,482	0	3,527,482	0
5282500	Outside Laboratory	9,183	0	0	9,183
5282530	Med Purch Srvs - Other	25,998,743	0	0	25,998,743
5285200	Transportation & Travel	238,777	0	23,372	215,405
5285210	Transportation & Other	(4,994)	0	(1,850)	(3,144)
5285300	Mileage	84,510	0	17,453	67,057
5285800	Business Travel	14,610	0	7,477	7,133
5290110	Utility - Electricity	265,249	0	11,980	253,270
5290120	Utility - Gas	26,113	0	0	26,113
5290130	Utility - Water	10,408	0	23	10,385
5290150	Utility - Cities	16,484	0	0	16,484
5300200	Support of Persons	354,604	0	279,755	74,849
5301400	Support of Persons	1,432,820	0	13,480	1,419,340
5308100	Trans - Patient/Client	(331)	0	(331)	0
5320200	Licenses and Taxes	642	0	642	0
5340300	Moving Costs	1,035	0	544	491
5340795	Tuition Reimbursement - Other	(130)	0	0	(130)
5341000	Overtime Meals	3,657	0	960	2,698
5350300	Operating Expense - Other	11,972	0	8,106	3,867
5350400	Service/Supplies - Other	8,215	0	618	7,598
5350430	Service/Supplies - Recreation	819	0	375	444
5350440	Service/Supplies - Household Supply	43	0	0	43
5350500	Direct Expense - Other	26,339	0	199	26,140
5350600	Volunteer Services	85,013	0	80,809	4,204
8210000	GSA Service Charges	56,436	0	10,469	45,967
	* SUBTOTAL OBJECT 2, Services and Supplies :	167,901,045	9,213,248	18,399,433	142,288,364
OTHER CHARGES					
3251	Interest Expense	0	0	0	0

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Mental Health Department - BU 412
Services to Handicapped and Disabled Students
Out of State Mental Health Services
CH 1747 - 84 (AKA AB3632, CH. 26.5)
INDIRECT COST RATE PROPOSAL
Fiscal Year
2003-2004

	[redacted]				
3956	Debt Service Principal	0	0	0	0
3999	Other Charges	0	0	0	0
	* SUBTOTAL OBJECT 3, Other Charges :	0	0	0	0
EQUIPMENT					
4300	Equipment	122,386	122,386	0	0
	* SUBTOTAL OBJECT 4, Fixed Assets :	122,386	122,386	0	0
EXPENDITURE REIMBURSEMENT					
7300	Expenditure Reimbursement	(1,840,311)	0	(13,400)	(1,826,911)
		(1,840,311)	0	(13,400)	(1,826,911)
	TOTAL EXPENDITURES :	199,265,242	9,335,634	25,159,602	164,770,006
	OMB A-87 Cost Allocation :			Included Above	
	Total allocable Indirect costs :			25,159,602	
	Revenue Offset: MediCal Administrative Fees			(5,256,932)	
	Revenue Offset: Utilization Review			(1,189,739)	
	Revenue Offset: MediCal Administrative Activities			(198,643)	
	TOTAL NET ADMINISTRATIVE COST:			[redacted]	
	[redacted]			[redacted]	Administrative
				[redacted]	Total Direct Co

*$9,187,907 reflects accrual for prior year contract expense liabilities

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COUNTY OF SANTA CLARA
Mental Health Department - 412
Out of State Mental Health Services
CH 1747 - 84
INDIRECT COST RATE PROPOSAL
Fiscal Year
2003/2004
Data Entry Sheet
County Administrative Cost Centers

Index Code :		TOTAL EXPENSE Expenditures, Y-T-D	COUNTY ADMIN COSTS	COUNTY DIRECT COSTS	MH Admin 4350	Research 4351	QI 4353	MH Plan 4354	MH Plan QI 4357	MH Board 4358	CORE Admin 4367
SALARIES & BENEFITS											
Salaries & Wages											
5101000	Permanent Employees	24,024,823	6,414,803	17,610,020	1,616,511	342,628	378,820	138,559	112,551	61,390	189,842
5101100	Temporary Employees	398,860	17,003	381,857	(258)	0	0	0	0	0	0
5104000	Premium Pay	290,028	49,514	240,514	7,245	2,435	3,194	1,360	0	0	3,632
	Payoff	0	0	0	0	0	0	0	0	0	0
5105500	Uniform Allowance	358	0	358	0	0	0	0	0	0	0
5105000	Call Duty	130,160	72,294	57,866	0	0	0	0	0	0	0
	Salaries & Wages :	24,844,227	6,553,614	18,290,613	1,623,497	345,063	382,014	139,919	112,551	61,390	193,474
Overtime											
5103000	Overtime	179,843	38,772	141,071	3,275	772	0	14,103	1,919	0	319
5103100	Holiday Overtime	24,991	811	24,180	0	309	353	0	0	0	0
	Overtime :	204,834	39,583	165,251	3,275	1,081	353	14,103	1,919	0	319
Benefits											
5110100	Retiree Medical Expense	712,705	193,159	520,546	41,485	10,870	10,392	4,250	4,019	2,125	8,321
5110300	Unemployment Insurance	44,514	11,927	32,587	3,058	611	673	277	282	108	342
5110200	Health Insurance	3,018,101	835,896	2,182,205	184,624	30,260	47,818	21,671	17,403	5,179	21,081
5110400	FICA - Employer Share	1,843,639	495,254	1,348,385	120,095	28,562	27,590	11,287	8,757	4,698	14,552
5110500	Medicare Tax - Employer	13	13	0	13	0	0	0	0	0	0
5110600	PERS - Retirement	1,868,554	498,471	1,371,083	124,919	28,649	29,562	10,877	8,306	4,786	14,787
5110700	Workers Compensation	543,835	146,653	397,182	37,356	7,461	8,221	3,381	2,463	1,316	4,175
	Benefits :	8,033,061	2,180,372	5,852,688	511,428	102,513	124,254	51,623	41,150	18,190	61,268
	Total from above :	33,082,122	8,773,569	24,308,553	2,138,201	448,657	508,621	205,645	155,620	79,580	255,061
	*Total Object 1, Salaries and Benefits :	33,082,122	8,773,570	24,308,552	2,138,201	448,657	508,621	205,645	155,620	79,580	255,061
	Difference :	0	1	(1)	0	0	0	0	0	0	0
SERVICES, SUPPLIES, OTHER											
5205100	Communications	283,661	199,220	84,441	178,241	8,624	934	0	0	0	507
5205300	Communications	84,484	14,863	69,601	4,929	75	224	148	0	85	274
5210100	Food - Other	16,971	7,305	3,866	5,353	0	0	0	0	0	0
5210110	Food - Meat, Fish, Poultry	5,356	4,677	679	1,803	0	0	0	0	1,880	0
5210150	Food - Bakery	80	40	40	32	0	0	0	0	0	0
5210160	Food - Produce	36	0	36	0	0	0	0	0	0	0
5210170	Food - Prepared Entrees	1,132	457	675	203	0	0	0	0	0	0
5215700	Garbage	15,957	0	15,957	0	0	0	0	0	0	0
5220200	Insurance	131,855	131,855	0	131,855	0	0	0	0	0	0
5225200	Witness Expense	49,808	49,808	0	0	0	0	0	0	0	0
5231100	Contract Maint Equipment	919	0	919	0	0	0	0	0	0	0
5235100	Maint - Struct/Improvements	69,182	69,182	0	69,182	0	0	0	0	0	0
5235110	Maint - Struct/Improvements	357,473			357,473	0	0	0	0	0	0
5235130	Maint - Struct/Improvements	2,107	0	2,107	0	0	0	0	0	0	0
5235410	Contract Maint Building	50,328	0	50,328	0	0	0	0	0	0	0
5235420	Contract Maint Preventive	60	0	60	0	0	0	0	0	0	0
5240100	Medical/Dental/Lab	13,592,885	90	13,592,795	0	0	90	0	0	0	0
5240200	Medical/Dental/Lab	1,705	0	1,705	0	0	0	0	0	0	0
5245100	Membership Dues & Fees	26,341	25,341	0	24,805	0	0	236	0	300	0
5250100	Office Expense	353,057	109,919	243,138	38,625	6,134	7,109	5,243	0	33	125
5250200	Postage - External	3,456	1,294	2,162	1,017	6	0	0	0	0	0
5250250	Postage - Internal	26,910	10,539	16,371	370	0	0	0	0	0	0
5250500	Freight	1,718	1,751	(33)	578	0	0	955	0	0	0
5250750	Printing - Internal	25,013	21,489	3,524	19,993	0	219	390	0	0	0
5250800	PC Software	160,302	145,790	14,512	145,790	0	0	0	0	0	0
5250810	PC Software - Maint	1,238	0	1,238	0	0	0	0	0	0	0
5251000	Workshops/Conferences	15,338	14,858	480	14,109	0	0	0	0	0	0
5251300	Mgt Development	693	693	0	693	0	0	0	0	0	0
5251400	Books & Periodicals	5,435	3,618	1,817	3,452	0	112	0	0	0	0
5251410	Subscriptions	5,638	2,842	2,894	1,838	0	430	178	0	0	0
5252100	Training Programs	98,559	98,559	0	98,559	0	0	0	0	0	0
5255100	Prof & Spec Services	1,106,456	1,043,523	62,933	70,719	0	0	1,892	0	0	0
5255108	Psych Testing	3,429	3,142	287	839	0	0	0	0	0	0
5255150	Advertising	3,428	3,428	0	3,428	0	0	1,890,587	0	0	0
5255500	Contract Services	99,623,429	13,957,843	85,665,586	11,311,810	0	0	0	0	0	0
5255600	Data Proc - Internal	70,471	8,285	62,186	3,365	4,647	52	0	0	0	0
5257100	Consult & Mgt Fees	28,315	3,508	24,807	0	0	0	0	0	0	0
5257130	Consulting Fees - General	191	0	191	0	0	0	32	0	0	0
5257400	Medical Prof Fees	32			0	0	0	0	0	0	0
5258200	Prof Services - Internal	7,487,539	422,330	7,065,209	220	0	0	0	0	0	0
5259000	Purch Services Other	655,746	648,488	7,258	648,438	0	0	0	0	0	0
5259048	Prof Grp B/E	15,135	0	15,135	0	0	0	0	0	0	0
5259100	Corporate Services Charge	8,708,325	8,708,325	0	8,708,325	0	0	0	0	0	0
5260100	Publications & Legal	3,743	3,743	0	1,487	2,256	0	0	0	0	0
5265100	Equipment - Other	72,890	39,675	33,216	18,578	0	3,950	0	0	0	0
5265110	Copy Machines	231	231	0	0	0	0	0	0	0	362
5265150	Office Equipment	32,302	16,835	15,467	10,271	0	0	0	0	0	0
5265170	Trade Show Space Rental	80	80	0	50	0	0	0	0	0	0
5270100	Building & Improvements	80	0	80	0	0	0	0	0	0	0
5270200	Office Rents	1,908,506	612,511	1,395,995	404,710	0	21,022	0	0	0	0
5275100	Small Tools & Instruments	48,860	17,318	31,542	14,363	0	0	0	0	0	0
5275200	PC Hardware	168,831	147,822	21,009	142,270	2,281	0	0	0	0	0
5275500	Equipment	(42,355)	(42,355)	0	(42,355)	0	0	0	0	710	0
5280000	Special Dept Expense	710	710	0	0	0	0	0	0	0	0
5280700	Med Supplies - Other	1,336	0	1,336	0	0	0	0	0	0	0
5280710	Med Supplies - Prosthesis	219	0	219	0	0	0	0	0	0	0

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COUNTY OF SANTA CLARA
Mental Health Department - 412
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CH 1747 - 84
INDIRECT COST RATE PROPOSAL
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2003/2004
Data Entry Sheet
County Administrative Cost Centers

Index Code :		TOTAL EXPENSE	COUNTY ADMIN COSTS	COUNTY DIRECT COSTS	MH Admin 4350	Research 4351	CI 4353	MH Plan 4354	MH Plan CI 4357	MH Board 4358	CORE Admin 4367
5280711	Med Supplies - Skin Graft	69	0	69	0	0	0	0	0	0	0
5280715	Med Supplies - Pharmaceuticals	480,496	0	480,496	0	0	0	0	0	0	0
5280800	Supplies - Non Medical	7,916	283	7,633	91	0	0	0	0	0	0
5281000	Correction Industries	(31,243)	0	(31,243)	0	0	0	0	0	0	0
5281200	Library Books	2	0	2	0	0	0	0	0	0	0
5281800	County Overhead	3,527,482	3,527,482	0	3,527,482	0	0	0	0	0	0
5282500	Outside Laboratory	9,183	0	9,183	0	0	0	0	0	0	0
5282530	Med Purch Srvs - Other	25,998,743	0	25,998,743	0	0	0	0	0	0	0
5285200	Transportation & Travel	236,777	23,372	215,405	1,430	0	123	0	0	0	0
5285210	Transportation & Other	(4,994)	(1,850)	(3,144)	0	0	0	0	224	350	542
5285300	Mileage	84,510	17,453	67,057	5,888	681	527	0	0	500	36
5285800	Business Travel	14,610	7,477	7,133	324	488	400	983	0	0	0
5290110	Utility - Electricity	265,248	11,980	253,270	11,980	0	0	0	0	0	0
5290120	Utility - Gas	26,113	0	26,113	0	0	0	0	0	0	0
5290150	Utility - Water	10,408	23	10,385	23	0	0	0	0	0	0
5290155	Utility - Cities	16,484	0	16,484	0	0	0	0	0	0	0
5300200	Support of Persons	354,604	279,755	74,849	0	0	0	0	0	0	0
5301400	Support of Persons	1,432,828	13,480	1,419,340	0	0	0	0	0	0	0
5308100	Trans - Patient/Client	(331)	(331)	0	0	0	0	0	0	0	0
5320200	Licenses and Taxes	642	642	0	0	0	0	0	0	0	0
5340300	Moving Costs	1,035	544	491	0	0	0	0	0	0	0
5340785	Tuition Reimbursement - Other	(130)	0	(130)	0	0	0	0	117	0	0
5341000	Overtime Meals	3,657	960	2,698	214	36	36	1,773	6	0	0
5360300	Operating Expense - Other	11,972	8,108	3,867	3,827	0	0	0	0	0	0
5350400	Service/Supplies - Other	8,215	818	7,598	1,185	12	(579)	0	0	0	0
5350430	Service/Supplies - Recreation	819	375	444	375	0	0	0	0	0	0
5350440	Service/Supplies - Household Supply	43	0	43	0	0	0	0	0	0	0
5350500	Direct Expense - Other	28,339	199	28,140	199	0	0	0	0	0	0
5350600	Volunteer Services	85,013	80,809	4,204	0	0	0	0	0	0	0
8210000	GSA Service Charges	56,436	10,469	45,967	4,919	0	0	0	0	0	0
	Total of Above, Services and Supplies :	167,901,045	30,746,862	137,154,363	25,850,023	23,397	34,648	1,903,474	341	3,938	1,847
	*Total Object 2 Services and Supplies :	167,901,045	30,746,862	137,154,363	25,850,023	23,397	34,648	1,903,474	341	3,938	1,847
	Difference :	0	0	0	0	0	0	0	0	0	(0)
	*Total Object 1, Salaries and Benefits :	33,062,122	8,773,569	24,308,553	2,138,201	448,657	506,621	205,645	156,620	79,580	255,061
	*Total Object 2 Services and Supplies :	167,901,045	30,746,862	137,154,363	25,850,023	23,397	34,648	1,903,474	341	3,938	1,847
		200,963,167	39,520,251	161,462,916	28,088,224	472,054	541,269	2,109,119	155,961	83,518	256,908
3251	Interest Expense	0	0	0	0	0	0	0	0	0	0
3958	Debt Service Principal Payment	0	0	0	0	0	0	0	0	0	0
4300	Fixed Assets	122,388	122,388	0	122,388	0	0	0	0	0	0
	Total Object 3,4Other Charges :	122,388	122,388	0	122,388	0	0	0	0	0	0
7300	Reimb - Professional & Special	(1,840,311)	(13,400)	(1,826,911)	0	0	0	0	0	0	0
	Total Object 7, Expenditure Reimbursements :	(1,840,311)	(13,400)	(1,826,911)	0	0	0	0	0	0	0
	GRAND TOTAL :	199,245,242	39,629,237	159,636,005	28,210,610	472,054	541,269	2,109,119	155,961	83,518	256,908

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		CORE MH Plan Admin	MH Plan Call Center	Call Center	Rep Payee	Staff Recruit & Dev	Adult Admin	24 Hr Care	F&C Admin	System of Care	Suicide & Crisis	Drug Treatment Team
	Index Code :	4368	4369	4370	4371	4377	4380	4403	4410	4435	4437	4459
SALARIES & BENEFITS												
Salaries & Wages												
5101000	Permanent Employees	107,096	318,378	842,906	296,716	0	466,408	870,590	386,255	230,904	115,342	141,928
5101100	Temporary Employees	0	6,514	0	0	0	0	0	10,748	0	0	0
5104000	Premium Pay	1,237	4,999	4,276	0	0	1,224	5,959	2,311	8,870	2,704	2,169
	Payoff	0	0	0	0	0	0	0	0	0	0	0
5105500	Uniform Allowance	0	0	0	0	0	0	0	0	0	0	0
5105000	Call Duty	0	9,342	39,867	0	0	0	1,140	10,674	0	11,256	0
	Salaries & Wages :	108,322	337,233	887,153	296,716	0	467,632	877,589	406,988	237,774	129,302	143,997
Overtime												
5103000	Overtime	0	0	4,337	0	0	452	3,555	97	5	9,938	0
5103100	Holiday Overtime	0	0	0	0	0	0	149	0	0	0	0
	Overtime :	0	0	4,337	0	0	452	3,704	97	5	9,938	0
Benefits												
5110100	Retiree Medical Expense	2,125	10,444	15,681	14,724	0	12,888	28,220	11,436	9,325	4,137	4,677
5110300	Unemployment Insurance	191	593	1,215	572	0	854	1,555	730	429	386	189
5110200	Health Insurance	12,348	31,832	79,106	70,739	0	48,340	121,067	57,831	45,803	23,983	16,922
5110400	FICA - Employer Share	7,134	25,855	47,516	22,699	0	35,734	67,288	29,697	17,934	16,706	11,041
5110500	Medicare Tax - Employer	0	0	0	0	0	0	0	0	0	0	0
5110600	PERS - Retirement	8,502	24,865	49,859	22,776	0	38,222	67,790	29,914	17,928	9,494	11,154
5110700	Workers Compensation	2,334	7,239	14,838	5,371	0	10,427	19,006	8,918	5,123	4,713	2,372
	Benefits :	32,632	100,830	208,195	137,831	0	144,444	304,926	138,626	96,533	59,483	46,336
	Total from above :	140,954	438,183	899,685	434,547	0	612,528	1,186,219	548,711	334,312	198,733	190,333
	*Total Object 1, Salaries and Benefits :	140,954	438,183	899,685	434,547	0	612,528	1,186,219	548,711	334,312	198,733	190,333
	Difference :	0	(0)	0	0	0	0	0	0	0	(0)	(0)
SERVICES, SUPPLIES, OTHER												
5205100	Communications	0	0	748	0	0	389	0	5,600	3,841	1,136	0
5205300	Communications	33	520	849	6,065	0	955	130	341	155	0	0
5210100	Food - Other	0	0	0	0	0	0	0	0	112	1,640	0
5210110	Food - Meat, Fish, Poultry	0	0	0	0	0	0	0	0	0	894	0
5210150	Food - Bakery	0	0	0	0	0	0	0	0	0	6	0
5210160	Food - Produce	0	0	0	0	0	0	0	0	0	0	0
5210170	Food - Prepared Entrees	0	0	0	0	0	0	200	0	0	46	0
5215700	Garbage	0	0	0	0	0	0	0	0	0	0	0
5220200	Insurance	0	0	0	0	0	0	0	0	0	0	0
5225200	Witness Expense	0	0	0	0	0	49,808	0	0	0	0	0
5231100	Contract Maint Equipment	0	0	0	0	0	0	0	0	0	0	0
5235100	Maint - Struct/Improvements	0	0	0	0	0	0	0	0	0	0	0
5235110	Maint - Struct/Improvements	0	0	0	0	0	0	0	0	0	0	0
5235130	Maint - Struct/Improvements	0	0	0	0	0	0	0	0	0	0	0
5235410	Contract Maint Building	0	0	0	0	0	0	0	0	0	0	0
5235420	Contract Maint Preventive	0	0	0	0	0	0	0	0	0	0	0
5240100	Medical/Dental/Lab	0	0	0	0	0	0	0	0	0	0	0
5240200	Medical/Dental/Lab	0	0	0	0	0	0	0	0	0	0	0
5245100	Membership Dues & Fees	0	0	0	0	0	0	0	0	0	0	0
5250100	Office Expense	0	0	4,170	18,888	0	9,214	8,278	7,212	2,755	3,010	244
5250200	Postage - External	0	0	0	49	0	222	0	0	0	0	0
5250250	Postage - Internal	0	0	41	10,000	0	0	128	0	0	0	0
5250600	Freight	0	0	33	0	0	185	0	0	0	0	0
5250750	Printing - Internal	0	0	0	0	0	0	0	0	0	887	0
5250800	PC Software	0	0	0	0	0	0	0	0	0	0	0
5250810	PC Software - Maint	0	0	0	0	0	0	0	0	0	0	0
5251000	Workshops/Conferences	0	0	0	0	197	195	0	0	357	0	0
5251300	Mgt Development	0	0	0	0	0	0	0	0	0	0	0
5251400	Books & Periodicals	0	0	0	0	0	0	0	0	0	54	0
5251410	Subscriptions	0	0	0	0	0	400	0	0	0	0	0
5252100	Training Programs	0	0	0	0	0	0	0	0	0	0	0
5255100	Prof & Spec Services	0	0	0	0	0	819,114	125	353,808	0	(38)	0
5255108	Psych Testing	0	0	0	0	0	311	0	0	0	0	0
5255150	Advertising	0	0	0	0	0	0	0	0	0	0	0
5255500	Contract Services	0	0	0	0	0	573,711	0	182,055	0	0	0
5255600	Data Proc - Internal	0	0	101	0	0	52	85	0	0	0	0
5257100	Consult & Mgt Fees	0	0	3,508	0	0	0	0	0	0	0	0
5257130	Consulting Fees - General	0	0	0	0	0	0	0	0	0	0	0
5257400	Medical Prof Fees	0	0	0	0	0	0	0	0	0	0	0
5258200	Prof Services - Internal	0	0	0	0	0	0	0	122,110	0	0	0
5259000	Purch Services Other	0	0	0	0	0	50	0	0	0	0	0
5259040	Prof Grp S/S	0	0	0	0	0	0	0	0	0	0	0
5259100	Corporate Services Charge	0	0	0	0	0	0	0	0	0	0	0
5260100	Publications & Legal	0	0	0	0	0	0	0	0	0	0	0
5265100	Equipment - Other	0	0	3,824	1,208	0	0	4,756	0	6,928	441	0
5265110	Copy Machines	0	0	0	0	0	0	0	0	0	231	0
5265150	Office Equipment	0	0	722	1,117	0	652	1,668	801	623	303	298
5265170	Trade Show Space Rental	0	0	0	0	30	0	0	0	0	0	0
5270100	Building & Improvements	0	0	0	0	0	0	0	0	0	0	0
5270200	Office Rents	0	0	0	88,779	0	0	0	0	0	0	0
5273100	Small Tools & Instruments	0	0	444	0	0	0	2,204	0	0	307	0
5275200	PC Hardware	0	0	0	3,271	0	0	0	0	0	0	0
5275500	Equipment	0	0	0	0	0	0	0	0	0	0	0
5280000	Special Dept Expense	0	0	0	0	0	0	0	0	0	0	0
5280700	Med Supplies - Other	0	0	0	0	0	0	0	0	0	0	0
5280710	Med Supplies - Prosthesis	0	0	0	0	0	0	0	0	0	0	0

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	Index Code :	CORE MH Plan Admin 4368	MH Plan Call Center 4369	Call Center 4370	Rep Payee 4371	Staff Recruit & Dev 4377	Adult Admin 4380	24 Hr Care 4403	F&C Admin 4410	System of Care 4435	Suicide & Crisis 4437	Drug Treatment Team 4450
5260711	Med Supplies - Skin Graft	0	0	0	0	0	0	0	0	0	0	0
5260716	Med Supplies - Pharmaceuticals	0	0	0	0	0	0	0	0	0	0	0
5260800	Supplies - Non Medical	0	0	47	0	16	11	23	0	35	60	0
5261000	Correction Industries	0	0	0	0	0	0	0	0	0	0	0
5261200	Library Books	0	0	0	0	0	0	0	0	0	0	0
5261600	County Overhead	0	0	0	0	0	0	0	0	0	0	0
5262500	Outside Laboratory	0	0	0	0	0	0	0	0	0	0	0
5262530	Med Purch Svcs - Other	0	0	0	0	0	0	0	0	0	0	0
5265200	Transportation & Travel	0	0	0	0	75	0	21,744	0	0	0	0
5265210	Transportation & Other	0	0	0	0	0	(5,000)	3,150	0	0	0	0
5265300	Mileage	510	0	26	186	0	835	77	5,937	1,424	163	525
5265800	Business Travel	0	0	0	33	4,816	48	0	0	0	0	0
5290110	Utility - Electricity	0	0	0	0	0	0	0	0	0	0	0
5290120	Utility - Gas	0	0	0	0	0	0	0	0	0	0	0
5290130	Utility - Water	0	0	0	0	0	0	0	0	0	0	0
5290150	Utility - Cities	0	0	0	0	0	0	0	0	0	0	0
5300200	Support of Persons	0	0	0	0	0	0	0	278,755	0	0	0
5301400	Support of Persons	0	0	0	0	0	0	0	13,480	0	0	0
5306500	Trans - Patient/Client	0	0	0	0	0	(331)	0	0	0	0	0
5320200	Licenses and Taxes	0	0	0	0	642	0	0	0	0	0	0
5340300	Moving Costs	0	0	0	0	0	0	544	0	0	0	0
5340795	Tuition Reimbursement - Other	0	0	0	0	0	0	0	0	0	0	0
5341000	Overtime Meals	0	0	0	0	0	0	513	0	18	0	27
5350300	Operating Expense - Other	0	0	388	360	0	935	0	737	0	0	0
5350400	Service/Supplies - Other	0	0	0	0	0	0	0	0	0	0	0
5350430	Service/Supplies - Recreation	0	0	0	0	0	0	0	0	0	0	0
5350440	Service/Supplies - Household Supply	0	0	0	0	0	0	0	0	0	0	0
5350500	Direct Expense - Other	0	0	0	0	0	0	0	0	0	0	0
5350600	Volunteer Services	0	0	0	0	0	0	0	0	0	80,808	0
6210000	GSA Service Charges	0	0	0	2,631	0	144	890	1,885	0	0	0
	Total of Above, Services and Supplies :	543	620	14,880	139,375	5,578	1,251,498	44,514	1,273,317	18,445	90,150	1,094
	*Total Object 2 Services and Supplies :	543	620	14,880	139,375	5,578	1,251,498	44,514	1,273,317	18,445	90,150	1,094
	Difference :	0	0	0	(0)	0	0	0	0	0	0	0
	*Total Object 1, Salaries and Benefits :	140,954	438,163	899,685	434,547	0	612,528	1,186,219	548,711	334,312	198,733	180,333
	*Total Object 2 Services and Supplies :	543	620	14,880	139,375	5,578	1,251,498	44,514	1,273,317	18,445	90,150	1,094
		141,497	438,783	914,565	564,922	5,578	1,864,026	1,230,733	1,822,028	350,757	288,883	181,427
3251	Interest Expense	0	0	0	0	0	0	0	0	0	0	0
3996	Debt Service Principal Payment	0	0	0	0	0	0	0	0	0	0	0
4300	Fixed Assets	0	0	0	0	0	0	0	0	0	0	0
	Total Object 3,&4Other Charges :	0	0	0	0	0	0	0	0	0	0	(13,400)
7300	Reimb - Professional & Special	0	0	0	0	0	0	0	0	0	0	(13,400)
	Total Object 7, Expenditure Reimbursements :	0	0	0	0	0	0	0	0	0	0	(13,400)
	GRAND TOTAL :	141,497	438,783	914,565	564,922	5,578	1,864,026	1,230,733	1,822,028	350,757	288,883	178,027

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Calculation of UR Cost FY 2004

Cost Centers:

	Total Expenditures	% Skilled	Total Exp Skilled	% UnSkilled	Total Exp UnSkilled	
4353 - Quality Improvement	541,268	82.08%	444,273	17.92%	96,995	
4357 - QI MH Plan	155,961	62.18%	96,976	37.82%	58,984	
[redacted]	-	0.00%	-	100.00%	-	
[redacted]	90,078	0.00%	-	100.00%	90,078	
[redacted]	377,130	86.09%	324,671	13.91%	52,459	
[redacted]	532,499	93.74%	499,165	6.26%	33,334	
Subtotal	1,696,935		1,365,085		331,850	
Admin Allocation	-		-		-	
Total	1,696,935		1,365,085		331,850	
Add Depreciation (4353)	-		-		-	
Total	1,696,935		1,365,085		331,850	1,696,935

Admin %		0.0000%	
Medi-Cal % fy 03		58.97%	
Skilled		1,365,085	→ 75% FFP
Unskilled - SD/MC			195,692
Unskilled - non SD/MC			136,158 } → 50% FFP

Allocation of Access Cost —		% of total	fy 04 survey
SAC Morrison Trust (4366)	201,331		
Admin	114,839	57.04%	48.29%
Direct Service	-	0.00%	0.00%
Outreach	[redacted]	42.96%	36.37%
UR	-	0.00%	0.00%
	201,331		
Crisis Referral Outreach (4367)	256,908		
Admin	139,870	54.44%	53.85%
Direct Service	10,467	4.07%	4.03%
Outreach	[redacted]	6.42%	6.35%
UR	90,078	35.06%	34.68%
	256,908		
C/R/O MH Plan (4369)	438,783		
Admin	52,432	11.95%	10.69%
Direct Service	4,316	0.98%	0.88%
Outreach	[redacted]	1.12%	1.00%
UR	377,130	85.95%	76.89%
	438,783		
Call Center (4370)	914,565		
Admin & General	295,550	32.32%	26.68%
Direct Service	79,648	8.71%	7.19%
Outreach	[redacted]	0.75%	0.62%
UR	532,499	58.22%	48.07%
	914,565		
Outreach Cost to be Adjusted	[redacted]		
Adj from Program	86,492		
Adj from A&G	28,266		
	114,758		
UR Cost to be Adjusted	[redacted]		
Adj from Program	-		
Adj from A&G	999,707		
	999,707		
Program Cost to be Adjusted from A&G	[redacted]		

$ 1,023,814 skilled FFP
165,925 unskilled FFP
$ 1,189,739 total FFP

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

SUMMARY COST REPORT

SUMMARY SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979_SUM (05/03)

Fiscal Year 2002-2003

County: Santa Clara County
County Code: 43

Legal Entity: [illegible]
Legal Entity Number: [illegible]

			A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50% FFP	F 51.67% FFP	G 51.25% FFP	H Variable % FFP	I 75% FFP	J Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			5,799,979	14,097,566	19,897,539						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			1,867,317	48,327,580	50,194,892						
3	Total Medi-Cal Direct Service Gross Reimbursement					70,092,431						
4	Medi-Cal Administrative Reimbursement Limit					10,513,865						
5	Medi-Cal Administration					11,665,853						5,256,932
6	Medi-Cal Administrative Reimbursement					10,513,865	5,256,932					
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				282	282						
8	Healthy Families Administrative Reimbursement Limit				28	28						
9	Healthy Families Administration											
10	Healthy Families Administrative Reimbursement											
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09		1,678			1,678	839					839
12	Medi-Cal Admin. Activities Svc Functions 11 - 18, 31 - 39		44,070			44,070	22,035					22,035
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)		2,847			2,847					2,136	2,136
	Utilization Review-Skilled Prof. Med. Personnel (County Only)										796,739	796,739
14	Other SD/MC Utilization Review (County Only)					1,062,318						
15						298,632	149,316					149,316
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02		1,267,538	15,707,723	16,975,260		8,725,254				8,725,254
16A		10/01/02 - 06/30/03		3,643,531	46,294,751	49,938,282			24,969,141			24,969,141
17	Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02			3,284	3,284				2,166		2,166
17A		10/01/02 - 06/30/03			23,903	23,903				15,337		15,337
18	Enhanced SD/MC Net Reimb. (Refugees)			10,056	8,877	18,933				18,933		18,933
19	Total SD/MC Reimbursement Before Excess FFP											39,959,060
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC				275,585	275,585						68,896
21	Total SD/MC Reimbursement (FFP)											39,890,164
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											39,890,164
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02										
24A		10/01/02 - 06/30/03			4,963	4,963				3,226		3,226
25	Total Healthy Families Reimbursement Before Excess FFP											3,226
26	Amount Negotiated Rates Exceed Costs - Healthy Families				125	125						31
27	Total Healthy Families Reimbursement											3,195

E:\Financial Planning\Public\MH\2003\MH-Q003 Cost Report\CPR3_20032003_43000000.xls

MH1979_SUM

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SHORT DOYLE MEDI-CAL QUARTERLY CLAIM FOR
REIMBURSEMENT - MEDI-CAL ADMINISTRATIVE ACTIVITIES
MH 1982D

Date 12/27/2004	County Code: 43	Santa Clara
Fiscal Year 2003/2004	Claim for Quarter of:	July 1, 2003 through September 30, 2003

		Column A	Column B	Column C	Column D	Column E
	Mode 55: Indicate specific SPC #:	01;04;07	11;14;17;31;35	Col. A + B	21;24;27	Col. C + D
		Non-Enhanced	Non-Enhanced	Non-Enhanced	Enhanced SPMP	Claim
		No Medi-Cal disc.	Apply Medi-Cal %	Sub-Total	Apply Medi-Cal %	Totals
1	Number of MAA Units			134,880		144,000
2	MAA unit of service rate					
3	Total Expenditures from MAA (1 x 2)	6,210	152,010	158,220	24,457	182,677
4	Medi-Cal Eligibility factor					
5	Total Eligible MAA Expenditures (3 x 4)	3,727	91,236	94,963	14,679	109,642
6	Offsetting Revenues (If any)					
7	Adjusted MAA Expenditures (5 - 6)	3,727	91,236	94,963	14,679	109,642
8	Federal @ 50% (7A x .50, 7B x .50)	1,864	45,618	47,482		47,482
9	Federal @ 75% (7D x .75)				11,009	11,009
10	Local Match to FFP (7A - 8A, 7B - 8B, 7D - 9D)	1,863	45,618	47,481	3,670	
11	Total amount CLAIMABLE (8A + 8B + 9D)					58,491
12	Total amount NOT CLAIMABLE (10A + 10B + 10D)					51,151
13	Direct Claim Amount (Attach supporting documentation)					
14	Offsetting Direct Claim Revenue:					
15	Net Direct Claim (13B - 14B)					0
16	TOTAL CLAIMABLE (11 + 15)					58,491

NOTE: Except for line 2, round to whole dollars.

"I HEREBY CERTIFY under penalty of perjury that the information provided on this invoice is true and correct, based upon actual expenditures for the period claimed, and that the funds/contributions have been expended as necessary for federal matching funds pursuant to the requirements of 42 CFR433.51 for allowable administrative activities, and that these claimed expenditures have not been nor will not subsequently be used for federal match in this or any other program. I hereby acknowledge that the information is to be used for filling of a claim with the Federal Government for federal funds and knowing misrepresentation constitutes violation of the Federal False Claims Act."

SIGNATURE: Nancy Kaatz DATE: 12/27/04

PRINT NAME: Nancy Kaatz TITLE: Director Financial Planning

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SHORT DOYLE MEDI-CAL QUARTERLY CLAIM FOR
REIMBURSEMENT - MEDI-CAL ADMINISTRATIVE ACTIVITIES
MH 1982D

Date 12/27/2004	County Code: 43	Santa Clara
Fiscal Year 2003/2004	Claim for Quarter of:	October 1, 2003 through December 31, 2003

			Column A	Column B	Column C	Column D	Column E
	Mode 55: Indicate specific SPC #:		01;04;07	11;14;17;31;35	Col. A + B	21;24;27	Col. C + D
			Non-Enhanced	Non-Enhanced	Non-Enhanced	Enhanced SPMP	Claim
			No Medi-Cal disc.	Apply Medi-Cal %	Sub-Total	Apply Medi-Cal %	Totals
1	Number of MAA Units				109,740		113,100
2	MAA unit of service rate						
3	Total Expenditures from MAA	(1 x 2)	1,425	136,972	138,397	9,491	147,888
4	Medi-Cal Eligibility factor						
5	Total Eligible MAA Expenditures	(3 x 4)	714	68,623	69,337	4,755	74,092
6	Offsetting Revenues (if any)						-
7	Adjusted MAA Expenditures	(5 - 6)	714	68,623	69,337	4,755	74,092
8	Federal @ 50%	(7A x .50, 7B x .50)	357	34,312	34,669		34,669
9	Federal @ 75%	(7D x .75)				3,566	3,566
10	Local Match to FFP	(7A - 8A, 7B - 8B, 7D - 9D)	357	34,311	34,668	1,189	
11	Total amount CLAIMABLE	(8A + 8B + 9D)					38,235
12	Total amount NOT CLAIMABLE	(10A + 10B + 10D)					35,857
13	Direct Claim Amount (Attach supporting documentation)						
14	Offsetting Direct Claim Revenue						0
15	Net Direct Claim	(13E - 14E)					38,235
16	TOTAL CLAIMABLE	(11 + 15)					

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REIMBURSEMENT - MEDI-CAL ADMINISTRATIVE ACTIVITIES
MH 1982D

Date 12/27/2004	County Code: 43	Santa Clara
Fiscal Year 2003/2004	Claim for Quarter of:	January 1, 2004 through March 31, 2004

			Column A	Column B	Column C	Column D	Column E
	Mode 55: Indicate specific SFC #:		01;04;07	11;14;17;31;35	Col. A + B	21;24;27	Col. C + D
			Non-Enhanced	Non-Enhanced	Non-Enhanced	Enhanced SPMP	Claim
			No Medi-Cal disc.	Apply Medi-Cal %	Sub-Total	Apply Medi-Cal %	Totals
1	Number of MAA Units				145,935		151,155
2	MAA unit of service rate						
3	Total Expenditures from MAA	(1 x 2)	701	174,338	175,039	14,721	189,760
4	Medi-Cal Eligibility factor						
5	Total Eligible MAA Expenditures	(3 x 4)	346	85,949	86,295	7,257	93,552
6	Offsetting Revenues (If any)						-
7	Adjusted MAA Expenditures	(5 - 6)	346	85,949	86,295	7,257	93,552
8	Federal @ 50%	(7A x .50, 7B x .50)	173	42,975	43,148		43,148
9	Federal @ 75%	(7D x .75)				5,443	5,443
10	Local Match to FFP	(7A - 8A, 7B - 8B, 7D - 9D)	173	42,974	43,147	1,814	
11	Total amount CLAIMABLE	(8A + 8B + 9D)					48,591
12	Total amount NOT CLAIMABLE	(10A + 10B + 10D)					44,961
13	Direct Claim Amount (Attach supporting documentation)						
14	Offsetting Direct Claim Revenue						
15	Net Direct Claim	(13E - 14E)					0
16	TOTAL CLAIMABLE	(11 + 15)					48,591

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SHORT DOYLE MEDI-CAL QUARTERLY CLAIM FOR
REIMBURSEMENT - MEDI-CAL ADMINISTRATIVE ACTIVITIES
MH 1982D

Date 12/27/2004	County Code: 43	Santa Clara
Fiscal Year 2003/2004	Claim for Quarter of:	April 1, 2004 through June 30, 2004

			Column A	Column B	Column C	Column D	Column E
	Mode 55: Indicate specific SFC #:		01;04;07	11;14;17;31;35	Col. A + B	21;24;27	Col. C + D
			Non-Enhanced	Non-Enhanced	Non-Enhanced	Enhanced SPMP	Claim
			No Medi-Cal disc.	Apply Medi-Cal %	Sub-Total	Apply Medi-Cal %	Totals
1	Number of MAA Units				156,285		160,875
2	MAA unit of service rate						
3	Total Expenditures from MAA	(1 x 2)	1,446	193,177	194,623	13,167	207,790
4	Medi-Cal Eligibility factor						
5	Total Eligible MAA Expenditures	(3 x 4)	719	96,106	96,825	6,551	103,376
6	Offsetting Revenues (if any)						-
7	Adjusted MAA Expenditures	(5 - 6)	719	96,106	96,825	6,551	103,376
8	Federal @ 50%	(7A x .50, 7B x .50)	360	48,053	48,413		48,413
9	Federal @ 75%	(7D x .75)				4,913	4,913
10	Local Match to FFP	(7A - 8A, 7B - 8B, 7D - 9D)	359	48,053	48,412	1,638	
11	Total amount CLAIMABLE	(8A + 8B + 9D)					53,326
12	Total amount NOT CLAIMABLE	(10A + 10B + 10D)					50,050
13	Direct Claim Amount (Attach supporting documentation)						
14	Offsetting Direct Claim Revenue						0
15	Net Direct Claim	(13E - 14E)					53,326
16	TOTAL CLAIMABLE	(11 + 15)					

NOTE: Except for line 2, round to whole dollars.

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SIGNATURE: Nancy Ekaatz

DATE: 12-27-04

PRINT NAME: Nancy Ekaatz

TITLE: Director Financial Planning

SANTA CLARA VALLEY HEALTH & HOSP
MENTAL HEALTH DEPARTMENT
CH 26.5 ASSESSMENT AND TREATMENT S
OSCAR & UNICARE REPORTS MH18R FOR

Agency	Mode	A/T	Srv Fxn	State SMA	State Approved Rate	Actual Cost	SB90 Expense Rate	SB90 Revenue Rate	Total Expense	MediCal FFP Revenue	EPSDT Revenue	SELPA Revenue	Net Expense	IDEA Funding	Net Expense
AACI	15	Assessment	1	$1.83	Cost	$1.7314	$1.7314	$1.7314	$5,021	$152	$43	$0	$4,826	$2,736	$2,090
AACI	15	Assessment	15	$2.36	Cost	$2.2328	$2.2328	$2.2328	$134	$0	$0	$0	$134	$76	$58
AACI	15	Assessment	30	$2.36	Cost	$2.2328	$2.2328	$2.2328	$540	$145	$41	$0	$354	$201	$154
Achieve	15	Assessment	1	$1.83	$1.82	$2.3710	$1.8200	$1.8200	$5,566	$543	$153	$0	$4,870	$2,761	$2,109
Achieve	15	Assessment	15	$2.36	$2.36	$3.0576	$2.3600	$2.3600	$1,374	$150	$42	$0	$1,182	$670	$512
Achieve	15	Assessment	30	$2.36	$2.36	$3.0576	$2.3600	$2.3600	$9,929	$1,058	$299	$0	$8,572	$4,859	$3,712
Alliance	15	Assessment	1	$1.83	Cost	$1.5145	$1.5145	$1.5145	$1,989	$1,017	$287	$0	$684	$388	$296
Alliance	15	Assessment	30	$2.36	Cost	$1.9531	$1.9531	$1.9531	$658	$187	$53	$0	$419	$237	$181
Cath Char	15	Assessment	1	$1.83	Cost	$2.1239	$1.8300	$1.8300	$68	$36	$10	$0	$21	$12	$9
Cath Char	15	Assessment	15	$2.36	Cost	$2.7390	$2.3600	$2.3600	$130	$66	$19	$0	$46	$26	$20
Cath Char	15	Assessment	30	$2.36	Cost	$2.7390	$2.3600	$2.3600	$1,003	$508	$143	$0	$352	$199	$152
Chamberlain	15	Assessment	1	$1.83	Cost	$1.5404	$1.5404	$1.5404	$3,173	$1,674	$472	$0	$1,026	$582	$445
Chamberlain	15	Assessment	15	$2.36	Cost	$1.9865	$1.9865	$1.9865	$308	$141	$40	$0	$127	$72	$55
Chamberlain	15	Assessment	30	$2.36	Cost	$1.9865	$1.9865	$1.9865	$1,440	$660	$186	$0	$594	$337	$257
CHC	15	Assessment	1	$1.83	$1.83	$2.5315	$1.8300	$1.8300	$91,893	$7,830	$2,209	$0	$81,854	$46,403	$35,451
CHC	15	Assessment	15	$2.36	$2.37	$3.2647	$2.3600	$2.3600	$4,685	$1,187	$329	$0	$3,189	$1,808	$1,381
CHC	15	Assessment	30	$2.36	$2.37	$3.2647	$2.3600	$2.3600	$16,952	$1,514	$427	$0	$15,010	$8,509	$6,501
Comm Sol	15	Assessment	1	$1.83	Cost	$1.6447	$1.6447	$1.6447	$30,516	$8,435	$2,380	$0	$19,700	$11,168	$8,532
Comm Sol	15	Assessment	15	$2.36	Cost	$2.1211	$2.1211	$2.1211	$1,383	$363	$102	$0	$918	$520	$398
Comm Sol	15	Assessment	30	$2.36	Cost	$2.1211	$2.1211	$2.1211	$8,962	$2,017	$569	$0	$6,376	$3,615	$2,761
County	15	Assessment	1	$1.83	$1.83	$1.7114	$1.7114	$1.7114	$945,804	$236,367	$66,692	$684	$642,061	$363,983	$278,078
County	15	Assessment	15	$2.36	$2.36	$2.2071	$2.2071	$2.2071	$14,308	$1,969	$556	$0	$11,784	$6,680	$5,104
County	15	Assessment	30	$2.36	$2.36	$2.2071	$2.2071	$2.2071	$555,402	$75,743	$21,371	$0	$458,288	$259,802	$198,486
EMQ	15	Assessment	1	$1.83	Cost	$1.6247	$1.6247	$1.6247	$139,664	$53,814	$15,184	$0	$70,666	$40,060	$30,606
EMQ	15	Assessment	15	$2.36	Cost	$2.0739	$2.0739	$2.0739	$31,498	$6,398	$1,805	$0	$23,296	$13,206	$10,089
EMQ	15	Assessment	30	$2.36	Cost	$2.0739	$2.0739	$2.0739	$268,694	$74,455	$21,008	$0	$173,231	$98,204	$75,027
F&CS	15	Assessment	1	$1.83	$1.53	$1.4785	$1.4785	$1.4785	$1,036	$547	$154	$0	$335	$190	$145
F&CS	15	Assessment	30	$2.36	Cost	$1.9067	$1.9067	$1.9067	$583	$302	$85	$0	$197	$112	$85
Gardner	15	Assessment	1	$1.83	Cost	$1.3343	$1.3343	$1.3343	$13,033	$4,022	$1,135	$0	$7,876	$4,465	$3,411

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SANTA CLARA VALLEY HEALTH & HOSP
MENTAL HEALTH DEPARTMENT
CH 26.5 ASSESSMENT AND TREATMENT S
OSCAR & UNICARS REPORTS MH18R FOR

Agency	Mode	A/T	Srv Fxn	State SMA	State Approved Rate	Actual Cost	SB90 Expense Rate	SB90 Revenue Rate	Total Expense	MedCal FFP Revenue	EPSDT Revenue	SELPA Revenue	Net Expense	IDEA Funding	Net Expense
Hope	15	Assessment	1	$1.83	$1.83	$1.7767	$1.7767	$1.7767	$2,814	$1,500	$423	$0	$891	$505	$386
Hope	15	Assessment	30	$2.36	$2.36	$2.2912	$2.2912	$2.2912	$2,096	$1,106	$312	$0	$678	$384	$294
Oasis	15	Assessment	1	$1.83	Cost	$1.9248	$1.8300	$1.8300	$2,357	$1,231	$347	$0	$778	$441	$337
Rebekah's	15	Assessment	1	$1.83	$1.83	$2.1033	$1.8300	$1.8300	$315,574	$113,810	$32,112	$0	$169,652	$96,175	$73,477
Rebekah's	15	Assessment	15	$2.36	$2.37	$2.7125	$2.3600	$2.3600	$3,257	$1,154	$326	$0	$1,777	$1,007	$770
Rebekah's	15	Assessment	30	$2.36	$2.37	$2.7125	$2.3600	$2.3600	$9,126	$3,851	$1,087	$0	$4,189	$2,375	$1,814
Starlight SCC	15	Assessment	1	$1.83	Cost	$1.9304	$1.8300	$1.8300	$52,345	$24,243	$6,840	$0	$21,262	$12,053	$9,208
Starlight SCC	15	Assessment	30	$2.36	Cost	$2.4895	$2.3600	$2.3600	$20,246	$9,961	$2,811	$0	$7,475	$4,237	$3,237
			Subtotal						$2,563,563	$638,138	$180,055	$684	$1,744,687	$989,058	$755,629
AACI	15	Treatment	10-59	$2.36	Cost	$2.2328	$2.2328	$2.2328	$19,649	$803	$227	$0	$18,618	$10,555	$8,064
AACI	15	Treatment	60	$4.37	Cost	$4.1345	$4.1345	$4.1345	$2,998	$0	$0	$0	$2,998	$1,699	$1,298
Achieve	15	Treatment	10-59	$2.36	$2.36	$3.0576	$2.3600	$2.3600	$234,947	$16,226	$4,578	$0	$214,142	$121,397	$92,746
Achieve	15	Treatment	60	$4.37	$4.37	$5.6618	$4.3700	$4.3700	$17,436	$2,946	$831	$0	$13,659	$7,743	$5,916
Achieve	15	Treatment	70	$3.52	$3.52	$4.5605	$3.5200	$3.5200	$3,925	$417	$118	$0	$3,391	$1,922	$1,469
Achieve	10	Treatment	85	$183.46	Cost	$154.0994	$154.0994	$154.0994	$89,532	$17,444	$4,922	$0	$67,166	$38,076	$29,090
Alliance	15	Treatment	10-59	$2.36	Cost	$1.9531	$1.9531	$1.9531	$2,785	$1,410	$398	$0	$977	$554	$423
Alliance	15	Treatment	60	$4.37	Cost	$3.6589	$3.6589	$3.6589	$2,294	$1,149	$324	$0	$820	$465	$355
Cath Char	15	Treatment	10-59	$2.36	Cost	$2.7390	$2.3600	$2.3600	$38,383	$19,423	$5,480	$0	$13,479	$7,641	$5,838
Cath Char	15	Treatment	60	$4.37	Cost	$5.0718	$4.3700	$4.3700	$616	$305	$86	$0	$225	$127	$97
Chamberlain	15	Treatment	10-59	$2.36	Cost	$1.9865	$1.9865	$1.9865	$9,654	$4,425	$1,249	$0	$3,980	$2,256	$1,724
Chamberlain	15	Treatment	60	$4.37	Cost	$3.6785	$3.6785	$3.6785	$6,713	$3,164	$893	$0	$2,657	$1,506	$1,151
Chamberlain	15	Treatment	70	$3.52	Cost	$2.9630	$2.9630	$2.9630	$459	$245	$69	$0	$145	$82	$63
Chamberlain	10	Treatment	81	$130.63	$108.42	$109.9589	$108.4200	$108.4200	$3,253	$1,830	$460	$0	$1,163	$659	$504
CHC	15	Treatment	10-59	$2.36	$2.37	$3.2647	$2.3600	$2.3600	$480,746	$29,381	$8,290	$0	$443,074	$251,178	$191,897
CHC	15	Treatment	60	$4.37	$4.37	$6.0452	$4.3700	$4.3700	$34,479	$1,292	$365	$0	$32,823	$18,607	$14,216
CHC	15	Treatment	70	$3.52	$3.52	$4.8694	$3.5200	$3.5200	$2,323	$131	$37	$0	$2,155	$1,222	$933
Comm Sol	15	Treatment	10-59	$2.36	Cost	$2.1211	$2.1211	$2.1211	$54,207	$5,536	$1,562	$0	$47,109	$26,706	$20,403
Comm Sol	15	Treatment	60	$4.37	Cost	$3.9276	$3.9276	$3.9276	$15,113	$4,906	$1,384	$0	$8,823	$5,002	$3,821

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SANTA CLARA VALLEY HEALTH & HOSP
MENTAL HEALTH DEPARTMENT
CH 26.5 ASSESSMENT AND TREATMENT S
OSCAR & UNICARE REPORTS MH18R FOR

Agency	Mods	A/T	Srv Fxn	State SMA	State Approved Rate	Actual Cost	SB90 Expense Rate	SB90 Revenue Rate	Total Expense	MediCal FFP Revenue	EPSDT Revenue	SELPA Revenue	Net Expense	IDEA Funding	Net Expense
Comm Sol	15	Treatment	70	$3.52	Cost	$3.1636	$3.1636	$3.1636	$2,297	$1,097	$310	$0	$890	$504	$385
County	15	Treatment	10-59	$2.36	$2.36	$2.2071	$2.2071	$2.2071	$525,520	$116,608	$32,620	$2,669	$374,626	$212,375	$162,252
County	15	Treatment	60	$4.37	$4.37	$6.6833	$6.6833	$4.3700	$245,183	$55,595	$15,687	$0	$173,901	$98,584	$75,317
County	15	Treatment	70	$3.52	$3.52	$3.2919	$3.2919	$3.2919	$15,166	$5,821	$1,642	$0	$7,703	$4,367	$3,336
EMQ	15	Treatment	10-59	$2.36	Cost	$2.0739	$2.0739	$2.0739	$6,666,286	$1,676,371	$472,999	$0	$4,516,916	$2,560,627	$1,956,289
EMQ	15	Treatment	58	$2.36	Cost	$2.5359	$2.3600	$2.3600	$283,691	$142,135	$40,104	$0	$101,452	$57,513	$43,939
EMQ	15	Treatment	60	$4.37	Cost	$3.8961	$3.8961	$3.8961	$288,931	$111,231	$31,385	$0	$146,315	$82,946	$63,370
EMQ	15	Treatment	70	$3.52	Cost	$3.1034	$3.1034	$3.1034	$303,661	$67,675	$19,095	$0	$216,892	$122,955	$93,936
EMQ	10	Treatment	85	$183.46	Cost	$162.0075	$162.0075	$162.0075	$1,164,186	$325,177	$91,751	$0	$747,258	$423,619	$323,640
F&CS	15	Treatment	10-59	$2.36	Cost	$1.9067	$1.9067	$1.9067	$12,927	$6,684	$1,886	$0	$4,358	$2,471	$1,887
F&CS	15	Treatment	60	$4.37	Cost	$3.5306	$3.5306	$3.5306	$918	$475	$134	$0	$309	$175	$134
F&CS	15	Treatment	70	$3.52	Cost	$2.8439	$2.8439	$2.8439	$57	$27	$8	$0	$22	$12	$9
Gardner	15	Treatment	10-59	$2.36	Cost	$1.7208	$1.7208	$1.7208	$19,942	$6,440	$1,817	$0	$11,685	$6,624	$5,061
Gardner	15	Treatment	60	$4.37	Cost	$3.1863	$3.1863	$3.1863	$749	$375	$106	$0	$268	$152	$116
Gardner	15	Treatment	70	$3.52	Cost	$2.5666	$2.5666	$2.5666	$680	$315	$89	$0	$276	$156	$119
Hope	15	Treatment	10-59	$2.36	$2.36	$2.2912	$2.2912	$2.2912	$6,784	$3,580	$1,010	$0	$2,194	$1,244	$950
Hope	15	Treatment	58	$2.36	Cost	$2.2912	$2.2912	$2.2912	$42,823	$22,596	$6,376	$0	$13,851	$7,852	$5,999
Hope	15	Treatment	60	$4.37	$4.37	$4.2426	$4.2426	$4.2426	$7,425	$3,878	$1,094	$0	$2,452	$1,390	$1,062
Innvision	10	Treatment	95	$118.94	$118.94	$100.9858	$100.9858	$100.9858	$1,111	$539	$152	$0	$420	$238	$182
Oasis	10	Treatment	95	$118.94	Cost	$125.1042	$118.9400	$118.9400	$7,969	$4,163	$1,174	$0	$2,632	$1,492	$1,140
Oasis	10	Treatment	10-59	$2.36	Cost	$2.4823	$2.3600	$2.3600	$3,391	$1,753	$495	$0	$1,143	$648	$495
Oasis	10	Treatment	60	$4.37	Cost	$4.5965	$4.3700	$4.3700	$1,951	$2,586	$730	$0	$1,635	$927	$708
Oasis	10	Treatment	70	$3.52	Cost	$3.7024	$3.5200	$3.5200	$229	$118	$33	$0	$77	$44	$33
Rebekah's	15	Treatment	10-59	$2.36	$2.37	$2.7125	$2.3600	$2.3600	$1,297,502	$478,017	$134,876	$0	$684,610	$388,103	$296,506
Rebekah's	10	Treatment	58	$2.36	Cost	$3.6421	$2.3600	$2.3600	$68,353	$32,029	$9,037	$0	$27,287	$15,469	$11,818
Rebekah's	15	Treatment	60	$4.37	$4.37	$5.0227	$4.3700	$4.3700	$17,546	$7,081	$1,998	$0	$8,467	$4,800	$3,667
Rebekah's	15	Treatment	70	$3.52	$3.52	$4.0458	$3.5200	$3.5200	$10,930	$3,212	$906	$0	$6,811	$3,861	$2,950
Rebekah's	10	Treatment	85	$183.46	$183.46	$210.8633	$183.4600	$183.4600	$224,922	$101,598	$28,666	$0	$94,658	$53,661	$40,997
Starlight SCC	15	Treatment	10-59	$2.36	Cost	$2.4895	$2.3600	$2.3600	$35,570	$17,542	$4,950	$0	$13,078	$7,414	$5,664

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SB90 MH18R Totals v2 MH18R Summary

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MENTAL HEALTH DEPARTMENT
CH 26.5 ASSESSMENT AND TREATMENT S
OSCAR & UNICARE REPORTS MH18R FOR

Agency	Mode	A/T	Srv Exn	State SMA	State Approved Rate	Actual Cost	SB90 Expense Rate	SB90 Revenue Rate	Total Expense	MediCal FFP Revenue	EPSDT Revenue	SELPA Revenue	Net Expense	IDEA Funding	Net Expense
Starlight SCC	15	Treatment	58	$2.36	Cost	$2.4895	$2.3600	$2.3600	$447,321	$236,038	$66,600	$0	$144,684	$82,021	$62,663
Starlight SCC	15	Treatment	60	$4.37	Cost	$4.6098	$4.3700	$4.3700	$58,204	$25,466	$7,185	$0	$25,552	$14,486	$11,067
Starlight SCC	15	Treatment	70	$3.52	Cost	$3.7132	$3.5200	$3.5200	$5,671	$2,992	$844	$0	$1,834	$1,040	$794
Starlight SCC	10	Treatment	85	$183.46	Cost	$193.5274	$183.4600	$183.4600	$573,313	$62,886	$17,244	$0	$492,683	$279,301	$213,382
Starlight SCC	10	Treatment	89	NA	Cost	$133.8151	$133.8151	$0.0000	$141,643	$0	$0	$0	$141,643	$80,297	$61,346
Ujima	15	Treatment	35	$2.36	Cost	$1.5685	$1.5685	$1.5685	$111	$55	$15	$0	$41	$23	$18
			Subtotal						$13,505,477	$3,631,935	$1,024,774	$2,669	$8,845,988	$5,014,766	$3,831,222
			TOTAL						$16,069,040	$4,270,072	$1,204,829	$3,353	$10,590,675	$6,003,824	$4,586,851

Outpatient Services

Total MediCal Reve $30,273,731

Total EPSDT Revent $8,541,932

SB90 MediCal Reve $4,270,072

SB90 EPSDT Revent $1,204,829

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
FY02/03 Medi-Cal Approval Rates by Provider and Service Function

		MH91 (As Submitted)		COST REPORT (As State Paid)			
		[a]	[b]	[c]	[d]	[e]	[f]
AGENCY	SFC	MEDI-CAL UOS	MEDI-CAL $$	MEDI-CAL UOS	Approv Rate UOS	MEDI-CAL $$	Approv Rate $$
AACI LE 151	15/01	306,221	$520,576	293,365	96%	$498,720	96%
	15/10	506,175	$1,108,523	438,022	87%	$959,268	87%
	15/60	72,518	$295,148	66,951	92%	$272,490	92%
	15/70	1,044	$3,418	744	71%	$2,433	71%
AACI Total		885,958	$1,927,666	799,082	90%	$1,732,911	90%
ACHIEVE LE 144	10/85	1,868	$332,074	1,529	82%	$271,551	82%
	15/01	12,550	$22,214	11,961	95%	$21,171	95%
	15/10	124,591	$284,067	102,339	82%	$233,333	82%
	15/60	10,365	$43,948	9,460	91%	$40,016	91%
	15/70	491	$1,674	491	100%	$1,674	100%
ACHIEVE Total		149,865	$683,976	125,780	84%	$567,745	83%
ALLIANCE LE 689	05/45	11,033	$2,765,532	9,964	90%	$2,497,576	90%
	05/65	2,904	$378,827	2,659	92%	$346,547	91%
	10/85	373	$65,417	326	87%	$46,186	71%
	10/95	22,346	$2,575,377	21,587	97%	$2,481,112	96%
	15/01	1,810,412	$3,023,388	1,761,656	97%	$2,675,220	88%
	15/10	1,620,572	$3,468,024	1,541,253	95%	$3,014,906	87%
	15/60	519,134	$2,201,128	489,579	94%	$2,070,920	94%
	15/70	34,732	$84,746	32,515	94%	$95,127	100%
	TBS	Units and $$ included in mode 15/10					
ALLIANCE Total		4,021,506	$14,562,438	3,859,539	96%	$13,227,594	91%
CATHOLIC CHARITIES LE 153	15/01	73,729	$130,500	73,417	100%	$124,809	96%
	15/10	203,207	$463,312	192,589	95%	$421,770	91%
	15/60	26,874	$113,946	24,977	93%	$105,652	93%
	15/70	1,544	$5,265	1,544	100%	$5,265	100%
CATHOLIC CHARITIES Total		305,354	$713,023	292,527	96%	$657,496	92%
CHAMBERLAIN'S LE 154	10/81	3,852	$403,882	3,616	94%	$379,102	94%
	15/01	7,157	$10,521	7,077	99%	$10,403	99%
	15/10	191,290	$361,538	165,381	86%	$308,326	85%
	15/60	30,420	$106,774	28,405	93%	$99,701	93%
	15/70	1,197	$3,376	1,197	100%	$3,376	100%
CHAMBERLAIN'S Total		233,916	$886,091	205,676	88%	$800,908	90%
CHC LE 250	15/01	10,822	$19,155	9,644	89%	$17,070	89%
	15/10	53,185	$121,262	37,376	70%	$85,217	70%
	15/60	1,345	$5,703	1,155	86%	$4,886	86%
	15/70	120	$409	120	100%	$409	100%
CHC Total		65,472	$146,529	48,295	74%	$107,582	73%

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AGENCY	SFC	MEDI-CAL UOS	MEDI-CAL $$	MEDI-CAL UOS	Approv Rate UOS	MEDI-CAL $$	Approv Rate $$
COMMUNITY SOLUTIONS	05/65	2,790	$347,467	2,482	89%	$309,108	89%
LE 164	15/01	481,677	$640,630	457,898	95%	$604,623	94%
	15/10	556,110	$956,509	515,766	93%	$875,562	92%
	15/60	120,380	$385,216	113,395	94%	$361,856	94%
	15/70	5,826	$13,982	5,554	95%	$13,170	94%
	TBS	Units and $$ included in mode 15/10					
COMM SOL Total		1,166,783	$2,343,804	1,095,095	94%	$2,164,319	92%
EESA	15/01	61,706	$74,664	56,876	92%	$59,720	80%
LE	15/10	82,235	$128,287	71,143	87%	$96,043	75%
	15/60	11,055	$32,170	9,505	86%	$23,858	74%
	15/70	480	$1,123	300	63%	$606	54%
EESA Total		155,476	$236,244	137,824	89%	$180,227	76%
EMQ	10/85	10,850	$1,928,805	10,304	95%	$1,697,388	88%
LE 156	15/01	351,220	$621,659	343,087	98%	$563,261	91%
	15/10	4,603,435	$10,495,832	4,329,982	94%	$9,157,000	87%
	15/60	177,879	$753,359	172,077	97%	$675,143	90%
	15/70	164,428	$560,699	140,080	85%	$443,061	79%
	TBS	Units and $$ included in mode 15/10					
EMQ Total		5,307,612	$14,360,354	4,995,530	94%	$12,535,853	87%
F&C	15/01	135,668	$200,789	134,768	99%	$208,562	100%
LE 150	15/10	312,000	$592,800	302,202	97%	$602,432	100%
	15/60	27,994	$99,099	27,199	97%	$100,594	100%
	15/70	3,659	$10,392	3,305	90%	$9,853	95%
F&C SVCS Total		479,321	$903,078	467,474	98%	$921,441	100%
GARDNER	15/01	564,249	$694,026	549,169	97%	$648,021	93%
LE 251	15/10	1,785,994	$2,839,730	1,674,607	94%	$2,528,656	89%
	15/60	105,666	$312,705	99,330	94%	$280,111	90%
	15/70	7,552	$17,974	6,533	87%	$14,830	83%
	TBS	Units and $$ included in mode 15/10					
GARDNER Total		2,463,461	$3,864,435	2,329,639	95%	$3,471,618	90%
GRACE COMMUNITY	10/95	6,159	$585,721	6,062	98%	563,341	96%
GRACE Total		6,159	$585,721	6,062	98%	$563,341	96%
HOPE	15/01	45,350	$78,909	45,190	100%	$72,737	92%
LE 157	15/10	224,525	$502,935	221,177	99%	$458,579	91%
	15/60	138,211	$576,340	135,701	98%	$521,991	91%
	15/70	234	$786	234	100%	$726	92%
	TBS	Units and $$ included in mode 15/10					
HOPE Total		408,320	$1,158,971	402,302	99%	$1,054,033	91%
IHC	15/01	6,056	$10,719	6,016	99%	$10,648	99%
LE 158	15/10	94,325	$215,061	89,987	95%	$205,170	95%
	15/60	3,208	$13,602	3,167	99%	$13,396	98%
	15/70	155	$529	155	100%	$529	100%
IHC Total		103,744	$239,911	99,325	96%	$229,743	96%
INNVISION	10/95	1,650	$190,146	1,501	91%	$172,826	91%
INNVISION Total		1,650	$190,146	1,501	91%	$172,826	91%

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AGENCY	SFC	MEDI-CAL UOS	MEDI-CAL $$	MEDI-CAL UOS	Approv Rate UOS	MEDI-CAL $$	Approv Rate $$
REBEKAH'S LE 255	10/85	3,794	$662,243	3,794	100%	$660,536	100%
	15/01	365,950	$636,753	360,402	98%	$623,495	98%
	15/10	1,052,643	$2,347,394	1,019,600	97%	$2,273,708	97%
	15/60	11,985	$45,115	11,985	100%	$49,738	100%
	15/70	8,309	$27,835	7,623	92%	$25,461	91%
	TBS	Units and $$ included in mode 15/10					
REBEKAH'S Total		1,442,681	$3,719,340	1,403,404	97%	$3,632,938	98%
OASIS CARE	10/95	11,604	$1,290,945	11,399	98%	$1,249,070	97%
	15/01	115,045	$196,727	113,027	98%	$190,392	97%
	15/10	109,676	$237,998	106,798	97%	$231,735	97%
	15/60	113,386	$464,883	111,021	98%	$446,930	96%
	15/70	3,944	$13,015	3,835	97%	$12,446	96%
OASIS CARE Total		353,655	$2,203,567	346,080	98%	$2,130,573	97%
MEKONG LE 160	15/01	37,590	$40,973	37,547	100%	$40,551	99%
	15/10	177,835	$247,191	174,667	98%	$242,787	98%
	15/60	22,512	$58,531	22,148	98%	$57,363	98%
	15/70	247	$514	247	100%	$516	100%
MEKONG Total		238,184	$347,209	234,609	98%	$341,217	98%
STARLIGHT LE 840	10/85	10,104	$1,796,188	9,802	97%	$1,678,717	93%
	15/01	4,980	$8,815	4,340	87%	$7,408	84%
	15/60	44,510	$188,722	42,781	96%	$174,506	92%
	15/70	2,755	$9,395	2,729	99%	$8,974	96%
	TBS	758,921	$1,729,611	752,405	99%	$1,654,270	96%
STARLIGHT Total		821,270	$3,732,730	812,057	99%	$3,523,875	94%
UJIMA LE 163	15/01	42,658	$51,616	42,088	99%	$50,926	99%
	15/10	159,956	$249,531	147,850	92%	$230,646	92%
	15/60	12,706	$36,973	12,100	95%	$28,314	77%
	15/70	594	$1,390	0	0%	$0	0%
UJIMA Total		215,914	$339,510	202,038	94%	$309,886	91%

Tuan Nguyen, 885-3884

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Residential Case Management Services, FY04

Name	Travel Date	Procedure	Minutes	
T. Sweet	9/11/2003	none found		
T. Sweet	12/17/2003	CM-B	1,320	(summary 12/17-12/19)
T. Sweet	2/26/2004	none found		
T. Sweet	3/4/2004	none found		
T. Sweet	4/8/2004	none found		
T. Sweet	5/18/2004	none found		
H. Gininger	12/25/2003	none found		
H. Gininger	3/3/2004	none found		
K Leavitt	9/11/2003	none found		
K Leavitt	12/17/2003	CM-B	105	
K Leavitt	12/17/2003	CM-B	93	
Total			1,518	

Subtract these Out of State Minutes
from County 15:01 Units

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OSCAR REPORT MH14R FOR July - September, 2003

RPTUNIT	AGENCY	SHORTNAME	MODE	A/T	TVCFUNC	ABSEL	PROCEDUR	PROCNAME	HOWBILLD	Total Units	Total Time	EDUNIT	EDTIME	MCAUNIT	MCALTIME	FYX	RUNDATE	RPTRUN
43052	Achieve	ACHV PA OP	15	Treatment	40	.00	340 340	INDIVIDUAL	1.00	3	174	3	174	0	0	4	21-JAN-04	MH14R
43052	Achieve	ACHV PA OP	15	Treatment	40	1.00	342 342	INDIV 3632	1.00	130	6,164	110	6,164	0	0	4	21-JAN-04	MH14R
43052	Achieve	ACHV PA OP	15	Treatment	40	1.00	342 342	INDIV 3632	2.00	20	1,255	0	0	20	1,255	4	21-JAN-04	MH14R
43056	Achieve	ACHIEVE BUCH	15	Treatment	40	1.00	342 342	INDIV 3632	1.00	7	525	7	525	0	0	4	21-JAN-04	MH14R
					40 Total					160	10,123	140	8,867	20	1,255	16		
43052	Achieve	ACHV PA OP	15	Treatment	45	.00	345 345	PL DEVT	1.00	2	110	2	110	0	0	4	21-JAN-04	MH14R
43052	Achieve	ACHV PA OP	15	Treatment	45	.00	345 345	PL DEVT	2.00	2	98	0	0	2	98	4	21-JAN-04	MH14R
43052	Achieve	ACHV PA OP	15	Treatment	45	1.00	346 346	PL DEV3632	1.00	32	1,605	32	1,605	0	0	4	21-JAN-04	MH14R
43056	Achieve	ACHIEVE BUCH	15	Treatment	45	1.00	346 346	PL DEV3632	1.00	1	75	1	75	0	0	4	21-JAN-04	MH14R
					45 Total					37	1,885	35	1,790	2	98	16		
43052	Achieve	ACHV PA OP	15	Treatment	50	.00	350 350	GROUP	1.00	1	15	1	15	0	0	4	21-JAN-04	MH14R
43052	Achieve	ACHV PA OP	15	Treatment	50	.00	350 350	GROUP	2.00	6	83	0	0	6	83	4	21-JAN-04	MH14R
43052	Achieve	ACHV PA OP	15	Treatment	50	1.00	352 352	GROUP 3632	1.00	24	513	24	513	0	0	4	21-JAN-04	MH14R
43052	Achieve	ACHV PA OP	15	Treatment	50	1.00	352 352	GROUP 3632	2.00	5	150	0	0	5	150	4	21-JAN-04	MH14R
43056	Achieve	ACHIEVE BUCH	15	Treatment	50	1.00	352 352	GROUP 3632	1.00	9	240	9	240	0	0	4	21-JAN-04	MH14R
					50 Total					44	1,001	34	768	10	233	10		
43052	Achieve	ACHV PA OP	15	Treatment	60	.00	363 363	MEDS MD	1.00	20	1,065	20	1,065	0	0	4	21-JAN-04	MH14R
					60 Total					20	1,065	20	1,065	0	0	4		
43052	Achieve	ACHV PA OP	15	Treatment	70	1.00	372 372	CRISIS3632	1.00	5	183	5	183	0	0	4	21-JAN-04	MH14R
					70 Total					5	183	5	183	0	0	4		
43051	Achieve	ACHV PA DAY	10	Treatment	85	1.00	289 289	INTS F3632	1.00	47		47	0	0	0	4	21-JAN-04	MH14R
43051	Achieve	ACHV PA DAY	10	Treatment	85	1.00	289 289	INTS F3632	2.00	48		0	0	48	0	4	21-JAN-04	MH14R
43142	Achieve	ACHV SJ DAY	10	Treatment	85	1.00	289 289	INTS F3632	3.00	79		0	0	79	0	4	21-JAN-04	MH14R
					85 Total					174	0	47	0	127	0	12		
43698	Alliance	ALI F&C OP	15	Treatment	10	.00	310 310	COLLATERAL	2.00	1	13	0	0	1	13	4	21-JAN-04	MH14R
					10 Total					1	13	0	0	1	13	4		
43698	Alliance	ALI F&C OP	15	Treatment	40	.00	340 340	INDIVIDUAL	2.00	1	94	0	0	1	56	4	21-JAN-04	MH14R
					40 Total					1	56	0	0	1	56	4		
43698	Alliance	ALI F&C OP	15	Treatment	45	.00	345 345	PL DEVT	2.00	1	65	0	0	1	45	4	21-JAN-04	MH14R
					45 Total					1	65	0	0	1	45	4		
43213	Alliance	GOV/ZEL MEDS	15	Treatment	60	.00	363 363	MEDS MD	2.00	3	72	0	0	3	72	4	21-JAN-04	MH14R
					60 Total					3	72	0	0	3	72	4		
83834	Cath Char	CATH CHAR FC	15	Treatment	10	.00	310 310	COLLATERAL	2.00	4	255	0	0	4	255	4	21-JAN-04	MH14R
83834	Cath Char	CATH CHAR FC	15	Treatment	10	.00	313 313	COLL MD	2.00	1	26	0	0	1	26	4	21-JAN-04	MH14R
					10 Total					5	281	0	0	5	281	8		
83834	Cath Char	CATH CHAR FC	15	Treatment	40	.00	340 340	INDIVIDUAL	2.00	21	1,246	0	0	21	1,246	4	21-JAN-04	MH14R
					40 Total					21	1,246	0	0	21	1,246	4		
838310	Cath Char	CATH KINDRED	15	Treatment	45	.00	345 345	PL DEVT	1.00	1	10	1	10	0	0	4	21-JAN-04	MH14R
83834	Cath Char	CATH CHAR FC	15	Treatment	45	.00	345 345	PL DEVT	2.00	2	80	0	0	2	80	4	21-JAN-04	MH14R
					45 Total					3	90	1	10	2	80	8		
83834	Cath Char	CATH CHAR FC	15	Treatment	60	.00	363 363	MEDS MD	2.00	2	66	0	0	2	66	4	21-JAN-04	MH14R
					60 Total					2	66	0	0	2	66	4		
43571	Chamberlains	CHAMBER OP	15	Treatment	10	.00	310 310	COLLATERAL	2.00	1	15	0	0	1	15	4	21-JAN-04	MH14R
43571	Chamberlains	CHAMBER OP	15	Treatment	10	1.00	312 312	COLL 3632	2.00	1	25	0	0	1	25	4	21-JAN-04	MH14R
					10 Total					2	40	0	0	2	40	8		
43571	Chamberlains	CHAMBER OP	15	Treatment	35	.00	335 335	REHAB	2.00	6	375	0	0	6	375	4	21-JAN-04	MH14R
43571	Chamberlains	CHAMBER OP	15	Treatment	35	1.00	336 336	REHAB 3632	2.00	8	590	0	0	8	590	4	21-JAN-04	MH14R
					35 Total					14	965	0	0	14	965	8		
43571	Chamberlains	CHAMBER OP	15	Treatment	45	.00	345 345	PL DEVT	2.00	6	215	0	0	6	215	4	21-JAN-04	MH14R
43571	Chamberlains	CHAMBER OP	15	Treatment	45	1.00	346 346	PL DEV3632	2.00	4	160	0	0	4	160	4	21-JAN-04	MH14R
					45 Total					10	375	0	0	10	375	8		
43571	Chamberlains	CHAMBER OP	15	Treatment	60	.00	363 363	MEDS MD	1.00	4	90	4	90	0	0	4		
43571	Chamberlains	CHAMBER OP	15	Treatment	60	.00	363 363	MEDS MD	2.00	12	415	0	0	12	415	4	21-JAN-04	MH14R
					60 Total					16	505	4	90	12	415	8		
43571	Chamberlains	CHAMBER OP	15	Treatment	70	.00	370 370	CRISIS INT	2.00	2	155	0	0	2	155	4	21-JAN-04	MH14R
					70 Total					2	155	0	0	2	155	4		
43572	Chamberlains	CHAMBER DT	10	Treatment	81	.00	280 280	INTENS HLY	2.00	30		0	0	30	0	4	21-JAN-04	MH14R
					81 Total					30	0	0	0	30	0	4		
43001	CHC	P A CHC-OP	15	Treatment	10	1.00	312 312	COLL 3632	1.00	45	2,489	45	2,489	0	0	8	21-JAN-04	MH14R
43004	CHC	CHC PA SCHL	15	Treatment	10	.00	310 310	COLLATERAL	1.00	3	240	3	240	0	0	4	21-JAN-04	MH14R
43004	CHC	CHC PA SCHL	15	Treatment	10	1.00	312 312	COLL 3632	1.00	131	7,136	131	7,136	0	0	4	21-JAN-04	MH14R
43004	CHC	CHC PA SCHL	15	Treatment	10	1.00	312 312	COLL 3632	2.00	32	2,015	0	0	32	2,015	4	21-JAN-04	MH14R
					10 Total					211	11,840	199	9,865	32	2,015	16		
43001	CHC	P A CHC-OP	15	Treatment	40	.00	340 340	INDIVIDUAL	2.00	6	340	0	0	6	340	4	21-JAN-04	MH14R
43001	CHC	P A CHC-OP	15	Treatment	40	1.00	342 342	INDIV 3632	1.00	66	4,245	66	4,245	0	0	4	21-JAN-04	MH14R

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RPTUNIT	AGENCY	PRNTNAME	MODE	A/T	SVCFUNC	AREEL	PROCEDUR	PROGNAME	HOWBILLD	Total Units	Total Time	SUNIT	SUTIME	MCALUNIT	MCALTIME	FYX	RUNDATE	RPTRUN
43004	CHC	CHC PA SCHL	15	Treatment	40	.00	340	340 INDIVIDUAL	1.00	17	675	17	675	0	0	4	21-JAN-04	MH18R
43004	CHC	CHC PA SCHL	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	12	520	0	0	12	520	4	21-JAN-04	MH18R
43004	CHC	CHC PA SCHL	15	Treatment	40	1.00	342	342 INDIV 3632	1.00	288	15,486	288	15,486	0	0	4	21-JAN-04	MH18R
43004	CHC	CHC PA SCHL	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	73	3,470	0	0	73	3,470	4	21-JAN-04	MH18R
					40 Total					458	24,756	367	20,426	91	4,330	24		
43001	CHC	P A CHC-03	15	Treatment	50	1.00	352	352 GROUP 3632	1.00	18	578	18	578	0	0	4	21-JAN-04	MH18R
43004	CHC	CHC PA SCHL	15	Treatment	50	.00	350	350 GROUP	1.00	2	15	2	15	0	0	4	21-JAN-04	MH18R
43004	CHC	CHC PA SCHL	15	Treatment	50	.00	350	350 GROUP	2.00	2	14	0	0	2	14	4	21-JAN-04	MH18R
43004	CHC	CHC PA SCHL	15	Treatment	50	1.00	352	352 GROUP 3632	1.00	204	2,208	204	2,208	0	0	4	21-JAN-04	MH18R
43004	CHC	CHC PA SCHL	15	Treatment	50	1.00	352	352 GROUP 3632	2.00	63	655	0	0	63	655	4	21-JAN-04	MH18R
					50 Total					289	3,554	224	2,891	65	667	20		
43004	CHC	CHC PA SCHL	15	Treatment	60	.00	363	363 MEDS MD	1.00	15	370	15	370	0	0	4	21-JAN-04	MH18R
					60 Total					15	370	15	370	0	0	4		
43452	Comm Sol	COMM SOL PAC	15	Treatment	10	.00	310	310 COLLATERAL	1.00	25	1,619	25	1,619	0	0	4	21-JAN-04	MH18R
43452	Comm Sol	COMM SOL PAC	15	Treatment	10	.00	310	310 COLLATERAL	2.00	6	393	0	0	6	393	4	21-JAN-04	MH18R
					10 Total					31	1,972	25	1,619	6	353	8		
43452	Comm Sol	COMM SOL PAC	15	Treatment	40	.00	340	340 INDIVIDUAL	1.00	36	2,951	36	2,951	0	0	4	21-JAN-04	MH18R
43452	Comm Sol	COMM SOL PAC	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	6	377	0	0	6	377	4	21-JAN-04	MH18R
					40 Total					42	3,328	36	2,951	6	377	8		
43452	Comm Sol	COMM SOL PAC	15	Treatment	45	.00	345	345 PL DEVT	1.00	11	566	11	566	0	0	4	21-JAN-04	MH18R
43452	Comm Sol	COMM SOL PAC	15	Treatment	45	.00	345	345 PL DEVT	2.00	10	532	0	0	10	532	4	21-JAN-04	MH18R
					45 Total					21	1,098	11	566	10	532	8		
43452	Comm Sol	COMM SOL PAC	15	Treatment	60	.00	363	363 MEDS MD	1.00	4	135	4	135	0	0	4	21-JAN-04	MH18R
43452	Comm Sol	COMM SOL PAC	15	Treatment	60	.00	363	363 MEDS MD	2.00	9	336	0	0	9	336	4	21-JAN-04	MH18R
					60 Total					13	471	4	135	9	336	8		
43311	County	SELPA II	15	Treatment	10	1.00	312	312 COLL 3632	2.00	1	26	0	0	1	26	4	21-JAN-04	MH18R
43337	County	FAIRGRAKS AB	15	Treatment	10	.00	310	310 COLLATERAL	1.00	1	25	1	25	0	0	4	21-JAN-04	MH18R
43337	County	FAIRGRAKS AB	15	Treatment	10	1.00	312	312 COLL 3632	1.00	14	438	14	438	0	0	4	21-JAN-04	MH18R
43337	County	FAIRGRAKS AB	15	Treatment	10	1.00	312	312 COLL 3632	2.00	5	126	0	0	5	126	4	21-JAN-04	MH18R
43337	County	FAIRGRAKS AB	15	Treatment	10	.00	313	313 COLL MD	1.00	1	15	1	15	0	0	4	21-JAN-04	MH18R
43401	County	MHCJN	15	Treatment	10	.00	310	310 COLLATERAL	2.00	3	106	0	0	3	106	4	21-JAN-04	MH18R
43402	County	RANCH SITES	15	Treatment	10	.00	310	310 COLLATERAL	1.00	3	81	3	81	0	0	4	21-JAN-04	MH18R
43406	County	JPD TRANSTH	15	Treatment	10	.00	310	310 COLLATERAL	2.00	4	216	0	0	4	216	4	21-JAN-04	MH18R
43AM2	County	CCMPAR3632	15	Treatment	10	1.00	312	312 COLL 3632	1.00	36	1,254	36	1,254	0	0	4	21-JAN-04	MH18R
43AM2	County	CCMPAR3632	15	Treatment	10	1.00	312	312 COLL 3632	2.00	49	1,318	0	0	49	1,318	4	21-JAN-04	MH18R
83831	County	CHILDSHELTER	15	Treatment	10	.00	310	310 COLLATERAL	2.00	2	60	0	0	2	60	4	21-JAN-04	MH18R
83682	County	LAS PLEMASOP	15	Treatment	10	1.00	312	312 COLL 3632	1.00	15	444	15	444	0	0	4	21-JAN-04	MH18R
83682	County	LAS PLEMASOP	15	Treatment	10	1.00	312	312 COLL 3632	2.00	16	528	0	0	16	528	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	10	1.00	312	312 COLL 3632	1.00	7	161	7	161	0	0	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	10	1.00	312	312 COLL 3632	2.00	1	30	0	0	1	30	4	21-JAN-04	MH18R
					10 Total					159	4,816	77	2,410	82	2,406	60		
434312	County	DONTCOME	15	Treatment	35	.00	335	335 REHAB	2.00	1	73	0	0	1	73	4	21-JAN-04	MH18R
83831	County	CHILDSHELTER	15	Treatment	35	.00	335	335 REHAB	1.00	1	70	1	70	0	0	4	21-JAN-04	MH18R
83831	County	CHILDSHELTER	15	Treatment	35	.00	335	335 REHAB	2.00	41	2,364	0	0	41	2,364	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	35	1.00	336	336 REHAB 3632	2.00	3	78	0	0	3	78	4	21-JAN-04	MH18R
					35 Total					45	2,585	1	70	44	2,515	16		
433311	County	SELPA II	15	Treatment	40	1.00	342	342 INDIV 3632	1.00	8	525	8	525	0	0	4	21-JAN-04	MH18R
433311	County	SELPA II	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	13	655	0	0	13	655	4	21-JAN-04	MH18R
43337	County	FAIRGRAKS AB	15	Treatment	40	1.00	342	342 INDIV 3632	1.00	52	3,093	52	3,093	0	0	4	21-JAN-04	MH18R
43337	County	FAIRGRAKS AB	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	9	602	0	0	9	602	4	21-JAN-04	MH18R
43401	County	MHCJN	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	35	2,132	0	0	35	2,132	4	21-JAN-04	MH18R
43402	County	RANCH SITES	15	Treatment	40	.00	340	340 INDIVIDUAL	1.00	17	971	17	971	0	0	4	21-JAN-04	MH18R
43404	County	JPD TRANSTH	15	Treatment	40	.00	340	340 INDIVIDUAL	1.00	6	244	6	244	0	0	4	21-JAN-04	MH18R
43406	County	JPD TRANSTH	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	74	3,564	0	0	74	3,564	4	21-JAN-04	MH18R
43AM2	County	CCMPAR3632	15	Treatment	40	1.00	342	342 INDIV 3632	1.00	29	2,039	29	2,039	0	0	4	21-JAN-04	MH18R
43AM2	County	CCMPAR3632	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	12	1,013	0	0	12	1,013	4	21-JAN-04	MH18R
83831	County	CHILDSHELTER	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	14	613	0	0	14	613	4	21-JAN-04	MH18R
836510	County	LNGHYATT	15	Treatment	40	.00	340	340 INDIVIDUAL	1.00	9	760	9	760	0	0	4	21-JAN-04	MH18R
836510	County	LNGHYATT	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	1	97	0	0	1	97	4	21-JAN-04	MH18R
83652	County	LAS PLEMASOP	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	3	330	0	0	3	330	4	21-JAN-04	MH18R
83652	County	LAS PLEMASOP	15	Treatment	40	1.00	342	342 INDIV 3632	1.00	24	1,564	24	1,564	0	0	4	21-JAN-04	MH18R
83652	County	LAS PLEMASOP	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	37	2,580	0	0	37	2,580	4	21-JAN-04	MH18R
83862	County	BASCOM PAC	15	Treatment	40	.00	340	340 INDIVIDUAL	1.00	5	300	5	300	0	0	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	40	.00	340	340 INDIVIDUAL	1.00	1	75	1	75	0	0	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	40	1.00	342	342 INDIV 3632	1.00	52	3,226	52	3,226	0	0	4	21-JAN-04	MH18R

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RPTUNIT	AGENCY	ENTRYNAME	MODE	A/T	SVCFUNC	ABSEL	PROCEDUR	PROGNAME	HOWBILLED	Total Units	Total Time	EXMUNIT	SUTIME	MCALUNIT	MCALTIME	FYE	RUNDATE	RPTNUM
43802	County	BASCOM 3632	15	Treatment	49	1.00	362 362	INDTV 3632	2.00	48	1,205	0	0	46	3,205	4	21-JAN-04	MH18R
				48 Total						949	27,436	203	12,761	246	14,845	89		
433311	County	SELPA II	15	Treatment	45	1.00	345 345	PL DEV3632	1.00	8	395	8	295	0	0	4	21-JAN-04	MH18R
433311	County	SELPA II	15	Treatment	45	1.00	345 345	PL DEV3632	2.00	7	225	0	0	7	225	4	21-JAN-04	MH18R
43337	County	FAIRGAKS AB	15	Treatment	45	1.00	345 345	PL DEV3632	1.00	127	5,402	127	5,402	0	0	4	21-JAN-04	MH18R
43337	County	FAIRGAKS AB	15	Treatment	45	1.00	345 345	PL DEV3632	2.00	16	720	0	0	16	720	4	21-JAN-04	MH18R
43401	County	MHCIN	15	Treatment	45	.00	345 345	PL DEVT	2.00	6	440	0	0	6	440	4	21-JAN-04	MH18R
43402	County	RANCH SITES	15	Treatment	45	.00	345 345	PL DEVT	1.00	11	347	11	347	0	0	4	21-JAN-04	MH18R
43406	County	JPD TRANSTN	15	Treatment	45	.00	345 345	PL DEVT	2.00	15	660	0	0	15	660	4	21-JAN-04	MH18R
434512	County	DEXTCONS	15	Treatment	45	.00	345 345	PL DEVT	2.00	2	77	0	0	2	77	4	21-JAN-04	MH18R
43NM2	County	CONGAB3632	15	Treatment	45	1.00	346 346	PL DEV3632	1.00	41	1,140	41	1,140	0	0	4	21-JAN-04	MH18R
43NM2	County	CONGAB3632	15	Treatment	45	1.00	346 346	PL DEV3632	2.00	43	1,210	0	0	43	1,210	4	21-JAN-04	MH18R
43531	County	CHILDSHELTER	15	Treatment	45	.00	345 345	PL DEVT	2.00	2	80	0	0	2	80	4	21-JAN-04	MH18R
434810	County	LMONTATT	15	Treatment	45	.00	345 345	PL DEVT	1.00	3	48	3	48	0	0	4	21-JAN-04	MH18R
83652	County	LAS PLUMASOP	15	Treatment	45	1.00	346 346	PL DEV3632	1.00	51	1,152	51	1,152	0	0	4	21-JAN-04	MH18R
83652	County	LAS PLUMASOP	15	Treatment	45	1.00	346 346	PL DEV3632	2.00	49	1,252	0	0	49	1,252	4	21-JAN-04	MH18R
83861	County	BASCOM F&C	15	Treatment	45	.00	345 345	PL DEVT	2.00	3	125	0	0	3	125	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	45	1.00	346 346	PL DEV3632	1.00	76	2,854	76	2,854	0	0	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	45	1.00	346 346	PL DEV3632	2.00	63	2,182	0	0	63	2,182	4	21-JAN-04	MH18R
				45 Total						532	20,179	317	12,238	205	7,941	68		
433311	County	SELPA II	15	Treatment	50	1.00	352 352	GROUP 3632	1.00	10	218	10	218	0	0	4	21-JAN-04	MH18R
43337	County	FAIRGAKS AB	15	Treatment	50	1.00	352 352	GROUP 3632	1.00	2	29	2	29	0	0	4	21-JAN-04	MH18R
43402	County	RANCH SITES	15	Treatment	50	.00	350 350	GROUP	1.00	5	169	5	169	0	0	4	21-JAN-04	MH18R
43406	County	JPD TRANSTN	15	Treatment	50	.00	350 350	GROUP	1.00	4	168	4	168	0	0	4	21-JAN-04	MH18R
43406	County	JPD TRANSTN	15	Treatment	50	.00	350 350	GROUP	2.00	8	358	0	0	8	358	4	21-JAN-04	MH18R
43531	County	CHILDSHELTER	15	Treatment	50	.00	350 350	GROUP	2.00	12	377	0	0	12	377	4	21-JAN-04	MH18R
43531	County	CHILDSHELTER	15	Treatment	50	.00	354		2.00	4	119	0	0	4	119	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	50	1.00	352 352	GROUP 3632	1.00	8	219	0	219	0	0	4	21-JAN-04	MH18R
				50 Total						52	1,636	25	784	24	894	32		
433311	County	SELPA II	15	Treatment	60	1.00	362 362	MEDS 3632	1.00	2	105	2	105	0	0	4	21-JAN-04	MH18R
43337	County	FAIRGAKS AB	15	Treatment	60	1.00	362 362	MEDS 3632	1.00	23	1,035	23	1,035	0	0	4	21-JAN-04	MH18R
43337	County	FAIRGAKS AB	15	Treatment	60	1.00	362 362	MEDS 3632	2.00	5	315	0	0	5	315	4	21-JAN-04	MH18R
43402	County	RANCH SITES	15	Treatment	60	.00	363 363	MEDS MD	1.00	1	45	1	45	0	0	4	21-JAN-04	MH18R
43406	County	JPD TRANSTN	15	Treatment	60	.00	363 363	MEDS MD	2.00	2	120	0	0	2	120	4	21-JAN-04	MH18R
434512	County	DEXTCONS	15	Treatment	60	.00	363 363	MEDS MD	2.00	1	30	0	0	1	30	4	21-JAN-04	MH18R
43NM2	County	CONGAB3632	15	Treatment	60	1.00	362 362	MEDS 3632	1.00	10	460	10	460	0	0	4	21-JAN-04	MH18R
43NM2	County	CONGAB3632	15	Treatment	60	1.00	362 362	MEDS 3632	2.00	14	550	0	0	14	550	4	21-JAN-04	MH18R
43NM2	County	CONGAB3632	15	Treatment	60	.00	363 363	MEDS MD	1.00	1	75	1	75	0	0	4	21-JAN-04	MH18R
43NM2	County	CONGAB3632	15	Treatment	60	.00	364		1.00	2	45	2	45	0	0	4	21-JAN-04	MH18R
43NM2	County	CONGAB3632	15	Treatment	60	.00	364		2.00	2	20	0	0	2	20	4	21-JAN-04	MH18R
43531	County	CHILDSHELTER	15	Treatment	60	.00	363 363	MEDS MD	2.00	3	360	0	0	3	360	4	21-JAN-04	MH18R
83652	County	LAS PLUMASOP	15	Treatment	60	1.00	362 362	MEDS 3632	1.00	10	330	10	330	0	0	4	21-JAN-04	MH18R
83652	County	LAS PLUMASOP	15	Treatment	60	1.00	362 362	MEDS 3632	2.00	21	945	0	0	21	945	4	21-JAN-04	MH18R
83652	County	LAS PLUMASOP	15	Treatment	60	.00	363 363	MEDS MD	1.00	1	25	1	25	0	0	4	21-JAN-04	MH18R
83861	County	BASCOM F&C	15	Treatment	60	.00	363 363	MEDS MD	1.00	5	205	5	205	0	0	4	21-JAN-04	MH18R
83861	County	BASCOM F&C	15	Treatment	60	.00	363 363	MEDS MD	2.00	1	45	0	0	1	45	4	21-JAN-04	MH18R
83861	County	BASCOM F&C	15	Treatment	60	.00	361		2.00	2	25	0	0	2	25	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	60	1.00	362 362	MEDS 3632	1.00	43	1,752	43	1,752	0	0	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	60	1.00	362 362	MEDS 3632	2.00	61	2,275	0	0	61	2,275	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	60	.00	363 363	MEDS MD	2.00	1	45	0	0	1	45	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	60	.00	364		1.00	8	133	8	133	0	0	4	21-JAN-04	MH18R
83862	County	BASCOM 3632	15	Treatment	60	.00	364		2.00	3	65	0	0	3	65	4	21-JAN-04	MH18R
				60 Total						226	9,065	106	4,270	120	4,795	92		
43401	County	MHCIN	15	Treatment	70	.00	370 370	CRISIS INT	2.00	6	657	0	0	6	657	4	21-JAN-04	MH18R
43402	County	RANCH SITES	15	Treatment	70	.00	370 370	CRISIS INT	1.00	1	60	1	60	0	0	4	21-JAN-04	MH18R
43406	County	JPD TRANSTN	15	Treatment	70	.00	370 370	CRISIS INT	1.00	2	125	2	125	0	0	4	21-JAN-04	MH18R
43406	County	JPD TRANSTN	15	Treatment	70	.00	370 370	CRISIS INT	2.00	5	195	5	0	5	195	4	21-JAN-04	MH18R
43531	County	CHILDSHELTER	15	Treatment	70	.00	372 372	CRISIS MD	2.00	1	90	0	0	1	90	4	21-JAN-04	MH18R
83652	County	LAS PLUMASOP	15	Treatment	70	1.00	372 372	CRISIS3632	1.00	3	314	3	314	0	0	4	21-JAN-04	MH18R
83652	County	LAS PLUMASOP	15	Treatment	70	1.00	372 372	CRISIS3632	2.00	1	20	0	0	1	20	4	21-JAN-04	MH18R
				70 Total						19	1,461	4	499	11	962	26		
43XE1	KERA	KERA CRPS	15	Treatment	45	.00	345 345	PL DEVT	2.00	1	60	0	0	1	60	4	21-JAN-04	MH18R
				45 Total						1	60	0	0	1	60	4		
43011	EMQ	EF CAMP-OP	15	Treatment	10	.00	310 310	COLLATERAL	1.00	1	60	0	0	1	0	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	10	.00	310 310	COLLATERAL	2.00	4	69	4	69	0	0	4	21-JAN-04	MH18R
										4	165	0	0	4	165	4	21-JAN-04	MH18R

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OSCAR REPORT MH18R FOR July - September, 2003

RPTUNIT	AGENCY	SYSTNAME	MODE	A/T	SVCFUNC	ABBEL	PROCEDUR	PROGNAME	NOMBILLD	Total Units	Total Time	SDUNIT	SDTIME	MCALUNIT	MCALTIME	FYX	RUNDATE	RPTNUM
43011	EMQ	EF CAMP-OP	15	Treatment	10	1.00	312	312 COLL 3632	1.00	15	400	15	400	0	0	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	10	1.00	312	312 COLL 3632	2.00	23	1,013	0	0	23	1,013	4	21-JAN-04	MH18R
43AE2	EMQ	EMQ SAT	15	Treatment	10	.00	310	310 COLLATERAL	2.00	3	177	0	0	3	117	4	21-JAN-04	MH18R
43AE2	EMQ	EMQ SAT	15	Treatment	10	1.00	312	312 COLL 3632	2.00	9	573	0	0	9	573	4	21-JAN-04	MH18R
43AE3	EMQ	EMQ TRS	15	Treatment	10	.00	310	310 COLLATERAL	2.00	24	2,667	0	0	24	2,667	4	21-JAN-04	MH18R
430412	EMQ	INT ST O/P	15	Treatment	10	.00	310	310 COLLATERAL	2.00	7	125	0	0	7	125	4	21-JAN-04	MH18R
430412	EMQ	INT ST O/P	15	Treatment	10	1.00	312	312 COLL 3632	2.00	26	545	0	0	26	545	4	21-JAN-04	MH18R
430414	EMQ	MATRIX	15	Treatment	10	.00	310	310 COLLATERAL	2.00	1	136	0	0	1	136	4	21-JAN-04	MH18R
430414	EMQ	MATRIX	15	Treatment	10	1.00	312	312 COLL 3632	2.00	1	32	0	0	1	32	4	21-JAN-04	MH18R
430415	EMQ	EFMQ INT-JPD	15	Treatment	10	.00	310	310 COLLATERAL	2.00	6	393	0	0	6	393	4	21-JAN-04	MH18R
430415	EMQ	EFMQ INT-JPD	15	Treatment	10	1.00	312	312 COLL 3632	2.00	3	85	0	0	3	85	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	10	.00	310	310 COLLATERAL	1.00	4	280	4	280	0	0	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	10	.00	310	310 COLLATERAL	3.00	11	555	0	0	11	555	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	10	1.00	312	312 COLL 3632	1.00	55	4,142	55	4,142	0	0	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	10	1.00	312	312 COLL 3632	2.00	38	2,776	0	0	38	2,776	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	10	.00	310	310 COLLATERAL	1.00	43	4,671	43	4,671	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	10	.00	310	310 COLLATERAL	2.00	64	10,560	0	0	64	10,560	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	10	1.00	312	312 COLL 3632	1.00	467	53,074	467	53,074	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	10	1.00	312	312 COLL 3632	2.00	422	55,634	0	0	422	55,634	4	21-JAN-04	MH18R
				10 Total						1,261	137,972	588	62,436	663	75,536	54		
43011	EMQ	EF CAMP-OP	15	Treatment	35	.00	335	335 REHAB	1.00	3	540	3	540	0	0	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	35	.00	335	335 REHAB	2.00	2	285	0	0	2	285	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	35	1.00	336	336 REHAB 3632	1.00	14	1,110	14	1,110	0	0	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	35	1.00	336	336 REHAB 3632	2.00	1	30	0	0	1	30	4	21-JAN-04	MH18R
43AE3	EMQ	EMQ TRS	15	Treatment	35	.00	335	335 REHAB	2.00	2	426	0	0	2	426	4	21-JAN-04	MH18R
430412	EMQ	INT ST O/P	15	Treatment	35	.00	335	335 REHAB	2.00	40	2,885	0	0	40	2,885	4	21-JAN-04	MH18R
430412	EMQ	INT ST O/P	15	Treatment	35	1.00	336	336 REHAB 3632	2.00	32	2,205	0	0	32	2,205	4	21-JAN-04	MH18R
430414	EMQ	MATRIX	15	Treatment	35	.00	335	335 REHAB	2.00	3	105	0	0	3	105	4	21-JAN-04	MH18R
430414	EMQ	MATRIX	15	Treatment	35	1.00	336	336 REHAB 3632	2.00	22	2,565	0	0	22	2,565	4	21-JAN-04	MH18R
430415	EMQ	EFMQ INT-JPD	15	Treatment	35	1.00	336	336 REHAB 3632	2.00	18	2,304	0	0	18	2,304	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	35	.00	335	335 REHAB	1.00	83	18,872	83	18,872	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	35	.00	335	335 REHAB	2.00	274	37,592	0	0	274	37,592	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	35	1.00	336	336 REHAB 3632	1.00	1,147	255,636	1,147	255,636	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	35	1.00	336	336 REHAB 3632	2.00	938	195,718	0	0	938	195,718	4	21-JAN-04	MH18R
				35 Total						2,578	539,271	1,249	275,958	1,331	263,313	56		
43011	EMQ	EF CAMP-OP	15	Treatment	40	.00	340	340 INDIVIDUAL	1.00	8	280	8	280	0	0	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	40	1.00	342	342 INDIV 3632	1.00	16	980	16	980	0	0	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	2	140	0	0	2	140	4	21-JAN-04	MH18R
43AE2	EMQ	EMQ SAT	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	19	1,401	0	0	19	1,401	4	21-JAN-04	MH18R
43AE2	EMQ	EMQ SAT	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	13	948	0	0	13	948	4	21-JAN-04	MH18R
430413	EMQ	INT ST O/P	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	4	165	0	0	4	165	4	21-JAN-04	MH18R
430412	EMQ	INT ST O/P	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	3	220	0	0	3	220	4	21-JAN-04	MH18R
430414	EMQ	MATRIX	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	1	103	0	0	1	103	4	21-JAN-04	MH18R
430414	EMQ	MATRIX	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	4	306	0	0	4	306	4	21-JAN-04	MH18R
430415	EMQ	EFMQ INT-JPD	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	1	60	0	0	1	60	4	21-JAN-04	MH18R
430415	EMQ	EFMQ INT-JPD	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	11	1,236	0	0	11	1,236	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	40	.00	340	340 INDIVIDUAL	2.00	8	549	0	0	8	549	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	40	1.00	342	342 INDIV 3632	1.00	52	3,630	52	3,630	0	0	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	40	1.00	342	342 INDIV 3632	2.00	43	3,447	0	0	43	3,447	4	21-JAN-04	MH18R
				40 Total						190	13,487	75	4,890	115	8,597	56		
43011	EMQ	EF CAMP-OP	15	Treatment	45	.00	345	345 PL DEVT	1.00	3	210	3	210	0	0	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	45	.00	345	345 PL DEVT	2.00	1	90	0	0	1	90	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	45	1.00	346	346 PL DEV3632	1.00	2	140	2	140	0	0	4	21-JAN-04	MH18R
43011	EMQ	EF CAMP-OP	15	Treatment	45	1.00	346	346 PL DEV3632	2.00	5	160	0	0	5	160	4	21-JAN-04	MH18R
43AE2	EMQ	EMQ SAT	15	Treatment	45	.00	345	345 PL DEVT	2.00	1	58	0	0	1	58	4	21-JAN-04	MH18R
43AE2	EMQ	EMQ SAT	15	Treatment	45	1.00	346	346 PL DEV3632	2.00	6	157	0	0	6	157	4	21-JAN-04	MH18R
43AE3	EMQ	EMQ TRS	15	Treatment	45	.00	345	345 PL DEVT	1.00	2	181	2	181	0	0	4	21-JAN-04	MH18R
43AE3	EMQ	EMQ TRS	15	Treatment	45	.00	345	345 PL DEVT	2.00	10	835	0	0	10	835	4	21-JAN-04	MH18R
430412	EMQ	INT ST O/P	15	Treatment	45	.00	345	345 PL DEVT	2.00	5	370	0	0	5	370	4	21-JAN-04	MH18R
430412	EMQ	INT ST O/P	15	Treatment	45	1.00	346	346 PL DEV3632	2.00	8	655	0	0	8	655	4	21-JAN-04	MH18R
430414	EMQ	MATRIX	15	Treatment	45	.00	345	345 PL DEVT	2.00	5	488	0	0	5	488	4	21-JAN-04	MH18R
430414	EMQ	MATRIX	15	Treatment	45	1.00	346	346 PL DEV3632	2.00	8	1,082	0	0	8	1,082	4	21-JAN-04	MH18R
430415	EMQ	EFMQ INT-JPD	15	Treatment	45	.00	345	345 PL DEVT	2.00	1	37	0	0	1	37	4	21-JAN-04	MH18R
430415	EMQ	EFMQ INT-JPD	15	Treatment	45	.00	345	345 PL DEVT	2.00	8	349	0	0	8	349	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	45	.00	345	345 PL DEVT	2.00	16	2,634	16	2,634	0	0	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	45	1.00	346	346 PL DEV3632	1.00									

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DMCAA REPORT MH18R FOR July - September, 2003

RPTUNIT	AGENCY	SHRTNAME	MODE	A/T	SVCFUNC	ABSEL	PROCEDUR	PROCNAME	MDWBILLD	Total Units	Total Time	SDUNIT	SDTIME	MCRLUNIT	MCRLTIME	PTX	RUNDATE	RPTNUM
83049	EMQ	EF SCH/CL OP	15	Treatment	46	1.00	346 346	PL DEV1632	2.00	55	3,884	4	0	55	3,884	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	45	.00	345 345	PL DEVT	1.00	7	875	7	875	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	45	.00	345 345	PL DEVT	2.00	10	1,179	0	0	10	1,179	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	45	1.00	346 346	PL DEV1632	1.00	82	10,042	82	10,042	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	45	1.00	346 346	PL DEV1632	2.00	39	5,050	0	0	39	5,050	4	21-JAN-04	MH18R
					45 Total					294	27,846	132	13,512	162	14,334	80		
43811	EMQ	EF CAMP-OP	15	Treatment	50	.00	350 350	GROUP	1.00	72	4,134	72	4,134	0	0	4	21-JAN-04	MH18R
43811	EMQ	EF CAMP-OP	15	Treatment	50	.00	350 350	GROUP	2.00	15	1,352	0	0	15	1,352	4	21-JAN-04	MH18R
43823	EMQ	EMQ SAT	15	Treatment	50	.00	350 350	GROUP	2.00	4	275	0	0	4	275	4	21-JAN-04	MH18R
830415	EMQ	INT ST O/P	15	Treatment	50	.00	350 350	GROUP	2.00	117	7,193	0	0	117	7,193	4	21-JAN-04	MH18R
830415	EMQ	EMQ INT-JTD	15	Treatment	50	.00	350 350	GROUP	2.00	3	234	0	0	3	234	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	50	.00	350 350	GROUP	2.00	2	170	0	0	2	170	4	21-JAN-04	MH18R
					50 Total					235	13,358	72	4,134	163	9,224	24		
43AMI	EMQ	EMQ TRE	16	Treatment	68	.00	380 380	VPN CO SKL	2.00	70	11,640	0	0	70	11,640	4	21-JAN-04	MH18R
					68 Total					70	11,640	0	0	70	11,640	4		
830410	EMQ	EF CAMP MEDS	15	Treatment	60	.00	360 360	MEDICATION	1.00	7	398	7	398	0	0	4	21-JAN-04	MH18R
830410	EMQ	EF CAMP MEDS	15	Treatment	60	.00	360 360	MEDICATION	2.00	14	640	0	0	14	640	4	21-JAN-04	MH18R
830410	EMQ	EF CAMP MEDS	15	Treatment	60	1.00	362 362	MEDS 3632	1.00	4	258	4	258	0	0	4	21-JAN-04	MH18R
830410	EMQ	EF CAMP MEDS	15	Treatment	60	1.00	362 362	MEDS 3632	2.00	11	680	0	0	11	680	4	21-JAN-04	MH18R
830410	EMQ	EF CAMP MEDS	15	Treatment	60	.00	363 363	MEDS MD	1.00	6	415	6	415	0	0	4	21-JAN-04	MH18R
830410	EMQ	EF CAMP MEDS	15	Treatment	60	.00	363 363	MEDS MD	2.00	2	170	0	0	2	170	4	21-JAN-04	MH18R
830414	EMQ	MATRIX	15	Treatment	60	.00	360 360	MEDICATION	2.00	3	316	0	0	3	316	4	21-JAN-04	MH18R
830414	EMQ	MATRIX	15	Treatment	60	1.00	362 362	MEDS 3632	2.00	1	230	1	75	0	0	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	60	.00	360 360	MEDICATION	1.00	1	25	0	0	1	25	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	60	.00	360 360	MEDICATION	2.00	3	75	0	0	3	75	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	60	1.00	362 362	MEDS 3632	1.00	18	787	18	787	0	0	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	60	1.00	362 362	MEDS 3632	2.00	9	323	0	0	9	323	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	60	.00	363 363	MEDS MD	1.00	2	130	2	130	0	0	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	60	.00	363 363	MEDS MD	2.00	7	440	0	0	7	440	4	21-JAN-04	MH18R
83049	EMQ	EF SCH/CL OP	15	Treatment	60	.00	360 360	MEDICATION	1.00	1	18	1	18	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	60	.00	360 360	MEDICATION	2.00	9	350	0	0	9	350	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	60	1.00	362 362	MEDS 3632	1.00	2	115	2	115	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	60	1.00	362 362	MEDS 3632	2.00	14	892	0	0	14	892	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	60	.00	363 363	MEDS MD	1.00	6	530	6	530	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	60	.00	363 363	MEDS MD	2.00	21	1,363	0	0	21	1,363	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	60	.00	360 360	MEDICATION	1.00	1	20	1	20	0	0	4	21-JAN-04	MH18R
83709	EMQ	EF VILLA OP	15	Treatment	60	.00	360 360	MEDICATION	2.00	156	2,898	0	0	130	2,595	4	21-JAN-04	MH18R
83709	EMQ	EF VILLA OP	15	Treatment	60	1.00	362 362	MEDS 3632	1.00	4	270	4	270	0	0	4	21-JAN-04	MH18R
83709	EMQ	EF VILLA OP	15	Treatment	60	1.00	362 362	MEDS 3632	2.00	31	1,216	0	0	31	1,216	4	21-JAN-04	MH18R
83709	EMQ	EF VILLA OP	15	Treatment	60	.00	363 363	MEDS MD	1.00	39	1,945	0	0	39	1,945	4	21-JAN-04	MH18R
83709	EMQ	EF VILLA OP	15	Treatment	60	.00	363 363	MEDS MD	2.00	1	120	1	120	0	0	4	21-JAN-04	MH18R
83613	EMQ	EFMQ MV OP	15	Treatment	60	.00	363 363	MEDS MD	1.00	163	14,215	52	2,990	111	11,245	104		
					60 Total					8	3,420	8	3,420	0	0	4	21-JAN-04	MH18R
830413	EMQ	EF CRIS INT	15	Treatment	70	.00	370 370	CRISIS INT	1.00	10	4,335	0	0	10	4,335	4	21-JAN-04	MH18R
830413	EMQ	EF CRIS INT	15	Treatment	70	.00	370 370	CRISIS INT	2.00	3	248	3	248	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	70	.00	370 370	CRISIS INT	1.00	18	1,664	0	0	18	1,664	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	70	.00	370 370	CRISIS INT	2.00	68	7,915	68	7,915	0	0	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	70	1.00	372 372	CRISIS3632	1.00	63	6,153	0	0	63	6,153	4	21-JAN-04	MH18R
837010	EMQ	EF UPLIFT	15	Treatment	70	1.00	372 372	CRISIS3632	2.00	170	23,735	79	11,583	91	12,152	24		
					70 Total					6		6	0	0	0	4	21-JAN-04	MH18R
83043	EMQ	EF CALIF OAK	10	Treatment	85	.00	285 285	INTENS FLL	1.00	2		2	0	0	0	4	21-JAN-04	MH18R
83043	EMQ	EF CALIF OAK	10	Treatment	85	.00	285 285	INTENS FLL	2.00	15		15	0	0	0	4	21-JAN-04	MH18R
83043	EMQ	EF CALIF OAK	10	Treatment	85	1.00	289 289	INTS F3632	1.00	87		0	0	87	0	4	21-JAN-04	MH18R
83043	EMQ	EF CALIF OAK	10	Treatment	85	1.00	289 289	INTS F3632	2.00	30		30	0	0	0	4	21-JAN-04	MH18R
83052	EMQ	EF BOXER DT	10	Treatment	85	.00	285 285	INTENS FLL	1.00	44		44	0	0	0	4	21-JAN-04	MH18R
83052	EMQ	EF BOXER DT	10	Treatment	85	1.00	289 289	INTS F3632	1.00	83		83	0	0	0	4	21-JAN-04	MH18R
83072	EMQ	EF REED DT	10	Treatment	85	.00	285 285	INTENS FLL	1.00	85		0	0	85	0	4	21-JAN-04	MH18R
83072	EMQ	EF REED DT	10	Treatment	85	.00	285 285	INTENS FLL	2.00	243		0	0	243	0	4	21-JAN-04	MH18R
83707	EMQ	EF R MALRY	10	Treatment	85	.00	285 285	INTENS FLL	1.00	63		63	0	0	0	4	21-JAN-04	MH18R
83707	EMQ	EF R MALRY	10	Treatment	85	1.00	289 289	INTS F3632	2.00	177		0	0	177	0	4	21-JAN-04	MH18R
83707	EMQ	EF R MALRY	10	Treatment	85	1.00	289 289	INTS F3632	1.00	298		216	0	0	0	4	21-JAN-04	MH18R
83811	EMQ	EFMQ MV ADT	10	Treatment	85	.00	285 285	INTENS FLL	2.00	178		0	0	178	0	4	21-JAN-04	MH18R
83811	EMQ	EFMQ MV ADT	10	Treatment	85	.00	285 285	INTENS FLL	1.00	128		128	0	0	0	4	21-JAN-04	MH18R
83821	EMQ	EF VALLE DT	10	Treatment	85	1.00	289 289	INTS F3632	1.00	1,461	0	629	0	772	0	56		
					85 Total					2	90	0	0	2	90	4	21-JAN-04	MH18R
43082	FACH	FAC SVCS FAC	18	Treatment	19	.00	318 318	COLLATERAL	2.00									

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RPTUNIT	AGENCY	SNAMEAME	MODE	A/T	SVCFUNC	ABSEL	PROCEDUR	PROCNAME	NOWBILLD	Total Units	Total Time	SDOWIT	PDTIME	NCALUNIT	NCALTIME	PYX	RUNDATE	RPTNUM
					30 Total					2	30	0	0	2	90	4		
43082	F&CS	F&C SVCS F&C	15	Treatment	40	.00	340 340	INDIVIDUAL	2.00	13	870	0	0	13	870	4	21-JAN-04	MH18R
					40 Total					13	870	0	0	13	870	4		
43082	F&CS	F&C SVCS F&C	15	Treatment	45	.00	345 345	PL DEVT	2.00	5	165	5	0	5	165	4	21-JAN-04	MH18R
					45 Total					5	165	0	0	5	165	4		
43082	F&CS	F&C SVCS F&C	15	Treatment	60	.00	363 363	MEDS MD	2.00	3	90	0	0	3	90	4	21-JAN-04	MH18R
					60 Total					3	90	0	0	3	90	4		
43082	F&CS	F&C SVCS F&C	15	Treatment	70	.00	390 390	CRISIS INT	2.00	1	20	0	0	1	20	4	21-JAN-04	MH18R
					70 Total					1	20	0	0	1	20	4		
43712	Gardner	CENTRO F&C	15	Treatment	10	.00	310 310	COLLATERAL	1.00	6	496	6	496	0	0	4	21-JAN-04	MH18R
43712	Gardner	CENTRO F&C	15	Treatment	10	.00	310 310	COLLATERAL	2.00	12	687	0	0	12	687	4	21-JAN-04	MH18R
					10 Total					18	1,193	6	496	12	687	8		
437113	Gardner	ASIAN YOUTH	15	Treatment	35	.00	335 335	REHAB	1.00	1	113	1	113	0	0	4	21-JAN-04	MH18R
43712	Gardner	CENTRO F&C	15	Treatment	35	.00	335 335	REHAB	1.00	1	42	1	42	0	0	4	21-JAN-04	MH18R
43712	Gardner	CENTRO F&C	15	Treatment	35	.00	334 335	REHAB	2.00	1	117	0	0	1	117	4	21-JAN-04	MH18R
					35 Total					3	272	2	155	1	117	12		
43712	Gardner	CENTRO F&C	15	Treatment	40	.00	340 340	INDIVIDUAL	1.00	1	78	1	78	0	0	4	21-JAN-04	MH18R
43712	Gardner	CENTRO F&C	15	Treatment	40	.00	340 340	INDIVIDUAL	2.00	6	569	0	0	6	569	4	21-JAN-04	MH18R
					40 Total					9	647	1	78	6	569	4		
437113	Gardner	ASIAN YOUTH	15	Treatment	45	.00	345 345	PL DEVT	1.00	4	128	4	128	0	0	4	21-JAN-04	MH18R
43712	Gardner	CENTRO F&C	15	Treatment	45	.00	345 345	PL DEVT	1.00	1	60	1	60	0	0	4	21-JAN-04	MH18R
43712	Gardner	CENTRO F&C	15	Treatment	45	.00	345 345	PL DEVT	2.00	1	63	0	0	1	63	4	21-JAN-04	MH18R
					45 Total					6	251	5	188	1	63	12		
437113	Gardner	ASIAN YOUTH	15	Treatment	50	.00	350 350	GROUP	1.00	2	60	2	60	0	0	4	21-JAN-04	MH18R
					50 Total					2	60	2	60	0	0	4		
43712	Gardner	CENTRO F&C	15	Treatment	60	.00	363 363	MEDS MD	2.00	4	105	0	0	4	105	4	21-JAN-04	MH18R
					60 Total					4	105	0	0	4	105	4		
43184	Hope	HOPE F&C	15	Treatment	10	.00	310 310	COLLATERAL	2.00	9	137	0	0	9	137	4	21-JAN-04	MH18R
43189	Hope	HOPE TBS	15	Treatment	10	.00	310 310	COLLATERAL	1.00	1	60	0	0	1	60	4	21-JAN-04	MH18R
					10 Total					10	197	0	0	10	397	8		
43184	Hope	HOPE F&C	15	Treatment	40	.00	340 340	INDIVIDUAL	2.00	12	693	0	0	12	693	4	21-JAN-04	MH18R
43189	Hope	HOPE TBS	15	Treatment	40	.00	340 340	INDIVIDUAL	2.00	1	160	0	0	1	160	4	21-JAN-04	MH18R
					40 Total					13	873	0	0	13	873	8		
43184	Hope	HOPE F&C	15	Treatment	45	.00	345 345	PL DEVT	1.00	2	60	0	0	2	60	4	21-JAN-04	MH18R
43189	Hope	HOPE TBS	15	Treatment	45	.00	345 345	PL DEVT	2.00	2	150	0	0	2	150	4	21-JAN-04	MH18R
					45 Total					4	210	0	0	4	210	8		
43189	Hope	HOPE TBS	15	Treatment	58	.00	360 360	VFM CO ASR	1.00	14	2,500	0	0	14	2,500	4	21-JAN-04	MH18R
					58 Total					14	2,500	0	0	14	2,500	4		
43181	Hope	HOPE ADULT	15	Treatment	60	.00	363 363	MEDS MD	2.00	5	240	0	0	5	240	4	21-JAN-04	MH18R
43184	Hope	HOPE F&C	15	Treatment	60	.00	363 363	MEDS MD	2.00	4	285	0	0	4	285	4	21-JAN-04	MH18R
					60 Total					11	525	0	0	11	525	8		
43681	Rebekah's	COMPADRES W	15	Treatment	10	.00	310 310	COLLATERAL	1.00	19	2,920	19	2,920	0	0	4	21-JAN-04	MH18R
43681	Rebekah's	COMPADRES W	15	Treatment	10	1.00	312 312	COLL 3632	1.00	80	8,903	80	8,903	0	0	4	21-JAN-04	MH18R
83672	Rebekah's	ODDFLMOUTP	15	Treatment	10	.00	310 310	COLLATERAL	1.00	16	237	16	237	0	0	4	21-JAN-04	MH18R
83672	Rebekah's	ODDFLMOUTP	15	Treatment	10	.00	310 310	COLLATERAL	2.00	11	399	0	0	11	399	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	10	.00	310 310	COLLATERAL	1.00	39	4,169	39	4,169	0	0	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	10	.00	310 310	COLLATERAL	2.00	140	10,829	0	0	140	10,829	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	10	1.00	312 312	COLL 3632	1.00	38	4,619	38	4,619	0	0	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	10	1.00	312 312	COLL 3632	2.00	62	5,868	0	0	62	5,868	4	21-JAN-04	MH18R
83677	Rebekah's	RCS TBS	15	Treatment	10	.00	310 310	COLLATERAL	1.00	3	166	3	166	0	0	4	21-JAN-04	MH18R
					10 Total					423	37,950	210	20,954	213	17,016	36		
43681	Rebekah's	COMPADRES W	15	Treatment	35	.00	335 335	REHAB	1.00	52	11,560	52	11,560	0	0	4	21-JAN-04	MH18R
43681	Rebekah's	COMPADRES W	15	Treatment	35	1.00	336 336	REHAB 3632	1.00	86	11,615	86	11,615	0	0	4	21-JAN-04	MH18R
83672	Rebekah's	COMPADRES	15	Treatment	35	.00	335 335	REHAB	1.00	48	10,428	48	10,428	0	0	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	35	.00	335 335	REHAB	2.00	174	36,593	0	0	174	36,593	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	35	1.00	336 336	REHAB 3632	1.00	33	7,237	33	7,237	0	0	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	35	1.00	336 336	REHAB 3632	2.00	57	12,015	0	0	57	12,015	4	21-JAN-04	MH18R
					35 Total					418	89,448	187	40,840	231	48,608	24		
83672	Rebekah's	ODDFLMOUTP	15	Treatment	40	.00	340 340	INDIVIDUAL	1.00	20	1,245	20	1,245	0	0	4	21-JAN-04	MH18R
83672	Rebekah's	ODDFLMOUTP	15	Treatment	40	.00	340 340	INDIVIDUAL	2.00	17	2,256	0	0	17	2,256	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	40	.00	340 340	INDIVIDUAL	2.00	1	25	0	0	1	25	4	21-JAN-04	MH18R
					40 Total					58	4,416	20	1,245	38	3,281	12		
43681	Rebekah's	COMPADRES W	15	Treatment	45	.00	345 345	PL DEVT	1.00	7	1,292	7	1,292	0	0	4	21-JAN-04	MH18R
43681	Rebekah's	COMPADRES W	15	Treatment	45	1.00	346 346	PL DEV3632	1.00	26	3,798	26	3,798	0	0	4	21-JAN-04	MH18R
83672	Rebekah's	ODDFLMOUTP	15	Treatment	45	.00	345 345	PL DEVT	1.00	3	332	3	332	0	0	4	21-JAN-04	MH18R

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RPTUNIT	AGENCY	SHRTNAME	MODT	A/T	SVCFUNC	ABSEL	PROCEDUR	PROGNAME	NUMBILLD	Total Units	Total Time	SDUNIT	SDTIME	MCALUNIT	MCALTIME	PYX	RUNDATE	RPTNUM
83672	Rebekah's	ODDFLNOUTP	15	Treatment	45	.00	345	345 PL DEVT	2.00	15	1,298	0	0	15	1,298	4	21-JAN-04	MH18R
83672	Rebekah's	COMPADRES	15	Treatment	45	.00	345	345 PL DEVT	1.00	17	2,040	17	2,040	0	0	4	21-JAN-04	MH18R
83672	Rebekah's	COMPADRES	15	Treatment	45	.00	345	345 PL DEVT	2.00	56	8,923	0	0	56	8,923	4	21-JAN-04	MH18R
83672	Rebekah's	COMPADRES	15	Treatment	46	1.00	346	346 PL DEV3632	1.00	28	3,484	28	3,484	0	0	4	21-JAN-04	MH18R
83672	Rebekah's	COMPADRES	15	Treatment	46	1.00	346	346 PL DEV3632	2.00	42	5,876	0	0	42	5,876	4	21-JAN-04	MH18R
83672	Rebekah's	RCS TBX	15	Treatment	45	.00	345	345 PL DEVT	1.00	1	221	1	221	0	0	4	21-JAN-04	MH18R
				45 Total						185	27,244	82	11,047	113	16,197	36		
83675	Rebekah's	COMPADRES	15	Treatment	58	.00	380	380 VPH CO SER	2.00	13	2,291	0	0	13	2,291	4	21-JAN-04	MH18R
83675	Rebekah's	RCS TBX	15	Treatment	58	.00	380	380 VPH CO SER	1.00	15	2,713	15	2,713	0	0	4	21-JAN-04	MH18R
				58 Total						28	5,004	15	2,713	13	2,291	8		
83672	Rebekah's	ODDFLNOUTP	15	Treatment	60	.00	363	363 MEDS MD	1.00	3	90	3	90	0	0	4	21-JAN-04	MH18R
83672	Rebekah's	ODDFLNOUTP	15	Treatment	60	.00	363	363 MEDS MD	2.00	6	180	0	0	6	180	4	21-JAN-04	MH18R
83674	Rebekah's	REBEKAH MHS	15	Treatment	61	1.00	362	362 MEDS 3632	1.00	7	210	7	210	0	0	4	21-JAN-04	MH18R
83674	Rebekah's	REBEKAH MHS	15	Treatment	60	.00	363	363 MEDS MD	1.00	1	30	1	30	0	0	4	21-JAN-04	MH18R
83674	Rebekah's	REBEKAH MHS	15	Treatment	60	.00	363	363 MEDS MD	2.00	18	615	0	0	18	615	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	60	1.00	362	362 MEDS 3632	1.00	1	30	1	30	0	0	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	60	.00	363	363 MEDS MD	2.00	2	60	0	0	2	60	4	21-JAN-04	MH18R
				60 Total						38	1,215	12	360	26	855	28		
83672	Rebekah's	ODDFLNOUTP	15	Treatment	70	.00	370	370 CRISIS INT	1.00	4	165	4	165	0	0	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	70	.00	370	370 CRISIS INT	2.00	1	75	1	75	0	0	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	70	.00	370	370 CRISIS INT	2.00	10	776	0	0	10	776	4	21-JAN-04	MH18R
83675	Rebekah's	COMPADRES	15	Treatment	70	1.00	372	372 CRISIS3632	2.00	2	173	0	0	2	173	4	21-JAN-04	MH18R
				70 Total						17	1,189	5	240	12	949	16		
83671	Rebekah's	ODD FELLOWS	10	Treatment	85	.00	285	285 INTENS FLL	2.00	262	0	0	0	262	0	4	21-JAN-04	MH18R
83671	Rebekah's	ODD FELLOWS	10	Treatment	85	1.00	289	289 INTS F3632	1.00	115	0	115	0	0	0	4	21-JAN-04	MH18R
				85 Total						377	0	115	0	262	0	8		
43A01	Starlight SCC	STARMHSCC	15	Treatment	10	.00	310	310 COLLATERAL	1.00	1	30	1	30	0	0	4	21-JAN-04	MH18R
43A01	Starlight SCC	STARMHSCC	15	Treatment	10	.00	310	310 COLLATERAL	2.00	2	45	0	0	2	45	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	10	.00	310	310 COLLATERAL	1.00	1	25	1	25	0	0	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	10	.00	310	310 COLLATERAL	2.00	16	490	0	0	16	490	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	30	1.00	312	312 COLL 3632	1.00	2	90	2	90	0	0	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	30	1.00	312	312 COLL 3632	2.00	13	590	0	0	13	590	4	21-JAN-04	MH18R
				10 Total						30	1,270	5	145	25	1,125	34		
43A01	Starlight SCC	STARMHSCC	15	Treatment	45	.00	345	345 PL DEVT	1.00	2	120	2	120	0	0	4	21-JAN-04	MH18R
43A01	Starlight SCC	STARMHSCC	15	Treatment	45	.00	345	345 PL DEVT	2.00	23	1,275	0	0	23	1,275	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	45	.00	345	345 PL DEVT	1.00	4	250	4	250	0	0	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	45	.00	345	345 PL DEVT	2.00	11	625	0	0	11	625	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	45	1.00	346	346 PL DEV3632	1.00	1	30	1	30	0	0	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	45	1.00	346	346 PL DEV3632	2.00	7	350	0	0	7	350	4	21-JAN-04	MH18R
				15 Total						48	2,490	7	400	41	2,090	24		
43A01	Starlight SCC	STARMHSCC	15	Treatment	58	.00	380	380 VPH CO SER	2.00	189	26,550	0	0	189	26,550	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	58	.00	380	380 VPH CO SER	2.00	100	14,175	0	0	100	14,175	4	21-JAN-04	MH18R
				58 Total						289	40,725	0	0	289	40,725	9		
43A01	Starlight SCC	STARMHSCC	15	Treatment	60	1.00	362	362 MEDS 3632	1.00	17	520	17	520	0	0	4	21-JAN-04	MH18R
43A01	Starlight SCC	STARMHSCC	15	Treatment	60	1.00	362	362 MEDS 3632	2.00	2	60	0	0	2	60	4	21-JAN-04	MH18R
43A01	Starlight SCC	STARMHSCC	15	Treatment	60	.00	363	363 MEDS MD	1.00	1	30	1	30	0	0	4	21-JAN-04	MH18R
43A01	Starlight SCC	STARMHSCC	15	Treatment	60	.00	363	363 MEDS MD	2.00	59	1,663	0	0	59	1,663	4	21-JAN-04	MH18R
				60 Total						79	2,335	18	610	61	1,725	16		
43A01	Starlight SCC	STARMHSCC	15	Treatment	70	.00	370	370 CRISIS INT	2.00	4	115	0	0	4	115	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARMHSCC	15	Treatment	70	.00	370	370 CRISIS INT	2.00	1	270	0	0	1	270	4	21-JAN-04	MH18R
				70 Total						5	405	0	0	5	405	8		
43A02	Starlight SCC	STARDTSCC	10	Treatment	85	.00	285	285 INTENS FLL	2.00	455		0	0	455	0	4	21-JAN-04	MH18R
43A02	Starlight SCC	STARDTSCC	10	Treatment	85	1.00	289	289 INTS F3632	1.00	109		109	0	0	0	4	21-JAN-04	MH18R
43A07	Starlight SCC	STARDTSCC	10	Treatment	85	1.00	289	289 INTS F3632	2.00	27		0	0	27	0	4	21-JAN-04	MH18R
43A08	Starlight SCC	STARDTCH	10	Treatment	85	.00	285	285 INTENS FLL	1.00	7		7	0	0	0	4	21-JAN-04	MH18R
43A08	Starlight SCC	STARDTCH	10	Treatment	85	.00	285	285 INTENS FLL	2.00	181		0	0	181	0	4	21-JAN-04	MH18R
				85 Total						779	0	116	0	663	0	20		
43A02	Starlight SCC	STARDTSCC	10	Treatment	97	.00	296		1.00	710		710	0	0	0	4	21-JAN-04	MH18R
				97 Total						710	0	710	0	0	0	4		

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AACI	2400 Moorpark	U-503	F&C OPD	Assessment	15	01	36	2,728	36	2,728	2,764	2,764
AACI	2400 Moorpark	U-503	F&C OPD	Assessment	15	15	0	60	0	60	60	60
						15 Total	0	60	0	60	60	60
AACI	2400 Moorpark	U-503	F&C OPD	Assessment	15	30	0	102	0	102	102	102
						30 Total	0	102	0	102	102	102
Achieve	4314 McGinness	U-271	F&C OPD	Assessment	15	01	58	0	58	0	58	58
Achieve	4305 Middlefield	U-509	School Based	Assessment	15	01	249	0	249	0	249	249
Achieve	4305 Middlefield	U-708	F&C OPD	Assessment	15	01	231	1,728	231	1,728	1,959	1,959
						01 Total	538	1,728	538	1,728	2,266	2,266
Achieve	4305 Middlefield	U-509	School Based	Assessment	15	15	0	45	0	45	45	45
Achieve	4305 Middlefield	U-708	F&C OPD	Assessment	15	15	50	132	50	132	182	182
						15 Total	50	177	50	177	227	227
Achieve	4305 Middlefield	U-258	School Based	Assessment	15	30	90	0	90	0	90	90
Achieve	4314 McGinness	U-271	F&C OPD	Assessment	15	30	150	0	150	0	150	150
Achieve	4305 Middlefield	U-509	School Based	Assessment	15	30	150	0	150	0	150	150
Achieve	4305 Middlefield	U-708	F&C OPD	Assessment	15	30	494	1,795	494	1,795	2,289	2,289
						30 Total	884	1,795	884	1,795	2,679	2,679
Alliance	8369 N White	U-8	Adol & Youn	Assessment	15	01	1,125	14	1,125	14	1,139	1,139
						01 Total	1,125	14	1,125	14	1,139	1,139
Alliance	8369 N White	U-8	Adol & Youn	Assessment	15	30	189	148	189	148	337	337
						30 Total	189	148	189	148	337	337
Cath Char	8383 Zanker	U-385	F&C OPD	Assessment	15	01	10	0	10	0	10	10
Cath Char	8383 Zanker	U-385A	F&C OPD	Assessment	15	01	27	0	27	0	27	27
						01 Total	37	0	37	0	37	37
Cath Char	8383 Zanker	U-385A	F&C OPD	Assessment	15	15	15	0	15	0	15	15
						15 Total	15	0	15	0	15	15
Cath Char	8383 Zanker	U-385A	F&C OPD	Assessment	15	30	185	0	185	0	185	185
						30 Total	185	0	185	0	185	185
Chamberlains	4357 Church	U-409	F&C OPD	Assessment	15	01	1,575	0	1,575	0	1,575	1,575
						01 Total	1,575	0	1,575	0	1,575	1,575
Chamberlains	4357 Church	U-409	P&C OPD	Assessment	15	15	85	0	85	0	85	85

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						15 Total	85	0	85	0	85	85
Chamberlains	4357 Church	U-409	F&C OPD	Assessment	15	30	510	0	510	0	510	510
						30 Total	510	0	510	0	510	510
CHC	4300 Clark	U-115	F&C OPD	Assessment	15	01	505	5,106	505	5,106	5,611	5,611
CHC	4300 Clark	U-652	School Based	Assessment	15	01	7,365	30,617	7,365	30,617	37,982	37,982
						01 Total	7,870	35,723	7,870	35,723	43,593	43,593
CHC	4300 Clark	U-115	F&C OPD	Assessment	15	15	1,325	660	1,325	660	1,985	1,985
						15 Total	1,325	660	1,325	660	1,985	1,985
CHC	4300 Clark	U-115	F&C OPD	Assessment	15	30	530	1,725	530	1,725	2,255	2,255
CHC	4300 Clark	U-652	School Based	Assessment	15	30	1,100	2,988	1,100	2,988	4,088	4,088
						30 Total	1,630	4,713	1,630	4,713	6,343	6,343
Comm Sol	4345 Church	U-141	F&C OPD	Assessment	15	01	9,041	6,698	9,041	6,698	15,739	15,739
						01 Total	9,041	6,698	9,041	6,698	15,739	15,739
Comm Sol	4345 Church	U-141	F&C OPD	Assessment	15	15	304	307	304	307	611	611
						15 Total	304	307	304	307	611	611
Comm Sol	4345 Church	U-141	F&C OPD	Assessment	15	30	1,545	2,234	1,545	2,234	3,779	3,779
						30 Total	1,545	2,234	1,545	2,234	3,779	3,779
County	4333 Fairoaks	U-234	F&C OPD	Assessment	15	01	0	100	0	100	100	100
County	8386 Bascom	U-259	AB3632 Coor	Assessment	15	01	37,474	47,150	37,474	47,150	84,624	84,624
County	4333 Fairoaks	U-300	AB3632 Coor	Assessment	15	01	8,629	22,625	8,629	22,625	31,254	31,254
County	4331 Central	U-32	Adult Service	Assessment	15	01	506	0	506	0	506	506
County	43AM Coyote	U-323	F&C OPD	Assessment	15	01	84,334	61,166	84,334	61,166	145,500	145,500
County	8365 Las Plumas	U-449	Sat Resource	Assessment	15	01	350	0	350	0	350	350
County	4340 JPD	U-479	Ranch Sites	Assessment	15	01	0	1,370	0	1,370	1,370	1,370
County	4340 JPD	U-545	Transitions	Assessment	15	01	6,735	885	6,735	885	7,620	7,620
County	8365 Las Plumas	U-593	YATT	Assessment	15	01	9,306	232	9,306	232	9,538	9,538
County	4340 JPD	U-62	JPD	Assessment	15	01	3,270	6,915	3,270	6,915	10,185	10,185
County	8365 Las Plumas	U-633	AB3632 Coor	Assessment	15	01	48,140	74,929	48,140	74,929	123,069	123,069
County	Childrens Shelter	U-638	F&C OPD	Assessment	15	01	3,703	1,165	3,703	1,165	4,868	4,868
County	8365 Las Plumas	U-696	F&C OPD	Assessment	15	01	1,633	0	1,633	0	1,633	1,633
County	4333 Fairoaks	U-76	SELPA II	Assessment	15	01	799	1,810	799	1,810	2,609	2,609

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						01 Total	204,879	218,347	204,879	218,347	423,226	423,226
County	8386 Bascom	U-259	AB3632 Coor	Assessment	15	15	80	560	80	560	640	640
County	4333 Fairoaks	U-300	AB3632 Coor	Assessment	15	15	50	430	50	430	480	480
County	43AM Coyote	U-323	F&C OPD	Assessment	15	15	60	0	60	0	60	60
County	4340 JPD	U-545	Transitions	Assessment	15	15	0	55	0	55	55	55
County	8365 Las Plumas	U-633	AB3632 Coor	Assessment	15	15	939	1,055	939	1,055	1,994	1,994
						15 Total	1,129	2,100	1,129	2,100	3,229	3,229
County	8386 Bascom	U-259	AB3632 Coor	Assessment	15	30	7,577	8,856	7,577	8,856	16,433	16,433
County	4333 Fairoaks	U-300	AB3632 Coor	Assessment	15	30	2,261	6,040	2,261	6,040	8,301	8,301
County	43AM Coyote	U-323	F&C OPD	Assessment	15	30	36,414	44,712	36,414	44,712	81,126	81,126
County	4340 JPD	U-479	Ranch Sites	Assessment	15	30	0	255	0	255	255	255
County	4340 JPD	U-545	Transitions	Assessment	15	30	290	134	290	134	424	424
County	8365 Las Plumas	U-593	YATT	Assessment	15	30	510	187	510	187	697	697
County	4340 JPD	U-62	JPD	Assessment	15	30	900	1,985	900	1,985	2,885	2,885
County	8365 Las Plumas	U-633	AB3632 Coor	Assessment	15	30	13,284	115,601	13,284	115,601	128,885	128,885
County	Childrens Shelter	U-638	F&C OPD	Assessment	15	30	1,505	90	1,505	90	1,595	1,595
County	8386 Bascom	U-706	F&C OPD	Assessment	15	30	693	0	693	0	693	693
						30 Total	63,434	177,860	63,434	177,860	241,294	241,294
EESA	43AK Moorpark	U-651	CSFS OPD	Assessment	15	01	0	300	0	300	300	300
EMQ	8304 Llewellynn	U-242	F&C OPD	Assessment	15	01	3,728	3,348	3,728	3,348	7,076	7,076
EMQ	8304 Llewellynn	U-309	Matrix	Assessment	15	01	17,178	0	17,178	0	17,178	17,178
EMQ	43AE Gish	U-321	SAT	Assessment	15	01	5,030	0	5,030	0	5,030	5,030
EMQ	8304 Llewellynn	U-495	JPD Intensive	Assessment	15	01	887	0	887	0	887	887
EMQ	8370 Loma Alta	U-589	Wraparound	Assessment	15	01	23,691	14,731	23,691	14,731	38,422	38,422
EMQ	8304 Llewellynn	U-632	SSA Intensive	Assessment	15	01	2,552	0	2,552	0	2,552	2,552
						01 Total	53,066	18,379	53,066	18,379	71,445	71,445
EMQ	8304 Llewellynn	U-242	F&C OPD	Assessment	15	15	1,239	1,545	1,239	1,545	2,784	2,784
EMQ	8304 Llewellynn	U-309	Matrix	Assessment	15	15	84	0	84	0	84	84
EMQ	43AE Gish	U-321	SAT	Assessment	15	15	112	0	112	0	112	112
EMQ	8304 Llewellynn	U-495	JPD Intensive	Assessment	15	15	30	0	30	0	30	30
EMQ	8370 Loma Alta	U-589	Wraparound	Assessment	15	15	4,390	6,867	4,390	6,867	11,257	11,257
EMQ	8304 Llewellynn	U-632	SSA Intensive	Assessment	15	15	90	0	90	0	90	90

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						15 Total	5,945	8,412	5,945	8,412	14,357	14,357
EMQ	4301 Cherry	M-676	School Based	Assessment	15	30	220	0	220	0	220	220
EMQ	8304 Llewellynn	U-242	F&C OPD	Assessment	15	30	3,562	3,021	3,562	3,021	6,583	6,583
EMQ	43AT Camden	U-256	Intensive Sho	Assessment	15	30	1,680	0	1,680	0	1,680	1,680
EMQ	43AE Gish	U-293	TBS	Assessment	15	30	14,052	0	14,052	0	14,052	14,052
EMQ	8304 Llewellynn	U-309	Matrix	Assessment	15	30	2,066	0	2,066	0	2,066	2,066
EMQ	43AE Gish	U-321	SAT	Assessment	15	30	2,554	0	2,554	0	2,554	2,554
EMQ	4301 Cherry	U-358	School Based	Assessment	15	30	960	1,608	960	1,608	2,568	2,568
EMQ	8304 Llewellynn	U-495	JPD Intensive	Assessment	15	30	1,141	0	1,141	0	1,141	1,141
EMQ	8370 Loma Alta	U-589	Wraparound	Assessment	15	30	29,764	42,093	29,764	42,093	71,857	71,857
EMQ	8304 Llewellynn	U-632	SSA Intensive	Assessment	15	30	454	0	454	0	454	454
						30 Total	56,453	46,722	56,453	46,722	103,175	103,175
F&CS	W Julian	U-408	F&C OPD	Assessment	15	01	533	0	533	0	533	533
						01 Total	533	0	533	0	533	533
F&CS	W Julian	U-408	F&C OPD	Assessment	15	30	281	0	281	0	281	281
						30 Total	281	0	281	0	281	281
Gardner	E Virginia	U-118	Asian Youth	Assessment	15	01	912	189	912	189	1,101	1,101
Gardner	E Virginia	U-403	JPD Intensive	Assessment	15	01	700	1,463	700	1,463	2,163	2,163
Gardner	E Virginia	U-59	SSA Intensive	Assessment	15	01	101	204	101	204	305	305
Gardner	E Virginia	U-645	F&C OPD	Assessment	15	01	3,708	1,053	3,708	1,053	4,761	4,761
						01 Total	5,421	2,909	5,421	2,909	8,330	8,330
Gardner	E Virginia	U-645	F&C OPD	Assessment	15	30	168	462	168	462	630	630
						30 Total	168	462	168	462	630	630
Hope	4315 Parkmoor	U-320	F&C OPD	Assessment	15	01	1,242	0	1,242	0	1,242	1,242
						01 Total	1,242	0	1,242	0	1,242	1,242
Hope	4315 Parkmoor	U-320	F&C OPD	Assessment	15	30	360	0	360	0	360	360
						30 Total	360	0	360	0	360	360
Oasis	43AN EVP	U-100	MH Svcs in H	Assessment	15	01	1,288	0	1,288	0	1,288	1,288
Rebekah's	43AS Compadres	U-202	Wraparound	Assessment	15	01	46,045	29,052	46,045	29,052	75,097	75,097
Rebekah's	8367 IOOF	U-303	TBS	Assessment	15	01	5,984	0	5,984	0	5,984	5,984
Rebekah's	8367 IOOF	U-413	Wraparound	Assessment	15	01	45,542	7,232	45,542	7,232	52,774	52,774
Rebekah's	8367 IOOF	U-605	F&C OP in R	Assessment	15	01	309	581	309	581	890	890

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						01 Total	99,168	36,865	99,168	36,865	136,033	136,033
Rebekah's	43AS Compadres	U-202	Wraparound	Assessment	15	15	448	251	448	251	699	699
Rebekah's	8367 IOOF	U-413	Wraparound	Assessment	15	15	262	42	262	42	304	304
Rebekah's	8367 IOOF	U-605	F&C OP in R	Assessment	15	15	0	35	0	35	35	35
						15 Total	710	328	710	328	1,038	1,038
Rebekah's	8367 IOOF	U-114	Int OP in Day	Assessment	15	30	120	90	120	90	210	210
Rebekah's	43AS Compadres	U-202	Wraparound	Assessment	15	30	428	326	428	326	754	754
Rebekah's	8367 IOOF	U-303	TBS	Assessment	15	30	1,622	0	1,622	0	1,622	1,622
Rebekah's	8367 IOOF	U-413	Wraparound	Assessment	15	30	211	0	211	0	211	211
Rebekah's	8367 IOOF	U-605	F&C OP in R	Assessment	15	30	404	60	404	60	464	464
						30 Total	2,785	476	2,785	476	3,261	3,261
Starlight	43AG SVB	U-662	Int OP in Day	Assessment	15	01	12,354	0	12,354	0	12,354	12,354
Starlight	43AG SVB	U-88	School Based	Assessment	15	01	9,997	0	9,997	0	9,997	9,997
						01 Total	22,351	0	22,351	0	22,351	22,351
Starlight	43AG SVB	U-662	Int OP in Day	Assessment	15	30	3,612	0	3,612	0	3,612	3,612
Starlight	43AG SVB	U-88	School Based	Assessment	15	30	2,042	0	2,042	0	2,042	2,042
						30 Total	5,654	0	5,654	0	5,654	5,654
						Grand Total	557,318	570,590	557,318	570,590	1,127,908	1,127,908
AACI	2400 Moorpark	U-503	F&C OPD	Treatment	15	10	144	3,927	144	3,927	4,071	4,071
AACI	2400 Moorpark	U-503	F&C OPD	Treatment	15	35	391	3,604	391	3,604	3,995	3,995
						35 Total	391	3,604	391	3,604	3,995	3,995
AACI	2400 Moorpark	U-503	F&C OPD	Treatment	15	45	86	277	86	277	363	363
						45 Total	86	277	86	277	363	363
AACI	2400 Moorpark	U-503	F&C OPD	Treatment	15	60	0	725	0	725	725	725
						60 Total	0	725	0	725	725	725
Achieve	4314 McGinness	U-224	School Based	Treatment	10	95	23,700	0	79	0	23,700	79
Achieve	4305 Middlefield	U-258	School Based	Treatment	10	95	15,870	98,073	53	275	113,943	328
						95 Total	39,570	98,073	132	275	137,643	407
Achieve	4305 Middlefield	U-258	School Based	Treatment	15	10	60	0	60	0	60	60

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Achieve	4305 Middlefield	U-509	School Based	Treatment	15	10	960	1,945	960	1,945	2,905	2,905
Achieve	4305 Middlefield	U-708	F&C OPD	Treatment	15	10	2,484	18,917	2,484	18,917	21,401	21,401
						10 Total	3,504	20,862	3,504	20,862	24,366	24,366
Achieve	4305 Middlefield	U-708	F&C OPD	Treatment	15	35	241	11,844	241	11,844	12,085	12,085
						35 Total	241	11,844	241	11,844	12,085	12,085
Achieve	4314 McGinness	U-271	F&C OPD	Treatment	15	40	206	0	206	0	206	206
Achieve	4305 Middlefield	U-509	School Based	Treatment	15	40	3,545	2,410	3,545	2,410	5,955	5,955
Achieve	4305 Middlefield	U-708	F&C OPD	Treatment	15	40	3,411	15,852	3,411	15,852	19,263	19,263
						40 Total	7,162	18,262	7,162	18,262	25,424	25,424
Achieve	4305 Middlefield	U-258	School Based	Treatment	15	45	5	0	5	0	5	5
Achieve	4305 Middlefield	U-509	School Based	Treatment	15	45	980	945	980	945	1,925	1,925
Achieve	4305 Middlefield	U-708	F&C OPD	Treatment	15	45	204	6,660	204	6,660	6,864	6,864
						45 Total	1,189	7,605	1,189	7,605	8,794	8,794
Achieve	4314 McGinness	U-271	F&C OPD	Treatment	15	50	30	0	30	0	30	30
Achieve	4305 Middlefield	U-509	School Based	Treatment	15	50	393	672	393	672	1,065	1,065
Achieve	4305 Middlefield	U-708	F&C OPD	Treatment	15	50	862	4,797	862	4,797	5,659	5,659
						50 Total	1,285	5,469	1,285	5,469	6,754	6,754
Achieve	4305 Middlefield	U-258	School Based	Treatment	15	60	175	0	175	0	175	175
Achieve	4305 Middlefield	U-509	School Based	Treatment	15	60	850	0	850	0	850	850
Achieve	4305 Middlefield	U-708	F&C OPD	Treatment	15	60	365	1,535	365	1,535	1,900	1,900
						60 Total	1,390	1,535	1,390	1,535	2,925	2,925
Achieve	4305 Middlefield	U-509	School Based	Treatment	15	70	160	285	160	285	445	445
Achieve	4305 Middlefield	U-708	F&C OPD	Treatment	15	70	62	425	62	425	487	487
						70 Total	222	710	222	710	932	932
Alliance	8301 Litteral	U-551	Adult Crisis I	Treatment	05	45	73440	0	51	0	73,440	51
Alliance	8321 Goveia	U-56	Adult Crisis I	Treatment	05	45	7,200	0	5	0	7,200	5
Alliance	8321 Goveia	U-580	MH Svcs in H	Treatment	05	45	37	0	37	0	37	37
Alliance	4302 SART	U-73	Adult Crisis I	Treatment	05	45	2880	0	2	0	2,880	2
						45 Total	83557	0	95	0	83,557	95
Alliance	8369 N White	U-8	Adol & Youn	Treatment	15	10	66	0	66	0	66	66
						10 Total	66	0	66	0	66	66

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Alliance	8369 N White	U-8	Adol & Youn	Treatment	15	40	1,058	0	1,058	0	1,058	1,058
						40 Total	1,058	0	1,058	0	1,058	1,058
Alliance	8369 N White	U-8	Adol & Youn	Treatment	15	45	188	0	188	0	188	188
						45 Total	188	0	188	0	188	188
Alliance	4302 SART	U-379	MH Svcs in H	Treatment	15	60	105	0	105	0	105	105
Alliance	8369 N White	U-8	Adol & Youn	Treatment	15	60	210	0	210	0	210	210
Alliance	8301 Litteral	U-81	MH Svcs in H	Treatment	15	60	240	0	240	0	240	240
						60 Total	555	0	555	0	555	555
Cath Char	8383 Zanker	U-385	F&C OPD	Treatment	15	10	293	0	293	0	293	293
Cath Char	8383 Zanker	U-385A	F&C OPD	Treatment	15	10	10,489	0	10,489	0	10,489	10,489
						10 Total	10,782	0	10,782	0	10,782	10,782
Cath Char	8383 Zanker	U-385A	F&C OPD	Treatment	15	35	148	0	148	0	148	148
						35 Total	148	0	148	0	148	148
Cath Char	8383 Zanker	U-385	F&C OPD	Treatment	15	40	3,405	0	3,405	0	3,405	3,405
						40 Total	3,405	0	3,405	0	3,405	3,405
Cath Char	8383 Zanker	U-385	F&C OPD	Treatment	15	45	55	0	55	0	55	55
Cath Char	8383 Zanker	U-385A	F&C OPD	Treatment	15	45	257	0	257	0	257	257
						45 Total	312	0	312	0	312	312
Cath Char	8383 Zanker	U-385	F&C OPD	Treatment	15	60	75	0	75	0	75	75
						60 Total	75	0	75	0	75	75
Chamberlains	4357 Church	U-409	F&C OPD	Treatment	15	10	200	0	200	0	200	200
						10 Total	200	0	200	0	200	200
Chamberlains	4357 Church	U-409	F&C OPD	Treatment	15	35	1,495	0	1,495	0	1,495	1,495
						35 Total	1,495	0	1,495	0	1,495	1,495
Chamberlains	4357 Church	U-409	F&C OPD	Treatment	15	40	1,670	0	1,670	0	1,670	1,670
						40 Total	1,670	0	1,670	0	1,670	1,670
Chamberlains	4357 Church	U-409	F&C OPD	Treatment	15	45	115	0	115	0	115	115
						45 Total	115	0	115	0	115	115
Chamberlains	4357 Church	U-409	F&C OPD	Treatment	15	60	1,320	0	1,320	0	1,320	1,320
						60 Total	1,320	0	1,320	0	1,320	1,320
CHC	4300 Clark	U-115	F&C OPD	Treatment	15	10	630	8,820	630	8,820	9,450	9,450

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CHC	4300 Clark	U-652	School Based	Treatment	15	10	4,500	30,425	4,500	30,425	34,925	34,925
						10 Total	5,130	39,245	5,130	39,245	44,375	44,375
CHC	4300 Clark	U-115	F&C OPD	Treatment	15	40	1,200	11,527	1,200	11,527	12,727	12,727
CHC	4300 Clark	U-652	School Based	Treatment	15	40	17,720	69,750	17,720	69,750	87,470	87,470
						40 Total	18,920	81,277	18,920	81,277	100,197	100,197
CHC	4300 Clark	U-115	F&C OPD	Treatment	15	50	0	4,677	0	4,677	4,677	4,677
CHC	4300 Clark	U-652	School Based	Treatment	15	50	2,306	11,957	2,306	11,957	14,263	14,263
						50 Total	2,306	16,634	2,306	16,634	18,940	18,940
CHC	4300 Clark	U-115	F&C OPD	Treatment	15	60	0	1,535	0	1,535	1,535	1,535
CHC	4300 Clark	U-652	School Based	Treatment	15	60	645	5,340	645	5,340	5,985	5,985
						60 Total	645	6,875	645	6,875	7,520	7,520
CHC	4300 Clark	U-652	School Based	Treatment	15	70	70	590	70	590	660	660
						70 Total	70	590	70	590	660	660
Comm Sol	8315 Depot	U-310	Adult Trans I	Treatment	05	65	14,400	0	10	21	14,400	31
						65 Total	14,400	0	10	21	14,400	31
Comm Sol	4345 Church	U-141	F&C OPD	Treatment	15	10	1,715	4,445	1,715	4,445	6,160	6,160
						10 Total	1,715	4,445	1,715	4,445	6,160	6,160
Comm Sol	4345 Church	U-141	F&C OPD	Treatment	15	40	1,308	8,667	1,308	8,667	9,975	9,975
						40 Total	1,308	8,667	1,308	8,667	9,975	9,975
Comm Sol	4345 Church	U-141	F&C OPD	Treatment	15	45	980	2,043	980	2,043	3,023	3,023
						45 Total	980	2,043	980	2,043	3,023	3,023
Comm Sol	4345 Church	U-141	F&C OPD	Treatment	15	60	1,643	940	1,643	940	2,583	2,583
Comm Sol	4345 Church	U-341	Adult Service	Treatment	15	60	520	280	520	280	800	800
						60 Total	2,163	1,220	2,163	1,220	3,383	3,383
Comm Sol	4345 Church	U-141	F&C OPD	Treatment	15	70	685	41	685	41	726	726
						70 Total	685	41	685	41	726	726
County	8386 Bascom	U-259	AB3632 Coor	Treatment	15	35	67	62	67	62	129	129
County	4331 Central	U-32	Adult Service	Treatment	15	35	181	0	181	0	181	181
County	4340 JPD	U-545	Transitions	Treatment	15	35	50	0	50	0	50	50
County	Childrens Shelter	U-638	F&C OPD	Treatment	15	35	3,915	1,430	3,915	1,430	5,345	5,345
						35 Total	4,213	1,492	4,213	1,492	5,705	5,705

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County	8386 Bascom	U-259	AB3632 Coor	Treatment	15	40	10,362	12,586	10,362	12,586	22,948	22,948
County	4333 Fairoaks	U-300	AB3632 Coor	Treatment	15	40	3,895	16,654	3,895	16,654	20,549	20,549
County	43AM Coyote	U-323	F&C OPD	Treatment	15	40	2,194	8,192	2,194	8,192	10,386	10,386
County	4340 JPD	U-479	Ranch Sites	Treatment	15	40	0	1,235	0	1,235	1,235	1,235
County	4340 JPD	U-545	Transitions	Treatment	15	40	6,624	713	6,624	713	7,337	7,337
County	8365 Las Plumas	U-593	YATT	Treatment	15	40	3,135	0	3,135	0	3,135	3,135
County	4340 JPD	U-62	JPD	Treatment	15	40	3,740	4,306	3,740	4,306	8,046	8,046
County	8365 Las Plumas	U-633	AB3632 Coor	Treatment	15	40	7,950	12,858	7,950	12,858	20,808	20,808
County	Childrens Shelter	U-638	F&C OPD	Treatment	15	40	1,170	940	1,170	940	2,110	2,110
County	8365 Las Plumas	U-696	F&C OPD	Treatment	15	40	885	0	885	0	885	885
County	4333 Fairoaks	U-76	SELPA II	Treatment	15	40	1,228	3,093	1,228	3,093	4,321	4,321
						40 Total	41,183	60,577	41,183	60,577	101,760	101,760
County	4333 Fairoaks	U-234	F&C OPD	Treatment	15	45	0	110	0	110	110	110
County	8386 Bascom	U-259	AB3632 Coor	Treatment	15	45	7,343	12,281	7,343	12,281	19,624	19,624
County	4333 Fairoaks	U-300	AB3632 Coor	Treatment	15	45	1,869	7,887	1,869	7,887	9,756	9,756
County	4331 Central	U-32	Adult Service	Treatment	15	45	2	0	2	0	2	2
County	43AM Coyote	U-323	F&C OPD	Treatment	15	45	2,423	2,657	2,423	2,657	5,080	5,080
County	8365 Las Plumas	U-449	Sat Resource	Treatment	15	45	109	0	109	0	109	109
County	4340 JPD	U-479	Ranch Sites	Treatment	15	45	0	350	0	350	350	350
County	4340 JPD	U-545	Transitions	Treatment	15	45	1,455	60	1,455	60	1,515	1,515
County	8365 Las Plumas	U-593	YATT	Treatment	15	45	1,137	0	1,137	0	1,137	1,137
County	4340 JPD	U-62	JPD	Treatment	15	45	566	1,699	566	1,699	2,265	2,265
County	8365 Las Plumas	U-633	AB3632 Coor	Treatment	15	45	4,038	5,039	4,038	5,039	9,077	9,077
County	Childrens Shelter	U-638	F&C OPD	Treatment	15	45	90	155	90	155	245	245
County	8365 Las Plumas	U-696	F&C OPD	Treatment	15	45	17	0	17	0	17	17
County	4333 Fairoaks	U-76	SELPA II	Treatment	15	45	165	505	165	505	670	670
						45 Total	19,214	30,743	19,214	30,743	49,957	49,957
County	8386 Bascom	U-259	AB3632 Coor	Treatment	15	50	0	4,470	0	4,470	4,470	4,470
County	4333 Fairoaks	U-300	AB3632 Coor	Treatment	15	50	3,464	7,914	3,464	7,914	11,378	11,378
County	4340 JPD	U-545	Transitions	Treatment	15	50	3,711	0	3,711	0	3,711	3,711
County	4340 JPD	U-62	JPD	Treatment	15	50	169	0	169	0	169	169
County	8365 Las Plumas	U-633	AB3632 Coor	Treatment	15	50	1,145	0	1,145	0	1,145	1,145

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County	Childrens Shelter	U-638	F&C OPD	Treatment	15	50	774	142	774	142	916	916
County	4333 Fairoaks	U-76	SELPA II	Treatment	15	50	869	1,030	869	1,030	1,899	1,899
						50 Total	10,132	13,556	10,132	13,556	23,688	23,688
County	8386 Bascom	U-259	AB3632 Coor	Treatment	15	60	10,560	6,584	10,560	6,584	17,144	17,144
County	4333 Fairoaks	U-300	AB3632 Coor	Treatment	15	60	1,170	2,485	1,170	2,485	3,655	3,655
County	4331 Central	U-32	Adult Service	Treatment	15	60	30	0	30	0	30	30
County	43AM Coyote	U-323	F&C OPD	Treatment	15	60	1,643	885	1,643	885	2,528	2,528
County	8365 Las Plumas	U-449	Sat Resource	Treatment	15	60	80	0	80	0	80	80
County	4340 JPD	U-479	Ranch Sites	Treatment	15	60	0	60	0	60	60	60
County	4340 JPD	U-545	Transitions	Treatment	15	60	210	0	210	0	210	210
County	8365 Las Plumas	U-593	YATT	Treatment	15	60	495	0	495	0	495	495
County	4340 JPD	U-62	JPD	Treatment	15	60	300	25	300	25	325	325
County	8365 Las Plumas	U-633	AB3632 Coor	Treatment	15	60	4,132	2,987	4,132	2,987	7,119	7,119
County	Childrens Shelter	U-638	F&C OPD	Treatment	15	60	615	0	615	0	615	615
County	8365 Las Plumas	U-696	F&C OPD	Treatment	15	60	905	0	905	0	905	905
County	8386 Bascom	U-706	F&C OPD	Treatment	15	60	190	0	190	0	190	190
County	4333 Fairoaks	U-76	SELPA II	Treatment	15	60	0	720	0	720	720	720
						60 Total	20,330	13,746	20,330	13,746	34,076	34,076
County	4330 EPS	U-159	Emergency P	Treatment	15	70	0	950	0	950	950	950
County	4333 Fairoaks	U-300	AB3632 Coor	Treatment	15	70	261	58	261	58	319	319
County	4340 JPD	U-545	Transitions	Treatment	15	70	1,460	60	1,460	60	1,520	1,520
County	4340 JPD	U-62	JPD	Treatment	15	70	30	158	30	158	188	188
County	Childrens Shelter	U-638	F&C OPD	Treatment	15	70	779	300	779	300	1,079	1,079
County	4333 Fairoaks	U-76	SELPA II	Treatment	15	70	0	40	0	40	40	40
						70 Total	2,530	1,566	2,530	1,566	4,096	4,096
EESA	43AK Moorpark	U-651	CSFS OPD	Treatment	15	10	0	210	0	210	210	210
						10 Total	0	210	0	210	210	210
EESA	43AK Moorpark	U-651	CSFS OPD	Treatment	15	40	0	1,020	0	1,020	1,020	1,020
						40 Total	0	1,020	0	1,020	1,020	1,020
EESA	43AK Moorpark	U-651	CSFS OPD	Treatment	15	45	0	90	0	90	90	90
						45 Total	0	90	0	90	90	90
EMQ	8304 Llewellynn	U-11	F&C Resident	Treatment	10	85	73,800	51,600	230	128	125,400	358

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EMQ	8305 Flint/AB	U-120	School Based	Treatment	10	85	55,680	184,440	143	468	240,120	611
EMQ	8382 Flint	U-297	School Based	Treatment	10	85	83,160	148,560	203	384	231,720	587
EMQ	8370 Loma Alta	U-312	F&C Resident	Treatment	10	85	492,120	21,600	1,536	73	513,720	1,609
EMQ	8307 Jacob/Reed	U-326	School Based	Treatment	10	85	187,920	173,340	464	432	361,260	896
EMQ	8381 Pala	U-476	School Based	Treatment	10	85	241,800	445,680	616	1,108	687,480	1,724
						85 Total	1,134,480	1,025,220	3,192	2,593	2,159,700	5,785
EMQ	4301 Cherry	M-676	School Based	Treatment	15	10	235	0	235	0	235	235
EMQ	8304 Llewellynn	U-242	F&C OPD	Treatment	15	10	11,192	9,048	11,192	9,048	20,240	20,240
EMQ	43AT Camden	U-256	Intensive Sho	Treatment	15	10	6,361	0	6,361	0	6,361	6,361
EMQ	43AE Gish	U-293	TBS	Treatment	15	10	29,905	0	29,905	0	29,905	29,905
EMQ	8304 Llewellynn	U-309	Matrix	Treatment	15	10	6,272	0	6,272	0	6,272	6,272
EMQ	43AE Gish	U-321	SAT	Treatment	15	10	3,119	0	3,119	0	3,119	3,119
EMQ	4301 Cherry	U-358	School Based	Treatment	15	10	3,660	9,633	3,660	9,633	13,293	13,293
EMQ	8304 Llewellynn	U-495	JPD Intensive	Treatment	15	10	854	0	854	0	854	854
EMQ	8370 Loma Alta	U-589	Wraparound	Treatment	15	10	197,131	236,283	197,131	236,283	433,414	433,414
EMQ	8304 Llewellynn	U-632	SSA Intensive	Treatment	15	10	1,329	0	1,329	0	1,329	1,329
						10 Total	260,058	254,964	260,058	254,964	515,022	515,022
EMQ	43AT Camden	U-256	Intensive Sho	Treatment	15	35	18,117	0	18,117	0	18,117	18,117
EMQ	8304 Llewellynn	U-309	Matrix	Treatment	15	35	23,810	0	23,810	0	23,810	23,810
EMQ	4301 Cherry	U-358	School Based	Treatment	15	35	1,415	1,820	1,415	1,820	3,235	3,235
EMQ	8304 Llewellynn	U-495	JPD Intensive	Treatment	15	35	2,320	0	2,320	0	2,320	2,320
EMQ	8370 Loma Alta	U-589	Wraparound	Treatment	15	35	821,676	901,680	821,676	901,680	1,723,356	1,723,356
EMQ	8304 Llewellynn	U-632	SSA Intensive	Treatment	15	35	3,252	0	3,252	0	3,252	3,252
						35 Total	870,590	903,500	870,590	903,500	1,774,090	1,774,090
EMQ	4301 Cherry	M-676	School Based	Treatment	15	40	180	0	180	0	180	180
EMQ	8304 Llewellynn	U-242	F&C OPD	Treatment	15	40	14,455	12,886	14,455	12,886	27,341	27,341
EMQ	43AT Camden	U-256	Intensive Sho	Treatment	15	40	5,925	0	5,925	0	5,925	5,925
EMQ	8304 Llewellynn	U-309	Matrix	Treatment	15	40	2,265	0	2,265	0	2,265	2,265
EMQ	43AE Gish	U-321	SAT	Treatment	15	40	7,350	0	7,350	0	7,350	7,350
EMQ	4301 Cherry	U-358	School Based	Treatment	15	40	5,690	16,916	5,690	16,916	22,606	22,606
EMQ	8304 Llewellynn	U-495	JPD Intensive	Treatment	15	40	190	0	190	0	190	190
EMQ	8304 Llewellynn	U-632	SSA Intensive	Treatment	15	40	4,990	0	4,990	0	4,990	4,990

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						40 Total	41,045	29,802	41,045	29,802	70,847	70,847
EMQ	8304 Llewellynn	U-242	F&C OPD	Treatment	15	45	5,182	3,622	5,182	3,622	8,804	8,804
EMQ	43AT Camden	U-256	Intensive Sho	Treatment	15	45	2,730	0	2,730	0	2,730	2,730
EMQ	43AE Gish	U-293	TBS	Treatment	15	45	10,680	0	10,680	0	10,680	10,680
EMQ	8304 Llewellynn	U-309	Matrix	Treatment	15	45	799	0	799	0	799	799
EMQ	43AE Gish	U-321	SAT	Treatment	15	45	1,438	0	1,438	0	1,438	1,438
EMQ	4301 Cherry	U-358	School Based	Treatment	15	45	1,280	3,663	1,280	3,663	4,943	4,943
EMQ	8304 Llewellynn	U-495	JPD Intensive	Treatment	15	45	190	0	190	0	190	190
EMQ	8370 Loma Alta	U-589	Wraparound	Treatment	15	45	18,514	26,011	18,514	26,011	44,525	44,525
EMQ	8304 Llewellynn	U-632	SSA Intensive	Treatment	15	45	751	0	751	0	751	751
						45 Total	41,564	33,296	41,564	33,296	74,860	74,860
EMQ	4301 Cherry	M-676	School Based	Treatment	15	50	60	0	60	0	60	60
EMQ	8304 Llewellynn	U-242	F&C OPD	Treatment	15	50	1,554	1,244	1,554	1,244	2,798	2,798
EMQ	43AT Camden	U-256	Intensive Sho	Treatment	15	50	17,489	0	17,489	0	17,489	17,489
EMQ	43AE Gish	U-321	SAT	Treatment	15	50	2,370	0	2,370	0	2,370	2,370
EMQ	4301 Cherry	U-358	School Based	Treatment	15	50	6,542	17,091	6,542	17,091	23,633	23,633
EMQ	8304 Llewellynn	U-495	JPD Intensive	Treatment	15	50	713	0	713	0	713	713
EMQ	8304 Llewellynn	U-632	SSA Intensive	Treatment	15	50	751	0	751	0	751	751
						50 Total	29,479	18,335	29,479	18,335	47,814	47,814
EMQ	43AE Gish	U-293	TBS	Treatment	15	58	108,568	0	108,568	0	108,568	108,568
						58 Total	108,568	0	108,568	0	108,568	108,568
EMQ	8305 Flint/AB	U-186	School Based	Treatment	15	60	590	0	590	0	590	590
EMQ	8307 Jacob/Reed	U-23	School Based	Treatment	15	60	1,971	0	1,971	0	1,971	1,971
EMQ	8304 Llewellynn	U-242	F&C OPD	Treatment	15	60	2,778	1,071	2,778	1,071	3,849	3,849
EMQ	8304 Llewellynn	U-309	Matrix	Treatment	15	60	2,941	0	2,941	0	2,941	2,941
EMQ	8381 Pala	U-311	School Based	Treatment	15	60	2,373	2,230	2,373	2,230	4,603	4,603
EMQ	43AE Gish	U-321	SAT	Treatment	15	60	165	0	165	0	165	165
EMQ	8370 Loma Alta	U-370	F&C OP in Re	Treatment	15	60	20,263	1,073	20,263	1,073	21,336	21,336
EMQ	8304 Llewellynn	U-495	JPD Intensive	Treatment	15	60	70	0	70	0	70	70
EMQ	8370 Loma Alta	U-589	Wraparound	Treatment	15	60	7,289	5,595	7,289	5,595	12,884	12,884
EMQ	8304 Llewellynn	U-705	F&C OP in Re	Treatment	15	60	5,535	5,980	5,535	5,980	11,515	11,515
						60 Total	43,975	15,949	43,975	15,949	59,924	59,924

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MENTAL HEALTH DEPARTMENT
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Agency	Location	Cost Ctr	CC Descriptic	A/T	Mode	SF	MediCal Time	Other Time	MediCal Units	Other Units	Total Time	Total Units
EMQ	8304 Llewellynn	U-242	F&C OPD	Treatment	15	70	409	386	409	386	795	795
EMQ	8304 Llewellynn	U-309	Matrix	Treatment	15	70	2,648	0	2,648	0	2,648	2,648
EMQ	43AE Gish	U-321	SAT	Treatment	15	70	169	0	169	0	169	169
EMQ	8304 Llewellynn	U-495	JPD Intensive	Treatment	15	70	15	0	15	0	15	15
EMQ	8304 Llewellynn	U-55	Crisis	Treatment	15	70	10,245	20,640	10,245	20,640	30,885	30,885
EMQ	8370 Loma Alta	U-589	Wraparound	Treatment	15	70	22,495	17,106	22,495	17,106	39,601	39,601
						70 Total	35,981	38,132	35,981	38,132	74,113	74,113
F&CS	W Julian	U-408	F&C OPD	Treatment	15	10	687	0	687	0	687	687
						10 Total	687	0	687	0	687	687
F&CS	W Julian	U-408	F&C OPD	Treatment	15	40	3,164	0	3,164	0	3,164	3,164
						40 Total	3,164	0	3,164	0	3,164	3,164
F&CS	W Julian	U-408	F&C OPD	Treatment	15	45	1,796	0	1,796	0	1,796	1,796
						45 Total	1,796	0	1,796	0	1,796	1,796
F&CS	W Julian	U-408	F&C OPD	Treatment	15	60	170	0	170	0	170	170
						60 Total	170	0	170	0	170	170
Gardner	E Virginia	U-403	JPD Intensive	Treatment	15	10	405	64	405	64	469	469
Gardner	E Virginia	U-118	Asian Youth	Treatment	15	10	31	53	31	53	84	84
Gardner	E Virginia	U-59	SSA Intensive	Treatment	15	10	178	195	178	195	373	373
Gardner	E Virginia	U-645	F&C OPD	Treatment	15	10	2,778	897	2,778	897	3,675	3,675
						10 Total	3,392	1,209	3,392	1,209	4,601	4,601
Gardner	E Virginia	U-118	Asian Youth	Treatment	15	30	0	256	0	256	4,132	4,132
						30 Total	0	256	0	256	4,132	4,132
Gardner	E Virginia	U-403	JPD Intensive	Treatment	15	35	815	486	815	486	1,301	1,301
Gardner	E Virginia	U-59	SSA Intensive	Treatment	15	35	0	40	0	40	40	40
Gardner	E Virginia	U-645	F&C OPD	Treatment	15	35	48	146	48	146	194	194
						35 Total	863	672	863	672	1,535	1,535
Gardner	E Virginia	U-118	Asian Youth	Treatment	15	40	484	63	484	63	547	547
Gardner	E Virginia	U-645	F&C OPD	Treatment	15	40	1,246	779	1,246	779	2,025	2,025
						40 Total	1,730	842	1,730	842	2,572	2,572
Gardner	E Virginia	U-645	F&C OPD	Treatment	15	45	129	163	129	163	292	292
						45 Total	129	163	129	163	292	292

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Agency	Location	Cost Ctr	CC Descriptic	A/T	Mode	SF	MediCal Time	Other Time	MediCal Units	Other Units	Total Time	Total Units
Gardner	E Virginia	U-118	Asian Youth	Treatment	15	60	130	0	130	0	130	130
						60 Total	130	0	130	0	130	130
Gardner	E Virginia	U-645	F&C OPD	Treatment	15	70	265	0	265	0	265	265
						70 Total	265	0	265	0	265	265
Hope	4315 Parkmoor	U-320	F&C OPD	Treatment	15	10	50	0	50	0	50	50
Hope	4315 Parkmoor	U-639	TBS	Treatment	15	10	170	0	170	0	170	170
						10 Total	220	0	220	0	220	220
Hope	4315 Parkmoor	U-320	F&C OPD	Treatment	15	40	1,135	0	1,135	0	1,135	1,135
						40 Total	1,135	0	1,135	0	1,135	1,135
Hope	4315 Parkmoor	U-639	TBS	Treatment	15	45	120	0	120	0	120	120
						45 Total	120	0	120	0	120	120
Hope	4315 Parkmoor	U-639	TBS	Treatment	15	58	16,190	0	16,190	0	16,190	16,190
						58 Total	16,190	0	16,190	0	16,190	16,190
Hope	4315 Parkmoor	U-320	F&C OPD	Treatment	15	60	1,225	0	1,225	0	1,225	1,225
						60 Total	1,225	0	1,225	0	1,225	1,225
Innvision	8345 Julian	U-254	Adult Day Re	Treatment	10	95	11	0	11	0	11	11
Oasis	43AN EVP	U-124	Adult Day Re	Treatment	10	95	67	0	100	0	67	100
						95 Total	78	0	111	0	78	111
Oasis	43AN EVP	U-100	MH Svcs in H	Treatment	15	10	154	0	154	0	154	154
						10 Total	154	0	154	0	154	154
Oasis	43AN EVP	U-100	MH Svcs in H	Treatment	15	35	847	0	847	0	847	847
						35 Total	847	0	847	0	847	847
Oasis	43AN EVP	U-100	MH Svcs in H	Treatment	15	40	166	0	166	0	166	166
						40 Total	166	0	166	0	166	166
Oasis	43AN EVP	U-100	MH Svcs in H	Treatment	15	45	195	0	195	0	195	195
						45 Total	195	0	195	0	195	195
Oasis	43AN EVP	U-100	MH Svcs in H	Treatment	15	50	75	0	75	0	75	75
						50 Total	75	0	75	0	75	75
Oasis	43AN EVP	U-100	MH Svcs in H	Treatment	15	60	1,133	0	1,133	0	1,133	1,133
						60 Total	1,133	0	1,133	0	1,133	1,133
Oasis	43AN EVP	U-100	MH Svcs in H	Treatment	15	70	65	0	65	0	65	65

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Agency	Location	Cost Ctr	CC Descriptic	A/T	Mode	SF	MediCal Time	Other Time	MediCal Units	Other Units	Total Time	Total Units
						70 Total	65	0	65	0	65	65
Rebekah's	8367 IOOF	U-147	F&C Residen	Treatment	10	85	198,120	18,360	777	72	216,480	849
						85 Total	198,120	18,360	777	72	216,480	849
Rebekah's	43AS Compadres	U-202	Wraparound	Treatment	15	10	47,066	24,208	47,066	24,208	71,274	71,274
Rebekah's	8367 IOOF	U-303	TBS	Treatment	15	10	2,787	471	2,787	471	3,258	3,258
Rebekah's	8367 IOOF	U-413	Wraparound	Treatment	15	10	37,312	7,427	37,312	7,427	44,739	44,739
Rebekah's	8367 IOOF	U-605	F&C OP in R	Treatment	15	10	2,516	998	2,516	998	3,514	3,514
						10 Total	89,681	33,104	89,681	33,104	122,785	122,785
Rebekah's	43AS Compadres	U-202	Wraparound	Treatment	15	35	108,752	50,029	108,752	50,029	158,781	158,781
Rebekah's	8367 IOOF	U-303	TBS	Treatment	15	35	508	0	508	0	508	508
Rebekah's	8367 IOOF	U-413	Wraparound	Treatment	15	35	59,645	25,402	59,645	25,402	85,047	85,047
Rebekah's	8367 IOOF	U-605	F&C OP in R	Treatment	15	35	538	60	538	60	598	598
						35 Total	169,443	75,491	169,443	75,491	244,934	244,934
Rebekah's	8367 IOOF	U-605	F&C OP in R	Treatment	15	40	12,742	3,308	12,742	3,308	16,050	16,050
						40 Total	12,742	3,308	12,742	3,308	16,050	16,050
Rebekah's	43AS Compadres	U-202	Wraparound	Treatment	15	45	19,402	8,555	19,402	8,555	27,957	27,957
Rebekah's	8367 IOOF	U-303	TBS	Treatment	15	45	2,282	0	2,282	0	2,282	2,282
Rebekah's	8367 IOOF	U-413	Wraparound	Treatment	15	45	10,015	2,353	10,015	2,353	12,368	12,368
Rebekah's	8367 IOOF	U-605	F&C OP in R	Treatment	15	45	3,054	2,001	3,054	2,001	5,055	5,055
						45 Total	34,753	12,909	34,753	12,909	47,662	47,662
Rebekah's	8367 IOOF	U-303	TBS	Treatment	15	58	23,959	0	23,959	0	23,959	23,959
						58 Total	23,959	0	23,959	0	23,959	23,959
Rebekah's	8367 IOOF	U-114	Int OP in Day	Treatment	15	60	1,360	180	1,360	180	1,540	1,540
Rebekah's	43AS Compadres	U-202	Wraparound	Treatment	15	60	30	0	30	0	30	30
Rebekah's	8367 IOOF	U-413	Wraparound	Treatment	15	60	90	0	90	0	90	90
Rebekah's	8367 IOOF	U-605	F&C OP in R	Treatment	15	60	705	435	705	435	1,140	1,140
						60 Total	2,185	615	2,185	615	2,800	2,800
Rebekah's	43AS Compadres	U-202	Wraparound	Treatment	15	70	355	1,004	355	1,004	1,359	1,359
Rebekah's	8367 IOOF	U-413	Wraparound	Treatment	15	70	364	0	364	0	364	364
Rebekah's	8367 IOOF	U-605	F&C OP in R	Treatment	15	70	193	0	193	0	193	193
						70 Total	912	1,004	912	1,004	1,916	1,916

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Agency	Location	Cost Ctr	CC Descriptic	A/T	Mode	SF	MediCal Time	Other Time	MediCal Units	Other Units	Total Time	Total Units
Starlight	43AG SVB	U-506	F&C Res Day Treatment		10	85	0	0	0	52	0	52
Starlight	43AG SVB	U-587	F&C Resident Treatment		10	85	90,720	36,150	1,737	277	126,870	2,014
Starlight	43AG SVB	U-689	School Based Treatment		10	85	10,590	5,865	726	28	16,455	754
						85 Total	101,310	42,015	2,463	357	143,325	2,820
Starlight	43AG SVB	U-587	F&C Res Day Treatment		10	89	0	40,320	0	2,346	143,325	2,768
						89 Total	0	40,320	0	2,346	143,325	2,768
Starlight	43AG SVB	U-662	Int OP in Day Treatment		15	10	405	0	405	0	405	405
Starlight	43AG SVB	U-88	School Based Treatment		15	10	2,468	0	2,468	0	2,468	2,468
						10 Total	2,873	0	2,873	0	2,873	2,873
Starlight	43AG SVB	U-662	Int OP in Day Treatment		15	45	4,219	0	4,219	0	4,219	4,219
Starlight	43AG SVB	U-88	School Based Treatment		15	45	4,020	0	4,020	0	4,020	4,020
						45 Total	8,239	0	8,239	0	8,239	8,239
Starlight	43AG SVB	U-662	Int OP in Day Treatment		15	58	105,777	0	105,777	0	105,777	105,777
Starlight	43AG SVB	U-88	School Based Treatment		15	58	43,041	0	43,041	0	43,041	43,041
						58 Total	148,818	0	148,818	0	148,818	148,818
Starlight	43AG SVB	U-238	Int OP in Day Treatment		15	60	0	65	0	65	65	65
Starlight	43AG SVB	U-662	Int OP in Day Treatment		15	60	9,664	1,495	9,664	1,495	11,159	11,159
						60 Total	9,664	1,560	9,664	1,560	11,224	11,224
Starlight	43AG SVB	U-662	Int OP in Day Treatment		15	70	1,611	167	1,611	167	1,778	1,778
						70 Total	1,611	167	1,611	167	1,778	1,778
Ujima	8379 Zanker	U-644	SSA Intensive Treatment		15	35	71	0	71	0	71	71
						35 Total	71	0	71	0	71	71
						Grand Total	3,709,960	3,044,772	2,145,225	1,788,474	6,821,037	3,935,395
										Subtotal	7,948,945	5,063,303

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Ch.26.5 IEP AND FAIR HEARING ADMINISTRATIVE TIME
FY 2003-2004

site	procedure	stfname	OSCAR Minutes	UNICARE Minutes *	Total Minutes
BMH	590 IEP	CAO NANG	280	4,132	4,412
BMH	590 IEP	FJELSTAD DIANE		1,540	1,540
BMH	590 IEP	PONCE DOLORES		210	210
BMH	590 IEP	SILVA DAVID	138	546	684
CCMH	590 IEP	BARNUM JODI	679	2,010	2,689
CCMH	590 IEP	GINIGER HAYLEY	147	179	326
CCMH	590 IEP	GOODRIDGE WENDY	840	2,422	3,262
CCMH	590 IEP	GUERRERO-URBANSKCAROL	1,507	5,014	6,521
CCMH	590 IEP	LEAVITT KAREN	476	328	804
CCMH	590 IEP	MAO SAMPHORS	1,087	2,428	3,515
CCMH	590 IEP	SWEET TOVA		5,140	5,140
FOMH	590 IEP	NAKASE YUKIKO	50	-	50
FOMH	590 IEP	WHITELEY-BRUTON LOLA	815	-	815
LPMH	590 IEP	CUMMINS JEFFREY	168	3,032	3,200
LPMH	590 IEP	DITTRICH MONICA	134	114	248
LPMH	590 IEP	ESPINOZA AURELIA	45	54	99
LPMH	590 IEP	GONZALEZ LORENA		188	188
LPMH	590 IEP	GUTIERREZ GEORGE		41	41
LPMH	590 IEP	HANCHETT DANIELLE	81	312	393
LPMH	590 IEP	HILL LOUISE	19	384	403
LPMH	590 IEP	LE MIKELLE	270	442	712
LPMH	590 IEP	PAPA ERL	83	-	83
LPMH	590 IEP	RINITI JOANN	209	381	590
BMH	590 IEP	GOLDBARD LILIAN	375	95	470
BMH	591 HEARING	LE NGA	330	-	330
	Grand Total		7,733	28,992	36,725

Source MH25 8/10/04
*Source: Clinic count of SRD time
11/19/04 P. Antons

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
IEP Activities July - September, 2003
Source OSCAR MH25 8/10/04

site	procedur	stfname		units	totmins
BMH	590	CAO	NANG	1	42
BMH	590	CAO	NANG	1	45
BMH	590	CAO	NANG	5	193
BMH		**CAO**	**NANG Total**		280
BMH	590	SILVA	DAVID	1	48
BMH	590	SILVA	DAVID	2	90
BMH		**SILVA**	**DAVID Total**		138
CCMH	590	BARNUM	JODI	24	600
CCMH	590	BARNUM	JODI	2	52
CCMH	590	BARNUM	JODI	1	27
CCMH		**BARNUM**	**JODI Total**		679
CCMH	590	GINIGER	HAYLEY	5	147
CCMH		**GINIGER**	**HAYLEY Total**		147
CCMH	590	GOODRIDGE	WENDY	13	503
CCMH	590	GOODRIDGE	WENDY	7	268
CCMH	590	GOODRIDGE	WENDY	4	69
CCMH		**GOODRIDGE**	**WENDY Total**		840
CCMH	590	GUERRERO-URBANSKCAROL		22	731
CCMH	590	GUERRERO-URBANSKCAROL		11	450
CCMH	590	GUERRERO-URBANSKCAROL		12	326
CCMH		**GUERRERO-URBANSKCAROL Total**			1,507
CCMH	590	LEAVITT	KAREN	7	391
CCMH	590	LEAVITT	KAREN	3	85
CCMH		**LEAVITT**	**KAREN Total**		476
CCMH	590	MAO	SAMPHORS	9	309
CCMH	590	MAO	SAMPHORS	7	244
CCMH	590	MAO	SAMPHORS	17	534
CCMH		**MAO**	**SAMPHORS Total**		1,087
FOMH	590	NAKASE	YUKIKO	1	20
FOMH	590	NAKASE	YUKIKO	1	30
FOMH		**NAKASE**	**YUKIKO Total**		50
FOMH	590	WHITELEY-BRUTON LOLA		1	45
FOMH	590	WHITELEY-BRUTON LOLA		1	45
FOMH	590	WHITELEY-BRUTON LOLA		3	160
FOMH	590	WHITELEY-BRUTON LOLA		3	150
FOMH	590	WHITELEY-BRUTON LOLA		1	60
FOMH	590	WHITELEY-BRUTON LOLA		7	355
FOMH		**WHITELEY-BRUTON LOLA Total**			815
LPMH	590	CUMMINS	JEFFREY	1	120
LPMH	590	CUMMINS	JEFFREY	1	48
LPMH		**CUMMINS**	**JEFFREY Total**		168
LPMH	590	DITTRICH	MONICA	1	134
LPMH		**DITTRICH**	**MONICA Total**		134
LPMH	590	ESPINOZA	AURELIA	2	45
LPMH		**ESPINOZA**	**AURELIA Total**		45
LPMH	590	HANCHETT	DANIELLE	2	48

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MENTAL HEALTH DEPARTMENT
IEP Activities July - September, 2003
Source OSCAR MH25 8/10/04

site	procedur	stfname		units	totmins
LPMH	590	HANCHETT	DANIELLE	2	33
LPMH		**HANCHETT**	**DANIELLE Total**		81
LPMH	590	HILL	LOUISE	1	19
LPMH		**HILL**	**LOUISE Total**		19
LPMH	590	LE	MIKELLE	4	270
LPMH		**LE**	**MIKELLE Total**		270
LPMH	590	PAPA	ERL	2	50
LPMH	590	PAPA	ERL	1	33
LPMH		**PAPA**	**ERL Total**		83
LPMH	590	RINITI	JOANN	3	113
LPMH	590	RINITI	JOANN	3	96
LPMH		**RINITI**	**JOANN Total**		209
	590 Total				7,028
BMH	591	GOLDBARD	LILIAN	5	375
BMH		**GOLDBARD**	**LILIAN Total**		375
BMH	591	LE	NGA	5	330
BMH		**LE**	**NGA Total**		330
	591 Total				705
		Grand Total			7,733
	Grand Total				7,733

Source MH25 8/10/04
10/13/04 P. Antons

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
IEP Services Rendered: October 2003 - June 2004

Staffperson	Client	Service Date	Minutes	Location	Activity
Barnum, Jodi	DiSalvo	10/24/2003	36	Office	IEP
Barnum, Jodi	Montez	10/24/2003	24	Office	IEP
Barnum, Jodi	Stoft	11/3/2003	27	Office	IEP
Barnum, Jodi	Gibson	11/6/2003	26	Office	IEP
Barnum, Jodi	DiSalvo	11/13/2003	34	Phone	IEP
Barnum, Jodi	Montez	11/13/2003	32	Office	IEP
Barnum, Jodi	Hutchinson	11/17/2003	23	Office	IEP
Barnum, Jodi	Snell	11/17/2003	24	Office	IEP
Barnum, Jodi	Stoft	11/17/2003	38	Phone	IEP
Barnum, Jodi	Alleman	11/19/2003	25	Office	IEP
Barnum, Jodi	Alleman	12/4/2003	27	Phone	IEP
Barnum, Jodi	Gibson	12/4/2003	24	????	IEP
Barnum, Jodi	Hutchinson	12/4/2003	29	Phone	IEP
Barnum, Jodi	Hutchinson	12/4/2003	16	Phone	IEP
Barnum, Jodi	Stoft	12/4/2003	38	Office	IEP
Barnum, Jodi	Snell	12/8/2003	25	Office	IEP
Barnum, Jodi	Alleman	12/9/2003	26	Office	IEP
Barnum, Jodi	Gibson	12/9/2003	28	Phone	IEP
Barnum, Jodi	Snell	12/9/2003	24	Office	IEP
Barnum, Jodi	Amaya	12/29/2003	27	Office	IEP
Barnum, Jodi	DeCoursey	12/29/2003	26	Office	IEP
Barnum, Jodi	Gibson	12/29/2003	34	Office	IEP
Barnum, Jodi	Snell	12/29/2003	29	Office	IEP
Barnum, Jodi	Gibson	12/30/2003	24	Office	IEP
Barnum, Jodi	Amaya	1/15/2004	23	Office	IEP
Barnum, Jodi	Berrett	1/15/2004	35	Phone	IEP
Barnum, Jodi	Ortiz	1/26/2004	25	Office	IEP
Barnum, Jodi	Amaya	2/5/2004	27	Office	IEP
Barnum, Jodi	DeCoursey	2/5/2004	25	Office	IEP
Barnum, Jodi	Guynn	2/5/2004	24	Office	IEP
Barnum, Jodi	Guynn	2/10/2004	29	Phone	IEP
Barnum, Jodi	Ortiz	2/10/2004	26	Office	IEP
Barnum, Jodi	Davis	2/12/2004	28	Phone	IEP
Barnum, Jodi	Guynn	2/12/2004	17	Phone	IEP
Barnum, Jodi	Guynn	2/12/2004	31	Office	IEP
Barnum, Jodi	Ortiz	2/17/2004	26	Phone	IEP
Barnum, Jodi	DeCoursey	2/18/2004	29	Office	IEP
Barnum, Jodi	Davis	2/23/2004	16	Phone	IEP
Barnum, Jodi	Ferreira	2/26/2004	23	Phone	IEP
Barnum, Jodi	Guynn	2/26/2004	30	Office	IEP
Barnum, Jodi	Ortiz	2/26/2004	24	Office	IEP
Barnum, Jodi	Ferreira	3/1/2004	24	Office	IEP
Barnum, Jodi	Ortiz	3/2/2004	17	Phone	IEP
Barnum, Jodi	Ferreira	3/5/2004	18	Phone	IEP

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Barnum, Jodi	Perez	3/10/2004	25	Office	IEP
Barnum, Jodi	Silva	3/10/2004	26	Phone	IEP
Barnum, Jodi	Silva	3/10/2004	21	Phone	IEP
Barnum, Jodi	Ferreira	3/11/2004	27	Phone	IEP
Barnum, Jodi	Ferreira	3/11/2004	29	Phone	IEP
Barnum, Jodi	Ferreira	3/11/2004	32	Office	IEP
Barnum, Jodi	Negus	3/15/2004	25	Phone	IEP
Barnum, Jodi	Silva	3/15/2004	26	Phone	IEP
Barnum, Jodi	Perez	3/17/2004	28	Phone	IEP
Barnum, Jodi	Negus	3/24/2004	19	????	IEP
Barnum, Jodi	Negus	3/30/2004	23	Phone	IEP
Barnum, Jodi	Kane	4/5/2004	25	Office	IEP
Barnum, Jodi	Kane	4/8/2004	28	Phone	IEP
Barnum, Jodi	Merriott	4/8/2004	24	Office	IEP
Barnum, Jodi	Cruz	4/9/2004	28	Phone	IEP
Barnum, Jodi	Cruz	4/9/2004	19	Office	IEP
Barnum, Jodi	Kane	4/9/2004	26	Phone	IEP
Barnum, Jodi	Cruz	4/14/2004	30	Office	IEP
Barnum, Jodi	Cruz	4/14/2004	22	Office	IEP
Barnum, Jodi	Cruz	4/22/2004	23	Office	IEP
Barnum, Jodi	Graves	4/22/2004	24	Phone	IEP
Barnum, Jodi	Andres	4/26/2004	26	Office	IEP
Barnum, Jodi	Merriott	4/26/2004	27	Office	IEP
Barnum, Jodi	Fitzke	4/30/2004	29	Phone	IEP
Barnum, Jodi	Andres	5/3/2004	26	Phone	IEP
Barnum, Jodi	Merriott	5/3/2004	28	Phone	IEP
Barnum, Jodi	Fitze	5/4/2004	26	Phone	IEP
Barnum, Jodi	Merriott	5/10/2004	25	Office	IEP
Barnum, Jodi	Mowry	5/12/2004	26	Office	IEP
Barnum, Jodi	Cruz	5/17/2004	28	Phone	IEP
Barnum, Jodi	Mowry	5/21/2004	25	Phone	IEP
Barnum, Jodi	Paniagua	5/26/2004	25	Office	IEP
Barnum, Jodi	Tatum	5/26/2004	26	Office	IEP
Barnum, Jodi Total			2010		
Cao, Nang	Howe	10/13/2003	70	Office	IEP
Cao, Nang	Gonzalez	10/15/2003	47	Office	IEP
Cao, Nang	Butler	10/16/2003	48	Office	IEP
Cao, Nang	Howe	10/16/2003	10	Office	IEP
Cao, Nang	Catchuff	10/21/2003	48	Office	IEP
Cao, Nang	Howe	10/21/2003	40	Office	IEP
Cao, Nang	Martinez	10/23/2003	65	Office	IEP
Cao, Nang	Townsend	10/27/2003	30	Office	IEP
Cao, Nang	Townsend	10/30/2003	37	Office	IEP
Cao, Nang	Lopez	11/3/2003	72	Office	IEP

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Cao, Nang	Chitwood	11/13/2003	49	Office	IEP
Cao, Nang	Burmley	11/17/2003	49	Office	IEP
Cao, Nang	Webster	11/17/2003	47	Office	IEP
Cao, Nang	Brown	11/18/2003	47	Office	IEP
Cao, Nang	Galvan	11/18/2003	62	Office	IEP
Cao, Nang	Villa	11/18/2003	77	Office	IEP
Cao, Nang	Garrison	11/25/2003	47	Office	IEP
Cao, Nang	Jenson-Trevins	11/25/2003	48	Office	IEP
Cao, Nang	VanTubergen	11/25/2003	51	Office	IEP
Cao, Nang	Murphy	12/4/2003	44	Office	IEP
Cao, Nang	Connor	12/9/2003	67	Office	IEP
Cao, Nang	Shaffner	12/16/2003	78	Office	IEP
Cao, Nang	Stock	12/16/2003	84	Office	IEP
Cao, Nang	Oglesby	1/6/2004	47	Office	IEP
Cao, Nang	Tedla	1/6/2004	84	Office	IEP
Cao, Nang	Garcia	1/15/2004	42	Office	IEP
Cao, Nang	Townsend	1/15/2004	46	Office	IEP
Cao, Nang	Beebee	1/27/2004	39	Office	IEP
Cao, Nang	Williams	1/27/2004	42	Office	IEP
Cao, Nang	Garibaldi	1/29/2004	80	Office	IEP
Cao, Nang	Starr	1/29/2004	38	Office	IEP
Cao, Nang	Blakesley	2/3/2004	41	Office	IEP
Cao, Nang	Keen	2/9/2004	59	Office	IEP
Cao, Nang	Maese	2/12/2004	92	Office	IEP
Cao, Nang	Stansberry	2/12/2004	51	Office	IEP
Cao, Nang	Silva	2/19/2004	92	Office	IEP
Cao, Nang	Davis	2/26/2004	62	Office	IEP
Cao, Nang	Tran	2/26/2004	84	Office	IEP
Cao, Nang	Garrison	3/2/2004	74	Office	IEP
Cao, Nang	Byrd	3/4/2004	38	Office	IEP
Cao, Nang	Jandik	3/9/2004	17	Office	IEP
Cao, Nang	Jandik	3/9/2004	24	Office	IEP
Cao, Nang	Jandik	3/9/2004	41	Office	IEP
Cao, Nang	Verdoia	3/9/2004	45	Office	IEP
Cao, Nang	Windham	3/9/2004	44	Office	IEP
Cao, Nang	Hernandez	3/12/2004	41	Office	IEP
Cao, Nang	Garcia	3/19/2004	42	Office	IEP
Cao, Nang	Maese	3/23/2004	30	Office	IEP
Cao, Nang	Galvan	3/29/2004	31	Office	IEP
Cao, Nang	Garrison	3/29/2004	20	Office	IEP
Cao, Nang	Martinez	3/29/2004	32	Office	IEP
Cao, Nang	Whicker	3/29/2004	37	Office	IEP
Cao, Nang	Troy	4/6/2004	30	Office	IEP
Cao, Nang	Tamraz	4/8/2004	30	Office	IEP

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Cao, Nang	DeVisser	4/9/2004	30	Office	IEP
Cao, Nang	Kaki	4/9/2004	45	Office	IEP
Cao, Nang	Morse	4/9/2004	30	Office	IEP
Cao, Nang	Stansberry	4/9/2004	30	Office	IEP
Cao, Nang	Yarbrough	4/21/2004	45	Office	IEP
Cao, Nang	Aahz	4/29/2004	60	Office	IEP
Cao, Nang	Garibaldi	4/29/2004	60	Office	IEP
Cao, Nang	Moloney	4/29/2004	60	Office	IEP
Cao, Nang	Arriola	5/3/2004	60	Office	IEP
Cao, Nang	Collazo	5/3/2004	60	Office	IEP
Cao, Nang	Guinasso	5/3/2004	60	Office	IEP
Cao, Nang	Parsons	5/3/2004	60	Office	IEP
Cao, Nang	Batista	5/6/2004	60	Office	IEP
Cao, Nang	Davis	5/6/2004	60	Office	IEP
Cao, Nang	Newman	5/6/2004	60	Office	IEP
Cao, Nang	Hayes	5/11/2004	60	Office	IEP
Cao, Nang	Vermont	5/11/2004	60	Office	IEP
Cao, Nang	Borjas	5/13/2004	60	Office	IEP
Cao, Nang	Farris	5/13/2004	60	Office	IEP
Cao, Nang	Gumaer	5/13/2004	60	Office	IEP
Cao, Nang	Oxley	5/19/2004	60	Office	IEP
Cao, Nang	Johnson	5/24/2004	60	Office	IEP
Cao, Nang	Sherbinan	5/25/2004	60	Office	IEP
Cao, Nang	Sheen	5/28/2004	60	Office	IEP
Cao, Nang	Benson	6/21/2004	60	Office	IEP
Cao, Nang	Kendall	6/21/2004	60	Office	IEP
Cao, Nang Total			4132		
Cummins, Jeff	Dixon	10/10/2003	30	Office	IEP
Cummins, Jeff	Lam	10/10/2003	30	Office	IEP
Cummins, Jeff	Turner	10/10/2003	30	Office	IEP
Cummins, Jeff	Hai	10/16/2003	20	Phone	IEP
Cummins, Jeff	Hai	10/16/2003	28	Phone	IEP
Cummins, Jeff	Ortega	10/20/2003	30	Office	IEP
Cummins, Jeff	Ortega	10/21/2003	32	Office	IEP
Cummins, Jeff	Ortega	10/22/2003	28	Phone	IEP
Cummins, Jeff	Banford	10/23/2003	36	Office	IEP
Cummins, Jeff	Ortega	10/28/2003	56	Office	IEP
Cummins, Jeff	Wright	11/7/2003	15	Phone	IEP
Cummins, Jeff	Wright	11/7/2003	46	Phone	IEP
Cummins, Jeff	Gio	11/10/2003	70	Office	IEP
Cummins, Jeff	Wright	11/10/2003	109	Phone	IEP
Cummins, Jeff	Wright	11/12/2003	38	Office	IEP
Cummins, Jeff	Wright	11/13/2003	60	Office	IEP
Cummins, Jeff	Wright	11/18/2003	30	Office	IEP

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Cummins, Jeff	Colon	11/25/2003	60	Office	IEP
Cummins, Jeff	Moreno	12/10/2003	20	Office	IEP
Cummins, Jeff	Philips	12/10/2003	25	Office	IEP
Cummins, Jeff	Moreno	12/11/2003	42	Office	IEP
Cummins, Jeff	Philips	12/11/2003	30	Phone	IEP
Cummins, Jeff	Lam	12/12/2003	23	Office	IEP
Cummins, Jeff	Moreno	12/12/2003	36	Phone	IEP
Cummins, Jeff	Moreno	12/16/2003	60	Office	IEP
Cummins, Jeff	Sutliff	12/18/2003	30	Office	IEP
Cummins, Jeff	Johnston	12/22/2003	30	Office	IEP
Cummins, Jeff	Wright	2/3/2004	60	Office	IEP
Cummins, Jeff	Ricks	2/4/2004	31	Office	IEP
Cummins, Jeff	Ricks	2/6/2004	15	Office	IEP
Cummins, Jeff	Gaches	2/9/2004	30	Office	IEP
Cummins, Jeff	Turner	2/9/2004	28	Office	IEP
Cummins, Jeff	Wright	2/9/2004	86	Office	IEP
Cummins, Jeff	Turner	2/11/2004	21	Phone	IEP
Cummins, Jeff	Turner	2/12/2004	32	Phone	IEP
Cummins, Jeff	Gaches	2/17/2004	21	Phone	IEP
Cummins, Jeff	Gaches	2/19/2004	12	Phone	IEP
Cummins, Jeff	Gaches	2/20/2004	17	Office	IEP
Cummins, Jeff	Moreno	2/20/2004	29	Phone	IEP
Cummins, Jeff	Rameriz	2/27/2004	25	????	IEP
Cummins, Jeff	Maldonado	3/1/2004	30	Office	IEP
Cummins, Jeff	Maldonado	3/1/2004	30	Office	IEP
Cummins, Jeff	Heldt	3/2/2004	20	Phone	IEP
Cummins, Jeff	Heldt	3/2/2004	28	Phone	IEP
Cummins, Jeff	Heldt	3/4/2004	138	School	IEP
Cummins, Jeff	Maldonado	3/4/2004	15	Phone	IEP
Cummins, Jeff	Margo	3/4/2004	15	Office	IEP
Cummins, Jeff	Higuera	3/8/2004	28	Office	IEP
Cummins, Jeff	Besunesse	3/10/2004	20	Office	IEP
Cummins, Jeff	Besunesse	3/15/2004	12	Phone	IEP
Cummins, Jeff	Besunesse	3/15/2004	21	Office	IEP
Cummins, Jeff	Besunesse	3/16/2004	11	Phone	IEP
Cummins, Jeff	Besunesse	3/17/2004	20	Phone	IEP
Cummins, Jeff	Besunesse	3/19/2004	60	Satellite	IEP
Cummins, Jeff	Haberman	3/19/2004	30	Office	IEP
Cummins, Jeff	Juhasz	3/24/2004	30	Office	IEP
Cummins, Jeff	Saldana	3/24/2004	30	Office	IEP
Cummins, Jeff	Saldana	3/24/2004	28	????	IEP
Cummins, Jeff	Juhasz	3/25/2004	12	Phone	IEP
Cummins, Jeff	Arafa	3/29/2004	60	????	IEP
Cummins, Jeff	Saldana	3/29/2004	12	????	IEP

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Cummins, Jeff	Saldana	3/29/2004	10	Phone	IEP
Cummins, Jeff	Ansari	3/30/2004	30	????	IEP
Cummins, Jeff	Arafa	4/6/2004	32	????	IEP
Cummins, Jeff	Sawyer	4/6/2004	30	????	IEP
Cummins, Jeff	Saldana	4/7/2004	15	????	IEP
Cummins, Jeff	Sawyer	4/7/2004	15	????	IEP
Cummins, Jeff	Sawyer	4/7/2004	30	????	IEP
Cummins, Jeff	Ansari	4/9/2004	30	????	IEP
Cummins, Jeff	Perez	4/12/2004	17	????	IEP
Cummins, Jeff	Perez	4/12/2004	28	????	IEP
Cummins, Jeff	Ansari	4/13/2004	12	????	IEP
Cummins, Jeff	Hill	4/13/2004	28	????	IEP
Cummins, Jeff	Rameriz	4/13/2004	30	????	IEP
Cummins, Jeff	Hill	4/19/2004	22	????	IEP
Cummins, Jeff	Hill	4/19/2004	12	????	IEP
Cummins, Jeff	Hill	4/19/2004	12	????	IEP
Cummins, Jeff	Ansari	4/20/2004	10	Phone	IEP
Cummins, Jeff	Hill	4/20/2004	35	????	IEP
Cummins, Jeff	Perez	4/20/2004	12	????	IEP
Cummins, Jeff	Rameriz	4/21/2004	14	????	IEP
Cummins, Jeff	Rameriz	4/21/2004	10	????	IEP
Cummins, Jeff	Perez	4/22/2004	90	????	IEP
Cummins, Jeff	Perez	4/22/2004	10	????	IEP
Cummins, Jeff	Rameriz	4/22/2004	30	????	IEP
Cummins, Jeff	Rameriz	4/22/2004	15	????	IEP
Cummins, Jeff	Rameriz	4/22/2004	82	????	IEP
Cummins, Jeff	Murphy	4/23/2004	30	????	IEP
Cummins, Jeff	Rameriz	4/23/2004	15	????	IEP
Cummins, Jeff	Rose	4/23/2004	28	????	IEP
Cummins, Jeff	Rameriz	4/26/2004	20	????	IEP
Cummins, Jeff	Rose	4/26/2004	11	????	IEP
Cummins, Jeff	Munoz	4/30/2004	30	????	IEP
Cummins, Jeff	Murphy	4/30/2004	25	????	IEP
Cummins, Jeff	Cordova	5/3/2004	30	????	IEP
Cummins, Jeff	Saenz	5/3/2004	36	????	IEP
Cummins, Jeff	Ansari	5/4/2004	15	????	IEP
Cummins, Jeff	Levy	5/14/2004	30	????	IEP
Cummins, Jeff Total			3032		
Dittrich, Monica	Banford	11/12/2003	41	Phone	IEP
Dittrich, Monica	Sutcliffe	1/26/2004	10	Phone	IEP
Dittrich, Monica	Sutcliffe	1/26/2004	32	Phone	IEP
Dittrich, Monica	Singh	6/30/2004	31	Phone	IEP
Dittrich, Monica Total			114		
Espinoza, Aurelia	Ricks	2/10/2004	16	Office	IEP

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Espinoza, Aurelia	Rivera	3/23/2004	20	Office	IEP
Espinoza, Aurelia	Rivera	3/23/2004	18	????	IEP
Espinoza, Aurelia Total			54		
Fjelstad, Diane	Howe	10/21/2003	20	Phone	IEP
Fjelstad, Diane	Howe	10/23/2003	90	Office	IEP
Fjelstad, Diane	Howe	10/27/2003	90	Office	IEP
Fjelstad, Diane	Howe	10/27/2003	180	Field	IEP
Fjelstad, Diane	Howe	10/29/2003	30	Phone	IEP
Fjelstad, Diane	Howe	10/31/2003	120	Office	IEP
Fjelstad, Diane	Howe	11/3/2003	150	Office	IEP
Fjelstad, Diane	Howe	11/5/2003	360	Office	IEP
Fjelstad, Diane	Howe	11/12/2003	60	Office	IEP
Fjelstad, Diane	Howe	11/13/2003	150	School	IEP
Fjelstad, Diane	Byrd	11/14/2003	60	Office	IEP
Fjelstad, Diane	Howe	11/14/2003	75	Office	IEP
Fjelstad, Diane	Howe	12/1/2003	30	Phone	IEP
Fjelstad, Diane	Chitwood	12/15/2003	20	Phone	IEP
Fjelstad, Diane	Aahz	5/10/2004	45	Phone	IEP
Fjelstad, Diane	Aahz	5/11/2004	30	Phone	IEP
Fjelstad, Diane	Aahz	5/12/2004	30	Office	IEP
Fjelstad, Diane Total			1540		
Giniger, Hayley	Osterlund	10/31/2003	20	Phone	IEP
Giniger, Hayley	Ruiz	11/6/2003	67	Office	IEP
Giniger, Hayley	Salgado	4/7/2004	23	Phone	IEP
Giniger, Hayley	Messina	5/4/2004	28	Office	IEP
Giniger, Hayley	Messina	5/10/2004	26	Office	IEP
Giniger, Hayley	Messina	5/17/2004	15	Phone	IEP
Giniger, Hayley Total			179		
Goldbard, Lilly	VanTubergen	12/5/2003	30	Office	IEP
Goldbard, Lilly	VanTubergen	12/16/2003	25	Office	IEP
Goldbard, Lilly	VanTubergen	12/26/2003	40	Office	IEP
Goldbard, Lilly Total			95		
Gonzalez, Lorena	Dixon	10/15/2003	21	Phone	IEP
Gonzalez, Lorena	DeLeon	10/30/2003	20	Phone	IEP
Gonzalez, Lorena	Landry	2/2/2004	21	Phone	IEP
Gonzalez, Lorena	Kinsey	4/12/2004	20	Phone	IEP
Gonzalez, Lorena	Perez	4/23/2004	20	????	IEP
Gonzalez, Lorena	Cordova	5/6/2004	20	Office	IEP
Gonzalez, Lorena	Cordova	5/7/2004	19	Phone	IEP
Gonzalez, Lorena	Levy	5/14/2004	20	Phone	IEP
Gonzalez, Lorena	Levy	5/21/2004	10	Phone	IEP
Gonzalez, Lorena	Levy	5/26/2004	17	Phone	IEP
Gonzalez, Lorena Total			188		
Goodridge, Wendy	Scellato	10/7/2003	12	Phone	IEP

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Goodridge, Wendy	Gulley	11/4/2003	15	Office	IEP
Goodridge, Wendy	Scellato	11/4/2003	20	Phone	IEP
Goodridge, Wendy	Goddard-S	11/5/2003	38	Office	IEP
Goodridge, Wendy	Gulley	11/10/2003	17	Phone	IEP
Goodridge, Wendy	Scellato	11/10/2003	10	Phone	IEP
Goodridge, Wendy	Rojas	11/12/2003	19	Office	IEP
Goodridge, Wendy	Scellato	11/12/2003	10	Phone	IEP
Goodridge, Wendy	Gulley	11/18/2003	26	Office	IEP
Goodridge, Wendy	Kinsey	11/18/2003	19	Office	IEP
Goodridge, Wendy	Kinsey	11/19/2003	19	Office	IEP
Goodridge, Wendy	Howe	11/20/2003	12	Office	IEP
Goodridge, Wendy	Gulley	11/24/2003	20	Phone	IEP
Goodridge, Wendy	Bond	11/25/2003	17	Office	IEP
Goodridge, Wendy	Kinsey	11/25/2003	172	School	IEP
Goodridge, Wendy	Bond	12/2/2003	31	Phone	IEP
Goodridge, Wendy	Scellato	12/2/2003	22	Office	IEP
Goodridge, Wendy	Bond	12/9/2003	29	Office	IEP
Goodridge, Wendy	Bond	12/9/2003	21	Phone	IEP
Goodridge, Wendy	Stock	12/23/2003	14	Office	IEP
Goodridge, Wendy	Lekas	1/2/2004	15	Office	IEP
Goodridge, Wendy	Fite	1/15/2004	15	Office	IEP
Goodridge, Wendy	Fite	1/29/2004	24	Office	IEP
Goodridge, Wendy	Jennings	1/30/2004	14	Phone	IEP
Goodridge, Wendy	Saenz	2/5/2004	15	Office	IEP
Goodridge, Wendy	Giovannoni	3/18/2004	157	Office	IEP
Goodridge, Wendy	Giovannoni	3/19/2004	187	Office	IEP
Goodridge, Wendy	Giovannoni	3/22/2004	42	Office	IEP
Goodridge, Wendy	Giovannoni	3/23/2004	214	School	IEP
Goodridge, Wendy	Silveira	3/24/2004	22	Phone	IEP
Goodridge, Wendy	Giovannoni	3/29/2004	22	Office	IEP
Goodridge, Wendy	Maese	3/29/2004	15	Phone	IEP
Goodridge, Wendy	Silveira	3/29/2004	12	Phone	IEP
Goodridge, Wendy	Giovannoni	3/30/2004	45	Office	IEP
Goodridge, Wendy	Giovannoni	4/1/2004	31	Office	IEP
Goodridge, Wendy	Giovannoni	4/1/2004	27	Phone	IEP
Goodridge, Wendy	Boyd	4/2/2004	13	Office	IEP
Goodridge, Wendy	LaMonda	4/5/2004	36	Office	IEP
Goodridge, Wendy	LaMonda	4/9/2004	119	School	IEP
Goodridge, Wendy	Maese	4/9/2004	22	Office	IEP
Goodridge, Wendy	LaMonda	4/12/2004	146	Office	IEP
Goodridge, Wendy	Rawicz	4/12/2004	22	Office	IEP
Goodridge, Wendy	Zidarevich	4/13/2004	16	Office	IEP
Goodridge, Wendy	LaMonda	4/14/2004	59	Office	IEP
Goodridge, Wendy	Giovannoni	4/19/2004	58	Office	IEP

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Goodridge, Wendy	Giovannoni	4/19/2004	38	Office	IEP
Goodridge, Wendy	Gomez	4/19/2004	15	Office	IEP
Goodridge, Wendy	Zidarevich	4/19/2004	18	Phone	IEP
Goodridge, Wendy	Giovannoni	4/20/2004	12	Office	IEP
Goodridge, Wendy	Gomez	4/21/2004	10	Office	IEP
Goodridge, Wendy	Rawicz	4/21/2004	21	Phone	IEP
Goodridge, Wendy	Zidarevich	4/21/2004	10	Phone	IEP
Goodridge, Wendy	Giovannoni	4/23/2004	40	Office	IEP
Goodridge, Wendy	Gomez	4/23/2004	26	Office	IEP
Goodridge, Wendy	Gomez	4/30/2004	21	Office	IEP
Goodridge, Wendy	Asea	5/4/2004	18	Office	IEP
Goodridge, Wendy	Asea	5/5/2004	15	Phone	IEP
Goodridge, Wendy	Gomez	5/13/2004	13	????	IEP
Goodridge, Wendy	Rojas	5/18/2004	15	Phone	IEP
Goodridge, Wendy	Rojas	5/19/2004	20	Office	IEP
Goodridge, Wendy	Rojas	5/24/2004	20	Phone	IEP
Goodridge, Wendy	Rojas	5/25/2004	30	Office	IEP
Goodridge, Wendy	Rojas	5/26/2004	40	Office	IEP
Goodridge, Wendy	McCowan	6/7/2004	15	Phone	IEP
Goodridge, Wendy	Mar	6/10/2004	59	Phone	IEP
Goodridge, Wendy	Prosser	6/10/2004	13	Phone	IEP
Goodridge, Wendy	DiSalvo	6/28/2004	38	Office	IEP
Goodridge, Wendy	Rich	6/30/2004	24	Phone	IEP
Goodridge, Wendy Total			2422		
Gutierrez, George	Moreno	1/22/2004	41	Phone	IEP
Gutierrez, George Total			41		
Hanchett, Danielle	Gio	11/12/2003	22	Office	IEP
Hanchett, Danielle	Gio	11/12/2003	10	Phone	IEP
Hanchett, Danielle	Gio	12/4/2003	21	Phone	IEP
Hanchett, Danielle	Gio	12/4/2003	12	Phone	IEP
Hanchett, Danielle	Gio	12/16/2003	17	Office	IEP
Hanchett, Danielle	Gio	1/2/2004	24	Office	IEP
Hanchett, Danielle	Gio	1/14/2004	13	Phone	IEP
Hanchett, Danielle	Gio	1/14/2004	22	Office	IEP
Hanchett, Danielle	Gio	2/20/2004	30	Office	IEP
Hanchett, Danielle	LaBelle	3/10/2004	27	Phone	IEP
Hanchett, Danielle	LaBelle	3/10/2004	28	Phone	IEP
Hanchett, Danielle	LaBelle	4/2/2004	15	Office	IEP
Hanchett, Danielle	Mondragon	4/8/2004	20	Office	IEP
Hanchett, Danielle	Mondragon	4/14/2004	16	Office	IEP
Hanchett, Danielle	Mondragon	4/22/2004	18	Phone	IEP
Hanchett, Danielle	Munoz	5/19/2004	17	Phone	IEP
Hanchett, Danielle Total			312		
Hill, Louise	Osborn	12/5/2003	28	Phone	IEP

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Hill, Louise	Osborn	12/11/2003	19	Phone	IEP
Hill, Louise	Saldana	4/7/2004	40	Satellite	IEP
Hill, Louise	Saldana	4/8/2004	20	Phone	IEP
Hill, Louise	Saldana	5/18/2004	30	Satellite	IEP
Hill, Louise	Saldana	5/18/2004	18	Phone	IEP
Hill, Louise	Saldana	6/2/2004	30	Office	IEP
Hill, Louise	Parker	6/9/2004	21	Phone	IEP
Hill, Louise	Parker	6/10/2004	32	Phone	IEP
Hill, Louise	Parker	6/22/2004	62	Office	IEP
Hill, Louise	Kimura	6/25/2004	64	Satellite	IEP
Hill, Louise	Kimura	6/28/2004	20	Phone	IEP
Hill, Louise Total			384		
Le, Mikelle	Lam	11/5/2003	29	Phone	IEP
Le, Mikelle	Lam	11/5/2003	50	Office	IEP
Le, Mikelle	Lam	12/24/2003	36	Office	IEP
Le, Mikelle	Arafa	1/27/2004	39	Office	IEP
Le, Mikelle	Lam	1/27/2004	65	Office	IEP
Le, Mikelle	Juhasz	3/29/2004	18	Office	IEP
Le, Mikelle	Juhasz	3/29/2004	17	Office	IEP
Le, Mikelle	Juhasz	4/1/2004	18	Phone	IEP
Le, Mikelle	Juhasz	4/1/2004	15	Office	IEP
Le, Mikelle	Juhasz	4/1/2004	15	Phone	IEP
Le, Mikelle	Juhasz	4/1/2004	93	Office	IEP
Le, Mikelle	Juhasz	4/2/2004	47	Office	IEP
Le, Mikelle Total			442		
Leavitt, Karen	Westall	12/2/2003	30	Office	IEP
Leavitt, Karen	Westall	12/2/2003	91	Phone	IEP
Leavitt, Karen	Westall	12/3/2003	24	Office	IEP
Leavitt, Karen	Westall	12/3/2003	20	Office	IEP
Leavitt, Karen	Westall	12/3/2003	23	Phone	IEP
Leavitt, Karen	Westall	12/3/2003	47	Phone	IEP
Leavitt, Karen	Westall	12/4/2003	15	Office	IEP
Leavitt, Karen	Davis	2/23/2004	30	Phone	IEP
Leavitt, Karen	Sweeney	5/3/2004	22	Phone	IEP
Leavitt, Karen	Sweeney	5/4/2004	26	Phone	IEP
Leavitt, Karen Total			328		
Mao, Samphors	Flores	10/2/2003	30	Phone	IEP
Mao, Samphors	Flores	10/2/2003	22	Office	IEP
Mao, Samphors	Mendoza	10/2/2003	37	Office	IEP
Mao, Samphors	Ware	10/7/2003	38	Phone	IEP
Mao, Samphors	Ramos	10/10/2003	37	Phone	IEP
Mao, Samphors	Winter	10/16/2003	26	Phone	IEP
Mao, Samphors	Winter	10/17/2003	33	Phone	IEP
Mao, Samphors	Winter	10/17/2003	29	Phone	IEP

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Mao, Samphors	Ware	10/22/2003	22	Phone	IEP
Mao, Samphors	Moore	10/24/2003	23	Phone	IEP
Mao, Samphors	Winter	10/24/2003	25	Office	IEP
Mao, Samphors	Krueger	10/30/2003	46	Phone	IEP
Mao, Samphors	Moore	10/30/2003	32	Phone	IEP
Mao, Samphors	Moore	10/30/2003	26	Phone	IEP
Mao, Samphors	Krueger	11/14/2003	33	Office	IEP
Mao, Samphors	Amaya	11/21/2003	38	Phone	IEP
Mao, Samphors	Dagenais	11/21/2003	17	Phone	IEP
Mao, Samphors	Krueger	11/24/2003	28	Office	IEP
Mao, Samphors	Krueger	12/1/2003	20	Phone	IEP
Mao, Samphors	Krueger	12/2/2003	45	Phone	IEP
Mao, Samphors	Amaya	12/3/2003	26	Office	IEP
Mao, Samphors	Christofk	12/29/2003	43	Phone	IEP
Mao, Samphors	Tucker	2/3/2004	34	Office	IEP
Mao, Samphors	Williams	2/3/2004	21	Phone	IEP
Mao, Samphors	Tucker	2/4/2004	39	Phone	IEP
Mao, Samphors	Williams	2/10/2004	39	Office	IEP
Mao, Samphors	Freer	2/12/2004	36	Phone	IEP
Mao, Samphors	Lozon	2/17/2004	38	Phone	IEP
Mao, Samphors	Freer	2/18/2004	33	Phone	IEP
Mao, Samphors	Lozon	2/19/2004	30	Phone	IEP
Mao, Samphors	Lozon	2/19/2004	34	Office	IEP
Mao, Samphors	Maese	2/25/2004	28	Office	IEP
Mao, Samphors	Maese	3/3/2004	29	Office	IEP
Mao, Samphors	Swanson	3/3/2004	17	Phone	IEP
Mao, Samphors	Swanson	3/3/2004	39	Phone	IEP
Mao, Samphors	Cooper	3/12/2004	39	Phone	IEP
Mao, Samphors	Swanson	3/17/2004	36	Phone	IEP
Mao, Samphors	Swanson	3/17/2004	48	Phone	IEP
Mao, Samphors	Swanson	3/18/2004	19	Office	IEP
Mao, Samphors	Frugoli	3/22/2004	21	Phone	IEP
Mao, Samphors	Frugoli	3/24/2004	36	Phone	IEP
Mao, Samphors	Swanson	3/24/2004	41	Phone	IEP
Mao, Samphors	Swanson	3/24/2004	39	Phone	IEP
Mao, Samphors	Swanson	3/24/2004	22	Phone	IEP
Mao, Samphors	Swanson	3/24/2004	32	Phone	IEP
Mao, Samphors	Swanson	3/25/2004	20	Office	IEP
Mao, Samphors	Swanson	3/26/2004	49	Phone	IEP
Mao, Samphors	Swanson	3/30/2004	124	Field	IEP
Mao, Samphors	Swanson	3/30/2004	15	Phone	IEP
Mao, Samphors	Swanson	4/5/2004	29	Phone	IEP
Mao, Samphors	Swanson	4/6/2004	160	Office	IEP
Mao, Samphors	Turner	4/6/2004	40	Phone	IEP

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Mao, Samphors	Turner	4/6/2004	28	Phone	IEP
Mao, Samphors	Turner	4/6/2004	30	Phone	IEP
Mao, Samphors	Turner	4/14/2004	40	Phone	IEP
Mao, Samphors	Frugoli	4/15/2004	30	Phone	IEP
Mao, Samphors	Padilla	4/15/2004	32	Phone	IEP
Mao, Samphors	Padilla	4/26/2004	30	Office	IEP
Mao, Samphors	Hernandez	5/7/2004	39	Phone	IEP
Mao, Samphors	Maresh	5/11/2004	38	Phone	IEP
Mao, Samphors	Nichols	5/11/2004	17	Phone	IEP
Mao, Samphors	Nichols	5/11/2004	30	Phone	IEP
Mao, Samphors	Maresh	5/19/2004	25	Phone	IEP
Mao, Samphors	Richards	5/25/2004	33	Phone	IEP
Mao, Samphors	Maresh	5/27/2004	30	Phone	IEP
Mao, Samphors	Etchells	6/3/2004	30	Office	IEP
Mao, Samphors	Etchells	6/7/2004	30	Phone	IEP
Mao, Samphors	Maresh	6/10/2004	38	Phone	IEP
Mao, Samphors	Johnson	6/16/2004	30	Office	IEP
Mao, Samphors	Renteria	6/29/2004	35	Phone	IEP
Mao, Samphors Total			2428		
Ponce, Dolores	Oxley	10/21/2003	25	Office	IEP
Ponce, Dolores	Oxley	10/21/2003	30	Office	IEP
Ponce, Dolores	Oxley	10/21/2003	90	????	IEP
Ponce, Dolores	Sauceda	2/25/2004	30	Office	IMD
Ponce, Dolores	Sauceda	2/26/2004	25	Office	IMD
Ponce, Dolores	Rodela	3/8/2004	10	Office	IMD
Ponce, Dolores Total			210		
Riniti, Joann	Rodgers	9/24/2003	20	Office	IEP
Riniti, Joann	Rodgers	10/1/2003	30	Office	IEP
Riniti, Joann	Rodgers	10/15/2003	15	Office	IEP
Riniti, Joann	Rodgers	10/22/2003	25	Office	IEP
Riniti, Joann	Moreno	12/12/2003	30	Office	IEP
Riniti, Joann	Ramirez	4/23/2004	63	????	IEP
Riniti, Joann	Ramirez	4/26/2004	93	Office	IEP
Riniti, Joann	Chernoff	6/11/2004	27	Phone	IEP
Riniti, Joann	Chernoff	6/14/2004	45	Phone	IEP
Riniti, Joann	Chernoff	6/14/2004	33	Phone	IEP
Riniti, Joann Total			381		
Silva, David	Hub	10/14/2003	121	Jail	IMD
Silva, David	Hub	10/14/2003	31	Phone	IMD
Silva, David	Hub	11/25/2003	36	Phone	IMD
Silva, David	Hub	11/26/2003	41	Phone	IMD
Silva, David	Hub	12/1/2003	38	Phone	IMD
Silva, David	Hub	12/10/2003	41	Phone	IMD
Silva, David	Hub	12/16/2003	36	Phone	IMD

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Silva, David	Hub	12/17/2003	81	Jail	IMD
Silva, David	Hub	11/6/2005	121	Jail	IMD
Silva, David Total			546		
Sweet, Tova	Howe	11/12/2003	18	Office	IEP
Sweet, Tova	Howe	11/18/2003	139	Office	IEP
Sweet, Tova	Howe	11/18/2003	86	Phone	IEP
Sweet, Tova	Howe	11/19/2003	84	Phone	IEP
Sweet, Tova	Howe	11/19/2003	225	Field	IEP
Sweet, Tova	Howe	11/20/2003	109	Phone	IEP
Sweet, Tova	Howe	11/20/2003	131	Office	IEP
Sweet, Tova	Howe	11/24/2003	75	Office	IEP
Sweet, Tova	Howe	11/25/2003	53	Phone	IEP
Sweet, Tova	Howe	11/26/2003	216	Phone	IEP
Sweet, Tova	Howe	11/26/2003	17	Phone	IEP
Sweet, Tova	Borra	1/9/2004	13	Office	IEP
Sweet, Tova	Borra	1/9/2004	11	Phone	IEP
Sweet, Tova	Borra	1/13/2004	183	Phone	IEP
Sweet, Tova	Borra	1/13/2004	34	Office	IEP
Sweet, Tova	Borra	1/14/2004	202	Field	IEP
Sweet, Tova	Borra	1/14/2004	29	Phone	IEP
Sweet, Tova	Borra	1/14/2004	18	Office	IEP
Sweet, Tova	Borra	1/21/2004	56	Phone	IEP
Sweet, Tova	Borra	1/22/2004	87	Phone	IEP
Sweet, Tova	Borra	1/26/2004	87	Phone	IEP
Sweet, Tova	Borra	2/4/2004	37	Office	IEP
Sweet, Tova	Borra	2/5/2004	36	Phone	IEP
Sweet, Tova	Borra	2/6/2004	21	Phone	IEP
Sweet, Tova	Borra	2/9/2004	26	Phone	IEP
Sweet, Tova	Borra	2/9/2004	39	Phone	IEP
Sweet, Tova	Borra	2/9/2004	34	Phone	IEP
Sweet, Tova	Borra	2/9/2004	20	Office	IEP
Sweet, Tova	Borra	3/1/2004	29	Office	IEP
Sweet, Tova	Borra	3/17/2004	18	Phone	IEP
Sweet, Tova	Giavannoni	3/17/2004	19	Phone	IEP
Sweet, Tova	Giavannoni	3/18/2004	79	Office	IEP
Sweet, Tova	Borra	3/19/2004	41	Phone	IEP
Sweet, Tova	Borra	3/23/2004	25	Phone	IEP
Sweet, Tova	Giavannoni	3/23/2004	240	Field	IEP
Sweet, Tova	Borra	3/24/2004	48	Phone	IEP
Sweet, Tova	Borra	3/24/2004	182	Office	IEP
Sweet, Tova	Borra	3/25/2004	193	Office	IEP
Sweet, Tova	Borra	3/25/2004	14	Phone	IEP
Sweet, Tova	Borra	3/26/2004	49	Field	IEP
Sweet, Tova	Borra	3/26/2004	27	Office	IEP

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Sweet, Tova	Giavannoni	3/29/2004	49	Office	IEP
Sweet, Tova	Borra	4/1/2004	311	Office	IEP
Sweet, Tova	Heinzen	6/8/2004	29	Office	IEP
Sweet, Tova	Mendoza	6/9/2004	30	Office	IEP
Sweet, Tova	Mendoza	6/9/2004	62	Phone	IEP
Sweet, Tova	Mendoza	6/11/2004	36	Office	IEP
Sweet, Tova	Mendoza	6/15/2004	35	Phone	IEP
Sweet, Tova	Mendoza	6/16/2004	375	Field	IEP
Sweet, Tova	Heinzen	6/21/2004	37	Office	IEP
Sweet, Tova	Heinzen	6/22/2004	61	Office	IEP
Sweet, Tova	Heinzen	6/22/2004	255	Field	IEP
Sweet, Tova	Heinzen	6/23/2004	139	Office	IEP
Sweet, Tova	Heinzen	6/24/2004	54	Office	IEP
Sweet, Tova	Heinzen	6/24/2004	211	Field	IEP
Sweet, Tova	Heinzen	6/25/2004	22	Phone	IEP
Sweet, Tova	Heinzen	6/25/2004	125	Field	IEP
Sweet, Tova	Howe	11/21/2004	123	Field	IEP
Sweet, Tova	Howe	11/21/2004	83	Phone	IEP
Sweet, Tova	Howe	11/21/2004	14	Office	IEP
Sweet, Tova	Howe	11/24/2004	39	Phone	IEP
Sweet, Tova Total			5140		
Urbanski, Carol	Hernandez	10/6/2003	35	Office	IEP
Urbanski, Carol	Ware	10/6/2003	28	Office	IEP
Urbanski, Carol	DiSalvo	10/20/2003	34	Office	IEP
Urbanski, Carol	Gulley	10/20/2003	31	Office	IEP
Urbanski, Carol	Hernandez	10/20/2003	35	Phone	IEP
Urbanski, Carol	Krueger	10/20/2003	41	Office	IEP
Urbanski, Carol	Reha	10/20/2003	32	Office	IEP
Urbanski, Carol	McDaniel	10/24/2003	34	Office	IEP
Urbanski, Carol	Moore	10/24/2003	32	Office	IEP
Urbanski, Carol	Hernandez	10/27/2003	25	Office	IEP
Urbanski, Carol	Stoft	10/27/2003	38	Office	IEP
Urbanski, Carol	Reha	10/31/2003	26	Office	IEP
Urbanski, Carol	Reha	11/4/2003	22	Office	IEP
Urbanski, Carol	Gibson	11/5/2003	31	Office	IEP
Urbanski, Carol	Rojas	11/5/2003	34	Office	IEP
Urbanski, Carol	Alleman	11/12/2003	34	Office	IEP
Urbanski, Carol	Heffelfinger	11/12/2003	40	Office	IEP
Urbanski, Carol	Hutchinson	11/12/2003	36	Office	IEP
Urbanski, Carol	Kinsey	11/12/2003	43	Office	IEP
Urbanski, Carol	McWilliams	11/12/2003	30	Office	IEP
Urbanski, Carol	Murphy	11/12/2003	40	Office	IEP
Urbanski, Carol	Snell	11/12/2003	34	Office	IEP
Urbanski, Carol	Amaya	11/14/2003	36	Office	IEP

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Urbanski, Carol	Avalos	11/14/2003	43	Office	IEP
Urbanski, Carol	Talas	11/14/2003	36	Office	IEP
Urbanski, Carol	Bond	11/21/2003	26	Office	IEP
Urbanski, Carol	Linsley	11/21/2003	32	Office	IEP
Urbanski, Carol	Roberts	11/25/2003	30	Office	IEP
Urbanski, Carol	Westall	11/25/2003	32	Office	IEP
Urbanski, Carol	Roberts	12/2/2003	31	Office	IEP
Urbanski, Carol	Talas	12/2/2003	32	Office	IEP
Urbanski, Carol	Flores	12/5/2003	28	Office	IEP
Urbanski, Carol	Shaffner	12/18/2003	32	Office	IEP
Urbanski, Carol	Linsley	12/19/2003	32	Office	IEP
Urbanski, Carol	Christofk	12/22/2003	29	Office	IEP
Urbanski, Carol	DeCoursey	12/22/2003	34	Office	IEP
Urbanski, Carol	Shaffner	12/22/2003	28	Office	IEP
Urbanski, Carol	Stock	12/22/2003	31	Office	IEP
Urbanski, Carol	Amaya	12/29/2003	34	Office	IEP
Urbanski, Carol	Lekas	12/29/2003	32	Office	IEP
Urbanski, Carol	Fite	1/7/2004	32	Office	IEP
Urbanski, Carol	Berrett	1/12/2004	33	Office	IEP
Urbanski, Carol	Berrett	1/13/2004	28	Phone	IEP
Urbanski, Carol	Jennings	1/16/2004	30	Office	IEP
Urbanski, Carol	Mendoza	1/16/2004	26	Office	IEP
Urbanski, Carol	Ortiz	1/20/2004	26	Office	IEP
Urbanski, Carol	Salazar	1/20/2004	34	Office	IEP
Urbanski, Carol	Tucker	1/27/2004	29	Office	IEP
Urbanski, Carol	Gil	1/28/2004	29	Office	IEP
Urbanski, Carol	Saenz	1/28/2004	30	Office	IEP
Urbanski, Carol	Beebee	2/2/2004	25	Office	IEP
Urbanski, Carol	Guynn	2/2/2004	35	Office	IEP
Urbanski, Carol	Williams	2/2/2004	25	Office	IEP
Urbanski, Carol	Mendoza	2/3/2004	36	Office	IEP
Urbanski, Carol	Alsabari	2/9/2004	40	Office	IEP
Urbanski, Carol	Davis	2/10/2004	31	Office	IEP
Urbanski, Carol	Freer	2/10/2004	31	Office	IEP
Urbanski, Carol	Lozon	2/12/2004	34	Office	IEP
Urbanski, Carol	Davis	2/19/2004	28	Office	IEP
Urbanski, Carol	Ferreira	2/19/2004	29	Office	IEP
Urbanski, Carol	Maese	2/19/2004	31	Office	IEP
Urbanski, Carol	Gil	2/25/2004	90	Office	IEP
Urbanski, Carol	Mendoza	2/26/2004	35	Office	IEP
Urbanski, Carol	Morales	2/27/2004	29	Office	IEP
Urbanski, Carol	Gonzalez	3/1/2004	38	Office	IEP
Urbanski, Carol	Stansberry	3/1/2004	36	Office	IEP
Urbanski, Carol	Swanson	3/1/2004	34	Office	IEP

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Urbanski, Carol	Gonzalez	3/3/2004	30	Office	IEP
Urbanski, Carol	Boquin	3/9/2004	48	Office	IEP
Urbanski, Carol	Boyd	3/9/2004	35	Office	IEP
Urbanski, Carol	Cooper	3/9/2004	35	Office	IEP
Urbanski, Carol	Gil	3/9/2004	34	Office	IEP
Urbanski, Carol	Negus	3/9/2004	34	Office	IEP
Urbanski, Carol	Stansberry	3/9/2004	35	Office	IEP
Urbanski, Carol	Hernandez	3/10/2004	30	Office	IEP
Urbanski, Carol	Perez	3/10/2004	32	Office	IEP
Urbanski, Carol	Frugoli	3/16/2004	35	Office	IEP
Urbanski, Carol	Mendoza	3/16/2004	40	Office	IEP
Urbanski, Carol	Silveira	3/19/2004	35	Office	IEP
Urbanski, Carol	Silveira	3/22/2004	38	Office	IEP
Urbanski, Carol	Stansberry	3/22/2004	38	Office	IEP
Urbanski, Carol	Steward	3/22/2004	34	Office	IEP
Urbanski, Carol	Maese	3/25/2004	34	Office	IEP
Urbanski, Carol	Mendoza	3/25/2004	38	Office	IEP
Urbanski, Carol	Kane	3/30/2004	35	Office	IEP
Urbanski, Carol	Steward	3/30/2004	36	Office	IEP
Urbanski, Carol	Heinzen	4/2/2004	35	Office	IEP
Urbanski, Carol	Colunga	4/5/2004	38	Office	IEP
Urbanski, Carol	Rawicz	4/5/2004	37	Office	IEP
Urbanski, Carol	Turner	4/5/2004	34	Office	IEP
Urbanski, Carol	Heinzen	4/6/2004	40	Office	IEP
Urbanski, Carol	Merriott	4/6/2004	25	Office	IEP
Urbanski, Carol	Salgado	4/6/2004	30	Office	IEP
Urbanski, Carol	Zidarevich	4/6/2004	25	Office	IEP
Urbanski, Carol	Colunga	4/7/2004	40	Office	IEP
Urbanski, Carol	Padilla	4/9/2004	35	Office	IEP
Urbanski, Carol	Steward	4/9/2004	38	Office	IEP
Urbanski, Carol	Andres	4/14/2004	30	Office	IEP
Urbanski, Carol	Graves	4/14/2004	32	Office	IEP
Urbanski, Carol	Fiske	4/26/2004	34	Office	IEP
Urbanski, Carol	Heinzen	4/26/2004	38	Office	IEP
Urbanski, Carol	Asea	4/28/2004	34	Office	IEP
Urbanski, Carol	Sweeney	4/28/2004	31	Office	IEP
Urbanski, Carol	Mowry	5/6/2004	32	Office	IEP
Urbanski, Carol	Richards	5/6/2004	32	Office	IEP
Urbanski, Carol	Maresh	5/7/2004	25	Office	IEP
Urbanski, Carol	Nichols	5/7/2004	30	Office	IEP
Urbanski, Carol	McCormon	5/10/2004	30	Office	IEP
Urbanski, Carol	Etchells	5/13/2004	30	Office	IEP
Urbanski, Carol	Paniagua	5/17/2004	31	Office	IEP
Urbanski, Carol	Tatum	5/17/2004	28	Office	IEP

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
IEP Services Rendered: October 2003 - June 2004

Staffperson	Client	Service Date	Minutes	Location	Activity
Urbanski, Carol	Mar	5/20/2004	38	Office	IEP
Urbanski, Carol	Morales	5/20/2004	29	Office	IEP
Urbanski, Carol	Merriott	5/26/2004	32	Office	IEP
Urbanski, Carol	Merriott	5/28/2004	20	Office	IEP
Urbanski, Carol	Morales	6/2/2004	38	Office	IEP
Urbanski, Carol	Prosser	6/4/2004	38	Office	IEP
Urbanski, Carol	Heinzen	6/15/2004	218	Office	IEP
Urbanski, Carol	Heinzen	6/16/2004	222	Office	IEP
Urbanski, Carol	Heinzen	6/17/2004	150	Office	IEP
Urbanski, Carol	Heinzen	6/21/2004	37	Office	IEP
Urbanski, Carol	Vidmar	6/21/2004	35	Office	IEP
Urbanski, Carol	Heinzen	6/22/2004	235	School	IEP
Urbanski, Carol	Renteria	6/23/2004	35	Office	IEP
Urbanski, Carol	Stark	6/23/2004	38	Office	IEP
Urbanski, Carol	Nanez	6/24/2004	40	Office	IEP
Urbanski, Carol	Rich	6/24/2004	28	Office	IEP
Urbanski, Carol	Ulloa	6/24/2004	38	Office	IEP
Urbanski, Carol	Heinzen	6/30/2004	36	Phone	IEP
Urbanski, Carol Total			5014		
Grand Total			28992		

SB90 Personnel Cost All

Mental Health
Personnel Costs for SB90 Clms
FY 2004

Note: 1) Includes Vacation Payoffs, Call Duty, and Bilingual pay
2) Excludes mileage reimbursement (Object 2)

Employee	Salary	Total Benefits	Total	Prod Hours	Hourly Salary	Fringe Pct Sal
Nang Cao	75,686.56	24,766.11	100,452.67	1,560.65	48.50	32.72%
Diane Fjelstad	72,805.67	21,755.93	94,561.60	1,560.65	46.65	29.88%
Laura Manning	47,630.69	9,821.68	57,452.37	1,560.65	30.52	20.62%
Dolores Ponce	73,171.19	21,834.44	95,005.63	1,560.65	46.89	29.84%
David Silva	64,351.02	20,647.83	84,998.85	1,560.65	41.23	32.09%
Jodi Barnum	58,794.50	24,267.00	83,061.50	1,560.65	37.67	41.27%
Hayley Ginger	71,941.06	20,001.73	91,942.79	1,560.65	46.10	27.80%
Wendy Goodridge	64,348.07	23,595.59	87,943.66	1,560.65	41.23	36.67%
Carol Guerrero Urbanski	75,875.88	27,303.15	103,179.03	1,560.65	48.62	35.98%
Karen Leavitt	60,867.29	24,445.97	85,313.26	1,560.65	39.00	40.16%
Samphors Mao	61,153.12	24,065.42	85,218.54	1,560.65	39.18	39.35%
Tova Sweet	73,355.53	21,909.39	95,264.92	1,560.65	47.00	29.87%
Yukiko Nakase Ascue	75,398.39	27,233.67	102,632.06	1,560.65	48.31	36.12%
Lola Whiteley-Bruton	62,649.94	21,938.78	84,588.72	1,560.65	40.14	35.02%
Jeffrey Cummins	74,682.59	23,565.04	98,247.63	1,560.65	47.85	31.55%
Monica Dittrich	60,706.83	24,260.20	84,967.03	1,560.65	38.90	39.96%
Aurelia Espinoza	47,507.70	16,210.20	63,717.90	1,560.65	30.44	34.12%
Lorena Gonzalez	66,672.43	21,792.22	88,464.65	1,560.65	42.72	32.69%
George Gutierrez	72,017.23	26,557.22	98,574.45	1,560.65	46.15	36.88%
Danielle Hanchett-Friedman	47,589.82	11,063.32	58,653.14	1,560.65	30.49	23.25%
Louise Hill	67,034.25	19,085.37	86,119.62	1,560.65	42.95	28.47%
Mikelle Le	67,269.84	14,985.00	82,254.84	1,560.65	43.10	22.28%
Maria Erl Papa	73,154.77	22,961.57	96,116.34	1,560.65	46.87	31.39%
Joann Riniti	40,958.98	14,297.62	55,256.60	1,560.65	26.24	34.91%
Lillian Goldbard	73,211.69	26,578.78	99,790.47	1,560.65	46.91	36.30%
Nga Le	73,328.61	20,211.75	93,540.36	1,560.65	46.99	27.56%
	1,702,163.65	555,154.98	2,257,318.63			

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Mental Health
Personnel Costs for SB90 Claims
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Note: 1) Includes Vacation Payoffs, Call Duty, and Bilingual pay
2) Excludes mileage reimbursement (Object 2)

	PP 14/03 (06/23-07/06)			PP 15/03 (07/23-07/20)			PP 16/03 (07/21-08/03)			PP 17/03 (08/04-	
Employee	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits
Nang Cao	1,149.52	376.93	1,526.45	2,928.51	967.23	3,895.74	2,954.72	969.58	3,924.30	2,901.15	962.59
Diane Fjelstad	1,106.22	331.55	1,437.77	2,841.51	850.42	3,691.93	2,814.15	850.67	3,664.82	2,603.09	806.17
Laura Manning	682.76	140.21	822.97	2075.02	441.35	2,516.37	2,213.96	411.54	2,625.50	2,075.44	436.84
Dolores Ponce	1,114.72	332.35	1,447.07	2,841.51	855.32	3,696.83	2,814.15	850.67	3,664.82	2,814.15	850.67
David Silva	933.63	307.17	1,240.80	2,334.07	780.14	3,114.21	2,334.07	780.41	3,114.48	2,334.07	780.40
Jodi Barnum	1,006.69	391.10	1,397.79	2,516.72	1,011.15	3,527.87	2,516.72	991.99	3,508.71	2,516.72	1,029.05
Hayley Giniger	1,074.02	301.76	1,375.78	2,685.03	763.08	3,448.11	2,685.03	769.26	3,454.29	2,685.03	762.55
Wendy Goodridge	959.94	268.63	1,228.57	2,399.84	682.96	3,082.80	2,399.85	684.33	3,084.18	2,399.84	683.22
Carol Guerrero Urbanski	1,149.52	415.94	1,565.46	2,928.51	1,064.76	3,993.27	2,901.15	1,062.02	3,963.17	2,901.15	1,060.13
Karen Leavitt	915.17	373.92	1,289.09	2,287.92	945.76	3,233.68	2,287.92	950.05	3,237.97	2,287.92	946.02
Samphors Mao	933.63	367.83	1,301.46	2,334.08	929.98	3,264.06	2,334.07	930.26	3,264.33	2,334.06	931.02
Tova Sweet	1,142.00	337.10	1,479.10	2,855.00	857.73	3,712.73	2,855.00	862.20	3,717.20	2,855.00	858.00
Yukiko Nakase Ascue	1,149.52	414.54	1,564.06	2,928.51	1,060.58	3,989.09	2,901.15	1,056.72	3,957.87	2,901.15	1,055.95
Lola Whiteley-Bruton	1,142.00	414.64	1,556.64	2,855.00	1,051.59	3,906.59	2,855.00	1,051.84	3,906.84	2,855.00	1,051.85
Jeffrey Cummins	1,131.06	357.86	1,488.92	2,882.36	919.31	3,801.67	2,855.00	917.07	3,772.07	2,855.00	914.66
Monica Dittrich	959.94	381.30	1,341.24	2,399.84	965.82	3,365.66	2,399.84	966.07	3,365.91	2,399.85	966.08
Aurelia Espinoza	475.22	177.32	652.54	2,492.14	534.66	3,026.80	2,446.00	526.66	2,972.66	2,469.06	1,886.40
Lorena Gonzalez	1,025.15	334.54	1,359.69	2,562.87	849.37	3,412.24	2,562.87	850.15	3,413.02	2,562.87	849.63
George Gutierrez	1,199.26	424.59	1,623.85	2,976.15	1,073.31	4,049.46	2,936.15	1,066.40	4,002.55	2,936.15	1,066.41
Danielle Hanchett-Friedman	882.40	217.20	1,099.60	2,206.01	554.86	2,760.87	2,206.01	555.14	2,761.15	2,206.00	556.19
Louise Hill	1,006.69	287.57	1,294.26	2,516.72	732.13	3,248.85	2,516.72	741.58	3,258.30	2,516.72	733.66
Mikelle Le	978.40	221.99	1,200.39	2,445.98	572.35	3,018.33	2,562.88	584.50	3,147.38	2,562.87	581.75
Maria Erl Papa	1,125.66	351.85	1,477.51	2,814.15	896.55	3,710.70	2,814.15	896.31	3,710.46	2,814.15	894.68
Joann Riniti	630.11	219.33	849.44	1,575.28	555.56	2,130.84	1,575.28	555.82	2,131.10	1,575.28	555.83
Lillian Goldbard	1,114.72	366.30	1,481.02	1,434.44	653.62	2,088.06	2,814.15	958.07	3,772.22	4,221.23	1,187.81
Nga Le	1,114.72	306.86	1,421.58	2,841.51	790.34	3,631.85	2,814.15	785.69	3,599.84	2,814.15	787.83
	26,102.67	8,420.38	34,523.05	65,958.68	21,359.93	87,318.61	67,370.14	21,625.00	88,995.14	68,397.10	23,195.39

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FY 2004

Note: 1) Includes Vacation P
2) Excludes mileage r

	08/17)	PP 18/03 (08/18-08/31)			PP 19/03 (09/01-09/14)			PP 20/03 (09/15-09/28)			PP 21
Employee	Total	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits	Total	Salary
Nang Cao	3,863.74	2,901.15	976.80	3,877.95	2,901.15	962.60	3,863.75	2,901.15	962.59	3,863.74	2,901.15
Diane Fjelstad	3,409.26	2,740.28	835.10	3,575.38	2,814.15	850.68	3,664.83	2,814.15	850.66	3,664.81	2,814.15
Laura Manning	2,512.28	1,741.26	366.35	2,107.61	1,723.67	362.63	2,086.30	1,723.67	387.68	2,111.35	1,723.67
Dolores Ponce	3,664.82	2,814.15	850.68	3,664.83	2,814.15	850.67	3,664.82	2,814.15	850.67	3,664.82	2,814.15
David Silva	3,114.47	2,334.07	780.40	3,114.47	2,334.07	780.42	3,114.49	2,334.07	780.40	3,114.47	2,334.07
Jodi Barnum	3,545.77	2,516.72	992.77	3,509.49	2,013.39	900.97	2,914.36	2,013.38	900.98	2,914.36	2,013.38
Hayley Giniger	3,447.58	2,685.03	765.70	3,450.73	2,685.03	762.56	3,447.59	2,685.03	762.55	3,447.58	2,685.03
Wendy Goodridge	3,083.06	2,399.84	710.81	3,110.65	2,399.84	683.22	3,083.06	2,399.84	961.85	3,361.69	2,399.84
Carol Guerrero Urbanski	3,961.28	2,901.15	1,061.23	3,962.38	2,901.15	1,060.13	3,961.28	2,901.15	1,060.13	3,961.28	2,901.15
Karen Leavitt	3,233.94	2,287.92	947.00	3,234.92	2,287.92	946.02	3,233.94	2,287.92	946.01	3,233.93	2,287.92
Samphors Mao	3,265.08	2,334.08	966.08	3,300.16	2,334.07	931.03	3,265.10	2,334.07	930.25	3,264.32	2,334.07
Tova Sweet	3,713.00	2,855.00	858.00	3,713.00	2,855.00	859.79	3,714.79	2,855.00	858.00	3,713.00	2,855.00
Yukiko Nakase Ascue	3,957.10	2,901.15	1,055.94	3,957.09	2,901.15	1,057.41	3,958.56	2,901.15	1,055.95	3,957.10	2,901.15
Lola Whiteley-Bruton	3,906.85	2,855.00	1,051.85	3,906.85	2,855.00	1,051.85	3,906.85	2,855.00	1,051.84	3,906.84	2,855.00
Jeffrey Cummins	3,769.66	2,855.00	914.66	3,769.66	2,855.00	914.66	3,769.66	2,855.00	914.65	3,769.65	2,855.00
Monica Dittrich	3,365.93	2,399.84	966.08	3,365.92	2,399.84	966.08	3,365.92	2,399.83	787.69	3,187.52	2,399.84
Aurelia Espinoza	4,355.46	2,445.99	978.54	3,424.53	2,445.99	978.52	3,424.51	2,445.99	980.46	3,426.45	2,445.99
Lorena Gonzalez	3,412.50	2,562.87	849.63	3,412.50	2,562.87	849.79	3,412.66	2,562.87	849.63	3,412.50	2,562.87
George Gutierrez	4,002.56	2,942.15	1,067.49	4,009.64	2,863.75	1,053.42	3,917.17	2,863.75	1,053.43	3,917.18	2,845.75
Danielle Hanchett-Friedman	2,762.19	2,206.01	555.13	2,761.14	2,445.99	598.15	3,044.14	2,445.99	599.14	3,045.13	2,445.99
Louise Hill	3,250.38	2,516.72	733.62	3,250.34	2,516.72	732.38	3,249.10	2,516.72	732.38	3,249.10	2,516.72
Mikelle Le	3,144.62	2,562.87	585.04	3,147.91	2,562.87	581.75	3,144.62	2,562.87	581.75	3,144.62	2,562.87
Maria Erl Papa	3,708.83	2,814.15	894.66	3,708.81	2,814.15	895.24	3,709.39	2,814.15	894.67	3,708.82	2,814.15
Joann Riniti	2,131.11	1,575.28	555.84	2,131.12	1,575.29	555.83	2,131.12	1,575.29	555.82	2,131.11	945.17
Lillian Goldbard	5,409.04	2,814.15	935.53	3,749.68	2,814.15	935.55	3,749.70	2,814.15	960.60	3,774.75	2,814.15
Nga Le	3,601.98	2,814.15	785.70	3,599.85	2,814.15	787.36	3,601.51	2,814.15	812.42	3,626.57	2,971.58
	91,592.49	66,775.98	22,040.63	88,816.61	66,490.51	21,908.71	88,399.22	66,490.49	22,082.20	88,572.69	65,999.81

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Personnel for SB90 Claims

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Mental Health
Personnel Costs for SB90 Cl
FY 2004

Note: 1) Includes Vacation P
2) Excludes mileage re

	/03 (09/29-10/12)		PP 22/03 (10/13-10/26)			PP 23/03 (10/27-11/09)			PP 24/03 (11/10-11/23)		
Employee	Benefits	Total	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits	Total
Nang Cao	962.60	3,863.75	2,901.15	964.89	3,866.04	2,901.15	950.48	3,851.63	2,969.71	962.78	3,932.49
Diane Fjelstad	850.68	3,664.83	2,814.15	850.67	3,664.82	2,814.15	838.56	3,652.71	2,882.71	850.87	3,733.58
Laura Manning	362.64	2,086.31	1,822.16	383.42	2,205.58	1,723.67	355.20	2,078.87	1,846.31	370.79	2,217.10
Dolores Ponce	850.67	3,664.82	2,814.15	850.68	3,664.83	2,814.15	838.56	3,652.71	2,882.71	850.86	3,733.57
David Silva	780.41	3,114.48	2,334.07	780.40	3,114.47	2,334.07	768.88	3,102.95	2,390.71	778.46	3,169.17
Jodi Barnum	920.77	2,934.15	2,013.38	900.98	2,914.36	2,013.37	891.32	2,904.69	2,063.24	920.42	2,983.66
Hayley Giniger	769.72	3,454.75	2,685.03	764.96	3,449.99	2,685.03	756.61	3,441.64	2,882.71	785.89	3,668.60
Wendy Goodridge	967.64	3,367.48	2,399.84	961.84	3,361.68	2,399.84	954.05	3,353.89	2,459.20	960.37	3,419.57
Carol Guerrero Urbanski	1,061.71	3,962.86	3,241.39	1,121.12	4,362.51	2,901.15	1,049.36	3,950.51	2,969.71	1,060.32	4,030.03
Karen Leavitt	947.34	3,235.26	2,287.92	946.01	3,233.93	2,287.92	938.05	3,225.97	2,344.56	944.05	3,288.61
Samphors Mao	931.60	3,265.67	2,334.07	930.26	3,264.33	2,334.07	919.73	3,253.80	2,390.71	928.31	3,319.02
Tova Sweet	859.96	3,714.96	2,899.25	910.49	3,809.74	2,855.00	848.75	3,703.75	2,923.56	858.19	3,781.75
Yukiko Nakase Ascue	1,146.28	4,047.43	2,901.15	1,056.62	3,957.77	2,901.15	1,043.84	3,944.99	2,969.71	1,056.13	4,025.84
Lola Whiteley-Bruton	1,051.85	3,906.85	2,855.00	1,051.85	3,906.85	2,855.00	1,039.74	3,894.74	2,923.56	1,052.04	3,975.60
Jeffrey Cummins	914.66	3,769.66	2,855.00	914.66	3,769.66	2,855.00	902.55	3,757.55	2,923.56	914.85	3,838.41
Monica Dittrich	966.08	3,365.92	2,399.84	966.08	3,365.92	2,399.84	953.97	3,353.81	2,459.20	964.60	3,423.80
Aurelia Espinoza	978.53	3,424.52	2,445.99	978.53	3,424.52	2,445.99	966.41	3,412.40	2,505.35	977.07	3,482.42
Lorena Gonzalez	850.56	3,413.43	2,562.87	849.63	3,412.50	2,562.87	837.95	3,400.82	2,625.19	848.70	3,473.89
George Gutierrez	1,050.20	3,895.95	2,851.75	1,051.27	3,903.02	2,803.75	1,030.54	3,834.29	2,904.88	1,048.68	3,953.56
Danielle Hanchett-Friedman	600.68	3,046.67	2,445.98	598.14	3,044.12	2,446.00	586.04	3,032.04	2,505.35	596.67	3,102.02
Louise Hill	733.58	3,250.30	2,516.72	736.47	3,253.19	2,516.72	721.64	3,238.36	2,579.04	731.44	3,310.48
Mikelle Le	581.75	3,144.62	2,562.87	576.45	3,139.32	2,562.87	564.33	3,127.20	2,625.19	628.47	3,253.66
Marla Erl Papa	894.68	3,708.83	2,814.15	897.13	3,711.28	2,814.15	883.76	3,697.91	2,882.71	894.87	3,777.58
Joann Riniti	425.02	1,370.19	2,205.39	686.63	2,892.02	1,575.28	550.81	2,126.09	1,614.28	556.76	2,171.04
Lillian Goldbard	944.76	3,758.91	2,814.15	940.66	3,754.81	2,814.15	1,039.98	3,854.13	2,882.71	1,593.71	4,476.42
Nga Le	803.16	3,774.74	2,814.15	785.69	3,599.84	2,814.15	776.24	3,590.39	2,882.71	785.88	3,668.59
	22,207.53	88,207.34	67,591.57	22,455.53	90,047.10	66,430.49	22,007.35	88,437.84	68,289.28	22,921.18	91,210.46

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Note: 1) Includes Vacation P
2) Excludes mileage re

	PP 25/03 (11/24-12/07)			PP 26/03 (12/08-12/21)			PP 01/04 (12/22-01/04)			PP 02/04 (01/05-	
Employee	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits
Nang Cao	2,969.71	962.78	3,932.49	2,969.71	962.79	3,932.50	2,969.70	965.55	3,935.25	2,969.71	962.78
Diane Fjelstad	2,882.71	850.86	3,733.57	2,882.71	850.87	3,733.58	2,810.65	836.02	3,646.67	2,882.71	850.87
Laura Manning	1,846.31	370.80	2,217.11	2,145.61	437.01	2,582.62	1,765.66	362.74	2,128.40	1,783.68	366.47
Dolores Ponce	2,882.71	850.87	3,733.58	2,882.71	850.87	3,733.58	2,882.72	850.87	3,733.59	2,882.71	850.87
David Silva	2,390.71	778.46	3,169.17	2,505.35	799.01	3,304.36	2,505.35	799.01	3,304.36	2,505.35	799.01
Jodi Barnum	2,063.24	897.80	2,961.04	2,063.24	897.81	2,961.05	2,063.24	883.60	2,946.84	2,063.23	914.82
Hayley Giniger	2,882.71	793.25	3,675.96	2,882.71	785.89	3,668.60	2,882.71	785.89	3,668.60	2,882.72	785.89
Wendy Goodridge	2,579.04	983.81	3,562.85	2,579.04	981.87	3,560.91	2,579.04	986.60	3,565.64	2,579.04	981.87
Carol Guerrero Urbanski	2,969.71	1,061.64	4,031.35	2,969.71	1,060.31	4,030.02	2,969.71	1,060.31	4,030.02	2,969.71	1,060.95
Karen Leavitt	2,344.56	946.39	3,290.95	2,344.56	944.06	3,288.62	2,344.56	944.06	3,288.62	2,344.56	944.06
Samphors Mao	2,390.71	930.59	3,321.30	2,390.71	941.61	3,332.32	2,390.71	999.04	3,389.75	2,390.71	928.31
Tova Sweet	2,923.56	858.19	3,781.75	2,923.56	858.19	3,781.75	2,923.56	856.29	3,779.85	2,923.56	856.00
Yukiko Nakase Ascue	2,969.71	1,057.35	4,027.06	2,969.71	1,056.13	4,025.84	2,969.72	1,056.98	4,026.70	2,969.71	1,056.98
Lola Whiteley-Bruton	2,923.56	1,052.04	3,975.60	2,923.56	1,052.04	3,975.60	2,923.56	1,052.04	3,975.60	2,923.56	1,052.40
Jeffrey Cummins	2,923.56	921.37	3,844.93	2,923.56	914.85	3,838.41	2,923.56	914.85	3,838.41	3,257.48	982.42
Monica Dittrich	2,459.20	964.59	3,423.79	2,459.20	964.60	3,423.80	1,663.03	796.95	2,459.98	2,459.20	964.60
Aurelia Espinoza	2,505.35	977.08	3,482.43	2,170.26	906.68	3,076.94	1,753.74	667.12	2,420.86	1,312.60	269.68
Lorena Gonzalez	2,625.19	849.48	3,474.67	2,625.19	848.70	3,473.89	2,625.19	849.12	3,474.31	2,625.19	848.69
George Gutierrez	2,900.89	1,047.99	3,948.88	2,916.89	1,050.82	3,967.71	2,816.88	1,032.91	3,849.79	2,740.88	1,019.28
Danielle Hanchett-Friedman	2,505.35	599.30	3,104.65	2,505.35	596.67	3,102.02	2,505.35	534.78	3,040.13	1,252.68	301.91
Louise Hill	2,579.04	733.08	3,312.12	2,579.04	731.44	3,310.48	2,579.04	733.32	3,312.36	2,579.04	735.54
Mikelle Le	2,625.19	582.91	3,208.10	2,625.19	579.33	3,204.52	2,625.20	576.96	3,202.16	2,625.19	576.95
Maria Erl Papa	2,882.71	894.87	3,777.58	2,882.71	894.86	3,777.57	2,882.72	894.87	3,777.59	2,882.71	894.87
Joann Riniti	1,614.28	556.93	2,171.21	1,614.28	556.75	2,171.03	1,614.28	556.77	2,171.05	1,614.28	556.75
Lillian Goldbard	2,882.71	1,048.17	3,930.88	2,882.71	1,048.19	3,930.90	2,882.71	1,044.72	3,927.43	2,882.71	1,044.72
Nga Le	2,882.71	785.88	3,668.59	2,882.71	787.99	3,670.70	2,882.71	785.89	3,668.60	2,882.71	785.89
	68,405.13	22,356.48	90,761.61	68,499.98	22,359.34	90,859.32	66,735.30	21,827.26	88,562.56	66,185.63	21,392.58

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Note: 1) Includes Vacation P
2) Excludes mileage r

	01/18)	PP 03/04 (01/19-02/01)			PP 04/04 (02/02-02/15)			PP 05/04 (02/16-02/29)			PP 06
Employee	Total	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits	Total	Salary
Nang Cao	3,932.49	2,969.71	962.78	3,932.49	2,969.71	962.78	3,932.49	3,122.06	997.89	4,119.95	2,969.71
Diane Fjelstad	3,733.58	2,882.71	850.87	3,733.58	2,882.70	850.86	3,733.56	2,882.71	850.87	3,733.58	2,882.71
Laura Manning	2,150.15	1,819.43	368.10	2,187.53	1,783.68	366.46	2,150.14	1,873.76	385.03	2,258.79	1,855.47
Dolores Ponce	3,733.58	2,882.71	850.86	3,733.57	2,882.71	850.87	3,733.58	2,882.71	850.87	3,733.58	2,882.71
David Silva	3,304.36	2,505.35	799.01	3,304.36	2,505.35	799.01	3,304.36	2,505.35	799.01	3,304.36	2,508.35
Jodi Barnum	2,978.05	2,063.23	884.75	2,947.98	2,063.23	917.88	2,981.11	2,063.24	883.10	2,946.34	2,579.04
Hayley Giniger	3,668.61	2,882.72	789.69	3,672.41	2,882.70	794.04	3,676.74	2,882.71	785.89	3,668.60	2,882.71
Wendy Goodridge	3,560.91	2,579.04	983.85	3,562.89	2,579.04	981.87	3,560.91	2,707.99	981.87	3,689.86	2,579.04
Carol Guerrero Urbanski	4,030.66	2,969.71	1,060.32	4,030.03	2,969.71	1,061.85	4,031.56	3,082.95	1,080.61	4,163.56	2,969.71
Karen Leavitt	3,288.62	2,344.56	951.36	3,295.92	2,344.56	944.05	3,288.61	3,012.76	944.06	3,956.82	2,344.56
Samphors Mao	3,319.02	2,390.71	930.44	3,321.15	2,390.71	928.31	3,319.02	2,390.71	930.58	3,321.29	2,390.71
Tova Sweet	3,779.56	2,923.56	856.00	3,779.56	2,836.56	838.17	3,674.73	2,836.56	845.96	3,682.52	2,836.56
Yukiko Nakase Ascue	4,026.69	2,969.71	1,058.04	4,027.75	2,969.71	1,056.13	4,025.84	2,969.71	1,056.13	4,025.84	2,969.71
Lola Whiteley-Bruton	3,975.96	2,923.56	1,052.04	3,975.60	2,923.57	1,052.05	3,975.62	3,136.29	1,052.04	4,188.33	2,923.56
Jeffrey Cummins	4,239.90	2,923.57	914.86	3,838.43	2,923.56	914.85	3,838.41	2,923.56	914.85	3,838.41	2,923.56
Monica Dittrich	3,423.80	2,459.20	964.60	3,423.80	2,459.20	964.60	3,423.80	2,161.02	901.80	3,062.82	2,459.20
Aurelia Espinoza	1,582.28	1,312.60	304.65	1,617.25	1,312.60	304.66	1,617.26	1,312.60	304.67	1,617.27	1,312.60
Lorena Gonzalez	3,473.88	2,625.19	848.71	3,473.90	2,625.19	848.69	3,473.88	2,625.19	849.23	3,474.42	2,625.19
George Gutierrez	3,760.16	2,740.88	1,019.28	3,760.16	1,774.72	818.94	2,593.66	2,740.88	1,019.28	3,760.16	2,882.71
Danielle Hanchett-Friedman	1,554.59	1,252.68	196.94	1,449.62	1,252.68	266.91	1,519.59	1,252.68	266.92	1,519.60	1,252.68
Louise Hill	3,314.58	2,579.04	733.25	3,312.29	2,579.04	731.44	3,310.48	2,579.04	731.45	3,310.49	2,579.04
Mikelle Le	3,202.14	2,625.19	576.96	3,202.15	2,625.19	576.95	3,202.14	2,625.19	576.96	3,202.15	2,625.19
Maria Eri Papa	3,777.58	2,882.71	898.34	3,781.05	2,882.71	894.87	3,777.58	2,882.71	894.87	3,777.58	2,882.71
Joann Riniti	2,171.03	1,614.28	557.91	2,172.19	1,614.27	556.76	2,171.03	1,614.28	556.94	2,171.22	1,614.28
Lillian Goldbard	3,927.43	2,882.71	1,047.91	3,930.62	2,882.71	1,052.91	3,935.62	2,963.36	1,056.86	4,020.22	2,888.71
Nga Le	3,668.60	2,882.71	788.71	3,671.42	2,882.71	786.74	3,669.45	2,882.71	785.89	3,668.60	2,882.71
	87,578.21	65,887.47	21,250.23	87,137.70	64,798.52	21,122.65	85,921.17	66,912.73	21,303.63	88,216.36	66,503.13

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Note: 1) Includes Vacation P
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	/04 (03/01-03/14)		PP 07/04 (03/15-03/28)			PP 08/04 (03/29-04/11)			PP 09/04 (04/12-04/25)		
Employee	Benefits	Total	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits	Total
Nang Cao	962.78	3,932.49	2,969.71	962.78	3,932.49	3,024.57	970.79	3,995.36	2,969.71	962.78	3,932.49
Diane Fjelstad	850.87	3,733.58	2,882.71	850.87	3,733.58	2,882.71	852.97	3,735.68	2,882.71	850.86	3,733.57
Laura Manning	375.53	2,231.00	1,801.70	370.19	2,171.89	1,783.68	369.19	2,152.87	1,801.70	370.18	2,171.88
Dolores Ponce	850.87	3,733.58	2,882.71	850.87	3,733.58	2,882.71	850.85	3,733.56	2,882.71	850.87	3,733.58
David Silva	799.30	3,307.65	2,505.35	799.01	3,304.36	2,882.72	866.66	3,749.38	2,882.71	866.65	3,749.36
Jodi Barnum	985.31	3,564.35	2,579.04	975.57	3,554.61	2,579.04	987.52	3,566.56	2,579.04	975.57	3,554.61
Hayley Giniger	794.27	3,676.98	2,882.72	785.89	3,668.61	2,882.71	788.87	3,671.58	2,882.71	785.88	3,668.59
Wendy Goodridge	984.75	3,563.79	2,579.04	981.87	3,560.91	2,579.04	983.93	3,562.97	2,579.04	981.87	3,560.91
Carol Guerrero Urbanski	1,061.40	4,031.11	2,969.71	1,060.32	4,030.03	2,969.71	1,061.95	4,031.66	2,993.72	1,064.61	4,058.33
Karen Leavitt	944.07	3,288.63	2,344.56	948.78	3,293.34	2,459.20	969.14	3,428.34	2,459.20	964.60	3,423.80
Samphors Mao	928.30	3,319.01	2,390.71	928.32	3,319.03	2,390.72	933.05	3,323.77	2,390.71	928.32	3,319.03
Tova Sweet	846.89	3,683.45	2,836.56	838.17	3,674.73	2,836.56	838.17	3,674.73	2,836.56	838.18	3,674.74
Yukiko Nakase Ascue	1,058.00	4,027.71	2,969.71	1,056.14	4,025.85	2,969.71	1,056.99	4,026.70	2,969.71	1,056.13	4,025.84
Lola Whiteley-Bruton	1,052.04	3,975.60	2,923.56	1,052.05	3,975.61	2,923.56	1,052.04	3,975.60	3,441.04	497.06	3,938.10
Jeffrey Cummins	914.85	3,838.41	2,923.56	914.85	3,838.41	2,923.56	914.85	3,838.41	3,057.13	938.79	3,995.92
Monica Dittrich	964.60	3,423.80	2,459.20	964.60	3,423.80	2,028.84	873.99	2,902.83	2,459.20	964.60	3,423.80
Aurelia Espinoza	304.65	1,617.25	1,312.60	304.67	1,617.27	1,312.60	304.66	1,617.26	1,312.60	304.65	1,617.25
Lorena Gonzalez	849.84	3,475.03	2,625.19	848.70	3,473.89	2,625.19	849.05	3,474.24	2,625.19	848.71	3,473.90
George Gutierrez	1,044.72	3,927.43	2,882.71	1,044.72	3,927.43	2,882.71	1,044.71	3,927.42	2,882.71	1,044.71	3,927.42
Danielle Hanchett-Friedman	266.91	1,519.59	1,252.68	266.92	1,519.60	1,312.60	276.25	1,588.85	1,289.52	299.34	1,588.86
Louise Hill	732.11	3,311.15	2,579.04	731.44	3,310.48	2,836.56	780.43	3,616.99	2,836.56	777.61	3,614.17
Mikelle Le	580.32	3,205.51	2,625.20	576.96	3,202.16	3,437.75	672.24	4,109.99	2,625.19	576.96	3,202.15
Maria Erl Papa	894.87	3,777.58	2,882.71	894.87	3,777.58	2,882.71	896.31	3,779.02	2,882.71	894.87	3,777.58
Joann Riniti	556.75	2,171.03	1,614.28	557.97	2,172.25	1,614.28	556.76	2,171.04	1,614.28	556.76	2,171.04
Lillian Goldbard	1,045.31	3,934.02	2,882.71	1,059.05	3,941.76	2,836.56	1,090.87	3,927.43	2,882.71	1,044.71	3,927.42
Nga Le	785.89	3,668.60	2,882.71	787.19	3,669.90	2,882.71	785.87	3,668.58	2,882.71	787.59	3,670.30
	21,435.20	87,938.33	66,440.38	21,412.77	87,853.15	67,622.71	21,628.11	89,250.82	67,901.78	21,032.86	88,934.64

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Note: 1) Includes Vacation P
2) Excludes mileage re

	PP 10/04 (04/26-05/09)			PP 11/04 (05/10-05/23)			PP 12/04 (05/24-06/06)			PP 13/04 (06/07-	
Employee	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits	Total	Salary	Benefits
Nang Cao	2,997.12	965.51	3,962.63	2,969.71	962.78	3,932.49	2,969.71	962.78	3,932.49	2,969.71	991.46
Diane Fjelstad	2,882.71	850.87	3,733.58	2,882.71	850.87	3,733.58	2,882.71	850.87	3,733.58	2,882.70	884.98
Laura Manning	2,126.00	436.98	2,562.98	1,801.70	370.18	2,171.88	1,873.76	385.02	2,258.78	1,855.47	377.05
Dolores Ponce	2,882.71	850.87	3,733.58	2,882.71	850.87	3,733.58	2,882.71	850.87	3,733.58	2,882.71	884.97
David Silva	2,882.71	868.00	3,750.71	2,882.71	866.66	3,749.37	2,750.38	843.92	3,594.30	2,750.39	867.00
Jodi Barnum	2,579.04	991.03	3,570.07	2,579.04	975.57	3,554.61	2,579.04	987.46	3,566.50	2,579.05	1,029.20
Hayley Giniger	2,882.71	794.60	3,677.31	2,882.71	785.95	3,668.66	2,882.71	792.18	3,674.89	2,882.71	800.32
Wendy Goodridge	2,579.04	984.00	3,563.04	2,579.04	1,033.03	3,612.07	2,579.04	984.66	3,563.70	2,579.04	1,020.88
Carol Guerrero Urbanski	2,969.71	1,060.31	4,030.02	2,969.71	1,062.70	4,032.41	2,969.72	1,062.54	4,032.26	2,969.71	1,097.59
Karen Leavitt	2,459.20	973.06	3,432.26	2,459.20	964.60	3,423.80	2,459.20	964.59	3,423.79	2,459.20	1,037.60
Samphors Mao	2,505.35	952.43	3,457.78	2,505.35	948.85	3,454.20	2,505.35	952.19	3,457.54	2,505.35	986.13
Tova Sweet	2,836.56	846.88	3,683.44	2,836.56	846.86	3,683.42	2,836.57	841.11	3,677.68	2,836.56	872.28
Yukiko Nakase Ascue	2,969.71	1,056.13	4,025.84	2,969.71	1,057.24	4,026.95	2,969.71	1,057.24	4,026.95	2,969.71	1,124.08
Lola Whiteley-Bruton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jeffrey Cummins	2,923.56	914.85	3,838.41	2,923.56	914.86	3,838.42	2,923.56	914.85	3,838.41	2,923.56	942.50
Monica Dittrich	2,459.20	964.60	3,423.80	2,459.20	964.59	3,423.79	2,459.20	964.60	3,423.80	2,293.20	996.74
Aurelia Espinoza	1,312.60	304.67	1,617.27	1,312.60	304.65	1,617.25	1,312.60	304.67	1,617.27	1,312.60	305.87
Lorena Gonzalez	2,625.20	849.56	3,474.76	2,625.19	848.70	3,473.89	2,625.19	850.20	3,475.39	2,625.20	872.75
George Gutierrez	2,882.71	1,044.72	3,927.43	2,882.71	1,044.88	3,927.59	2,792.63	1,027.00	3,819.63	2,594.44	1,022.60
Danielle Hanchett-Friedman	1,312.60	276.24	1,588.84	1,312.60	276.26	1,588.86	1,312.60	276.24	1,588.84	1,312.60	276.25
Louise Hill	2,836.56	782.99	3,619.55	2,836.56	777.61	3,614.17	2,836.56	778.89	3,615.45	2,836.57	792.03
Mikelle Le	2,625.19	576.95	3,202.14	2,625.19	581.92	3,207.11	2,625.19	576.96	3,202.15	2,625.18	591.38
Maria Eri Papa	2,882.71	894.87	3,777.58	2,882.71	896.65	3,779.36	2,882.71	894.87	3,777.58	2,882.71	920.00
Joann Riniti	1,614.28	557.26	2,171.54	1,614.28	556.77	2,171.05	1,614.28	558.58	2,172.86	1,614.28	590.88
Lillian Goldbard	2,882.71	1,044.72	3,927.43	2,882.71	1,044.72	3,927.43	2,882.71	1,049.11	3,931.82	2,882.71	1,095.30
Nga Le	2,882.71	785.89	3,668.60	2,882.71	787.94	3,670.65	2,882.71	785.89	3,668.60	2,882.71	802.51
	64,792.60	20,627.99	85,420.59	64,440.88	20,575.71	85,016.59	64,290.55	20,517.29	84,807.84	63,908.07	21,182.25

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Personnel for SB90 Claims

Mental Health
Personnel Costs for SB90 Cl
FY 2004

Note: 1) Includes Vacation P
2) Excludes mileage r

	06/20)	PP 14/04 (06/21-07/04)			Total		
Employee	Total	Salary	Benefits	Total	Salary	Benefits	Total
Nang Cao	3,961.17	595.79	228.03	823.82	75,686.56	24,766.11	100,452.67
Diane Fjelstad	3,767.68	578.39	205.52	783.91	72,805.67	21,755.93	94,561.60
Laura Manning	2,232.52	361.49	92.10	453.59	47,630.69	9,821.68	57,452.37
Dolores Ponce	3,767.68	578.39	205.52	783.91	73,171.19	21,834.44	95,005.63
David Silva	3,817.39	551.92	200.62	752.54	64,351.02	20,647.83	84,998.85
Jodi Barnum	3,608.25	515.81	228.51	744.32	58,794.50	24,267.00	83,061.50
Hayley Giniger	3,683.03	578.39	188.59	766.98	71,941.06	20,001.73	91,942.79
Wendy Goodridge	3,599.92	515.81	239.94	755.75	64,348.07	23,595.59	87,943.66
Carol Guerrero Urbanski	4,067.30	595.79	248.89	844.68	75,875.88	27,303.15	103,179.03
Karen Leavitt	3,496.70	491.84	231.36	723.20	60,867.29	24,445.97	85,313.26
Samphors Mao	3,491.48	502.92	222.60	725.52	61,153.12	24,065.42	85,218.54
Tova Sweet	3,708.84	567.31	203.84	771.15	73,355.63	21,909.39	95,264.92
Yukiko Nakase Ascue	4,093.79	595.79	254.02	849.81	75,398.39	27,233.67	102,632.06
Lola Whiteley-Bruton	0.00	0.00	0.00	0.00	62,649.94	21,938.78	84,588.72
Jeffrey Cummins	3,866.06	584.71	217.00	801.71	74,682.59	23,565.04	98,247.63
Monica Dittrich	3,289.94	491.84	230.29	722.13	60,706.83	24,260.20	84,967.03
Aurelia Espinoza	1,618.47	263.44	74.07	337.51	47,507.70	16,210.20	63,717.90
Lorena Gonzalez	3,497.95	578.39	212.51	790.90	66,672.43	21,792.22	88,464.65
George Gutierrez	3,617.04	578.39	244.92	823.31	72,017.23	26,557.22	98,574.45
Danielle Hanchett-Friedman	1,588.85	263.44	68.14	331.58	47,589.82	11,063.32	58,653.14
Louise Hill	3,628.60	567.31	186.29	753.60	67,034.25	19,085.37	86,119.62
Mikelle Le	3,216.56	526.88	144.16	671.04	67,269.84	14,985.00	82,254.84
Maria Erf Papa	3,802.71	578.39	212.31	790.70	73,154.77	22,961.57	96,116.34
Joann Riniti	2,205.16	322.86	133.83	456.69	40,958.98	14,297.62	55,256.60
Lillian Goldbard	3,978.01	578.39	244.92	823.31	73,211.69	26,578.78	99,790.47
Nga Le	3,685.22	578.39	188.82	767.21	73,328.61	20,211.75	93,540.36
	85,090.32	12,942.07	4,906.80	17,848.87	1,702,163.85	555,154.98	2,257,318.63

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
Ch.26.5 OUT OF COUNTY "PATCH" COSTS
FY 2003-2004

Type	Payee	Service	Payments	Index	State
Out of State Services					
PSA	ISLAND VIEW	MH Residential Treatment	$27,939.00	4410	UT
PSA	SUN HAWK ACADEMY	MH Residential Treatment	$79,110.00	4410	UT
Blue Voucher	Kornberg	Mediated Therapy Cost	$23,307.08	4410	VT
Blue Voucher	Brenner	Mediated Therapy Cost	$6,000.00	4410	UT
Blue Voucher	Maitan	Mediated Residential Cost	$7,355.70	4410	UT
Blue Voucher	Rubenstein	Mediated Residential Cost	$19,325.52	4410	MT
Blue Voucher	Rubenstein	Mediated Residential Cost	$9,662.76	4410	MT
Blue Voucher	Rubenstein	Mediated Residential Cost	$9,662.76	4410	MT
Blue Voucher	Zatopa	Mediated Residential Cost	$33,284.00	4410	NM
Blue Voucher	Marks	Mediated Residential Cost	$31,480.00	4410	UT
			$247,126.82		
In State Services					
PSA	FAMILIES FIRST	MH Residential Treatment	$48,980.60	4410	CA
PSA	MILHOUS	MH Residential Treatment	$14,818.44	4410	CA
PSA	SENECA	MH Day Treatment	$42,059.00	4430	CA
PSA	SUNNY HILLS	MH Residential Treatment	$74,188.00	4410	CA
PSA	VICTOR	MH Residential Treatment	$130,665.00	4410	CA
Blue Voucher	CEDU	Mediated Therapy Cost	$5,600.00	4410	CA
Blue Voucher	Blau	Mediated Therapy Cost	$1,459.97	4410	CA
			$317,771.01		
			$564,897.83		

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[redacted] [redacted]

NAME: FAMILIES FIRST, INC PLANT: 0412 P.O. NUMBER: 4400000098 TYPE: A
PURPOSE: INTENSIVE MENTAL HEALTH SERVICES ASSOC DIRECTOR: N PENA

VENDOR # 1003791 CST CTR: 4410 G/L: 5300200 MAT GRP: 918 PUR GRP: B75
TRACK # : REQ # : 0040000107 INT ORD:
CONTRACT PERIOD: BEG: 07/01/03 END: 06/30/04 CONTRACT AMOUNT: $49,450.00

TERMS: $112.00 PER DAY INSURANCE EXPIRES: 07/01/03

OTHER: CONTACT: PETER 885-7839

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
07/01/03	4400000098			$47,450.00			$47,450.00
09/05/03	5105605288		JULY 03		$2,240.00	$2,240.00	$45,210.00
10/20/03	5105612573		AUG 03		$2,016.00	$4,256.00	$43,194.00
10/28/03	5105614124		SEPT 03		$2,016.00	$6,272.00	$41,178.00
12/02/03	5105619803		OCT 03		$2,464.00	$8,736.00	$38,714.00
12/22/03	5105623243		JULY 03		$2,352.00	$11,088.00	$36,362.00
12/22/03	5105623246		AUG 03		$2,240.00	$13,328.00	$34,122.00
12/22/03	5105623247		SEPT 03		$2,128.00	$15,456.00	$31,994.00
12/22/03	5105623250		OCT 03		$2,352.00	$17,808.00	$29,642.00
01/05/04	5105624954		NOV 03		$3,360.00	$21,168.00	$26,282.00
02/02/04	5105630048		DEC 03		$3,024.00	$24,192.00	$23,258.00
02/12/07	5105633664		JAN 04		$4,144.00	$28,336.00	$19,114.00
03/25/04	5105639561		FEB 04		$3,808.00	$32,144.00	$15,306.00
04/26/04	5105644164		MARCH 04		$4,704.00	$36,848.00	$10,602.00
06/04/04	5105650750		APRIL 04		$4,442.40	$41,290.40	$6,159.60
06/29/04	5105655908		MAY 04		$3,901.30	$45,191.70	$2,258.30
			AMEND #2	$2,000.00		$45,191.70	$4,258.30
08/03/04	5105661904		JUNE 04		$3,789.30	$48,981.00	$469.00
			FAMFRST		$48,981.00		

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[redacted] [redacted]

NAME: MILHOUS CHILDREN'S SVCS, INC. PLANT: 0412 P.O. NUMBER: 4400000498 TYPE: A I
PURPOSE: EMOTIONALLY DISTURBED CHILDRENS SVCS ASSOC DIRECTOR: N PENA

VENDOR # 1006739 CST CTR: 4410 G/L: 5300200 MAT GRP: 918 PUR GRP: B75
TRACK #: C751279 REQ #: 0040000690 INT ORD:
CONTRACT PERIOD: BEG: 07/01/03 END: 06/30/04 CONTRACT AMOUNT: $55,040.00

TERMS: $162.84 per day
not to exceed 338 calendar days in FY04
INSURANCE EXPIRES: 09/06/04
OTHER:
CONTACT: PETER ANTONS@885-7838

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
09/03/03	4400000498		ENC FY04	$55,040.00			$55,040.00
						$0.00	$55,040.00
09/05/03	5105605256		JUL-03		$5,048.04	$5,048.04	$49,991.96
09/25/03	5105608769		AUG-03		$5,048.04	$10,096.08	$44,943.92
10/20/03	5105612585		SEPT-03		$4,722.36	$14,818.44	$40,221.56
			not last check				
			adv pmt accrual bal.				
			MIHOUS		$14,818.44		
			MIL-HOUS				

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NAME: SENECA CENTER **PLANT:** 0412 **P.O. NUMBER:** 4400000180 **TYPE:** A I
PURPOSE: INTENSIVE SRVCS TO EMOTIONALLY DISTURBED CHILDRN. **ASSOC DIRECTOR:** N PENA

VENDOR # 1009401 **CSTCTR:** 4430 **G/L:** 5300200 INTERNAL ORDER: 101498 FUND: 0001

CONTRACT PERIOD: **BEG:** 07/01/03 **END:** 06/30/04 **CONTRACT AMOUNT:** $69,272.00

TERMS: INSURANCE EXPIRES: 07/01/04

OTHER: CONTACT: VICKIE GORLEY
885-3883

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
07/21/03	4400000180	10		$69,272.00			$69,272.00
09/02/03	5105604679		JULY 03		$1,918.00	$1,918.00	$67,354.00
09/02/03	5105604780		JULY 03		$2,192.00	$4,110.00	$65,162.00
10/06/03	5105610366		B MELAMPY 08/03		$1,507.00	$5,617.00	$63,655.00
10/06/03	5105610368		R LONG 08/03		$1,507.00	$7,124.00	$62,148.00
10/20/03	5105612580		R LONG 09/03		$2,603.00	$9,727.00	$59,545.00
10/20/03	5105612591		B MELAMPY 09/03		$2,877.00	$12,604.00	$56,668.00
12/02/03	5105619774		R LONG 10/03		$3,151.00	$15,755.00	$53,517.00
12/02/03	5105619775		B MELAMPY 10/03		$3,151.00	$18,906.00	$50,366.00
01/20/04	5105627593		R LONG 11/03		$2,329.00	$21,235.00	$48,037.00
01/20/04	5105627595		B MELAMPY 11/03		$2,466.00	$23,701.00	$45,571.00
02/02/04	5105630161		R LONG 12/03		$2,055.00	$25,756.00	$43,516.00
02/02/04	5105630162		B MELAMPY 12/03		$1,918.00	$27,674.00	$41,598.00
02/20/04	5105633623		R LONG 01/04		$2,603.00	$30,277.00	$38,995.00
03/15/04	5105637579		R LONG 02/04		$2,603.00	$32,880.00	$36,392.00
04/26/04	5105644247		R LONG 03/04		$3,014.00	$35,894.00	$33,378.00
05/21/04	5105648765		R LONG 04/04		$1,918.00	$37,812.00	$31,460.00
07/12/04	5105658392		R LONG 05/04		$2,740.00	$40,552.00	$28,720.00
07/14/04	5105658961		R LONG 6/04		$1,507.00	$42,059.00	$27,213.00
10/01/04	4400000180	10	LIQ. & CLOSED	-$27,213.00		$42,059.00	$0.00
			SENECA SAP		$42,059.00		

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NAME: SUNNY HILLS CHILDREN'S GARDEN PLANT: 0412 P.O. NUMBER: 4400000605 TYPE: A I
PURPOSE: PROVISION OF MENTAL HEALTH SERVICES ASSOC DIRECTOR: N PENA

VENDOR # 1012701 CSTCTR: 4410 G/L: 5255100 INTERNAL ORDER: FUND: 0001
TRACK#
CONTRACT PERIOD: BEG: 07/01/03 END: 06/30/04 CONTRACT AMOUNT: $100,000.00

TERMS: INSURANCE EXPIRES: 07/01/04

OTHER: $98 PER CLIENT PER DAY CONTACT: VICKIE GORLEY
885-3883

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
10/06/03	4400000605	10		$100,000.00			$100,000.00
10/28/03	5105614097	10	JULY 03		$9,114.00	$9,114.00	$90,886.00
10/28/03	5105614098		AUGUST 03		$7,448.00	$16,562.00	$83,438.00
11/18/03	5105617825		SEPTEMBER 03		$5,880.00	$22,442.00	$77,558.00
12/22/03	5105623279		OCTOBER 03		$6,076.00	$28,518.00	$71,482.00
12/24/03	5105623868		NOVEMBER 03		$5,880.00	$34,398.00	$65,602.00
02/20/04	5105633622		DECEMBER 03		$6,076.00	$40,474.00	$59,526.00
03/05/04	5105635748		JANUARY 04		$6,076.00	$46,550.00	$53,450.00
04/14/04	5105642319		FEBRUARY 04		$5,684.00	$52,234.00	$47,766.00
05/11/04	5105646633		MARCH 04		$6,076.00	$58,310.00	$41,690.00
06/04/04	5105650780		APRIL 04		$5,880.00	$64,190.00	$35,810.00
06/29/04	5105655940		MAY 04		$6,078.00	$70,268.00	$29,732.00
08/04/04	5105662090		JUNE 04		$3,920.00	$74,188.00	$25,812.00
10/01/04	4400000605	10	LIQ. & CLOSED	-$25,812.00		$74,188.00	$0.00
			SUNNYHILLS		$74,188.00		

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NAME: VICTOR TREATMENT CENTERS PLANT: 0412 P.O. NUMBER: 4300001231 TYPE: C 1
PURPOSE: INTENSIVE TREATMENT FOR DISTURBED CHILDREN ASSOC DIRECTOR: N PENA

VENDOR # 1010916 CSTCTR: 4410 G/L: 5255100 INTERNAL ORDER: FUND: 0001
TRACK # REQ # 30001541/30002204
CONTRACT PERIOD: BEG: 07/01/03 END: 06/30/05 CONTRACT AMOUNT: $305,750.00

TERMS: INSURANCE EXPIRES: 06/01/05

OTHER: $160 - ADOL. HEARING PROG. CONTACT: VICKIE GORLEY
$215 - ADOL. HEARING-IMPAIRED PROG. 885-3883

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
10/02/03	4300001231	10		$179,350.00			$179,350.00
10/03/03	5105610276		AUGUST 03		$19,220.00	$19,220.00	$160,130.00
10/20/03	5105612577		SEPT. 03		$17,050.00	$36,270.00	$143,080.00
11/18/03	5105617829		OCT 03		$10,695.00	$46,965.00	$132,385.00
12/22/03	5105623289		NOV 03		$9,300.00	$56,265.00	$123,085.00
01/16/04	5105627317		JULY 03		$17,205.00	$73,470.00	$105,880.00
01/21/04	5105627809		DEC 03		$9,610.00	$83,080.00	$96,270.00
02/20/04	5105633624		JAN 04		$9,610.00	$92,690.00	$86,660.00
03/15/04	5105637576		FEB 04		$4,495.00	$97,185.00	$82,165.00
04/19/04	5105643001		MARCH 04		$5,270.00	$102,455.00	$76,895.00
05/21/04	5105648753		APRIL 04		$9,300.00	$111,755.00	$67,595.00
06/16/04	5105652814		MAY 04		$9,610.00	$121,365.00	$57,985.00
07/14/04	5105658956		JUNE 04		$9,300.00	$130,665.00	$48,685.00
			SEE FY05 FOR ADDT'L INFO				
			VICTORTRTMNT		$130,665.00		

CEDU Family of Services

Vendor Name (Last Name, First, M.I., or Firm Name)

COUNTY OF SANTA CLARA
VOUCHER
INSTRUCTIONS TO CLAIMANTS

Vouchers must be certified to by the claimant and the proper authority ordering the delivery of the articles or performance of services before being filed with the Controller-Treasurer

Claimants performing services or supplying articles to two or more County deprtments must make separate vouchers for each department.
No voucher will be audited or allowed unless or until the above requirements have been complied with.

DOCUMENT DATE	EFFECTIVE DATE	PLANT	DOCUMENT NUMBER
9/30/03 MM DD YY	MM DD YY		

	DESCRIPTION OF SERVICE AND AMOUNT
9/26/03	Payment of $5,600.00 to CEDU Family of Services for expenses incurred for educational
	and therapy for Barry Blau per mediation.

G/L	COST CENTER	INTERNAL ORDER	WBS	DESCRIPTION	AMOUNT
2701	4410	5300200		AB3632 Blau Agreement	$5,600.00

*** VENDOR DATA ***

NUMBER [10]

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
CEDU Family of Services

NAME 2 [40]

ADDRESS [40]
110 Main St.

CITY [29]	STATE [2]	ZIP [9]
Sandpoint	ID	83864

REF #1 DIRECT PAY CODE

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

CLAIMANT

P.O.

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Susana for Helen 9/30/03

APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL: AT:

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS

BY:

DEPUTY CONTROLLER

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Bruce & Lisa Blau

Vendor Name (Last Name, First, M.I., or Firm Name)

Vouchers must be certified to by the claimant and the proper authority ordering the delivery of the articles or performance of services before being filed with the Controller-Treasurer

COUNTY OF SANTA CLARA
VOUCHER
INSTRUCTIONS TO CLAIMANTS

Claimants performing services or supplying articles to two or more County departments must make separate vouchers for each department.
No voucher will be audited or allowed unless or until the above requirements have been complied with.

DOCUMENT DATE	EFFECTIVE DATE
9/30/03 MM DD YY	MM DD YY

PLANT	DOCUMENT NUMBER

	DESCRIPTION OF SERVICE AND AMOUNT
9/23/03	Payment of $1,459.97 to Bruce & Lisa Blau for expenses incurred for educational, room & board
	costs for January through August 2003 for Barry Blau per mediation.

G/L	COST CENTER	INTERNAL ORDER	WBS	DESCRIPTION	AMOUNT
2701	4410	5300200		AB3632 Blau Agreement	$1,459.97

NUMBER [10]	

* * * VENDOR DATA * * *

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
Bruce & Lisa Blau

NAME 2 [40]

ADDRESS [40]
1250 Cobblestone Dr.

CITY [29]	STATE [2]	ZIP [9]
Campbell	CA	95008

REF #1 DIRECT PAY CODE	

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

CLAIMANT

P.O.	

I HEREBY CERTIFIY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

9/30/03

APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL: AT:

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS

BY:

DEPUTY CONTROLLER

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COUNTY OF SANTA CLARA
TRIP EXPENSE VOUCHER

RETURN CHECK TO HHS-01 FINANCE

DAF-P11

DEPT # (3)	CURR DOCUMENT # (8)	DOCUMENT DATE (6)	VENDOR NUMBER (10)	SFX (2)
412	TA0412 00043	03/25/04 MMDDYY	9003328	00

VENDOR NAME 1 (40): TOVA A. SWEET

VENDOR NAME 2 (40):

ADDRESS OR DEPARTMENT NAME (40) (REQUIRED FIELD FOR VENDOR NUMBERS): C/O SCVHHS FINANCE 2325 ENBORG LN STE 380

CITY (29): SAN JOSE | STATE (2): CA | Zip (9): 95128

INDICATE UNION OR EXEC. MGMT.: [X] 715 [ ] ____

[ ] CEMA [ ] EXEC. MGMT.

DEPARTMENT: SCVHHS

If any questions call: LINDA NAVARRO at 885-6821
Name (Type or Print)

Employee (s) SWEET, TOVA

Destination CHICO/BUTTE COUNTY

Means of Travel AUTO

Date Left 02/26/04 Date Returned 02/27/04

Time Left 11A A.M. P.M. Time Returned 4:30P A.M. P.M.

Regular work hours:

#Prisoners ____ Meals: B ____ L ____ D ____

		AMOUNT P-Card Charged	AMOUNT Claimable
Air Fare Equivalent (Miles ____)			
Air Fare or other Public Carrier Expense			
1	Breakfast		7.00
1	Lunch		8.00
1	Dinner		15.00
1	Hotel (Single Rate)		92.40
	Auto Rental		
	Registration		
Miscellaneous TOLL BRIDGE			2.00
TA0412 00043 F # 10157618 4/1/04 12440 Manset Blank			
	SUBTOTAL	0.00	124.40
	LESS AMOUNT CHARGED (EQUALS SUBTOTAL)		0.00
	LESS EXPENSE ADVANCE		(0.00)
	AMOUNT DUE/PAYABLE (TOTAL)		124.40

- SEE BACK OF TRAVEL AUTHORIZATION FOR TRAVEL POLICIES
- REPORT MILEAGE THROUGH DEPARTMENTAL PAYROLL
- ALL TRAVEL RELATED EXPENSES CHARGED ON P-CARD ARE REPORTED IN THE "CHARGED COLUMN"
- ITEMIZE CLAIMABLE CASH AND P-CARD EXPENSES IN "CLAIMABLE COLUMN"
- FURNISH RECEIPTS FOR ALL EXPENSES OVER $10.00
- FOR P-CARD CHARGES, ATTACH ORIGINAL RECEIPTS TO CREDIT CARD STATEMENT & COPIES TO THE DAF-P11 FORM

SFX (2)	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	FABC (3)	PCA (5)	FUND (4)	FD (2)	GLA (1)	SUB ACCT (6)	PROJECT (6)	PPH (2)	GRANT (6)	GPH (2)	TASK (4)
01	230	4549	5285800				0001								

FAC (4)	LOC (6)	CRC (4)	CI (1)	MPC (10)	DMI	DESCRIPTION (30)	NOTE: For multiple accounting distribution, use payment voucher transmittal DAF-P61
					R	FINAL REIMB/CHICO	

I hereby certify under penalty of perjury that the above claim is for expenses that are reasonable and necessary for the performance of my services to the County and such claim is true and correct in accordance with Travel Ordinance A31.

CLAIMANT: SEE ATTACHED

APPROVED: Martha Parra 3-26-04

I hereby certify that the total amount shown has been entered into STARS as an expenditure against the named accounting codes.

By: ____

Date Accepted by STARS: ____

The above payments approved for payment subject to availability of funds.

By: ____ DEPUTY CONTROLLER

TRIP EXPENSE 721 rev.XLS P11 Blank Form
721 REV 1/02 REORDER CODE 963251 (LAC 2/02)

Received
April 22, 2011
Commission on
State Mandates

COUNTY OF SANTA CLARA
TRIP EXPENSE VOUCHER

RETURN CHECK TO HHS-01 FINANCE

DAF-P11

DEPT # (3)	CURR DOCUMENT # (8)	DOCUMENT DATE (8)	VENDOR NUMBER (10)	SFX (2)
412	TA0412 00053	06/03/04 MMDDYY	9003328	00

VENDOR NAME 1 (40): TOVA A. SWEET

VENDOR NAME 2 (40):

ADDRESS OR DEPARTMENT NAME (40) (REQUIRED FIELD FOR VENDOR NUMBERS): C/O SCVHHS FINANCE 2325 ENBORG LN STE 380

CITY (29): SAN JOSE | STATE (2): CA | Zip (9): 95128

INDICATE UNION OR EXEC. MGMT.:
[X] 715 [ ] _____
[ ] CEMA [ ] EXEC. MGMT.

DEPARTMENT: SCVHHS
If any questions call:
LINDA NAVARRO at 885-6821
Name (Type or Print)

Employee (s): SWEET, TOVA A.
Destination: CHICO
Means of Travel: AUTO
Date Left: 05/18/04 Date Returned: 05/19/04
Time Left: 10:30A A.M. P.M. Time Returned: 5P A.M. P.M.
Regular work hours:
#Prisoners _____ Meals: B _____ L _____ D _____

		AMOUNT P-Card Charged	AMOUNT Claimable
	Air Fare Equivalent (Miles _____)		
	Air Fare or other Public Carrier Expense		
1	Breakfast		7.00
2	Lunch		16.00
1	Dinner		15.00
1	Hotel (Single Rate)		92.40
	Auto Rental		
	Registration		
			4.00
	SUBTOTAL	0.00	134.40
	LESS AMOUNT CHARGED (EQUALS SUBTOTAL)		0.00
	LESS EXPENSE ADVANCE		(0.00)
	AMOUNT DUE/PAYABLE (TOTAL)		134.40

Miscellaneous: TOLL 2 & HOUSEKEEPING 2

TA 04120053F # 10200912 6/9/04 $134.40 Marsha Pauce

- SEE BACK OF TRAVEL AUTHORIZATION FOR TRAVEL POLICIES
- REPORT MILEAGE THROUGH DEPARTMENTAL PAYROLL
- ALL TRAVEL RELATED EXPENSES CHARGED ON P-CARD ARE REPORTED IN THE "CHARGED COLUMN"
- ITEMIZE CLAIMABLE CASH AND P-CARD EXPENSES IN "CLAIMABLE COLUMN"
- FURNISH RECEIPTS FOR ALL EXPENSES OVER $10.00
- FOR P-CARD CHARGES, ATTACH ORIGINAL RECEIPTS TO CREDIT CARD STATEMENT & COPIES TO THE DAF-P11 FORM

SFX (2)	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	FABC (3)	PCA (5)	FUND (4)	FD (2)	GLA (4)	SUB ACCT (6)	PROJECT (6)	PPH (2)	GRANT (6)	GPH (2)	TASK (4)
01	230	4549	5285800				0001								

FAC (4)	LOC (6)	CRC (4)	CI (1)	MPC (10)	DM	DESCRIPTION (30)
					R	FINAL REIMB/CHICO

NOTE: For multiple accounting distribution, use payment voucher (Form DAF-P01)

I hereby certify under penalty of perjury that the above claim is for expenses that are reasonable and necessary for the performance of my services to the County and such claim is true and correct in accordance with Travel Ordinance A31.

CLAIMANT: SEE ATTACHED

APPROVED: Marsha Pauce 6-9-04

I hereby certify that the total amount shown has been entered into STARS as an expenditure against the named accounting codes.

By: _____

Date Accepted by STARS: _____

The above payments approved for payment subject to availability of funds.

By: _____ DEPUTY CONTROLLER

TRIP EXPENSE 721 rev.XLS P11 Blank Form
721 REV 1/02 REORDER CODE 963251 (LAC 2/02)

fc

Received
April 22, 2011
Commission on
State Mandates

COUNTY OF SANTA CLARA
TRIP EXPENSE VOUCHER

RETURN CHECK TO
HHS-01 FINANCE

DAF-P11

DEPT # (3)	CURR DOCUMENT # (8)	DOCUMENT DATE (8)	VENDOR NUMBER (10)	SFX (2)
412	TA0412 00007	02/25/04 MMDDYY	9001892	00

VENDOR NAME 1 (40): KAREN LEAVITT
VENDOR NAME 2 (40):
ADDRESS OR DEPARTMENT NAME (40) (REQUIRED FIELD FOR VENDOR NUMBERS): C/O SCVHHS FINANCE 2325 ENBORG LN STE 380
CITY (29): SAN JOSE | STATE (2): CA | Zip (9): 95128

INDICATE UNION OR EXEC. MGMT.:
[X] 715 [ ]
[ ] CEMA [ ] EXEC. MGMT.

DEPARTMENT: SCVHHS
If any questions call:
LINDA NAVARRO at 885-6821
Name (Type or Print)

Employee (s) LEAVITT, KAREN
Destination ORANGE COUNTY
Means of Travel AUTO
Date Left 09/11/03 Date Returned 09/12/03
Time Left 6A A.M. P.M. Time Returned 9:30P A.M. P.M.
Regular work hours:
#Prisoners ____ Meals: B ____ L ____ D ____

Miscellaneous TA0412 00007F #10134278 2/27/04 117.54 Manoel Ellagh

		AMOUNT P-Card Charged	AMOUNT Claimable
	Air Fare Equivalent (Miles ____)		
	Air Fare or other Public Carrier Expense		
2	Breakfast		8.70
2	Lunch		20.74
2	Dinner		18.81
1	Hotel (Single Rate)		69.29
	Auto Rental		
	Registration		
	SUBTOTAL	0.00	117.54
	LESS AMOUNT CHARGED (EQUALS SUBTOTAL)		0.00
	LESS EXPENSE ADVANCE		(0.00)
	AMOUNT DUE/PAYABLE (TOTAL)		117.54

- SEE BACK OF TRAVEL AUTHORIZATION FOR TRAVEL POLICIES
- REPORT MILEAGE THROUGH DEPARTMENTAL PAYROLL
- ALL TRAVEL RELATED EXPENSES CHARGED ON P-CARD ARE REPORTED IN THE "CHARGED COLUMN"
- ITEMIZE CLAIMABLE CASH AND P-CARD EXPENSES IN "CLAIMABLE COLUMN"
- FURNISH RECEIPTS FOR ALL EXPENSES OVER $10.00
- FOR P-CARD CHARGES, ATTACH ORIGINAL RECEIPTS TO CREDIT CARD STATEMENT & COPIES TO THE DAF-P11 FORM

SFX (2)	T/C (3)	INDEX (4)	ESBJ (1)	ED (2)	FABC (3)	PCA (5)	FUND (4)	FD (2)	GLA (4)	SUB ACCT (6)	PROJECT (6)	PPH (2)	GRANT (6)	GPH (2)	TASK (4)
01	230	4549	5285800				0001								

FAC (4)	LOC (8)	CRC (4)	CI (1)	MPC (10)	DMI	DESCRIPTION (30)
					R	FINAL REIMB/ORANGE COUNTY

NOTE: For multiple accounting distribution, use payment voucher transmittal DAF-P16

I hereby certify under penalty of perjury that the above claim is for expenses that are reasonable and necessary for the performance of my services to the County and such claim is true and correct in accordance with Travel Ordinance A31.

CLAIMANT: SEE ATTACHED

APPROVED: Martha Paine 2-26-04

I hereby certify that the total amount shown has been entered into STARS as an expenditure against the named accounting codes.

By:

Date Accepted by STARS:

The above payments approved for payment subject to availability of funds.

By:

DEPUTY CONTROLLER

TRIP EXPENSE 721 rev.XLS P11 Blank Form
721 REV 1/02, REORDER CODE 963251 (LAC 2/02)

Received
April 22, 2011
Commission on
State Mandates

COUNTY OF SANTA CLARA
TRIP EXPENSE VOUCHER

Return check to HHS-01 Finance

DAF-P11

DEPT # (3)	CURR DOCUMENT # (8)	DOCUMENT DATE (6)	VENDOR NUMBER (10)	SFX (2)
412	TA0412 00032	01/30/04 MMDDYY	9001257	00

VENDOR NAME 1 (40): HAYLEY GINIGER

VENDOR NAME 2 (40):

ADDRESS OR DEPARTMENT NAME (40) (REQUIRED FIELD FOR VENDOR NUMBERS): C/O SCVHHS FINANCE 2325 ENBORG LN STE 380

CITY (29): SAN JOSE | STATE (2): CA | Zip (9): 95128

INDICATE UNION OR EXEC. MGMT.: ☐ 715 ☐ _____ ☐ CEMA ☐ EXEC. MGMT.

DEPARTMENT: SCVHHS

If any questions call: LINDA NAVARRO at 885-6821
Name (Type or Print)

Employee (s): GINIGER, HAYLEY

Destination: SAN DIEGO/ESCONDIDO

Means of Travel: AIR

Date Left: 12/22/03 Date Returned: 12/23/03

Time Left: 6P A.M. P.M. Time Returned: 5:30P A.M. P.M.

Regular work hours:

#Prisoners _____ Meals: B _____ L _____ D _____

		AMOUNT P-Card Charged	AMOUNT Claimable
	Air Fare Equivalent (Miles _____)		
	Air Fare or other Public Carrier Expense		150.00
	Breakfast		
1	Lunch		14.94
	Dinner		
1	Hotel (Single Rate)		78.90
X	Auto Rental		39.98
	Registration		
			21.00
	SUBTOTAL	0.00	304.82
	LESS AMOUNT CHARGED (EQUALS SUBTOTAL)		0.00
	LESS EXPENSE ADVANCE		(150.00)
	AMOUNT DUE/PAYABLE (TOTAL)		154.82

Miscellaneous: FUEL 6 & A/PARKING 15

TA0412 00032F #10119486 2/4/04 154.82 Manuel Blough

- SEE BACK OF TRAVEL AUTHORIZATION FOR TRAVEL POLICIES
- REPORT MILEAGE THROUGH DEPARTMENTAL PAYROLL
- ALL TRAVEL RELATED EXPENSES CHARGED ON P-CARD ARE REPORTED IN THE "CHARGED COLUMN"
- ITEMIZE CLAIMABLE CASH AND P-CARD EXPENSES IN "CLAIMABLE COLUMN"
- FURNISH RECEIPTS FOR ALL EXPENSES OVER $10.00
- FOR P-CARD CHARGES, ATTACH ORIGINAL RECEIPTS TO CREDIT CARD STATEMENT & COPIES TO THE DAF-P11 FORM

SFX (2)	TIC (3)	INDEX (4)	ESB1 (4)	ED (2)	FABC (3)	PCA (5)	FUND (4)	FD (2)	GLA (4)	SUB ACCT (6)	PROJECT (6)	PPH (2)	GRANT (8)	GPH (2)	TASK (4)
01	230	4549	5285800				0001								

FAC (4)	LOC (6)	CRC (4)	CI (1)	MPC (10)	DMB	DESCRIPTION (30)
					R	FINAL REIMB/SAN DIEGO/ESCONDIDO

NOTE: For multiple accounting distribution, use payment voucher transmittal form DAF-P01

I hereby certify under penalty of perjury that the above claim is for expenses that are reasonable and necessary for the performance of my services to the County and such claim is true and correct in accordance with Travel Ordinance A31.

CLAIMANT: SEE ATTACHED

APPROVED: Martha Parrie 1-30-04

I hereby certify that the total amount shown has been entered into STARS as an expenditure against the named accounting codes.

By: _____

Date Accepted by STARS: _____

The above payments approved for payment subject to availability of funds.

By: _____
DEPUTY CONTROLLER

TRIP EXPENSE 721 rev.XLS P11 Blank Form
721 REV 1/02 REORDER CODE 963251 (LAC 2/02)

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Received
April 22, 2011
Commission on
State Mandates

COUNTY OF SANTA CLARA
TRIP EXPENSE VOUCHER

RETURN CHECK TO
HHS-01 FINANCE

DAF-P11

DEPT # (3)	CURR DOCUMENT # (8)	DOCUMENT DATE (6)	VENDOR NUMBER (10)	SFX (2)
412	TA0412 00042	03/25/04 MMDDYY	9001257	00

VENDOR NAME 1 (40): HAYLEY GINIGER

VENDOR NAME 2 (40):

ADDRESS OR DEPARTMENT NAME (40) (REQUIRED FIELD FOR VENDOR NUMBERS): C/O SCVHHS FINANCE 2325 ENBORG LN STE 380

CITY (29): SAN JOSE | STATE (2): CA | Zip (9): 95128

INDICATE UNION OR EXEC. MGMT.:
[X] 715 [ ] _____
[ ] CEMA [ ] EXEC. MGMT.

DEPARTMENT: SCVHHS
If any questions call:
LINDA NAVARRO at 885-6821
Name (Type or Print)

Employee (s): GINIGER, HAYLEY

Destination: SAN DIEGO

Means of Travel: AIR

Date Left: 03/03/04 Date Returned: 03/04/04

Time Left: 7:10P A.M. P.M. Time Returned: 4:30P A.M. P.M.

Regular work hours:

#Prisoners _____ Meals: B _____ L _____ D _____

		AMOUNT P-Card Charged	AMOUNT Claimable
	Air Fare Equivalent (Miles _____)		
	Air Fare or other Public Carrier Expense		150.20
	Breakfast		
1	Lunch		10.65
	Dinner		
1	Hotel (Single Rate)		121.55
X	Auto Rental		38.19
	Registration		
	Miscellaneous A/PARKING		15.00
	TA0412 00042F #10157614 4/1/04 185.39 Marisol Clough 4/9/04		
	SUBTOTAL	0.00	335.59
	LESS AMOUNT CHARGED (EQUALS SUBTOTAL)		0.00
	LESS EXPENSE ADVANCE		(150.20)
	AMOUNT DUE/PAYABLE (TOTAL)		185.39

Picked-up by

- SEE BACK OF TRAVEL AUTHORIZATION FOR TRAVEL POLICIES
- REPORT MILEAGE THROUGH DEPARTMENTAL PAYROLL
- ALL TRAVEL RELATED EXPENSES CHARGED ON P-CARD ARE REPORTED IN THE "CHARGED COLUMN"
- ITEMIZE CLAIMABLE CASH AND P-CARD EXPENSES IN "CLAIMABLE COLUMN"
- FURNISH RECEIPTS FOR ALL EXPENSES OVER $10.00
- FOR P-CARD CHARGES, ATTACH ORIGINAL RECEIPTS TO CREDIT CARD STATEMENTS, COPIES TO THE DAF-P11 FORM

SFX (2)	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	FABC (3)	PCA (5)	FUND (4)	FD (2)	GLA (4)	SUB ACCT (8)	PROJECT (6)	PPH (2)	GRANT (6)	GPH (2)	TASK (4)
01	230	4549	5285800				0001								

FAC (4)	LOC (6)	CRC (4)	CI (1)	MPC (10)	DMI	DESCRIPTION (30)
					R	FINAL REIMB/SAN DIEGO

NOTE: For multiple accounting distribution, use payment voucher transmittal (TAF-P01)

I hereby certify under penalty of perjury that the above claim is for expenses that are reasonable and necessary for the performance of my services to the County and such claim is true and correct in accordance with Travel Ordinance A31.

CLAIMANT: SEE ATTACHED

APPROVED: Martha Paine 3-26-04

I hereby certify that the total amount shown has been entered into STARS as an expenditure against the named accounting codes.

By: _____

Date Accepted by STARS: _____

The above payments approved for payment subject to availability of funds.

By: _____
DEPUTY CONTROLLER

TRIP EXPENSE 721 rev.XLS P11 Blank Form
721 REV 1/02 REORDER CODE 963251 (LAC 2/02)

Received
April 22, 2011
Commission on
State Mandates

RETURN CHECK TO
HHS-01 FINANCE

COUNTY OF SANTA CLARA
TRIP EXPENSE VOUCHER

DAF-P11

# (3)	CURR DOCUMENT # (8)	DOCUMENT DATE (6)	VENDOR NUMBER (10)	SFX (2)
412	TA0412 00048	05/05/04 MMDDYY	9003328	00

VENDOR NAME 1 (40): TOVA SWEET

VENDOR NAME 2 (40):

ADDRESS OR DEPARTMENT NAME (40) (REQUIRED FIELD FOR VENDOR NUMBERS): C/O SCVHHS FINANCE 2325 ENBORG LN STE 380

CITY (29): SAN JOSE | STATE (2): CA | Zip (9): 95128

INDICATE UNION OR EXEC. MGMT.:
[X] 715 [ ] _____
[ ] CEMA [ ] EXEC. MGMT.

DEPARTMENT: SCVHHS
If any questions call:
LINDA NAVARRO at 885-6821
Name (Type or Print)

Employee (s): SWEET, TOVA

Destination: VAN NUYS, CA

Means of Travel: AIR

Date Left: 04/08/04 Date Returned: 04/10/04

Time Left: 10:45A A.M. P.M. Time Returned: 6:15A A.M. P.M.

Regular work hours:

#Prisoners _____ Meals: B _____ L _____ D _____

		AMOUNT P-Card Charged	AMOUNT Claimable
	Air Fare Equivalent (Miles ____)		
	Air Fare or other Public Carrier Expense		128.20
1	Breakfast		7.00
2	Lunch		16.00
1	Dinner		15.00
1	Hotel (Single Rate)		95.76
X	Auto Rental		25.08
	Registration		
	Miscellaneous: HOUSEKEEPING		2.00
	SUBTOTAL	0.00	287.04 ~~100.84~~
	LESS AMOUNT CHARGED (EQUALS SUBTOTAL)		0.00
	LESS EXPENSE ADVANCE		(0.00) 128.20
	AMOUNT DUE/PAYABLE (TOTAL)		160.84

TA0412 00048F CK# 10184332 5/10/04 $160.84

- SEE BACK OF TRAVEL AUTHORIZATION FOR TRAVEL POLICIES
- REPORT MILEAGE THROUGH DEPARTMENTAL PAYROLL
- ALL TRAVEL RELATED EXPENSES CHARGED ON P-CARD ARE REPORTED IN THE "CHARGED COLUMN"
- ITEMIZE CLAIMABLE CASH AND P-CARD EXPENSES IN "CLAIMABLE COLUMN"
- FURNISH RECEIPTS FOR ALL EXPENSES OVER $10.00
- FOR P-CARD CHARGES, ATTACH ORIGINAL RECEIPTS TO CREDIT CARD STATEMENT & COPIES TO THE DAF-P11 FORM

SFX (2)	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	FABC (3)	PCA (5)	FUND (4)	FD (2)	GLX (4)	SUB ACCT (8)	PROJECT (6)	PPH (2)	GRANT (6)	GPH (2)	TASK (4)
01	230	4549	5285800				0001								

FAC (4)	LOC (6)	CRC (4)	CI (1)	MPC (10)	DMI	DESCRIPTION (30)
					R	FINAL REIMB/VAN NUYS

NOTE: For multiple accounting distribution, use payment voucher transmittal DAF-PMT

I hereby certify under penalty of perjury that the above claim is for expenses that are reasonable and necessary for the performance of my services to the County and such claim is true and correct in accordance with Travel Ordinance A31.

CLAIMANT: SEE ATTACHED

APPROVED: Martha Poore 6/04

I hereby certify that the total amount shown has been entered into STARS as an expenditure against the named accounting codes.

By: _____

Date Accepted by STARS: _____

The above payments approved for payment subject to availability of funds.

By: _____
DEPUTY CONTROLLER

TRIP EXPENSE 721 rev.XLS F11 Blank Form
721 REV 1/02 REORDER CODE 963251 (LAC 2/02)

Received
April 22, 2011
Commission on
State Mandates

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
SERVICES TO HANDICAPPED STUDENTS

(19) Program Number 00111
(20) Date Filed ____/____/____
(21) LRS Input ____/____/____

(01) Claimant Identification Number
9934

(02) Mailing Address

Claimant Name
County of Santa Clara

County of Location
Santa Clara

Street Address or P.O. Box
70 West Hedding Street, East Wing

City | State | Zip Code

Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated [X]	(09) Reimbursement [X]
	(04) Combined	(10) Combined
	(05) Amended	(11) Amended
Fiscal Year of Cost	(06) 2005/2006	(12) 2004/2005
Total Claimed Amount	(07) $8,786,095	(13) $7,987,359
Less: 10 Late Penalty, Not to Exceed $1000	$0	(14) $0
Less: Estimated Claim Payment Received	$0	$0
Net Claimed Amount	$8,786,095	(16) $7,987,359
Due From State	(08) $8,786,095	(17) $7,987,359
Due To State		(18)

Reimbursement Claim Data

(22) HDS-1, (03)(a)	0
(23) HDS-1, (03)(b)	0
(24) HDS-1, (03)(c)	0
(25) HDS-1, (04)(1)(d)	$3,261,836
(26) HDS-1, (04)(2)(d)	$362,178
(27) HDS-1, (04)(3)(d)	$8,429
(28) HDS-1, (04)(4)(d)	$0
(29) HDS-1, (04)(5)(d)	$12,987,816
(30) HDS-1, (06)	16.11%
(31) HDS-3, (05)	$701,686
(32) HDS-3, (06)	$0
(33) HDS-3, (07)	$1,550,169
(34)	
(35)	
(36)	
(37)	

(38) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1747, Statutes of 1984 and Chapter 1274, Statutes of 1985, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1747, Statutes of 1984 and Chapter 1274, Statutes of 1985.

The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1747, Statutes of 1984 and Chapter 1274, Statutes of 1985, set forth on the attached statements.

Signature of Authorized Officer

Date 1/12/06

Type or Print Name

Title

(39) Name of Contact Person for Claim

Telephone Number (____) _____
E-mail Address _____

Form FAM-27 (revised 9/00)

Chapter 1747/84 and 1274/85

Received
April 22, 2011
Commission on
State Mandates

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
CLAIM SUMMARY

FORM HDS-1

(1) Claimant: County of Santa Clara	(2) Type of Claim: Reimbursement [X]; Estimated [ ]	Fiscal Year 2004/2005

Claim Statistics	
(03)(a) Number of students who were suspected of being "individuals with exceptional needs," and were referred to the local mental health department for assessment and recommendation in the fiscal year of the claim.	
(b) Number of students who required residential placements in the fiscal year of claim.	
(c) Number of due process proceedings that took place in the fiscal year of claim.	

Direct Costs	Object Accounts			
(04) Reimburseable Components	(a) Salaries	(b) Benefits	(c) Serv/Supply	(d) Total
1. Assessment				$3,261,836
2. Residential Placement				$362,178
3. Related Services				$8,429
4. Due Process Proceedings				$0
5. Treatment Services				$12,987,816
(05) Total Direct Costs				$16,620,259

Indirect Costs		
(06) Indirect Cost Rate	[From ICRP]	16.11%
(07) Total Indirect Costs	[Line (06) x [line (05)(d)]]	$2,676,945
(08) Total Direct and Indirect Costs	[Line (05)(d) + line (07)]	$19,297,204

Cost Reduction		
(09) Less: Offsetting Savings		$0
(10) Less: Other Reimbursements	(i.e. State General/Realignment & Categorical Funds, SD-MC FFP,etc)	$11,309,845
(11) Total Claimed Amount	[Line 908] - [line (09) + line (10)]	$7,987,359

Chapter 1747/84 and 1274/85

Revised 3/97

Received
April 22, 2011
Commission on
State Mandates

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL		FORM HDS-3
(1) Claimant County of Santa Clara	(2) Fiscal Year Costs Were Incurred 2004/2005	
(3) Reimbursable Components:	Check only one box per form to identify the component being claimed	
Assessment of Individuals With Exceptional Needs		
(a) Assessment: Interviews, Review of Records, Observations, Testing, etc		$3,261,836
(b) Residential Placement: IEP Reviews, Case Management, and Expanded IEP		$362,178
(c) Related Services: Attendance at IEP Meetings, Meetings with IEP Members and Parents, and Review of Independent Assessment		$8,429
(d) Due Process Proceedings		
(e) Administrative Costs		$585,060
Mental Health Treatment		
(f) Treatment Services: Short Doyle Program		$12,987,816
(g) Administrative Costs		$2,091,885
(04) Sub-total for Assessment of Individuals with Exceptional Needs	[Sum of (03), lines (a) to (e)]	$4,217,503
(05) Less: Amount Received from Short Doyle MediCal (FFP Only)		$701,686
(06) Less: Amount Received from State Categorical Funding		$0
(07) Less: Amount Received from Other (Identify)	IDEA, EPSDT	$1,550,169
(08) Total for Assessment of Individuals with Exceptional Needs	[Line (04) - Sum of lines (05) - (07)]	$1,965,648
(09) Subtotal for Mental Health Treatment [block (03), lines (f) and (g)		$15,079,701
(10) Less: Non-Categorical State General/Realignment Funds		$0
(11) Less: Amount Received from Short Doyle MediCal (FFP Only)		$3,503,392
(12) Less: Amount Received from State Categorical Funding		$0
(13) Less: Amount Received from Other (Identify)	IDEA, EPSDT	$5,554,598
(14) Total Mental Health Treatment	[Line (09) - Sum of lines (10) to (13)]	$6,021,711
(15) Total Claimed Amount	[Sum of lines (08) and (14)]	$7,987,359

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5,554,598
1,550,169
7,104,767

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2004/2005

(3) Reimbursable Components:

- [X] Assessment
- [ ] Treatment Services
- [ ] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Asian Americans for Community Involvement	151	15:01	8,443	$1.6161	$13,645
Asian Americans for Community Involvement	151	15:15,30	851	$2.0864	$1,776
Achieve	144	15:01	6,664	$1.8900	$12,595
Achieve	144	15:15,30	6,463	$2.4400	$15,770
Alliance	689	15:01	13,904	$1.5430	$21,454
Alliance	689	15:30	678	$1.9921	$1,351
Catholic Charities	153	15:01	265	$1.8900	$501
Catholic Charities	153	15:15,30	763	$2.4400	$1,862
Chamberlains	154	15:01	4,260	$1.4640	$6,237
Chamberlains	154	15:15,30	365	$1.8900	$690
Childrens Health Council	250	15:01	58,069	$1.8900	$109,750
Childrens Health Council	250	15:15,30	5,850	$2.4400	$14,274
Community Solutions	164	15:01	36,888	$1.5523	$57,261
Community Solutions	164	15:15,30	8,717	$2.0041	$17,470
Santa Clara County MH	043	15:01	609,555	$2.3100	$1,408,072
Santa Clara County MH	043	15:15,30	199,527	$2.9800	$594,590
Eastfield Ming Quong	156	15:01	120,611	$1.6919	$204,062
Eastfield Ming Quong	156	15:15,30	151,238	$2.1843	$330,349
(05) Total [ ] Subtotal [X]					$2,811,707

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2004/2005

(3) Reimbursable Components:

- [X] Assessment
- [ ] Treatment Services
- [ ] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Carryover from Page 1 of 2					$2,811,707
Eastern European Service Agency		15:01	1,520	$1.2187	$1,852
Eastern European Service Agency		15:15,30	160	$1.5733	$252
Family & Childrens Services	150	15:01	403	$1.5234	$614
Family & Childrens Services	150	15:15,30	210	$1.9667	$413
Gardner	251	15:01	4,934	$1.2238	$6,038
Gardner	251	15:15,30	1,405	$1.5800	$2,220
Hope	157	15:01	2,084	$1.6735	$3,488
Hope	157	15:15,30	635	$2.1605	$1,372
Rebekah's Childrens Services	255	15:01	191,647	$1.8900	$362,213
Rebekah's Childrens Services	255	15:15,30	14,174	$2.4400	$34,585
Starlight	840	15:01	20,020	$1.8523	$37,083
(05) Total [X] Subtotal					$3,261,836

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2004/2005

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Treatment Services
- [X] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Aspen Solutions/Sunhawk Academy					$29,529
Early Childhood Mental Health			284	$120.00	$34,066
Families First			159	$115.16	$18,277
Island View Academy			6	$210.75	$1,265
Seneca Center			375	$137.00	$51,375
Victor Treatment Centers			1,124	$187.50	$210,800
Mediated Agreement					$16,433
Travel to Residential Placements:					
Chico 7/14/04 - 7/15/04					$142
Villa Park 11/22/04					$291
(05) Total [X] Subtotal					$362,178

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COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2004/2005

(3) Reimbursable Components:

- [ ] Assessment
- [X] Treatment Services
- [ ] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Asian Americans for Community Involvement	151	15:10-59	10,629	$2.0864	$22,176
Asian Americans for Community Involvement	151	15:60	1,245	$3.8564	$4,801
Achieve	144	15:10-59	126,576	$2.4400	$308,845
Achieve	144	15:60	6,394	$4.5100	$28,837
Alliance	689	15:10-59	6,915	$1.9921	$13,775
Alliance	689	15:60	2,204	$3.7756	$8,321
Catholic Charities	153	15:10-59	5,546	$2.4400	$13,532
Catholic Charities	153	15:60	665	$4.5100	$2,999
Chamberlains	154	15:10-59	9,318	$1.8900	$17,611
Chamberlains	154	15:60	1,735	$3.4934	$6,061
Childrens Health Council	250	15:10-59	233,534	$2.4400	$569,823
Childrens Health Council	250	15:60	11,665	$4.5100	$52,609
Community Solutions	164	15:10-59	46,727	$2.0041	$93,646
Community Solutions	164	15:60	4,155	$3.7043	$15,391
Santa Clara County	043	15:10-59	312,774	$2.9800	$932,067
Santa Clara County	043	15:60	64,799	$8.8400	$572,823
Eastern European Service Agency		15:10-59	4,090	$1.5733	$6,435
Eastern European Service Agency		15:60	50	$2.9080	$145
Eastfield Ming Quong	156	10:85	6,978	$169.4877	$1,182,685
Eastfield Ming Quong	156	15:10-59	2,726,197	$2.1843	$5,954,832
Eastfield Ming Quong	156	15:60	73,669	$4.0373	$297,424
(05) Total [ ] Subtotal [X]					$10,104,840

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2004/2005

(3) Reimbursable Components:

- [ ] Assessment
- [X] Treatment Services
- [ ] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses; Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Carryover from page 1 of 2					$10,104,840
Family & Childrens Services	150	15:10-59	7,559	$1.9667	$14,866
Family & Childrens Services	150	15:60	400	$3.6352	$1,454
Gardner	251	15:10-59	13,922	$1.5800	$21,997
Gardner	251	15:60	343	$2.9204	$1,002
Hope	157	15:10-59	56,367	$2.1605	$121,781
Hope	157	15:60	3,067	$3.9934	$12,248
Rebekah's Childrens Services	255	10:85	1,080	$189.3300	$204,476
Rebekah's Childrens Services	255	15:10-59	491,107	$2.4400	$1,198,301
Rebekah's Childrens Services	255	15:60	4,605	$4.5100	$20,769
Starlight	840	10:85	2,837	$185.5489	$526,402
Starlight	840	10:89	2,249	$146.5890	$329,679
Starlight	840	15:10-59	151,362	$2.3913	$361,952
Starlight	840	15:60	8,360	$4.4199	$36,950
Sunny Hills		10:95	228	$122.7500	$27,987
Sunny Hills		15:60	690	$4.5100	$3,112
(05) Total					$12,987,816

Subtotal [X]

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2004/2005

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Treatment Services
- [ ] Residential Placement
- [X] Other (Identify): IEP Meetings and Review

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers		(b) Salary Rate	(c) Benefits % Sal	(d) Hours Worked	(e) Salary	(f) Benefits
Nang Cao	Psychiatric Social Worker II	$50.73	37.90%	70.38	$3,570	$1,353
Sylvia Hsiang	Psychiatric Social Worker I	$44.69	44.80%	0.75	$34	$15
Genie Yomtov	Marriage/Family Therapist II	$50.02	35.80%	16.58	$829	$297
Lilly Goldbard	Psychiatric Social Worker II	$49.01	42.20%	1.33	$65	$28
Diane Fjelstad	Psychiatric Social Worker II	$48.86	35.20%	4.75	$232	$82
Dolores Ponce	Psychiatric Social Worker II	$48.89	35.20%	2.95	$144	$51
Jodi Barnum	Psychiatric Social Worker II	$43.35	43.30%	6.32	$274	$119
Hayley Giniger	Marriage/Family Therapist II	$48.90	32.30%	4.13	$202	$65
Wendy Goodridge	Marriage/Family Therapist II	$47.60	36.50%	6.07	$289	$105
Carol Urbanski	Psychiatric Social Worker II	$50.66	41.40%	14.65	$742	$307
Karen Leavitt	Psychiatric Social Worker I	$42.12	46.40%	0.83	$35	$16
Samphor Mao	Psychiatric Social Worker I	$42.90	43.90%	15.10	$648	$284
Tova Sweet	Marriage/Family Therapist II	$47.33	35.10%	0.78	$37	$13
Jeff Cummins	Psychiatric Social Worker II	$48.80	33.60%	35.22	$1,719	$577
Monica Dittrich	Marriage/Family Therapist I	$40.38	47.10%	30.97	$1,251	$589
Lorena Gonzalez	Psychiatric Social Worker II	$48.90	36.40%	4.88	$239	$87
Danielle Hanchett	Psychiatric Social Worker I	$46.39	27.50%	2.47	$115	$32
Louise Hill	Psychiatric Social Worker II	$48.13	32.50%	18.32	$882	$287
Mikelle Le	Marriage/Family Therapist I	$44.57	36.90%	12.45	$555	$205
Van Le	Psychiatric Social Worker I	$36.41	18.20%	18.08	$658	$120
Colleen Kosbad	Student Intern	$8.33	14.00%	54.17	$451	$63
Joann Riniti	Clinical Psychologist	$54.60	41.20%	7.15	$390	$161
					$6,296	$2,133
(05) Total [X]	Subtotal					$8,429

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-6

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2004/2005

(3) Reimbursable Components: Administrative Costs

[X] Assessment of Individual

[ ] Mental Health Treatment

(4) Description of Expenses: Complete columns (a) through (g)

(a)	(b)	(c)	(d)	(e)	(f)	(g)
From ICRP Calculation:						
Total Net Administrative Cost	$24,938,099					
Total Allowable Direct Cost	$154,832,323					
Admin Percentage	16.11%					
Ch 26.5 Assessment Cost	$3,261,836					
Residential Placement	$362,178					
IEP Meetings and Reviews	$8,429					
Subtotal	$3,632,443					
Assessment Admin Cost	$585,060					
(05) Total Direct Costs						
Indirect Costs						
(06) Indirect Cost Rate				[From ICRP]		0.00%
(07) Total Indirect Costs				[Line (06) x line (05)(g)]		$585,060

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6

(1) Claimant	(2) Fiscal Year Costs Were Incurred
County of Santa Clara	2004/2005

(3) Reimbursable Components: Administrative Costs

[ ] Assessment of Individual [X] Mental Health Treatment

(4) Description of Expenses: Complete columns (a) through (g)

(a)	(b)	(c)	(d)	(e)	(f)	(g)
From ICRP Calculation:						
Total Net Administrative Cost	$24,938,099					
Total Allowable Direct Cost	$154,832,323					
Admin Percentage	16.11%					
Ch 26.5 Treatment Cost	$12,987,816					
Treatment Admin Cost	$2,091,885					
(05) Total Direct Costs						
Indirect Costs						
(06) Indirect Cost Rate				[From ICRP]		0.00%
(07) Total Indirect Costs				[Line (06) x line (05)(g)]		$2,091,885

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
CH 26.5 ASSESSMENT AND TREATMENT SERVICES
UNICARE REPORT BHS118 (MH18): July 2004 - June 2005

Agency	Mode	A/T	Srv Fxn	MediCal Units	Other Units	Total Units	State SMA	State Approved Rate	Actual Cost	SB90 Expense Rate	SB90 Revenue Rate	Total Expense	50.00% MediCal FFP Revenue	EPSDT Revenue	Net Expense	Non-MediCal Expense	IDEA Funding	Net Expense	MediCal Expense	Other Expense
AACI	15	Assessment	1	7,127	1,316	8,443	$1.89	Cost	$1.6161	$1.6161	$1.6161	$13,645	$5,759	$1,428	$6,261	$2,127	$1,678	$4,583	$11,518	$2,127
AACI	15	Assessment	15	0	0	0	$2.44	Cost	$2.0864	$2.0864	$2.0864	$0	$0	$0	$0	$0	$0	$0	$0	$0
AACI	15	Assessment	30	653	198	851	$2.44	Cost	$2.0864	$2.0864	$2.0864	$1,776	$681	$192	$901	$413	$328	$576	$1,262	$413
Achieve	15	Assessment	1	2,159	4,505	6,664	$1.89	$1.89	$2.0797	$1.8900	$1.8900	$12,595	$2,040	$576	$9,979	$8,514	$6,716	$3,263	$4,081	$8,514
Achieve	15	Assessment	15	0	54	54	$2.44	$2.44	$2.6849	$2.4400	$2.4400	$132	$0	$0	$132	$132	$104	$28	$0	$132
Achieve	15	Assessment	30	2,533	3,876	6,409	$2.44	$2.44	$2.6849	$2.4400	$2.4400	$15,638	$3,090	$872	$11,676	$9,457	$7,460	$4,216	$6,181	$9,457
Alliance	15	Assessment	1	13,859	45	13,904	$1.89	$1.56	$1.5430	$1.5430	$1.5430	$21,454	$10,692	$3,017	$7,745	$69	$55	$7,690	$21,384	$69
Alliance	15	Assessment	30	258	420	678	$2.44	$2.02	$1.9921	$1.9921	$1.9921	$1,351	$257	$73	$1,021	$837	$660	$361	$514	$837
Cath Char	15	Assessment	1	265	0	265	$1.89	$1.89	$2.2125	$1.8900	$1.8900	$501	$250	$71	$180	$0	$0	$180	$501	$0
Cath Char	15	Assessment	15	35	0	35	$2.44	$2.44	$2.8564	$2.4400	$2.4400	$85	$43	$12	$31	$0	$0	$31	$85	$0
Cath Char	15	Assessment	30	728	0	728	$2.44	$2.44	$2.8564	$2.4400	$2.4400	$1,776	$888	$251	$638	$0	$0	$638	$1,776	$0
Chamberlain	15	Assessment	1	3,540	920	4,460	$1.89	$1.89	$1.4640	$1.4640	$1.4640	$6,237	$2,445	$690	$3,102	$1,947	$1,062	$2,040	$4,890	$1,347
Chamberlain	15	Assessment	30	140	225	365	$2.44	$2.05	$1.8900	$1.8900	$1.8900	$690	$132	$37	$526	$425	$335	$186	$265	$425
CHC	15	Assessment	1	17,606	40,463	58,069	$1.89	$1.80	$2.8330	$1.8900	$1.8900	$109,750	$16,638	$4,694	$88,418	$76,475	$60,351	$28,098	$33,225	$76,475
CHC	15	Assessment	15	2,760	1,740	4,500	$2.44	$2.44	$3.5832	$2.4400	$2.4400	$10,980	$3,347	$950	$6,683	$4,246	$3,349	$3,334	$4,934	$4,246
CHC	15	Assessment	30	150	1,200	1,350	$2.44	$2.44	$3.6832	$2.4400	$2.4400	$3,294	$183	$52	$3,059	$2,928	$2,309	$750	$366	$2,928
Comm Sol	15	Assessment	1	19,095	17,793	36,888	$1.89	$1.70	$1.5523	$1.5523	$1.5523	$57,261	$14,821	$4,183	$38,259	$27,620	$21,786	$16,475	$29,641	$27,620
Comm Sol	15	Assessment	30	4,129	4,588	8,717	$2.44	$2.19	$2.0041	$2.0041	$2.0041	$17,470	$4,137	$1,167	$12,165	$9,195	$7,253	$4,912	$8,275	$9,195
County	15	Assessment	1	259,350	350,225	609,575	$1.89	Cost	$2.3100	$2.3100	$1.8900	$1,408,072	$245,067	$69,147	$1,093,858	$809,020	$638,123	$455,753	$809,052	$809,020
County	15	Assessment	15	192	871	1,063	$2.44	Cost	$2.9800	$2.9800	$2.4400	$3,168	$234	$66	$2,867	$2,596	$2,047	$820	$572	$2,596
County	15	Assessment	30	65,063	133,401	198,464	$2.44	Cost	$2.9800	$2.9800	$2.4400	$591,423	$79,327	$22,397	$489,649	$397,535	$313,561	$176,088	$193,888	$397,535
EBSA	15	Assessment	1	0	1,520	1,520	$1.89	$1.32	$1.2187	$1.2187	$1.2187	$1,852	$0	$0	$1,852	$1,852	$1,461	$391	$0	$1,852
EBSA	15	Assessment	30	0	160	160	$2.44	$1.70	$1.5733	$1.5733	$1.5733	$252	$0	$0	$252	$252	$199	$53	$0	$252
EMQ	15	Assessment	1	90,819	29,792	120,611	$1.89	Cost	$1.6919	$1.6919	$1.6919	$204,062	$76,828	$21,678	$105,556	$50,405	$39,758	$65,798	$155,657	$50,405
EMQ	15	Assessment	15	3,632	3,490	7,122	$2.44	Cost	$2.1843	$2.1843	$2.1843	$15,557	$3,987	$1,119	$10,471	$7,623	$6,013	$4,458	$7,933	$7,623
EMQ	15	Assessment	30	74,199	69,917	144,116	$2.44	Cost	$2.1843	$2.1843	$2.1843	$314,793	$81,036	$22,865	$210,891	$152,720	$120,460	$90,431	$162,073	$152,720
F&CS	15	Assessment	1	403	0	403	$1.89	$1.55	$1.5234	$1.5234	$1.5234	$614	$307	$87	$220	$0	$0	$220	$614	$0
F&CS	15	Assessment	30	210	0	210	$2.44	$1.97	$1.9667	$1.9667	$1.9667	$413	$207	$59	$148	$0	$0	$148	$413	$0

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SB90 BHS0118 MH1912 MH18R Summary

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
CH 26.5 ASSESSMENT AND TREATMENT SERVICES
UNICARE REPORT BHS118 (MH18): July 2004 - June 2005

Agency	Mode	A/T	Svc Fxn	MedCal Units	Other Units	Total Units	State SMA	State Approved Rate	Actual Cost	$890 Expense Rate	$890 Revenue Rate	Total Expense	50.00% MedCal FFP Revenue	EPSDT Revenue	Net Expense	Non-MedCal Expense	IDEA Funding	Net Expense	MedCal Expense	Other Expense
Gardner	15	Assessment	1	4,775	159	4,934	$1.89	Cost	$1.2238	$1.2238	$1.2238	$6,038	$2,922	$824	$2,292	$195	$133	$2,159	$5,844	$195
Gardner	15	Assessment	30	1,060	345	1,405	$2.44	Cost	$1.5800	$1.5800	$1.5800	$2,220	$537	$236	$1,146	$545	$430	$716	$1,675	$545
Hope	15	Assessment	1	2,084	0	2,084	$1.89	$1.89	$1.6735	$1.6735	$1.6735	$3,488	$1,744	$492	$1,252	$0	$0	$1,252	$3,488	$0
Hope	15	Assessment	30	635	0	635	$2.44	$2.44	$2.1605	$2.1605	$2.1605	$1,372	$486	$194	$692	$0	$0	$692	$1,372	$0
Rebekah's	15	Assessment	1	122,778	68,869	191,647	$1.89	$1.89	$2.2693	$1.8900	$1.8900	$362,215	$116,025	$32,787	$213,430	$130,162	$102,667	$110,763	$232,050	$130,162
Rebekah's	15	Assessment	15	133	0	133	$2.44	$2.44	$2.9296	$2.4400	$2.4400	$325	$162	$46	$116	$0	$0	$116	$325	$0
Rebekah's	15	Assessment	30	6,820	7,221	14,041	$2.44	$2.44	$2.9296	$2.4400	$2.4400	$34,260	$8,320	$2,348	$23,592	$17,619	$13,897	$9,695	$16,641	$17,619
Starlight	15	Assessment	1	20,020	0	20,020	$1.89	Cost	$1.8523	$1.8523	$1.8523	$37,083	$18,542	$5,232	$13,310	$0	$0	$13,310	$37,083	$0
			Subtotal	726,990	743,313	1,470,303						$3,267,836	$701,686	$197,985	$2,362,166	$1,714,309	$1,352,184	$1,009,981	$1,549,527	$1,714,309
AACI	15	Treatment	10-59	7,436	3,193	10,629	$2.44	Cost	$2.0864	$2.0864	$2.0864	$22,176	$7,757	$2,189	$12,230	$6,662	$5,255	$6,976	$15,514	$6,662
AACI	15	Treatment	60	815	430	1,245	$4.51	Cost	$3.8564	$3.8564	$3.8564	$4,801	$1,571	$443	$2,786	$1,658	$1,308	$1,478	$3,143	$1,658
Achieve	15	Treatment	10-59	25,738	100,858	126,596	$2.44	$2.44	$2.6849	$2.4400	$2.4400	$308,845	$31,400	$8,840	$268,585	$246,045	$194,071	$74,514	$62,801	$246,045
Achieve	15	Treatment	60	1,938	4,456	6,394	$4.51	$4.51	$4.9626	$4.5100	$4.5100	$28,837	$4,376	$1,233	$23,234	$20,097	$15,851	$7,382	$8,740	$20,097
Alliance	15	Treatment	10-59	6,915	0	6,915	$2.44	$2.02	$1.9921	$1.9921	$1.9921	$13,775	$6,888	$1,913	$4,944	$0	$0	$4,944	$13,775	$0
Alliance	15	Treatment	60	2,204	0	2,204	$4.51	$3.78	$3.7756	$3.7756	$3.7756	$8,321	$4,161	$1,174	$2,987	$0	$0	$2,987	$8,321	$0
Cath Char	15	Treatment	10-59	5,544	0	5,546	$2.44	$2.44	$2.8564	$2.4400	$2.4400	$13,532	$6,766	$1,909	$4,857	$0	$0	$4,857	$13,532	$0
Cath Char	15	Treatment	60	665	0	665	$4.51	$4.51	$5.2797	$4.5100	$4.5100	$2,999	$1,500	$423	$1,076	$0	$0	$1,076	$2,999	$0
Chamberlain	15	Treatment	10-59	6,458	2,860	9,318	$2.44	$2.02	$1.8900	$1.8900	$1.8900	$17,611	$6,103	$1,722	$9,786	$5,405	$4,264	$5,522	$12,206	$5,405
Chamberlain	15	Treatment	60	1,735	0	1,735	$4.51	$3.80	$3.4934	$3.4934	$3.4934	$6,061	$3,031	$855	$2,175	$0	$0	$2,175	$6,061	$0
CHC	15	Treatment	10-59	40,820	192,714	233,534	$2.44	$2.44	$3.6882	$2.4400	$2.4400	$570,823	$49,800	$14,052	$505,971	$470,222	$370,894	$135,077	$99,601	$470,222
CHC	15	Treatment	60	2,090	9,575	11,665	$4.51	$4.51	$4.8079	$4.5100	$4.5100	$52,609	$4,713	$1,330	$46,566	$43,183	$34,061	$12,505	$9,426	$43,183
Comm Sol	15	Treatment	10-59	19,806	26,921	46,727	$2.44	$2.19	$2.8041	$2.0043	$2.0043	$93,646	$19,847	$5,600	$68,199	$53,952	$42,556	$25,643	$39,895	$53,952
Comm Sol	15	Treatment	60	2,665	1,490	4,155	$4.51	$4.06	$3.7043	$3.7043	$3.7043	$15,391	$4,196	$1,395	$9,865	$5,519	$4,354	$4,709	$9,872	$5,519
County	15	Treatment	10-59	113,393	199,381	312,774	$2.44	Cost	$2.9800	$2.9800	$2.4400	$932,067	$138,339	$39,833	$754,694	$594,155	$448,648	$286,046	$337,911	$594,155
County	15	Treatment	60	30,225	34,574	64,799	$4.51	Cost	$8.8400	$8.8400	$4.5100	$572,823	$68,157	$19,231	$485,435	$305,634	$241,873	$244,562	$167,189	$305,634

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
CH 26.5 ASSESSMENT AND TREATMENT SERVICES
UNICARE REPORT BHS118 (MH18): July 2004 - June 2005

Agency	Mods	A/T	Srv Exp	MediCal Units	Other Units	Total Units	State SMA	State Approved Rate	Actual Cost	SB90 Expense Rate	SB90 Revenue Rate	Total Expense	50.00% MediCal FFP Revenue	EPSDT Revenue	Net Expense	Non-MediCal Expense	IDEA Funding	Net Expense	MediCal Expense	Other Expense
BESA	15	Treatment	10-59	0	4,090	4,090	$2.44	$1.70	$1.5733	$1.5733	$1.5733	$6,435	$0	$0	$6,435	$6,435	$5,076	$1,359	$0	$6,435
BESA	15	Treatment	60	0	50	50	$4.51	$3.14	$2.9080	$2.9080	$2.9080	$145	$0	$0	$145	$145	$115	$31	$0	$145
EMQ	10	Treatment	85	4,943	2,035	6,978	$189.33	Cost	$169.4877	$169.4877	$169.4877	$1,182,685	$418,889	$118,192	$645,604	$344,907	$272,050	$373,554	$837,278	$344,907
EMQ	15	Treatment	10-59	1,496,506	1,229,691	2,726,197	$2.44	Cost	$2.1843	$2.1843	$2.1843	$5,954,832	$1,634,409	$441,159	$3,859,264	$2,686,014	$2,118,430	$1,740,834	$3,268,818	$2,686,014
EMQ	15	Treatment	60	53,328	20,341	73,669	$4.51	Cost	$4.0373	$4.0373	$4.0373	$297,424	$107,651	$30,374	$159,399	$82,123	$64,775	$94,624	$215,301	$82,123
F&CS	15	Treatment	10-59	6,632	927	7,559	$2.44	$1.07	$1.9667	$1.9667	$1.9667	$14,866	$6,522	$1,840	$6,505	$1,823	$1,438	$5,067	$13,043	$1,823
F&CS	15	Treatment	60	400	0	400	$4.51	$3.64	$3.6352	$3.6352	$3.6352	$1,454	$727	$205	$522	$0	$0	$522	$1,454	$0
Gardner	15	Treatment	10-59	13,418	504	13,922	$2.44	Cost	$1.5800	$1.5800	$1.5800	$21,997	$10,600	$2,991	$8,406	$796	$638	$7,778	$21,200	$796
Gardner	15	Treatment	60	343	0	343	$4.51	Cost	$2.9204	$2.9204	$2.9204	$1,002	$501	$141	$360	$0	$0	$360	$1,002	$0
Hope	15	Treatment	10-59	56,367	0	56,367	$2.44	$2.44	$2.1605	$2.1605	$2.1605	$121,781	$60,890	$17,181	$43,710	$0	$0	$43,710	$121,781	$0
Hope	15	Treatment	60	3,067	0	3,067	$4.51	$4.51	$3.9934	$3.9934	$3.9934	$12,248	$6,124	$1,728	$4,396	$0	$0	$4,396	$12,248	$0
Rebekah's	10	Treatment	85	806	274	1,080	$189.33	$189.33	$227.3218	$189.3500	$189.3500	$204,476	$76,300	$21,529	$106,648	$51,876	$40,918	$65,730	$152,600	$51,876
Rebekah's	15	Treatment	10-59	337,758	153,349	491,107	$2.44	$2.44	$2.9296	$2.4400	$2.4400	$1,198,301	$412,065	$116,267	$669,970	$374,172	$295,135	$374,837	$824,130	$374,172
Rebekah's	15	Treatment	60	3,030	1,575	4,605	$4.51	$4.51	$5.4150	$4.5100	$4.5100	$20,769	$6,833	$1,928	$12,008	$7,103	$5,603	$6,405	$13,665	$7,103
Starlight SCC	10	Treatment	85	2,241	596	2,837	$189.33	Cost	$185.5489	$185.5489	$185.5489	$526,402	$207,908	$58,662	$259,832	$110,587	$87,227	$172,605	$415,815	$110,587
Starlight SCC	10	Treatment	89	0	2,249	2,249	$189.33	Cost	$146.5890	$146.5890	$146.5890	$329,679	$0	$0	$329,679	$329,679	$260,038	$69,640	$0	$329,679
Starlight SCC	15	Treatment	10-59	151,325	17	151,342	$2.44	Cost	$2.3913	$2.3913	$2.3913	$361,952	$180,956	$51,058	$129,958	$41	$32	$129,926	$361,911	$41
Starlight SCC	15	Treatment	60	6,190	2,170	8,360	$4.51	Cost	$4.4199	$4.4199	$4.4199	$36,950	$15,680	$5,860	$15,411	$9,591	$7,365	$11,846	$27,359	$9,591
Sunny Hills	10	Treatment	95	0	228	228	$122.75	NA	$128.5667	$122.7500	$122.7500	$27,987	$0	$0	$27,987	$27,987	$22,075	$5,912	$0	$27,987
Sunny Hills	15	Treatment	60	0	690	690	$4.51	NA	$4.7233	$4.5100	$4.5100	$3,112	$0	$0	$3,112	$3,112	$2,455	$657	$0	$3,112
			SubTotal	2,404,823	1,995,218	4,400,041						$12,987,816	$3,503,392	$988,505	$8,495,919	$5,788,925	$4,566,093	$3,929,826	$7,198,891	$5,788,925
			TOTAL	3,131,813	2,738,531	5,870,344						$16,249,652	$4,205,078	$1,184,490	$10,858,084	$7,503,234	$5,918,277	$4,939,807	$8,746,418	$7,503,234
			County Out of State Case Management		18,513															$16,249,652
				3,131,813	2,757,044	5,888,857														

Outpatient Services

FY04 SB90 MediCal Reve $4,270,072

FY04 SB90 EPSDT Revenue $1,204,829

FY04 MediCal:EPSDT Ra 28.22%

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SB90 BHS0118 MH1912 MH18R Summary

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
CH 26.5 ASSESSMENT AND TREATMENT SERVICES
UNICARE REPORT BHS118 (MH18): July 2004 - June 2005

Agency	Mode	A/T	Srv Fxn	MedICal Units	Other Units	Total Units	State SMA	State Approved Rate	Actual Cost	SB90 Expense Rate	SB90 Revenue Rate	Total Expense	50.00% MedICal FFP Revenue	EPSDT Revenue	Net Expense	Non-MedICal Expense	IDEA Funding	Net Expense	MedICal Expense	Other Expense

FY05 SB90 MedICal Reve $4,205,078

FY05 SB90 EPSDT Reveni $1,186,490

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
FY05 AB3632 SB90 Services
Unicare BHS118 Report as of 1/3/06

Agency	CCL	CCL Desc	A/T	MSF	MediCal Units	Other Units	Total Units	MediCal Clients	Other Clients	Total Clients
AACI	U-503	F&C OP	Assessmei	15:01	7,127	1,316	8,443	3	2	5
				15:01 Total	7,127	1,316	8,443			
AACI	U-503	F&C OP	Assessmei	15:30	533	198	731	2	2	4
AACI	U-527	SSA I/FC	Assessmei	15:30	120	0	120	1	0	1
				15:30 Total	653	198	851			
Achieve	U-224	School SEI	Assessmei	15:01	298	0	298	1	0	1
Achieve	U-258	School SEI	Assessmei	15:01	982	643	1,625	3	2	5
Achieve	U-271	F&C OP	Assessmei	15:01	460	40	500	3	1	4
Achieve	U-708	F&C OP	Assessmei	15:01	419	3,822	4,241	5	27	32
				15:01 Total	2,159	4,505	6,664			
Achieve	U-708	F&C OP	Assessmei	15:15	0	54	54	0	1	1
				15:15 Total	0	54	54			
Achieve	U-224	School SEI	Assessmei	15:30	212	0	212	1	0	1
Achieve	U-258	School SEI	Assessmei	15:30	549	0	549	1	0	1
Achieve	U-271	F&C OP	Assessmei	15:30	963	121	1,084	2	1	3
Achieve	U-509	School OP	Assessmei	15:30	450	210	660	3	2	5
Achieve	U-708	F&C OP	Assessmei	15:30	359	3,545	3,904	2	19	21
				15:30 Total	2,533	3,876	6,409			
Alliance	U-134	Adult ST	Assessmei	15:01	0	45	45	0	1	1
Alliance	U-8	Adol & Yc	Assessmei	15:01	13,859	0	13,859	6	0	6
				15:01 Total	13,859	45	13,904			
Alliance	U-134	Adult ST	Assessmei	15:30	0	420	420	0	1	1
Alliance	U-8	Adol & Yc	Assessmei	15:30	258	0	258	3	0	3
				15:30 Total	258	420	678			
Cath Char	U-385	F&C OP	Assessmei	15:01	265	0	265	5	0	5
				15:01 Total	265	0	265			
Cath Char	U-385	F&C OP	Assessmei	15:15	35	0	35	1	0	1
				15:15 Total	35	0	35			
Cath Char	U-385	F&C OP	Assessmei	15:30	728	0	728	3	0	3
				15:30 Total	728	0	728			
Chamberla	U-409	F&C OP	Assessmei	15:01	3,340	920	4,260	5	2	7
				15:01 Total	3,340	920	4,260			

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MENTAL HEALTH DEPARTMENT

FY05 AB3632 SB90 Services

Unicare BHS118 Report as of 1/3/06

Agency	CCL	CCL Desc	A/T	MSF	MediCal Units	Other Units	Total Units	MediCal Clients	Other Clients	Total Clients
Chamberla	U-409	F&C OP	Assessmei	15:30	140	225	365	1	1	2
				15:30 Total	140	225	365			
CHC	U-115	F&C OP	Assessmei	15:01	1,360	3,437	4,797	3	13	16
CHC	U-652	School Ba:	Assessmei	15:01	16,246	37,026	53,272	12	51	63
				15:01 Total	17,606	40,463	58,069			
CHC	U-115	F&C OP	Assessmei	15:15	2,760	1,740	4,500	3	2	5
				15:15 Total	2,760	1,740	4,500			
CHC	U-115	F&C OP	Assessmei	15:30	90	210	300	1	2	3
CHC	U-652	School Ba:	Assessmei	15:30	60	990	1,050	1	10	11
				15:30 Total	150	1,200	1,350			
Comm Sol	U-141	F&C OP	Assessmei	15:01	13,011	17,793	30,804	10	15	25
Comm Sol	U-227	F&C OP	Assessmei	15:01	4,880	0	4,880	1	0	1
Comm Sol	U-710	JPD I/FC	Assessmei	15:01	1,204	0	1,204	1	0	1
				15:01 Total	19,095	17,793	36,888			
Comm Sol	U-141	F&C OP	Assessmei	15:30	3,273	4,588	7,861	8	10	18
Comm Sol	U-227	F&C OP	Assessmei	15:30	263	0	263	1	0	1
Comm Sol	U-710	JPD I/FC	Assessmei	15:30	593	0	593	1	0	1
				15:30 Total	4,129	4,588	8,717			
County	U-451	Bascom Sa	Assessmei	15:01	0	28	28	0	1	1
County	U-234	Fairoaks C	Assessmei	15:01	2,805	3,381	6,186	4	4	8
County	U-259	Bascom A	Assessmei	15:01	152,680	201,406	354,086	146	198	344
County	U-261	Shelter As	Assessmei	15:01	0	15	15	0	1	1
County	U-300	Fairoaks /	Assessmei	15:01	13,461	61,845	75,306	35	178	213
County	U-32	Central A:	Assessmei	15:01	60	0	60	1	0	1
County	U-323	Coyote Al	Assessmei	15:01	4,419	5,211	9,630	26	34	60
County	U-428	Fairoaks /	Assessmei	15:01	297	0	297	1	0	1
County	U-449	Las Plume	Assessmei	15:01	4,779	48	4,827	3	0	3
County	U-479	JPD Ranc	Assessmei	15:01	65	1,813	1,878	1	4	5
County	U-545	JPD Trans	Assessmei	15:01	7,606	75	7,681	14	1	15
County	U-593	Las Plume	Assessmei	15:01	973	0	973	2	0	2
County	U-62	JPD	Assessmei	15:01	445	4,465	4,910	4	15	19
County	U-633	Las Plume	Assessmei	15:01	60,086	87,715	147,801	85	117	202

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
FY05 AB3632 SB90 Services
Unicare BHS118 Report as of 1/3/06

Agency	CCL	CCL Desc	A/T	MSF	MediCal Units	Other Units	Total Units	MediCal Clients	Other Clients	Total Clients
County	U-638	Shelter Of	Assessmer	15:01	7,201	295	7,496	15	2	17
County	U-696	Las Plume	Assessmer	15:01	2,238	59	2,297	6	0	6
County	U-706	Bascom O	Assessmer	15:01	2,215	52	2,267	5	2	7
County	U-76	SELPA II	Assessmer	15:01	0	2,180	2,180	0	5	5
County	U-87	24 Hour	Assessmer	15:01	0	150	150	0	1	1
				15:01 Total	259,330	368,738	628,068			
County	U-259	Bascom A	Assessmer	15:15	0	120	120	0	1	1
County	U-479	JPD Rancl	Assessmer	15:15	0	69	69	0	1	1
County	U-633	Las Plume	Assessmer	15:15	192	682	874	1	6	7
				15:15 Total	192	871	1,063			
County	U-234	Fairoaks (	Assessmer	15:30	49	2,175	2,224	1	3	4
County	U-259	Bascom A	Assessmer	15:30	35,695	54,293	89,988	59	116	175
County	U-300	Fairoaks A	Assessmer	15:30	2,888	26,509	29,397	12	119	131
County	U-32	Central A	Assessmer	15:30	0	195	195	0	1	1
County	U-323	Coyote Al	Assessmer	15:30	0	2,509	2,509	0	6	6
County	U-428	Fairoaks A	Assessmer	15:30	55	0	55	1	0	1
County	U-449	Las Plume	Assessmer	15:30	496	0	496	2	0	2
County	U-479	JPD Rancl	Assessmer	15:30	90	628	718	1	3	4
County	U-545	JPD Trans	Assessmer	15:30	875	0	875	8	0	8
County	U-593	Las Plume	Assessmer	15:30	0	135	135	0	1	1
County	U-62	JPD	Assessmer	15:30	90	3,263	3,353	1	20	21
County	U-633	Las Plume	Assessmer	15:30	21,792	43,214	65,006	33	69	102
County	U-638	Shelter Of	Assessmer	15:30	1,630	390	2,020	11	3	14
County	U-696	Las Plume	Assessmer	15:30	638	0	638	3	0	3
County	U-706	Bascom O	Assessmer	15:30	765	90	855	2	1	3
				15:30 Total	65,063	133,401	198,464			
EESA	U-651	CSFS	Assessmer	15:01	0	1,520	1,520	0	1	1
				15:01 Total	0	1,520	1,520			
EESA	U-651	CSFS	Assessmer	15:30	0	160	160	0	1	1
				15:30 Total	0	160	160			
EMQ	U-242	F&C OP	Assessmer	15:01	8,162	3,668	11,830	13	17	30
EMQ	U-256	Intensive	Assessmer	15:01	590	0	590	4	1	5

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
FY05 AB3632 SB90 Services
Unicare BHS118 Report as of 1/3/06

Agency	CCL	CCL Desc	A/T	MSF	MediCal Units	Other Units	Total Units	MediCal Clients	Other Clients	Total Clients
EMQ	U-309	Matrix	Assessmei	15:01	39,462	0	39,462	7	0	7
EMQ	U-311	School OP	Assessmei	15:01	6,329	6,149	12,478	6	9	15
EMQ	U-321	SAT	Assessmei	15:01	4,538	0	4,538	8	0	8
EMQ	U-495	JPD I/FC	Assessmei	15:01	615	0	615	1	0	1
EMQ	U-589	Wraparou	Assessmei	15:01	26,115	19,975	46,090	56	56	112
EMQ	U-632	SSA I/FC	Assessmei	15:01	5,008	0	5,008	5	0	5
				15:01 Total	90,819	29,792	120,611			
EMQ	U-242	F&C OP	Assessmei	15:15	218	251	469	5	6	11
EMQ	U-309	Matrix	Assessmei	15:15	80	0	80	1	0	1
EMQ	U-321	SAT	Assessmei	15:15	232	0	232	4	0	4
EMQ	U-589	Wraparou	Assessmei	15:15	3,102	3,239	6,341	32	26	58
				15:15 Total	3,632	3,490	7,122			
EMQ	U-242	F&C OP	Assessmei	15:30	4,854	5,060	9,914	15	17	32
EMQ	U-256	Intensive !	Assessmei	15:30	1,110	0	1,110	5	0	5
EMQ	U-309	Matrix	Assessmei	15:30	9,172	0	9,172	7	0	7
EMQ	U-311	School OP	Assessmei	15:30	435	1,772	2,207	3	8	11
EMQ	U-321	SAT	Assessmei	15:30	1,008	0	1,008	7	0	7
EMQ	U-495	JPD I/FC	Assessmei	15:30	347	0	347	1	0	1
EMQ	U-589	Wraparou	Assessmei	15:30	54,985	63,085	118,070	57	62	119
EMQ	U-632	SSA I/FC	Assessmei	15:30	2,288	0	2,288	6	0	6
				15:30 Total	74,199	69,917	144,116			
F&CS	U-316	F&C OP I	Assessmei	15:01	296	0	296	2	0	2
F&CS	U-408	F&C OP	Assessmei	15:01	107	0	107	2	0	2
				15:01 Total	403	0	403			
F&CS	U-316	F&C OP I	Assessmei	15:30	161	0	161	1	0	1
F&CS	U-408	F&C OP	Assessmei	15:30	49	0	49	1	0	1
				15:30 Total	210	0	210			
Gardner	U-118	Asian You	Assessmei	15:01	343	0	343	1	0	1
Gardner	U-132	JJCPA	Assessmei	15:01	0	89	89	0	1	1
Gardner	U-17	TBS	Assessmei	15:01	2,297	0	2,297	2	0	2
Gardner	U-59	SSA I/FC	Assessmei	15:01	754	46	800	4	1	5
Gardner	U-645	F&C OP	Assessmei	15:01	1,381	24	1,405	5	1	6

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				15:01 Total	4,775	159	4,934			
Gardner	U-118	Asian You	Assessmei	15:30	165	0	165	1	0	1
Gardner	U-132	JJCPA	Assessmei	15:30	0	193	193	0	1	1
Gardner	U-59	SSA I/FC	Assessmei	15:30	704	152	856	3	1	4
Gardner	U-645	F&C OP	Assessmei	15:30	191	0	191	1	0	1
				15:30 Total	1,060	345	1,405			
Hope	U-320	F&C OP	Assessmei	15:01	2,084	0	2,084	3	0	3
				15:01 Total	2,084	0	2,084			
Hope	U-320	F&C OP	Assessmei	15:30	635	0	635	5	0	5
				15:30 Total	635	0	635			
Rebekah's	U-202	Wraparou	Assessmei	15:01	58,712	40,045	98,757	16	12	28
Rebekah's	U-303	TBS	Assessmei	15:01	9,329	94	9,423	7	0	7
Rebekah's	U-413	Wraparou	Assessmei	15:01	52,597	28,105	80,702	16	6	22
Rebekah's	U-605	OP in Res	Assessmei	15:01	2,140	625	2,765	7	2	9
				15:01 Total	122,778	68,869	191,647			
Rebekah's	U-413	Wraparou	Assessmei	15:15	133	0	133	2	0	2
				15:15 Total	133	0	133			
Rebekah's	U-202	Wraparou	Assessmei	15:30	5,178	4,804	9,982	13	11	24
Rebekah's	U-413	Wraparou	Assessmei	15:30	1,540	2,202	3,742	9	7	16
Rebekah's	U-605	OP in Res	Assessmei	15:30	102	215	317	1	1	2
				15:30 Total	6,820	7,221	14,041			
Starlight	U-662	Int OP in I	Assessmei	15:01	6,982	0	6,982	6	0	6
Starlight	U-88	School OP	Assessmei	15:01	13,038	0	13,038	12	0	12
				15:01 Total	20,020	0	20,020			
AACI	U-503	F&C OP	Treatment	15:10	3,143	1,415	4,558	3	2	5
				15:10 Total	3,143	1,415	4,558			
AACI	U-503	F&C OP	Treatment	15:35	3,387	1,008	4,395	3	1	4
				15:35 Total	3,387	1,008	4,395			
AACI	U-503	F&C OP	Treatment	15:40	671	564	1,235	1	1	2
				15:40 Total	671	564	1,235			
AACI	U-503	F&C OP	Treatment	15:45	235	206	441	3	1	4
				15:45 Total	235	206	441			

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AACI	U-503	F&C OP	Treatment	15:60	815	430	1,245	2	1	3
				15:60 Total	815	430	1,245			
Achieve	U-258	School SEI	Treatment	15:10	1,192	2,056	3,248	3	2	5
Achieve	U-271	F&C OP	Treatment	15:10	498	35	533	3	1	4
Achieve	U-509	School OP	Treatment	15:10	2,350	3,075	5,425	2	6	8
Achieve	U-708	F&C OP	Treatment	15:10	3,683	24,593	28,276	5	43	48
				15:10 Total	7,723	29,759	37,482			
Achieve	U-224	School SEI	Treatment	15:35	221	0	221	1	0	1
Achieve	U-258	School SEI	Treatment	15:35	1,390	390	1,780	2	2	4
Achieve	U-271	F&C OP	Treatment	15:35	141	0	141	1	0	1
Achieve	U-509	School OP	Treatment	15:35	236	191	427	2	2	4
Achieve	U-708	F&C OP	Treatment	15:35	845	12,169	13,014	1	18	19
				15:35 Total	2,833	12,750	15,583			
Achieve	U-224	School SEI	Treatment	15:40	133	0	133	1	0	1
Achieve	U-258	School SEI	Treatment	15:40	3,693	4,724	8,417	2	3	5
Achieve	U-271	F&C OP	Treatment	15:40	807	58	865	2	1	3
Achieve	U-509	School OP	Treatment	15:40	3,555	875	4,430	2	4	6
Achieve	U-708	F&C OP	Treatment	15:40	2,335	27,519	29,854	5	28	33
				15:40 Total	10,523	33,176	43,699			
Achieve	U-224	School SEI	Treatment	15:45	147	0	147	1	0	1
Achieve	U-258	School SEI	Treatment	15:45	280	0	280	3	0	3
Achieve	U-271	F&C OP	Treatment	15:45	193	0	193	2	0	2
Achieve	U-509	School OP	Treatment	15:45	604	1,707	2,311	3	6	9
Achieve	U-708	F&C OP	Treatment	15:45	638	7,594	8,232	5	36	41
				15:45 Total	1,862	9,301	11,163			
Achieve	U-224	School SEI	Treatment	15:50	57	0	57	1	0	1
Achieve	U-258	School SEI	Treatment	15:50	591	625	1,216	3	2	5
Achieve	U-271	F&C OP	Treatment	15:50	27	0	27	1	0	1
Achieve	U-509	School OP	Treatment	15:50	1,840	1,431	3,271	2	5	7
Achieve	U-708	F&C OP	Treatment	15:50	282	13,796	14,078	1	13	14
				15:50 Total	2,797	15,852	18,649			
Achieve	U-224	School SEI	Treatment	15:60	71	0	71	1	0	1

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Achieve	U-258	School SEI	Treatment	15:60	910	855	1,765	1	1	2
Achieve	U-271	F&C OP	Treatment	15:60	197	0	197	1	0	1
Achieve	U-509	School OP	Treatment	15:60	31	0	31	1	0	1
Achieve	U-708	F&C OP	Treatment	15:60	729	3,601	4,330	4	12	16
				15:60 Total	1,938	4,456	6,394			
Alliance	U-8	Adol & Yc	Treatment	15:10	1,156	0	1,156	2	0	2
				15:10 Total	1,156	0	1,156			
Alliance	U-8	Adol & Yc	Treatment	15:35	1,617	0	1,617	1	0	1
				15:35 Total	1,617	0	1,617			
Alliance	U-8	Adol & Yc	Treatment	15:40	3,740	0	3,740	6	0	6
				15:40 Total	3,740	0	3,740			
Alliance	U-8	Adol & Yc	Treatment	15:45	402	0	402	6	0	6
				15:45 Total	402	0	402			
Alliance	U-580	MH Svs ir	Treatment	15:60	44	0	44	1	0	1
Alliance	U-8	Adol & Yc	Treatment	15:60	2,160	0	2,160	5	0	5
				15:60 Total	2,204	0	2,204			
Cath Char	U-385	F&C OP	Treatment	15:10	736	0	736	5	0	5
				15:10 Total	736	0	736			
Cath Char	U-385	F&C OP	Treatment	15:40	4,290	0	4,290	6	0	6
				15:40 Total	4,290	0	4,290			
Cath Char	U-385	F&C OP	Treatment	15:45	520	0	520	5	0	5
				15:45 Total	520	0	520			
Cath Char	U-385	F&C OP	Treatment	15:60	665	0	665	3	0	3
				15:60 Total	665	0	665			
Chamberla	U-409	F&C OP	Treatment	15:10	1,420	765	2,185	2	2	4
				15:10 Total	1,420	765	2,185			
Chamberla	U-409	F&C OP	Treatment	15:35	1,418	0	1,418	3	0	3
				15:35 Total	1,418	0	1,418			
Chamberla	U-409	F&C OP	Treatment	15:40	3,390	1,935	5,325	3	2	5
				15:40 Total	3,390	1,935	5,325			
Chamberla	U-409	F&C OP	Treatment	15:45	230	160	390	3	1	4
				15:45 Total	230	160	390			

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Chamberla	U-409	F&C OP	Treatment	15:60	1,735	0	1,735	4	0	4
				15:60 Total	1,735	0	1,735			
CHC	U-115	F&C OP	Treatment	15:10	870	6,775	7,645	4	12	16
CHC	U-652	School Ba:	Treatment	15:10	11,665	47,548	59,213	12	50	62
				15:10 Total	12,535	54,323	66,858			
CHC	U-115	F&C OP	Treatment	15:40	1,440	12,980	14,420	1	8	9
CHC	U-652	School Ba:	Treatment	15:40	18,230	86,795	105,025	12	50	62
				15:40 Total	19,670	99,775	119,445			
CHC	U-115	F&C OP	Treatment	15:50	0	3,757	3,757	0	4	4
CHC	U-652	School Ba:	Treatment	15:50	8,615	34,859	43,474	12	50	62
				15:50 Total	8,615	38,616	47,231			
CHC	U-115	F&C OP	Treatment	15:60	120	2,905	3,025	1	6	7
CHC	U-652	School Ba:	Treatment	15:60	1,970	6,670	8,640	6	14	20
				15:60 Total	2,090	9,575	11,665			
Comm Sol	U-141	F&C OP	Treatment	15:10	3,292	10,819	14,111	6	12	18
Comm Sol	U-227	F&C OP	Treatment	15:10	610	0	610	1	0	1
Comm Sol	U-710	JPD I/FC	Treatment	15:10	583	0	583	1	0	1
				15:10 Total	4,485	10,819	15,304			
Comm Sol	U-141	F&C OP	Treatment	15:35	0	346	346	0	1	1
Comm Sol	U-227	F&C OP	Treatment	15:35	1,008	0	1,008	1	0	1
				15:35 Total	1,008	346	1,354			
Comm Sol	U-141	F&C OP	Treatment	15:40	8,295	10,470	18,765	5	11	16
Comm Sol	U-227	F&C OP	Treatment	15:40	977	0	977	1	0	1
Comm Sol	U-710	JPD I/FC	Treatment	15:40	515	0	515	1	0	1
				15:40 Total	9,787	10,470	20,257			
Comm Sol	U-141	F&C OP	Treatment	15:45	4,166	5,286	9,452	9	13	22
Comm Sol	U-227	F&C OP	Treatment	15:45	18	0	18	1	0	1
Comm Sol	U-710	JPD I/FC	Treatment	15:45	342	0	342	1	0	1
				15:45 Total	4,526	5,286	9,812			
Comm Sol	U-141	F&C OP	Treatment	15:60	2,245	1,490	3,735	8	8	16
Comm Sol	U-227	F&C OP	Treatment	15:60	240	0	240	1	0	1
Comm Sol	U-710	JPD I/FC	Treatment	15:60	180	0	180	1	0	1

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				15:60 Total	2,665	1,490	4,155			
County	U-234	Fairoaks C	Treatment	15:10	1,163	620	1,783	3	4	7
County	U-259	Bascom A	Treatment	15:10	16,635	31,221	47,856	50	92	142
County	U-300	Fairoaks A	Treatment	15:10	779	25,984	26,763	6	87	93
County	U-323	Coyote Al	Treatment	15:10	361	478	839	3	5	8
County	U-428	Fairoaks A	Treatment	15:10	15	0	15	1	0	1
County	U-449	Las Plum	Treatment	15:10	513	0	513	2	0	2
County	U-479	JPD Rancl	Treatment	15:10	0	716	716	0	2	2
County	U-545	JPD Trans	Treatment	15:10	1,526	300	1,826	9	1	10
County	U-62	JPD	Treatment	15:10	0	790	790	0	6	6
County	U-633	Las Plum	Treatment	15:10	11,951	23,078	35,029	38	65	103
County	U-638	Shelter Of	Treatment	15:10	370	290	660	5	2	7
County	U-696	Las Plum	Treatment	15:10	1,033	0	1,033	2	0	2
County	U-706	Bascom O	Treatment	15:10	1,552	15	1,567	4	0	4
County	U-76	SELPA II	Treatment	15:10	0	3,060	3,060	0	3	3
				15:10 Total	35,898	86,552	122,450			
County	U-545	JPD Trans	Treatment	15:35	0	60	60	0	1	1
County	U-593	Las Plum	Treatment	15:35	90	0	90	1	0	1
County	U-62	JPD	Treatment	15:35	0	60	60	0	1	1
County	U-638	Shelter Of	Treatment	15:35	5,983	65	6,048	12	1	13
				15:35 Total	6,073	185	6,258			
County	U-451	Bascom Se	Treatment	15:40	0	75	75	0	1	1
County	U-234	Fairoaks C	Treatment	15:40	831	55	886	2	1	3
County	U-259	Bascom A	Treatment	15:40	22,032	40,482	62,514	44	74	118
County	U-300	Fairoaks A	Treatment	15:40	1,385	13,179	14,564	4	36	40
County	U-323	Coyote Al	Treatment	15:40	65	248	313	1	3	4
County	U-428	Fairoaks A	Treatment	15:40	225	0	225	1	0	1
County	U-449	Las Plum	Treatment	15:40	2,179	0	2,179	2	0	2
County	U-479	JPD Rancl	Treatment	15:40	0	1,111	1,111	0	4	4
County	U-545	JPD Trans	Treatment	15:40	15,251	395	15,646	17	2	19
County	U-593	Las Plum	Treatment	15:40	85	0	85	1	0	1
County	U-62	JPD	Treatment	15:40	1,502	7,144	8,646	5	16	21

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County	U-633	Las Plum	Treatment	15:40	7,889	14,319	22,208	32	41	73
County	U-638	Shelter OI	Treatment	15:40	1,190	385	1,575	6	1	7
County	U-696	Las Plum	Treatment	15:40	116	0	116	2	0	2
County	U-706	Bascom O	Treatment	15:40	1,078	0	1,078	4	0	4
County	U-76	SELPA II	Treatment	15:40	0	100	100	0	1	1
				15:40 Total	53,828	77,493	131,321			
County	U-234	Fairoaks C	Treatment	15:45	120	85	205	2	3	5
County	U-259	Bascom A	Treatment	15:45	3,675	5,436	9,111	23	67	90
County	U-300	Fairoaks /	Treatment	15:45	1,210	13,073	14,283	15	109	124
County	U-32	Central A	Treatment	15:45	0	90	90	1	0	1
County	U-428	Fairoaks /	Treatment	15:45	16	0	16	1	0	1
County	U-449	Las Plum	Treatment	15:45	45	0	45	1	0	1
County	U-479	JPD Rancl	Treatment	15:45	70	241	311	1	3	4
County	U-545	JPD Trans	Treatment	15:45	1,224	0	1,224	14	0	14
County	U-62	JPD	Treatment	15:45	379	1,876	2,255	4	19	23
County	U-633	Las Plum	Treatment	15:45	2,840	6,092	8,932	31	60	91
County	U-696	Las Plum	Treatment	15:45	70	0	70	1	0	1
County	U-706	Bascom O	Treatment	15:45	115	20	135	2	1	3
County	U-76	SELPA II	Treatment	15:45	0	260	260	0	2	2
				15:45 Total	9,764	27,173	36,937			
County	U-259	Bascom A	Treatment	15:50	1,041	5,263	6,304	2	5	7
County	U-300	Fairoaks /	Treatment	15:50	0	37	37	0	1	1
County	U-545	JPD Trans	Treatment	15:50	4,861	385	5,246	8	1	9
County	U-593	Las Plum	Treatment	15:50	1,400	22	1,422	1	0	1
County	U-633	Las Plum	Treatment	15:50	0	2,161	2,161	0	8	8
County	U-638	Shelter OI	Treatment	15:50	528	36	564	3	1	4
County	U-76	SELPA II	Treatment	15:50	0	74	74	0	1	1
				15:50 Total	7,830	7,978	15,808			
County	U-234	Fairoaks C	Treatment	15:60	580	485	1,065	3	5	8
County	U-259	Bascom A	Treatment	15:60	17,356	21,090	38,446	47	58	105
County	U-300	Fairoaks /	Treatment	15:60	1,066	8,850	9,916	8	34	42
County	U-32	Central A	Treatment	15:60	157	0	157	1	0	1

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County	U-323	Coyote AI	Treatment	15:60	35	85	120	1	2	3
County	U-428	Fairoaks A	Treatment	15:60	175	0	175	1	0	1
County	U-479	JPD Rancl	Treatment	15:60	0	138	138	0	1	1
County	U-545	JPD Trans	Treatment	15:60	1,159	0	1,159	11	0	11
County	U-593	Las Plume	Treatment	15:60	315	0	315	1	0	1
County	U-62	JPD	Treatment	15:60	60	560	620	1	6	7
County	U-633	Las Plume	Treatment	15:60	5,932	3,171	9,103	23	18	41
County	U-638	Shelter OI	Treatment	15:60	660	0	660	5	0	5
County	U-696	Las Plume	Treatment	15:60	1,095	0	1,095	4	0	4
County	U-706	Bascom O	Treatment	15:60	1,635	75	1,710	5	1	6
County	U-76	SELPA II	Treatment	15:60	0	120	120	0	2	2
				15:60 Total	30,225	34,574	64,799			
EESA	U-651	CSFS	Treatment	15:10	0	1,210	1,210	0	1	1
				15:10 Total	0	1,210	1,210			
EESA	U-651	CSFS	Treatment	15:35	0	120	120	0	1	1
				15:35 Total	0	120	120			
EESA	U-651	CSFS	Treatment	15:40	0	2,640	2,640	0	1	1
				15:40 Total	0	2,640	2,640			
EESA	U-651	CSFS	Treatment	15:45	0	120	120	0	1	1
				15:45 Total	0	120	120			
EESA	U-651	CSFS	Treatment	15:60	0	50	50	0	1	1
				15:60 Total	0	50	50			
EMQ	U-11	F&C Res I	Treatment	10:85	282	361	643	5	7	12
EMQ	U-120	School DT	Treatment	10:85	539	694	1,233	6	5	11
EMQ	U-297	School DT	Treatment	10:85	913	257	1,170	5	4	9
EMQ	U-312	F&C Res I	Treatment	10:85	2,266	67	2,333	18	1	19
EMQ	U-326	School DT	Treatment	10:85	800	462	1,262	6	3	9
EMQ	U-476	School DT	Treatment	10:85	143	194	337	6	7	13
				10:85 Total	4,943	2,035	6,978			
EMQ	U-293	TBS	Treatment	15:10	797	0	797	4	0	4
EMQ	U-242	F&C OP	Treatment	15:10	9,694	8,121	17,815	11	16	27
EMQ	U-256	Intensive	Treatment	15:10	2,580	0	2,580	5	0	5

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MENTAL HEALTH DEPARTMENT

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Agency	CCL	CCL Desc	A/T	MSF	MediCal Units	Other Units	Total Units	MediCal Clients	Other Clients	Total Clients
EMQ	U-309	Matrix	Treatment	15:10	6,506	0	6,506	6	0	6
EMQ	U-311	School OP	Treatment	15:10	1,408	2,962	4,370	5	8	13
EMQ	U-321	SAT	Treatment	15:10	3,345	0	3,345	8	0	8
EMQ	U-589	Wraparou	Treatment	15:10	251,797	227,893	479,690	62	75	137
EMQ	U-632	SSA I/FC	Treatment	15:10	8,443	0	8,443	6	0	6
				15:10 Total	284,570	238,976	523,546			
EMQ	U-242	F&C OP	Treatment	15:35	155	0	155	1	0	1
EMQ	U-256	Intensive !	Treatment	15:35	10,178	0	10,178	5	0	5
EMQ	U-309	Matrix	Treatment	15:35	32,826	0	32,826	7	0	7
EMQ	U-311	School OP	Treatment	15:35	13,701	16,822	30,523	5	10	15
EMQ	U-495	JPD I/FC	Treatment	15:35	1,206	0	1,206	1	0	1
EMQ	U-589	Wraparou	Treatment	15:35	776,923	846,210	1,623,133	60	73	133
EMQ	U-632	SSA I/FC	Treatment	15:35	11,473	0	11,473	5	0	5
				15:35 Total	846,462	863,032	1,709,494			
EMQ	U-242	F&C OP	Treatment	15:40	21,356	15,750	37,106	13	15	28
EMQ	U-256	Intensive !	Treatment	15:40	5,370	0	5,370	5	0	5
EMQ	U-309	Matrix	Treatment	15:40	5,392	0	5,392	5	0	5
EMQ	U-311	School OP	Treatment	15:40	15,787	26,459	42,246	6	10	16
EMQ	U-321	SAT	Treatment	15:40	8,155	0	8,155	8	0	8
EMQ	U-495	JPD I/FC	Treatment	15:40	963	0	963	1	0	1
EMQ	U-589	Wraparou	Treatment	15:40	0	138	138	0	1	1
EMQ	U-632	SSA I/FC	Treatment	15:40	5,529	0	5,529	5	0	5
				15:40 Total	62,552	42,347	104,899			
EMQ	U-242	F&C OP	Treatment	15:45	4,018	3,829	7,847	15	15	30
EMQ	U-256	Intensive !	Treatment	15:45	1,520	0	1,520	4	0	4
EMQ	U-309	Matrix	Treatment	15:45	1,325	0	1,325	6	0	6
EMQ	U-311	School OP	Treatment	15:45	1,055	2,472	3,527	6	10	16
EMQ	U-321	SAT	Treatment	15:45	949	0	949	5	0	5
EMQ	U-589	Wraparou	Treatment	15:45	17,735	19,980	37,715	45	52	97
EMQ	U-632	SSA I/FC	Treatment	15:45	1,987	0	1,987	5	0	5
				15:45 Total	28,589	26,281	54,870			
EMQ	U-242	F&C OP	Treatment	15:50	1,234	842	2,076	5	2	7

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Agency	CCL	CCL Desc	A/T	MSF	MediCal Units	Other Units	Total Units	MediCal Clients	Other Clients	Total Clients
EMQ	U-256	Intensive !	Treatment	15:50	12,112	0	12,112	2	0	2
EMQ	U-309	Matrix	Treatment	15:50	437	0	437	1	0	1
EMQ	U-311	School OP	Treatment	15:50	31,749	58,213	89,962	6	10	16
EMQ	U-321	SAT	Treatment	15:50	1,579	0	1,579	3	0	3
EMQ	U-632	SSA I/FC	Treatment	15:50	404	0	404	2	0	2
				15:50 Total	47,515	59,055	106,570			
EMQ	U-293	TBS	Treatment	15:58	226,818	0	226,818	29	0	29
				15:58 Total	226,818	0	226,818			
EMQ	U-23	School OP	Treatment	15:60	738	800	1,538	2	1	3
EMQ	U-242	F&C OP	Treatment	15:60	2,279	976	3,255	7	5	12
EMQ	U-309	Matrix	Treatment	15:60	4,060	0	4,060	6	0	6
EMQ	U-311	School OP	Treatment	15:60	1,874	1,108	2,982	4	2	6
EMQ	U-321	SAT	Treatment	15:60	20	0	20	1	0	1
EMQ	U-370	OP in Res	Treatment	15:60	29,591	1,051	30,642	18	1	19
EMQ	U-589	Wraparou	Treatment	15:60	7,442	9,641	17,083	22	28	50
EMQ	U-632	SSA I/FC	Treatment	15:60	50	0	50	1	0	1
EMQ	U-705	OP in Res	Treatment	15:60	7,274	6,765	14,039	5	7	12
				15:60 Total	53,328	20,341	73,669			
F&CS	U-316	F&C OP E	Treatment	15:10	216	454	670	1	1	2
F&CS	U-408	F&C OP	Treatment	15:10	446	0	446	3	0	3
				15:10 Total	662	454	1,116			
F&CS	U-316	F&C OP E	Treatment	15:40	1,536	0	1,536	1	0	1
F&CS	U-408	F&C OP	Treatment	15:40	3,313	0	3,313	3	0	3
				15:40 Total	4,849	0	4,849			
F&CS	U-316	F&C OP E	Treatment	15:45	720	473	1,193	1	1	2
F&CS	U-408	F&C OP	Treatment	15:45	401	0	401	3	0	3
				15:45 Total	1,121	473	1,594			
F&CS	U-316	F&C OP E	Treatment	15:60	260	0	260	1	0	1
F&CS	U-408	F&C OP	Treatment	15:60	140	0	140	1	0	1
				15:60 Total	400	0	400			
Gardner	U-59	SSA I/FC	Treatment	15:10	283	0	283	1	0	1
Gardner	U-118	Asian You	Treatment	15:10	457	0	457	1	0	1

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Agency	CCL	CCL Desc	A/T	MSF	MediCal Units	Other Units	Total Units	MediCal Clients	Other Clients	Total Clients
Gardner	U-132	JJCPA	Treatment	15:10	0	107	107	0	1	1
Gardner	U-645	F&C OP	Treatment	15:10	1,500	19	1,519	4	1	5
				15:10 Total	2,240	126	2,366			
Gardner	U-59	SSA I/FC	Treatment	15:35	1,232	103	1,335	4	1	5
Gardner	U-645	F&C OP	Treatment	15:35	665	0	665	2	0	2
				15:35 Total	1,897	103	2,000			
Gardner	U-118	Asian You	Treatment	15:40	131	0	131	1	0	1
Gardner	U-132	JJCPA	Treatment	15:40	0	224	224	0	1	1
Gardner	U-59	SSA I/FC	Treatment	15:40	451	0	451	1	0	1
Gardner	U-645	F&C OP	Treatment	15:40	1,945	0	1,945	2	0	2
				15:40 Total	2,527	224	2,751			
Gardner	U-59	SSA I/FC	Treatment	15:45	60	0	60	1	0	1
Gardner	U-118	Asian You	Treatment	15:45	91	0	91	1	0	1
Gardner	U-645	F&C OP	Treatment	15:45	416	21	437	3	1	4
				15:45 Total	567	21	588			
Gardner	U-132	JJCPA	Treatment	15:50	0	30	30	0	1	1
				15:50 Total	0	30	30			
Gardner	U-17	TBS	Treatment	15:58	6,187	0	6,187	2	0	2
				15:58 Total	6,187	0	6,187			
Gardner	U-118	Asian You	Treatment	15:60	90	0	90	1	0	1
Gardner	U-59	SSA I/FC	Treatment	15:60	178	0	178	3	0	3
Gardner	U-645	F&C OP	Treatment	15:60	75	0	75	2	0	2
				15:60 Total	343	0	343			
Hope	U-320	F&C OP	Treatment	15:10	995	0	995	3	0	3
				15:10 Total	995	0	995			
Hope	U-320	F&C OP	Treatment	15:40	3,000	0	3,000	3	0	3
				15:40 Total	3,000	0	3,000			
Hope	U-320	F&C OP	Treatment	15:45	80	0	80	2	0	2
				15:45 Total	80	0	80			
Hope	U-639	TBS	Treatment	15:58	52,292	0	52,292	3	0	3
				15:58 Total	52,292	0	52,292			
Hope	U-320	F&C OP	Treatment	15:60	3,067	0	3,067	4	0	4

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Agency	CCL	CCL Desc	A/T	MSF	MediCal Units	Other Units	Total Units	MediCal Clients	Other Clients	Total Clients
				15:60 Total	3,067	0	3,067			
Rebekah's	U-147	Res Day	Treatment	10:85	806	274	1,080	13	4	17
				10:85 Total	806	274	1,080			
Rebekah's	U-202	Wraparou	Treatment	15:10	36,599	26,316	62,915	15	11	26
Rebekah's	U-303	TBS	Treatment	15:10	302	0	302	1	0	1
Rebekah's	U-413	Wraparou	Treatment	15:10	47,185	14,375	61,560	16	6	22
Rebekah's	U-605	OP in Res	Treatment	15:10	1,441	345	1,786	6	2	8
				15:10 Total	85,527	41,036	126,563			
Rebekah's	U-202	Wraparou	Treatment	15:35	143,650	63,137	206,787	16	11	27
Rebekah's	U-413	Wraparou	Treatment	15:35	69,216	36,216	105,432	16	6	22
Rebekah's	U-605	OP in Res	Treatment	15:35	75	83	158	1	1	2
				15:35 Total	212,941	99,436	312,377			
Rebekah's	U-605	OP in Res	Treatment	15:40	8,906	1,262	10,168	5	2	7
				15:40 Total	8,906	1,262	10,168			
Rebekah's	U-202	Wraparou	Treatment	15:45	6,703	7,659	14,362	13	10	23
Rebekah's	U-413	Wraparou	Treatment	15:45	5,341	2,636	7,977	15	5	20
Rebekah's	U-605	OP in Res	Treatment	15:45	959	497	1,456	4	3	7
				15:45 Total	13,003	10,792	23,795			
Rebekah's	U-605	OP in Res	Treatment	15:50	0	372	372	0	1	1
				15:50 Total	0	372	372			
Rebekah's	U-303	TBS	Treatment	15:58	17,381	451	17,832	7	0	7
				15:58 Total	17,381	451	17,832			
Rebekah's	U-114	Int OP in J	Treatment	15:60	1,575	1,175	2,750	9	4	13
Rebekah's	U-202	Wraparou	Treatment	15:60	30	0	30	1	0	1
Rebekah's	U-413	Wraparou	Treatment	15:60	360	0	360	4	0	4
Rebekah's	U-605	OP in Res	Treatment	15:60	1,065	400	1,465	7	1	8
				15:60 Total	3,030	1,575	4,605			
Starlight	U-587	Res Day	Treatment	10:85	1,528	434	1,962	10	3	13
Starlight	U-689	School DT	Treatment	10:85	713	162	875	9	4	13
				10:85 Total	2,241	596	2,837			
Starlight	U-587	MH Supp	Treatment	10:89	0	2,249	2,249	0	13	13
				10:89 Total	0	2,249	2,249			

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Agency	CCL	CCL Desc	A/T	MSF	MediCal Units	Other Units	Total Units	MediCal Clients	Other Clients	Total Clients
Starlight	U-88	School OP	Treatment	15:10	0	17	17	0	1	1
				15:10 Total	0	17	17			
Starlight	U-662	Int OP in I	Treatment	15:45	36	0	36	1	0	1
				15:45 Total	36	0	36			
Starlight	U-662	Int OP in I	Treatment	15:58	59,852	0	59,852	6	0	6
Starlight	U-88	School OP	Treatment	15:58	91,457	0	91,457	12	0	12
				15:58 Total	151,309	0	151,309			
Starlight	U-662	Int OP in I	Treatment	15:60	5,035	1,880	6,915	10	3	13
Starlight	U-88	School OP	Treatment	15:60	1,155	290	1,445	3	1	4
				15:60 Total	6,190	2,170	8,360			
Sunny Hill:	U-722	Res Day	Treatment	10:95	0	228	228	0	1	1
				10:95 Total	0	228	228			
Sunny Hill:	U-721	OP in Res	Treatment	15:60	0	690	690	0	1	1
				15:60 Total	0	690	690			
				Grand Total	3,131,813	2,757,044	5,888,857			

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NAME: SUNHAWK ACADEMY (ASPEN SOL.) PLANT: 412 P.O. NUMBER: 4400001360 TYPE: A I
PURPOSE: INTENSE MENTAL HLTH SCVS TO SEVERELY DISTURBED CHILDREN ASSOC DIRECTOR: N PENA

VENDOR # 1012729 CST CTR: 4410 G/L: 5300200 MAT GRP: 918 PUR GRP: B10
TRACK #: REQ #: 40002476/40002814 INT ORD:
CONTRACT PERIOD: BEG: 07/01/04 END: 06/30/05 CONTRACT AMOUNT: $30,000.00

INSURANCE EXPIRES: 10/31/04

TERMS:

CONTACT: VICKIE GORLEY
885-3883

OTHER:

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
							$30,000.00
08/13/04	4400001360	20	AMENO 1	$30,000.00			
07/14/05	5105621173		THRU OCT 04		$29,529.00	$29,529.00	$471.00
			SUNHAWK05		$29,529.00		

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NAME: EARLY CHILDHOOD MENTAL HEALTH PROG PLANT: 0412 P.O. NUMBER: 4400001237 TYPE: A I
PURPOSE: INTENSIVE MENTAL HEALTH SERVICES ASSOC DIRECTOR: N PENA

VENDOR # 1014697 CST CTR: 4410 G/L: 5300200 MAT GRP: 918 PUR GRP: B10
TRACK # : REQ # : 0040002241 INT ORD:
CONTRACT PERIOD: BEG: 07/01/04 END: 06/30/05 CONTRACT AMOUNT: $42,300.00

TERMS: $120.00 PER HOUR INSURANCE EXPIRES: 11/01/05

OTHER: CONTACT: PETER 885-7839

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
07/01/04	4400001237			$42,300.00			$42,300.00
08/18/04	5105664153		JULY 04		$4,082.43	$4,082.43	$38,217.57
10/12/04	5105672902		AUG 04		$2,286.05	$6,368.48	$35,931.52
10/14/04	5105673420		SEPT 04		$2,734.27	$9,102.75	$33,197.25
11/30/04	5105680958		OCT 04		$2,914.27	$12,017.02	$30,282.98
01/19/05	5105688814		NOV 04		$1,859.83	$13,876.85	$28,423.15
02/11/05	5105693084		DEC 04		$1,267.99	$15,144.84	$27,155.16
02/23/05	5105694738		JAN 05		$2,906.00	$18,050.84	$24,249.16
03/25/05	5105600346		FEB 05		$2,950.46	$21,001.30	$21,298.70
05/18/05	5105608761		MARCH 05		$2,778.00	$23,779.30	$18,520.70
05/23/05	5105610020		APRIL 05		$3,408.96	$27,188.26	$15,111.74
07/05/05	5105619099		MAY 05		$4,410.70	$31,598.96	$10,701.04
07/20/05	5105621834		JUNE 05		$2,467.48	$34,066.44	$8,233.56
			EARLYCHILD		$34,066.44		

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NAME: FAMILIES FIRST PLANT: 0412 P.O. NUMBER: 4400001262 TYPE: A I
PURPOSE: INTENSIVE MENTAL HEALTH SVCS ASSOC DIRECTOR: N PENA

VENDOR # 1003791 CST CTR: 4410 G/L: 5300200 MAT GRP: 918 PUR GRP: B10
TRACK #: REQ #: 0040002295/40002685 INT ORD:
CONTRACT PERIOD: BEG: 07/01/04 END: 06/30/05 CONTRACT AMOUNT: $40,000.00

TERMS: $115.16 PER CLIENT PER DAY
$3.11 PER MINUTE MEDICATION RATE
OTHER:

INSURANCE EXPIRES: 07/01/05
CONTACT: PETER 885-7839
VICKIE 885-3883

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
07/01/04	4400001262			$74,336.00			$74,336.00
08/18/04	5105664205		JULY 04		$3,804.40	$3,804.40	$70,531.60
10/12/04	5105672910		AUG 04		$2,617.49	$6,421.89	$67,914.11
10/14/04	5105673445		SEPT 04		$2,253.26	$8,675.15	$65,660.85
12/03/04		20	AMEND 1	-$34,336.00		$8,675.15	$31,324.85
01/19/05	5105688817		DEC 04		$2,082.03	$10,757.18	$29,242.82
02/08/05	5105692114		OCT 04		$2,284.45	$13,041.63	$26,958.37
02/08/05	5105692115		NOV 04		$1,668.22	$14,709.85	$25,290.15
02/11/05	5105693056		JAN 05		$2,315.55	$17,025.40	$22,974.60
03/25/05	5105600348		FEB 05		$1,251.12	$18,276.52	$21,723.48
			FAMFIRST		$18,276.52		

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NAME: ISLAND VIEW ACADEMY PLANT: 0412 P.O. NUMBER: 4400001270 TYPE: A I
PURPOSE: INTENSIVE MENTAL HEALTH SERVICES FOR YOUTH ASSOC DIRECTOR: N PENA

VENDOR # 1006561 CST CTR: 4410 G/L: 5255100 MAT GRP: 918 PUR GRP: B10
TRACK # : 4400000868 REQ # : 4.2331 INT ORD:
CONTRACT PERIOD: BEG: 07/01/04 END: 06/30/05 CONTRACT AMOUNT: $27,940.00

TERMS: $153.00 p/day 7 days per wk rm&board
$ 57.75 p/day 7 days per wk clinical mh trmt svcs
OTHER:

INSURANCE EXPIRES: 09/01/04
CONTACT: VICKIE GORLEY@885-3883

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
							$27,940.00
07/01/04	4400001270		INC FY05	$27,940.00			
						$0.00	$27,940.00
					$1,264.50	$1,264.50	$26,675.50
05/02/05	5105606514		07/01-07/06/05			$1,264.50	$26,675.50
						$1,264.50	$0.00
			LIQ&CLOSE FY05	-$26,675.50			
			ISLANDVW		$1,264.50		

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NAME: SENECA CENTER PLANT: 412 P.O. NUMBER: 4400001288 TYPE: A I
PURPOSE: INTENSIVE MH SCVS TO SEVERELY DISTURBED CHILDREN ASSOC DIRECTOR: N PENA

VENDOR # 1009401 CST CTR: 4430 G/L: 5300200 MAT GRP: 918 PUR GRP: B10
TRACK #: REQ #: 40002338 INT ORD:
CONTRACT PERIOD: BEG: 07/01/04 END: 06/30/05 CONTRACT AMOUNT: $69,272.00

TERMS: $137/DAY INSURANCE EXPIRES: 07/01/05

OTHER: CONTACT: VICKIE GORLEY / PETER ANTONS
885-3883 885-7839

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
07/19/04	4400001288	10		$69,272.00			$69,272.00
08/30/04	5105665989		JULY 04		$2,603.00	$2,603.00	$66,669.00
09/21/04	5105669419		AUG 04		$1,507.00	$4,110.00	$65,162.00
10/22/04	5105675292		SEPT 04 - R. LONG		$2,466.00	$6,576.00	$62,696.00
10/22/04	5105675293		SEPT 04 - T. KOON		$2,466.00	$9,042.00	$60,230.00
11/22/04	5105680181		OCT 04 - R. LONG		$2,877.00	$11,919.00	$57,353.00
11/22/04	5105680182		OCT 04 - T. KOON		$2,877.00	$14,796.00	$54,476.00
12/20/04	5105684130		NOV 04 - R. LONG		$2,740.00	$17,536.00	$51,736.00
12/20/04	5105684141		NOV 04 - T. KOON		$2,740.00	$20,276.00	$48,996.00
01/13/05	5105688098		DEC 04 - R. LONG		$1,781.00	$22,057.00	$47,215.00
01/13/05	5105688100		DEC 04 - T. KOON		$1,781.00	$23,838.00	$45,434.00
02/25/05	5105695217		JAN 05 - R. LONG		$2,740.00	$26,578.00	$42,694.00
02/25/05	5105695218		JAN 05 - T. KOON		$2,740.00	$29,318.00	$39,954.00
03/25/05	5105600410		FEB 05 - R. LONG		$2,603.00	$31,921.00	$37,351.00
03/25/05	5105600412		FEB 05 - T. KOON		$2,603.00	$34,524.00	$34,748.00
04/19/05	5105604194		MAR 05 - R. LONG		$2,603.00	$37,127.00	$32,145.00
04/19/05	5105604196		MAR 05 - T. KOON		$2,603.00	$39,730.00	$29,542.00
05/17/05	5105609029		APR 05 - R. LONG		$2,329.00	$42,059.00	$27,213.00
05/17/05	5105609030		APR 05 - T. KOON		$2,740.00	$44,799.00	$24,473.00
06/22/05	5105615766		MAY 05 - R. LONG		$2,192.00	$46,991.00	$22,281.00
06/22/05	5105615767		MAY 05 - T. KOON		$2,877.00	$49,868.00	$19,404.00
07/22/05	5105622101		JUNE 05 - R LONG		$1,507.00	$51,375.00	$17,897.00
			SENECA CTR		$51,375.00		

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Commission on
State Mandates

[redacted] [redacted]

NAME: VICTOR TREATMENT CENTERS PLANT: 0412 P.O. NUMBER: 4300001231 TYPE: C I
PURPOSE: INTENSIVE TREATMENT FOR DISTURBED CHILDREN ASSOC DIRECTOR: N PENA

VENDOR # 1010916 CSTCTR: 4410 G/L: 5255100 INTERNAL ORDER: FUND: 0001
TRACK # REQ # 30001541/30002204/30003214
CONTRACT PERIOD: BEG: 07/01/03 END: 06/30/05 CONTRACT AMOUNT: $350,750.00

TERMS: $160 - ADOL. HEARING PROG. INSURANCE EXPIRES: 06/01/06
$215 - ADOL. HEARING-IMPAIRED PROG.
OTHER: CONTACT: VICKIE GORLEY
885-3883

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
10/02/03	4300001231	10		$179,350.00			$179,350.00
10/03/03	5105610276		AUG 03		$19,220.00	$19,220.00	$160,130.00
10/20/03	5105612577		SEPT. 03		$17,050.00	$36,270.00	$143,080.00
11/18/03	5105617829		OCT 03		$10,695.00	$46,965.00	$132,385.00
12/22/03	5105623289		NOV 03		$9,300.00	$56,265.00	$123,085.00
01/16/04	5105627317		JULY 03		$17,205.00	$73,470.00	$105,880.00
01/21/04	5105627809		DEC 03		$9,610.00	$83,080.00	$96,270.00
02/20/04	5105633624		JAN 04		$9,610.00	$92,690.00	$86,660.00
03/15/04	5105637576		FEB 04		$4,495.00	$97,185.00	$82,165.00
04/19/04	5105643001		MAR 04		$5,270.00	$102,455.00	$76,895.00
05/21/04	5105648753		APR 04		$9,300.00	$111,755.00	$67,595.00
06/16/04	5105652814		MAY 04		$9,610.00	$121,365.00	$57,985.00
07/14/04	5105658956		JUNE 04		$9,300.00	$130,665.00	$48,685.00
			ROLL TO FY05	-$48,685.00		$130,665.00	$0.00
	4300001231	20	RE-ESTABLISH	$48,685.00		$130,665.00	$48,685.00
07/01/04	4300001231	30	FY05-$126,400	$126,400.00		$130,665.00	$175,085.00
08/18/04	5105664164	10	JULY 04		$14,240.00	$144,905.00	$160,845.00
09/21/04	5105669428	10	AUG 04		$14,880.00	$159,785.00	$145,965.00
10/14/04	5105673442	10	SEPT 04		$14,400.00	$174,185.00	$131,565.00
11/22/04	5105680192	10/30	OCT 04		$14,880.00	$189,065.00	$116,685.00
12/22/04	5105684946		NOV 04		$14,400.00	$203,465.00	$102,285.00
01/13/05	5105688119		NOV 04 BALANCE		$400.00	$203,865.00	$101,885.00
01/19/05	5105688945		DEC 04		$14,880.00	$218,745.00	$87,005.00
02/10/05	5105692709		JAN 05		$15,360.00	$234,105.00	$71,645.00
03/25/05	5105600415		FEB 05 BARELA		$640.00	$234,745.00	$71,005.00
03/25/05	5105600416		FEB 05		$13,440.00	$248,185.00	$57,565.00
04/11/05	4300001231	40	AMEND #3	$45,000.00			$102,565.00
04/19/05	5105604165		MAR 05		$14,880.00	$263,065.00	$87,685.00
05/18/05	5105609228		APR 05		$16,480.00	$279,545.00	$71,205.00
05/24/05	5105610132		APR 05 BARELA		$4,800.00	$284,345.00	$66,405.00
05/24/05	5105610134		APR 05 FRANKFORT		$6,450.00	$290,795.00	$59,955.00
05/24/05	5105610136		MAR 05 FRANKFORT		$3,440.00	$294,235.00	$56,515.00
05/24/05	5105610137		MAR 05 BARELA		$4,960.00	$299,195.00	$51,555.00
06/22/05	5105615759	30/40	MAY 05		$19,040.00	$318,235.00	$32,515.00
07/14/05	5105621099	40	JUNE 05		$14,400.00	$332,635.00	$18,115.00
08/30/05	5105627991		MAY 05 FRANKFORT		$3,870.00	$336,505.00	$14,245.00
08/30/05	5105627992		MAY 05 BARELA		$4,960.00	$341,465.00	$9,285.00
			VICTORTRTMNT		$341,465.00		

(130,665)

210,800

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Dedicated to the Health Of the Whole Community

Mental Health Department
828 South Bascom Avenue, Suite 200
San Jose, California 95128
Tel (408) 885-5770
Fax (408) 885-5788
Fax (408) 885-5789

MEMORANDUM

TO: Luann Hahn

FROM: Jaime López JL
Family and Children's Division Director

DATE: April 19, 2005

SUBJECT: Ch. 26.5 Case Settlement, Chapiro

Attached is the fully signed Mediated Agreement between the Mental Health Department and the parents of the above referenced client. Per Ch. 26.5 regulations, MHD is responsible for payment for this client from October 1 2004 through January 30, 2005. The total amount due to the parents is $ 16,432.50. A check in this amount is to be issued per mediation. Please process this payment at your earliest convenience. The payees name and address is as follows:

Daniel Chapiro and Susana Nagel
115 Walter Hays Drive
Palo Alto, CA 94303

Please request MH Dept. call tag to issue the check as soon as possible to remain in compliance with the mediated agreement. The Dept Contact is Peter Antons, ph. 885-7839.
Please let me know if you have any questions. Thank you for your assistance in this matter

C: Nancy Peña (memo only)
Martha Paine (memo only)

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VENDOR NO: 0001016603

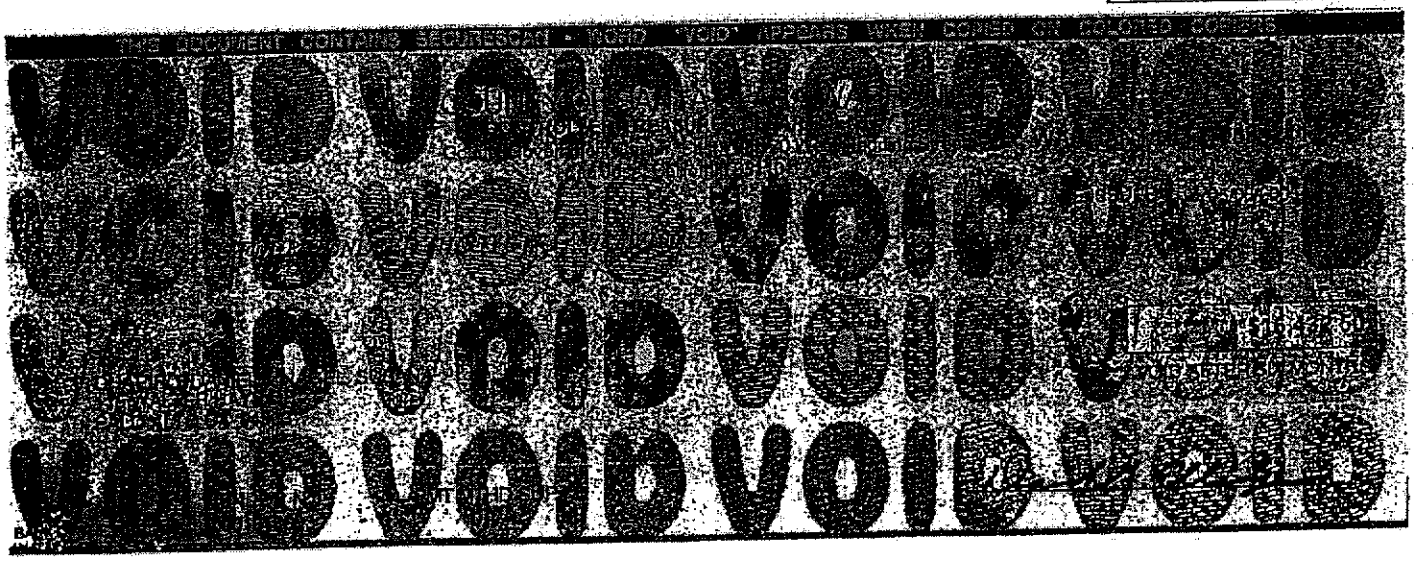
NAME: CHAPIRO, DANIEL & NAGE, SUSANA

DATE ISSUED: 05/06/2005

WARRANT NUMBER: 10391711

AP REF	DATE	INVOICE NO.	INVOICE NOTES	DOC. NO.	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID
BATCH_ADM	05/04/05	10/01/04-01/30/0	440109 MEDIATION PAYMENT FOR EXPS.	1900582059	16,432.50		16,432.50
						WARRANT TOTAL	$16,432.50

SANTA CLARA COUNTY CONTROLLER-TREASURER DEPARTMENT
SAN JOSE, CALIFORNIA



⑈10391711⑈ ⑆121100782⑆ 032001727⑈9450

Daniel Chapiro & Susana Nagel

Vendor Name (Last Name, First, M.I., or Firm Name)

Vouchers must be certified to by the claimant and the proper authority ordering the delivery of the articles or performance of services before being filed with the Controller-Treasurer.

COUNTY OF SANTA CLARA
VOUCHER
INSTRUCTIONS TO CLAIMANTS

Claimants performing services or supplying articles to two or more County deprtments must make separate vouchers for each department.
No voucher will be audited or allowed unless or until the above requirements have been complied with.

DOCUMENT DATE	EFFECTIVE DATE
4/21/2005 MM DD YY	MM DD YY

PLANT	DOCUMENT NUMBER
412	

	DESCRIPTION OF SERVICE AND AMOUNT
4/21/2005	Payment of $16,432.50 to Daniel Chaprio & Susana Nagel for expenses incurred for educational, room & board
	costs for October 1, 2004 through January 30, 2005 per mediation.

G/L	COST CENTER	INTERNAL ORDER	WBS	DESCRIPTION	AMOUNT
2701	4410	5300200		AB3632 Chaprio Agreement	$16,432.50

NUMBER [10]	

*** VENDOR DATA ***

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
Daniel Chapiro & Susana Nagel

NAME 2 [40]

ADDRESS [40]
115 Walkter Hays Dr.

CITY [29]	STATE [2]	ZIP [9]
Palo Alto	CA	94303

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS

BY: _____
DEPUTY CONTROLLER

REF #1 DIRECT PAY CODE	

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

_____
CLAIMANT

P.O.	

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Susan B. Hahn 4/22/05
APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL: _____ AT: _____

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April 22, 2011
Commission on
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April 22, 2011
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County of Santa Clara
TRIP EXPENSE VOUCHER

VENDOR NUMBER	DOCUMENT DATE	TRAVEL AUTHORIZATION NO	DOCUMENT TYPE	REF.KEY 1
	7/23/2004 MMDDYY		ZT	F1

VENDOR NAME 1 (40): Tova A. Sweet

VENDOR NAME 2 (40):

ADDRESS OR DEPARTMENT NAME (40): 650 South Bascom Avenue

CITY (35): San Jose | STATE (2): CA | ZIP (5 OR 9): 95128

INVOICE DESCRIPTION (50): Trip to Youth & Family Programs Chico

INDICATE LABOR AFFILIATION
- ☐ CEMA
- ☑ 715
- ☐ Exec. Mgmt.
- ☐ Other(Specify) _____

DEPARTMENT: Family & Children's

If any questions call:

Marisol Clough at 272-6726
Name (Type or Print)

☐ Advance Request ☑ Final Accounting & Reimbursement Claim

Employee (s): Tova A. Sweet

Destination: Youth & Family Programs, Chico

Means of Travel: Personal Car

Date Left: 7/14/2004 Time Left: 6:30 AM (A.M. / P.M.)
Date Returned: 7/15/2004 Time Returned: 4:00 AM (A.M. / P.M.)

Regular work hours: 8 - 5

#Prisoners _____ Meals: B _____ L _____ D _____

		Per Diem	Receipts	AMOUNT P-Card/BTA Charged	AMOUNT Claimable
	Airfare Equivalent (AFE) (Miles _____)				
	Airfare or other Public Carrier Expense				
2	Breakfast	2			14.00
2	Lunch	2			16.00
1	Dinner				15.00
	Hotel/Lodging (Single Rate)				
	Auto Rental				
	Registration				
	Miscellaneous: Toll Benicia-Martinez $3, Housekeeping tip $2				5.00
	SUBTOTAL			0.00	50.00
	LESS AMOUNT CHARGED				0.00
	LESS EXPENSE ADVANCE				( )
	AMOUNT DUE/PAYABLE (TOTAL)				50.00

- SEE TRAVEL POLICY DESK REFERENCE MANUAL
- REPORT MILEAGE THROUGH DEPARTMENTAL PAYROLL
- "CHARGED" COLUMN - ENTER ALL TRAVEL RELATED EXPENSES CHARGED ON P-CARD AND AIRFARE CHARGED ON BTA
- "CLAIMABLE" COLUMN - ENTER ALL EXPENSES INCURRED INCLUDING CLAIMABLE CASH, P-CARD AND BTA AIRFARE EXPENSES
- FURNISH RECEIPTS FOR ALL EXPENSES OVER $10.00
- FOR P-CARD CHARGES, ATTACH ORIGINAL RECEIPTS TO CREDIT CARD STATEMENT & COPIES TO THIS FORM

LN	ACCOUNT	COST CENTER	FUND	ORDER	WBS ELEMENT	AMOUNT	EARMARKED FUND	E/F LINE	LIQUIDATE
1	5285800	4549							
2									

	EXPENSE LINE ITEM DESCRIPTION (50)	PAYMENT METHOD SUPPLEMENT (WARRANT WILL BE MAIL DIRECTLY TO PAYEE IF LEAVE BLANK)
1		
2		

I hereby certify under penalty of perjury that the above claim is for expenses that are reasonable and necessary for the performance of my services to the County and such claim is true and correct in accordance with Travel Ordinance A31 and the County's travel policy set forth in the Travel Policy Desk Reference Manual.

CLAIMANT: Tova A. Sweet, LMFT

APPROVED: _____

For Dependent Contractor ONLY:

Purchase Order Number: _____

Purchase Order Line Number: _____

I hereby certify that the total amount shown has been audited in accordance to the County's Travel Policy.

By: _____ DEPUTY CONTROLLER

SAP Document Number: _____

721 REV 01/04 REORDER CODE 963251 (LAC 2/02)

Received
April 22, 2011
Commission on
State Mandates

VENDOR NO: 0009003328 NAME: SWEET, T A WARRANT NUMBER: 10237331 PAGE 01 OF 01

AP REF	DATE	INVOICE NO.	INVOICE NOTES	DOC. NO.	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID
SMITHV01	08/05/04	TA041200063F	FINAL REIM/CHICO 7/14-7/15/04	1900350200	50.00		50.00

SANTA CLARA COUNTY CONTROLLER-TREASURER DEPARTMENT
SAN JOSE, CALIFORNIA

TOTAL: $50.00

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VOID VOID VOID VOID VOID VOID

WARRANT NO: 10237331

DATE ISSUED: 08/06/2004

$50.00

VOID AFTER 6 MONTHS

NUT CREEK, CA

⑈10237331⑈ ⑆121100782⑆ 032001727⑈9450

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April 22, 2011
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CEB

County of Santa Clara
TRIP EXPENSE VOUCHER

VENDOR NUMBER	DOCUMENT DATE	TRAVEL AUTHORIZATION NO	DOCUMENT TYPE	REF.KEY 1
	6/14/04 MMDDYY		ZT	F1

VENDOR NAME 1 (40): Holiday Inn

VENDOR NAME 2 (40): Holiday Inn Chico

ADDRESS OR DEPARTMENT NAME (40): C/O Bascom Mental Health 650 South Bascom Ave.

CITY (35): San Jose | STATE (2): CA | ZIP (5 OR 9): 95128

INVOICE DESCRIPTION (50): Meeting with Residential placement and Client Visit Utah

INDICATE LABOR AFFILIATION
☐ CEMA ☑ 715
☐ Exec. Mgmt.
☐ Other(Specify) _____

DEPARTMENT: F & C

If any questions call:
Marsiol Clough at 272-6729
Name (Type or Print)

☑ Advance Request ☐ Final Accounting & Reimbursement Claim

Employee (s): Tova A. Sweet

Destination: Youth and Family Prog., Chico

Means of Travel: Private Auto

Date Left: 7/14/04 Date Returned: 7/15/04

Time Left: 7:00 AM A.M. Time Returned: 3:30 PM P.M.

Regular work hours: 8 - 4:30

#Prisoners _____ Meals: B _____ L _____ D _____

Miscellaneous: Lodging $84, tax 8.40

	Per Diem	Receipts
Airfare Equivalent (AFE) (Miles _____)		
Airfare or other Public Carrier Expense		
Breakfast		
Lunch		
Dinner		
1 Hotel/Lodging (Single Rate)		
Auto Rental		
Registration		

	AMOUNT P-Card/BTA Charged	AMOUNT Claimable
Airfare Equivalent (AFE)		
Airfare or other Public Carrier Expense		
Breakfast		
Lunch		
Dinner		
1 Hotel/Lodging (Single Rate)		92.40
Auto Rental		
Registration		
SUBTOTAL	0.00	92.40
LESS AMOUNT CHARGED		0.00
LESS EXPENSE ADVANCE		( )
AMOUNT DUE/PAYABLE (TOTAL)		92.40

- SEE TRAVEL POLICY DESK REFERENCE MANUAL
- REPORT MILEAGE THROUGH DEPARTMENTAL PAYROLL
- "CHARGED" COLUMN - ENTER ALL TRAVEL RELATED EXPENSES CHARGED ON P-CARD AND AIRFARE CHARGED ON BTA
- "CLAIMABLE" COLUMN - ENTER ALL EXPENSES INCURRED INCLUDING CLAIMABLE CASH, P-CARD AND BTA AIRFARE EXPENSES
- FURNISH RECEIPTS FOR ALL EXPENSES OVER $10.00
- FOR P-CARD CHARGES, ATTACH ORIGINAL RECEIPTS TO CREDIT CARD STATEMENT & COPIES TO THIS FORM

LN	ACCOUNT	COST CENTER	FUND	ORDER	WBS ELEMENT	AMOUNT	EARMARKED FUND	E/F LINE	LIQUIDATE
1									
2									

EXPENSE LINE ITEM DESCRIPTION (50)	PAYMENT METHOD SUPPLEMENT (WARRANT WILL BE MAIL DIRECTLY TO PAYEE IF LEAVE BLANK)
1	
2	

I hereby certify under penalty of perjury that the above claim is for expenses that are reasonable and necessary for the performance of my services to the County and such claim is true and correct in accordance with Travel Ordinance A31 and the County's travel policy set forth in the Travel Policy Desk Reference Manual.

CLAIMANT: Tova A. Sweet, LMFT 6/14/04

APPROVED: _____

For Dependent Contractor ONLY:
Purchase Order Number: _____
Purchase Order Line Number: _____

I hereby certify that the total amount shown has been audited in accordance to the County's Travel Policy.

By: _____ DEPUTY CONTROLLER

SAP Document Number: _____

721 REV 01/04 REORDER CODE 963251 (LAC 2/02)

VENDOR NO: 0000000005 NAME: ONE TIME: IDOR WARRANT NUMBER: 10208984 PAGE 01 OF 01

AP REF	DATE	INVOICE NO.	INVOICE NOTES	DOC. NO.	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID
SMITHV01	06/22/04	TA041200063H	CONF#SWEET/63642508 -7/14-7/15/04	1900307222	92.40		92.40
						TOTAL:	$92.40

SANTA CLARA COUNTY CONTROLLER-TREASURER DEPARTMENT
SAN JOSE, CALIFORNIA

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VOID VOID VOID

COUNTY OF SANTA CLARA WARRANT
CONTROLLER-TREASURER DEPARTMENT
County Government Center, East Wing 70 West Hedding Street
San Jose, California 95110-1705

00-76
5/211

NO. 0450

WARRANT NO. 10208984

DATE ISSUED 06/23/2004

NINETY TWO AND 40/100 DOLLARS

**********$92.40

VOID AFTER SIX MONTHS

HOUSING INITIATIVES
GOS/OPS FINANCE
2635 NORTH FIRST, SUITE 380
SAN JOSE CA 95134

VENDOR NO: 0000000005

FOR THE MUHD SUPP

DAVID CHEK, CA

10208984 121100782 03200172794 50

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April 22, 2011
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April 22, 2011
Commission on
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County of Santa Clara
TRIP EXPENSE VOUCHER

12/14/04

VENDOR NUMBER	DOCUMENT DATE	TRAVEL AUTHORIZATION NO.	DOCUMENT TYPE	REF.KEY 1
	######## MMDDYY		ZT	F1

VENDOR NAME 1 (40): Hayley Giniger

VENDOR NAME 2 (40):

ADDRESS OR DEPARTMENT NAME (40): Bascom Mental Health-- 650 S. Bascom Ave

CITY (35): San Jose | STATE (2): CA | ZIP (5 OR 9): 95128

INVOICE DESCRIPTION (50):

INDICATE LABOR AFFILIATION
- ☐ CEMA
- ☑ 715
- ☐ Exec. Mgmt.
- ☐ Other(Specify) _____

DEPARTMENT: Mental Health

If any questions call:

Marisol Clough at 272-6729
Name (Type or Print)

☐ Advance Request ☑ Final Accounting & Reimbursement Claim

Employee (s): Hayley Giniger

Destination: Villa Park, CA

Means of Travel: Airplane and car rental

Date Left: 11/22/2004 Date Returned: 11/22/2004

Time Left: 7:25 AM (A.M. / P.M.) Time Returned: 3:30 AM (A.M. / P.M.)

Regular work hours: 7:45 AM--4:30 PM

#Prisoners _____ Meals: B _____ L _____ D _____

		Per Diem	Receipts	AMOUNT P-Card/BTA Charged	AMOUNT Claimable
	Airfare Equivalent (AFE) (Miles _____)				
	Airfare or other Public Carrier Expense				
0	Breakfast				
1	Lunch		x		11.62
0	Dinner				
0	Hotel/Lodging (Single Rate)				
1	Auto Rental				38.59
	Registration				
	Miscellaneous: One day of long-term parking at San Jose Airport				15.00
	SUBTOTAL			0.00	65.21
	LESS AMOUNT CHARGED				0.00
	LESS EXPENSE ADVANCE				( )
	AMOUNT DUE/PAYABLE (TOTAL)				65.21

- SEE TRAVEL POLICY DESK REFERENCE MANUAL
- REPORT MILEAGE THROUGH DEPARTMENTAL PAYROLL
- "CHARGED" COLUMN - ENTER ALL TRAVEL RELATED EXPENSES CHARGED ON P-CARD AND AIRFARE CHARGED ON BTA
- "CLAIMABLE" COLUMN - ENTER ALL EXPENSES INCURRED INCLUDING CLAIMABLE CASH, P-CARD AND BTA AIRFARE EXPENSES
- FURNISH RECEIPTS FOR ALL EXPENSES OVER $10.00
- FOR P-CARD CHARGES, ATTACH ORIGINAL RECEIPTS TO CREDIT CARD STATEMENT & COPIES TO THIS FORM

LN	ACCOUNT	COST CENTER	FUND	ORDER	WBS ELEMENT	AMOUNT	EARMARKED FUND	E/F LINE	LIQUIDATE
1	5485800		4462						
2									

	EXPENSE LINE ITEM DESCRIPTION (50)	PAYMENT METHOD SUPPLEMENT (WARRANT WILL BE MAIL DIRECTLY TO PAYEE IF LEAVE BLANK)
1		
2		

I hereby certify under penalty of perjury that the above claim is for expenses that are reasonable and necessary for the performance of my services to the County and such claim is true and correct in accordance with Travel Ordinance A31 and the County's travel policy set forth in the Travel Policy Desk Reference Manual.

CLAIMANT: Hayley Giniger, MFT

APPROVED: _____

For Dependent Contractor ONLY:

Purchase Order Number: _____

Purchase Order Line Number: _____

I hereby certify that the total amount shown has been audited in accordance to the County's Travel Policy.

By: _____ DEPUTY CONTROLLER

SAP Document Number: _____

721 REV 01/04 REORDER CODE 963251 (LAC 2/02)

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VENDOR NO: 0009001257 | NAME: GINIGER, HAYLEY | DATE ISSUED: 01/05/2005 | WARRANT NUMBER: 10324446 | PAGE 1 OF 1

AP REF	DATE	INVOICE NO.	INVOICE NOTES	DOC. NO.	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID
S THV01	01/05/05	TA0412-00123F	*FINAL 11/22/04 VILLA PARK, CA H GINIGER	1900478539	65.21		65.21
			SANTA CLARA COUNTY CONTROLLER-TREASURER DEPARTMENT SAN JOSE, CALIFORNIA			WARRANT TOTAL	$65.21

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COUNTY OF SANTA CLARA WARRANT
CONTROLLER-TREASURER DEPARTMENT
County Government Center, East Wing 70 West Hedding Street
San Jose, California 95110-1705

FUND 0450

WARRANT NO. 10324446

DATE ISSUED 01/05/2005

PAY
SIXTY-FIVE AND 21/100 DOLLARS

$65.21

TO GINIGER, HAYLEY
CA SOCIAL SERVICES
2 CIVIC CENTER
SAN JOSE CA 95128

VOID AFTER SIX MONTHS

VENDOR NO: 0009001257

PMT MTHD SUP: 01

BACK OF THE WARRANT WILL SHOW ENDORSEMENTS

⑈10324446⑈ ⑆121100782⑆ 032001727⑈9450

Received
April 22, 2011
Commission on
State Mandates

travel
11/16/04

County of Santa Clara
TRAVEL AUTHORIZATION

FAXED 11/16/04

Name of Traveler Last: Giniger First: Hayley M.I.: N.	Travel Authorization No.
Relation to County: ☐ Elected Official ☐ Agency/Department Head ☑ Employee ☐ Board Member/Aide ☐ Other (Specify)	Labor Affiliation: ☐ CEMA ☑ 715 ☐ Exec. Mgmt. ☐ Other (Specify)
Destination: 18562 Marion Way, Villa Park, CA Travel Agency Used: Clever Traveler	
Method of Transportation: ☑ Air ☐ Private Auto ☐ County Auto ☐ Other (Specify) Carpool? ☐ Yes ☐ No	
Date and Time of Departure: 11/22/04, flight departs at 7:25 a.m. Date and Time of Return: 11/22/04, flight departs at 2:15 p.m.	Regular Work Days & Hours: M-F 7:45 to 4:30
Reason for Travel: As per Ch 26.5 guidelines, must visit children on quarterly basis	

Estimated Expenses

Transportation, Other Public Carrier Expense or Airfare Equivalent Miles:					$ 225.70
Lodging Single Rate	Tax Amount	No. of Nights	Total		$ -
	+	x	= $ -		
Meals	No. of Breakfasts	No. of Lunches	No. of Dinners		$ 8.00
		1			
Registration Fees					$
Car Rental (must include statement of necessity) I will need to travel from John Wayne Airport to the family's home					$ 35.81
Other Expenses (Itemize) one day of parking in long-term parking at San Jose Airport					$ 15.00
Total Estimated Expenses					$ 284.51

Account	Cost Center	Fund	Order	WBS element	Amount
5485800	4549				

I hereby certify that the above estimated expenses are reasonable and necessary for the performance of my services to the County in accordance with the County Travel Policy. In the event that I am requesting a Travel Advance, I acknowledge my responsibility to provide and to account for trip expenses within 14 days of my return. If I do not provide an accounting and/or do not pay any excess advance to the County within 90 days after the return date or upon termination from County employment, I authorize the County to deduct the full amount of the advance from my wages.

Hayley Giniger, MFT 11/4/04 793-5856
Traveler's Signature Date Phone No.

Supervisor's Signature Date Phone No.

In-State and Out-of-State, Authorized by:

Sign and check below: Date 11/16/04
☐ Dept. Head ☐ Board Appointee ☐ Elected Official
☐ Agency/Dept. Head ☐ Other (Specify)

International/Hawaii/Alaska, Authorized By:

Sign and check below: Date
☐ County Executive ☐ BOS Public Action
☐ Other (Specify)

Controller-Treasurer Dept. Use Only:

	Date Paid	Document No.	Amount	Comments
Cash Advance				
Lodging Advance				
Registration				
Airfare				
Car Rental				
Trip Expense				
Other Charges				

REV 07/03 REORDER CODE 963248

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4V APT (IN-TERMINAL||{P:@10,0:$|18601 AIRPORT WAY||{P:@10
,0:$|SANTA ANA HEIGHTS,CA 927075200||{P:@10,0:$|(949) 25
3-9155||{P:@10,0:$|BRANCH: 3238||{P:@10,0:$|TICKET: 08061
5||{A:50|{P:@10,0:$|HAYLEY GINGER||{P:@10,0:$|OUT: 11/22/
2004 0849 AM||{P:@10,0:$|IN: 11/22/2004 1044 AM||{P:@1
0,0:$|VEHICLE: 04 DODG NEON 4DSE||{P:@10,0:$|VEHICLE LICE
NSE: 6CEX891 ||{A:50|{P:@10,0:X| 1 DAY @
35.81 = 35.81||{P:@10,0:X| Sales Tax @
7.750% = 2.78||{P:@10,0:X|
TOTAL 38.59||{A:50|{P:@10,0:X|CHARGE TO: VISA XXXXX
XXXXXXX6206 EXPIRES: xx/xx||{A:50|{P:@10,65:X|THANK YOU F
OR RENTING FROM||{P:@10,90:X|ENTERPRISE RENT-A-CAR||{A:20
|{P:@10,90:X|TO RESERVE A CAR USE||{P:@10,100:X|1 (800) R
ENT-A-CAR||{P:@10,170:X|OR||{P:@10,100:X|WWW.ENTERPRISE.C

ENTERPRISE

RENT-A-CAR

ORANGE COUNTY APT (IN-TERMINAL
18601 AIRPORT WAY
SANTA ANA HEIGHTS,CA 927075200
(949) 253-9155
BRANCH: 3238
TICKET: 080615

HAYLEY GINGER
OUT: 11/22/2004 0849 AM
IN: 11/22/2004 1044 AM
VEHICLE: 04 DODG NEON 4DSE
VEHICLE LICENSE: 6CEX891

1 DAY	@	35.81	=	35.81
Sales Tax	@	7.750%	=	2.78
			TOTAL	38.59

CHARGE TO: VISA XXXXXXXXXXXXX6206 EXPIRES: xx/xx

THANK YOU FOR RENTING FROM
ENTERPRISE RENT-A-CAR

TO RESERVE A CAR USE
1 (800) RENT-A-CAR
OR
WWW.ENTERPRISE.COM

HMSHOST
STARBUCKS
JOHN WAYNE AIRPORT

1201 Joseph

CHK 1628 NOV22'04 11:29AM

1 Tall MOCHA FRAPU	3.79
1 HAM & SWISS DIJN	6.99
Subtotal	10.78
Tax	0.84
Amt Tendered	11.62
Cash	11.62

SAN JOSE
INTERNATIONAL AIRPORT
PARKING RECEIPT
*** Thank you ***
Entrance: 06:15 11/22/04 Lane # 63
Exit : 15:47 11/22/04 Lane # 67
Length of stay: 0 d. 08 h. 32 mn.
Cashier: 047 Shift: 0106 SEQ# 43668
Amount paid $ 15.00 Cash

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
Ch.26.5 IEP and Fair Hearing Administrative Time
FY 2004-2005

Service Location	Procedure	Staff Person	Units of Service	Hours of Service	Annual Salary	Prod Hours	Salary Rate	Fringe % Salary	Salary Expense	Fringe Expense	Total Expense
Bascom MHC	IEP Activity	CAO NANG	4,223	70.38	$78,372	1,545	$50.73	37.9%	$3,570	$1,351	$4,922
Bascom MHC	IEP Activity	HSIANG SYLVIA	45	0.75	$16,930	379	$44.69	44.8%	$34	$15	$49
Bascom MHC	IEP Activity	YOMTOV GENIE	995	16.58	$77,279	1,545	$50.02	35.8%	$829	$297	$1,126
Bascom MHC	IEP Activity	GOLDBARD LILIAN	80	1.33	$75,721	1,545	$49.01	42.2%	$65	$28	$93
Bascom MHC	IEP Activity	FJELSTAD DIANE	285	4.75	$75,484	1,545	$48.86	35.2%	$232	$82	$314
Bascom MHC	IEP Activity	PONCE DOLORES	177	2.95	$75,538	1,545	$48.89	35.2%	$144	$51	$195
Bascom MHC	IEP Activity	BARNUM JODI	379	6.32	$62,107	1,433	$43.35	43.3%	$274	$119	$393
Bascom MHC	IEP Activity	GINIGER HAYLEY	248	4.13	$75,556	1,545	$48.90	32.3%	$202	$65	$267
Bascom MHC	IEP Activity	GOODRIDGE WENDY	364	6.07	$73,544	1,545	$47.60	36.5%	$289	$105	$394
Bascom MHC	IEP Activity	GUERRERO-URBANSKI CAROL	879	14.65	$78,264	1,545	$50.66	41.4%	$742	$307	$1,050
Bascom MHC	IEP Activity	LEAVITT KAREN	50	0.83	$65,082	1,545	$42.12	46.4%	$35	$16	$51
Bascom MHC	IEP Activity	MAO SAMPHORS	906	15.10	$66,287	1,545	$42.90	43.9%	$648	$284	$932
Bascom MHC	IEP Activity	SWEET TOVA	47	0.78	$73,127	1,545	$47.33	35.1%	$37	$13	$50
Las Plumas MHC	IEP Activity	CUMMINS JEFFREY	2,113	35.22	$63,767	1,307	$48.80	33.6%	$1,719	$578	$2,296
Las Plumas MHC	IEP Activity	DITTRICH MONICA	1,858	30.97	$55,718	1,380	$40.38	47.1%	$1,250	$589	$1,839
Las Plumas MHC	IEP Activity	GONZALEZ LORENA	293	4.88	$75,556	1,545	$48.90	36.4%	$239	$87	$326
Las Plumas MHC	IEP Activity	HANCHETT DANIELLE	148	2.47	$25,536	551	$46.39	27.5%	$114	$31	$146
Las Plumas MHC	IEP Activity	HILL LOUISE	1,099	18.32	$74,363	1,545	$48.13	32.5%	$882	$287	$1,168
Las Plumas MHC	IEP Activity	LE MIKELLE	747	12.45	$34,432	773	$44.57	36.9%	$555	$205	$760
Las Plumas MHC	IEP Activity	LE VAN	1,085	18.08	$48,177	1,323	$36.41	18.2%	$658	$120	$779
Las Plumas MHC	IEP Activity	COLLEEN KOSBAD	3,250	54.17	$4,000	480	$8.33	14.0%	$451	$63	$515
Las Plumas MHC	IEP Activity	RINITI JOANN	429	7.15	$42,176	773	$54.60	41.2%	$390	$161	$551
		TOTAL	19,700						$13,361	$4,855	$18,216

10/24/05 P. Antons
*Source: Clinic logs of Ch26.5 activities

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FY05 Personnel SB90

Mental Health
Personnel Costs for SB90 Claims
FY 2005
From PS File

Includes vacation payoffs

	PP14/2004 (06/21/2004-07/04/2004)				PP15/2004-13/2005 (07/05/04-06/19/2005)				PP14/2005 (06/20/2005-07/03/2005)				Total			
Employee	Hours	Salary	Benefits	Total $	Hours	Salary	Benefits	Total $	Hours	Salary	Benefits	Total $	Hours	Salary	Benefits	Total $
Nang Cao	16.00	595.79	228.03	823.82	2,000.00	75,016.80	28,173.55	103,192.35	72.00	2,757.58	1,263.20	4,020.78	2,088.00	78,372.17	29,664.78	108,036.95
Genie Yomtov	15.72	622.72	215.68	838.40	1,966.20	74,027.10	26,274.30	100,301.40	72.00	2,829.44	1,167.15	3,796.59	2,073.92	77,279.26	27,657.13	104,936.39
Lillian Goldbard	16.00	578.39	244.92	823.31	2,000.00	72,463.74	30,333.85	102,797.59	72.00	2,679.28	1,350.50	4,029.78	2,088.00	75,721.41	31,929.27	107,650.68
Diane Fjelstad	16.00	578.39	205.52	783.91	1,998.00	72,226.81	25,252.04	97,478.85	72.00	2,679.28	1,145.21	3,824.49	2,086.00	75,484.48	26,602.77	102,087.25
Dolores Ponce	16.00	578.39	205.52	783.91	1,999.50	72,280.42	25,263.48	97,543.90	72.00	2,679.28	1,145.21	3,824.49	2,087.50	75,538.09	26,614.21	102,152.30
Jodi Barnum	16.00	515.81	228.51	744.32	1,884.00	60,276.85	28,207.50	88,484.35	36.00	1,314.72	476.60	1,791.32	1,936.00	62,107.38	26,912.61	89,019.99
Hayley Girilger	16.00	578.39	188.59	766.98	2,000.00	72,298.51	23,176.49	95,475.00	72.00	2,679.28	1,058.90	3,738.18	2,088.00	75,556.18	24,423.98	99,980.16
Wendy Goodridge	16.00	515.81	239.94	755.75	2,000.00	70,398.96	25,472.67	95,871.63	72.00	2,629.44	1,106.24	3,735.68	2,088.00	73,544.21	26,818.85	100,363.06
Carol Guerrero-Urbanski	16.00	595.79	248.89	844.68	2,000.00	74,910.27	30,799.36	105,709.63	72.00	2,757.58	1,372.98	4,130.56	2,088.00	78,263.64	32,421.23	110,684.87
Karen Leavitt	16.00	491.84	231.36	723.20	2,000.00	62,189.04	28,692.34	90,881.38	72.00	2,390.76	1,295.59	3,686.35	2,088.00	66,081.84	30,209.29	95,290.93
Samphors Mao	16.00	502.92	222.60	725.52	2,000.00	63,343.86	27,595.17	90,939.03	72.00	2,440.60	1,256.60	3,697.20	2,088.00	66,287.38	29,074.37	95,361.75
Tova Sweet	16.00	567.31	203.84	771.15	2,000.00	69,853.48	24,398.62	94,252.10	75.60	2,705.83	1,101.20	3,807.03	2,091.60	73,126.62	25,703.66	98,830.28
Jeffrey Cummins	16.00	584.71	217.00	801.71	1,749.72	63,181.90	21,227.37	84,409.27	0.00	0.00	0.00	0.00	1,765.72	63,766.61	21,444.37	85,210.98
Monica Dittrich	16.00	491.84	230.29	722.13	1,612.80	53,911.66	25,602.51	79,514.17	36.00	1,314.72	419.04	1,733.76	1,664.80	55,718.22	26,251.84	81,970.06
Lorena Gonzalez	16.00	578.39	212.51	790.90	2,000.00	72,298.51	26,127.12	98,425.63	72.00	2,679.28	1,182.06	3,861.34	2,088.00	75,556.18	27,521.69	103,077.87
Danielle Hanchett	8.00	260.22	71.37	331.59	700.00	23,935.89	6,508.14	30,444.03	36.00	1,339.64	438.74	1,778.38	744.00	25,535.75	7,018.25	32,554.00
Louise Hill	16.00	567.31	186.29	753.60	2,000.00	71,088.00	22,916.15	94,004.15	72.00	2,707.74	1,067.14	3,774.88	2,088.00	74,363.05	24,169.58	98,532.63
Mikelle Le	16.00	526.88	144.16	671.04	955.50	31,464.86	11,737.46	43,202.32	72.00	2,440.60	836.35	3,276.95	1,043.50	34,432.34	12,717.97	47,150.31
Van Le	0.00	0.00	0.00	0.00	1,716.00	46,152.34	8,126.29	54,278.63	72.00	2,024.80	664.52	2,689.32	1,788.00	48,177.14	8,790.81	56,967.95
Joann Riniti	8.00	322.86	133.83	456.69	1,000.00	40,357.00	16,499.84	56,856.84	36.00	1,496.41	739.31	2,235.72	1,044.00	42,176.27	17,372.98	59,549.25
Sylvia Hslang	0.00	0.00	0.00	0.00	440.00	14,489.31	6,278.81	20,768.12	72.00	2,440.60	1,310.04	3,750.64	512.00	16,929.91	7,588.85	24,518.76
Colleen Kosbab	0.00	0.00	0.00	0.00	480.00	4,000.00	561.09	4,561.09	0.00	0.00	0.00	0.00	480.00	4,000.00	561.09	4,561.09
	287.72	10,053.76	3,858.85	13,912.61	36,721.72	1,260,177.31	467,214.15	1,727,391.46	1,299.60	46,786.86	20,396.58	67,183.44	38,309.04	1,317,017.93	491,469.58	1,808,487.51

Note: Colleen Kosbab is a student intern paid hourly rate of $8.33/hour.
Van Le worked both as Coded and Extra Help employee per Susan Norman, Mental Health's Personnel Analyst.

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Test Sheet Final-ANALYSIS OF ACTUAL HOURS FOR ALL COUNTY EMPLOYEES

For Fiscal Year 2004-2005

Hours Code	Description	Period 02-14 Balance at 6-20-2004 A	Period 01-26 Balance at 12-21-2004 B	6-20-2004 through 12-21-2004 C B - A	Period 02-14 Balance at 6-22-2005 D	2004-2005 Fiscal Year Total E C + D	Avg Hrs Per FTE
51	Vacation Accrued and Earned *1	1,265,762	2,562,847	1,297,086	1,228,218	2,525,304	174.65
52	Personal Leave Earned	4,985	294,440	289,455	8,341	297,796	20.60
5V	Vacation accrued and earned Ex.Mgt *5	1,686	139,087	137,401	2,556	139,957	9.68
100	Regular Hours	13,291,478	25,970,620	12,679,142	12,871,853	25,550,995	1,767.13
600	Release Time	5,819	11,700	5,881	4,825	10,706	0.74
605	Administrative Leave	9,783	17,632	7,849	6,118	13,967	0.97
606	Paid Leave Pending Investigation	2,213	8,865	6,652	6,039	12,691	0.88
620	First Day Sick	80,721	116,615	55,894	59,732	115,626	8.00
625	Safety 4850 Paid Disability Lv	56,256	125,626	69,370	54,059	123,429	8.54
630	Military Leave With Pay	1,882	5,346	3,464	1,899	5,363	0.37
635	FLSA Comp Time Used *3	35,549	72,145	36,596	38,192	74,788	5.17
640	Regular Comp Time Used *4	59,042	108,977	49,935	61,274	111,209	7.69
653	Annual Leave Used	25,627	50,761	25,134	25,964	51,098	3.53
655	Sick Leave Used	517,502	992,462	474,960	499,645	974,605	67.40
660	Other Paid Time	8,168	15,490	7,322	37,760	45,082	3.12
665	Jury Duty	1,451	3,603	2,152	2,703	4,855	0.34
675	Bereavement Leave	5,598	10,545	4,947	7,201	12,148	0.84
676	Bereavement Leave-PTO/STO	501	1,080	579	643	1,222	0.08
677	Bereavement Leave-Chg Sick Lv	1,650	2,988	1,338	1,893	3,231	0.22
	Total Actual Paid/Earned Hours	15,355,672	30,510,829	15,155,157	14,918,915	30,074,072	2,079.86
	Full-time Equivalent Positions					14,459	
	Paid Hours In Period					2,080	

ANALYSIS

Average Productive Hours Per Employee							1,767.13	
Less Holidays							-96.00	
Less Daily Break Time *2							-110.45	
Less Training Time *3 ZTT PLUS ZXT		190,952	378,083	187,131	197,489	384,620	-26.60	
Notes: CEMA adjustment for 1604 positions at 96 hours per FTE included in the STO earned						153,984	10.65	Rounded to
Net Average Productive Hours Per Employee							1,544.74	1,545.00

*1 Excludes holiday hours for 1,673 CEMA employees, since holiday hours are included for all employees below.
*2 Two 15-minute daily breaks per bargaining unit contracts has been taken for the regular hours @0.5 hour per 8 hour work
*3 Training time was taken from payroll records for ztt and zxt codes
*4 Includes one-third of comptime hours used since one hour is worked for every 1.5 hours taken.
*5 Accrued vacation for Ex. Management included after discussion with management audit

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COUNTY OF SANTA CLARA
Mental Health Department BU412
Indirect Cost Rate Proposal
Fiscal Year
2004/2005

[redacted]

SALARIES & BENEFITS					
Salaries & Wages					
5101000	Permanent Employees	21,790,677.39	0	6,020,235.11	15,770,441.28
5101100	Temporary Employees	707,898.12	0	62,195.17	645,702.95
5104000	Premium Pay	300,103.44	0	49,098.76	251,004.68
5105000	Call Duty	145,187.78	0	80,118.30	65,069.48
5105500	Uniform	425.02	0	-	425.02
	Salaries & Wages :	22,944,291.75	0	6,211,648.34	16,732,643.41
Overtime					
5103000	Overtime	165,764.80	0	44,645.79	121,119.01
5103100	Holiday Overtime	23,137.33	0	208.76	22,928.57
	Overtime :	188,902.13	0	44,854.55	144,047.58
Benefits					
5110100	Retiree Medical Expense	658,482.91	0	186,825.20	472,657.71
5110300	Unemployment Insurance	2,931,492.28	0	810,926.43	2,120,565.85
5110200	Health Insurance	61,120.65	0	16,908.01	44,212.64
5110400	FICA - Employer Share	1,712,155.61	0	465,824.30	1,246,331.31
5110500	Medicare Tax - Employer	11.85	0	11.85	-
5110600	PERS - Retirement	2,800,213.56	0	766,230.07	2,033,983.49
5110700	Workers Compensation	262,861.14	0	73,225.79	189,635.35
	Benefits :	8,426,338.00	0	2,318,951.65	6,107,386.35
	Total salaries, wages and benefits	31,559,531.88	0	8,575,454.54	22,984,077.34
SERVICES, SUPPLIES, OTHER					
1308000	Low Value Assets	13,117.73	0	13,117.73	-
5205100	Communications	244,722.03	0	155,146.01	89,576.02
5205300	Communications	126,722.97	0	31,809.48	94,913.49
5210100	Food - Other	28,519.38	0	8,228.13	20,291.25
5210110	Food - Meat, Fish, Poultry	3,845.73	0	3,235.39	610.34
5210150	Food - Bakery	160.37	0	136.33	24.04
5210170	Food - Prepared Entrees	2,171.52	0	1,777.26	394.26
5215200	Cleaning Supplies	5.09	0	-	5.09
5215700	Garbage	15,709.19	0	-	15,709.19
5220200	Insurance	137,789.00	0	137,789.00	-
5225200	Witness Expense	38,233.26	0	38,233.26	-
5225650	Arabic	175.20	0	175.20	-
5230400	Maint - Equip - Other	-	0	-	-
5230407	Maint - Office Equip	1,009.93	0	1,009.93	-
5231100	Contract Maint Equip	66,161.32	0	-	66,161.32
5235100	Maint - Struct/Improvements	-	0	-	-
5235110	Maint - Struct/Improvements	16,337.94	0	2,672.27	13,665.67
5235400	Outside Repair/Maint	2,530.32	0	-	2,530.32
5235410	Contract Maint Building	1,494.00	0	-	1,494.00
5240100	Medical/Dental/Lab	14,675,875.32	0	-	14,675,875.32
5245100	Membership Dues & Fees	33,708.99	33,709	-	-
5250100	Office Expense	224,802.35	0	85,034.09	139,768.26
5250200	Postage - External	3,755.08	0	1,368.15	2,386.93
5250250	Postage - Internal	28,817.00	0	10,973.66	17,843.34
5250500	Freight	1,009.00	0	72.34	936.66
5250700	Printing - External	1,832.19	0	-	1,832.19
5250750	Printing - Internal	16,469.54	0	8,482.01	7,987.53
5250800	PC Software	3,834.63	0	2,891.77	942.86
5250810	PC Software - Maint	69.28	0	69.28	-
5250900	Educ Expense - Other	20.00	0	20.00	-
5251000	Workshops/Conferences	30,684.24	0	12,990.56	17,693.68
5251400	Books & Periodicals	3,644.91	0	814.84	2,830.07
5251410	Subscriptions	4,667.37	0	2,195.46	2,471.91
5252100	Training Programs	117,419.71	0	117,419.71	-

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5255100	Prof & Spec Services	1,812,787.17	0	1,479,149.27	133,637.90
5255150	Advertising	881.80	0	-	881.80
5255300	Annual Audit - Charter	6,211.00	0	6,211.00	-
5255500	Contract Services	84,902,765.19	0	7,713,524.09	77,189,241.10
5255850	Data Processing Serv	401,868.16	0	391,093.00	10,775.16
5257100	Consult & Mgmt Fees	47,258.56	0	(17,809.44)	65,068.00
5257450	Medical Prof Fees-Technologists & Therapists	1,110.00	0	-	1,110.00
5257900	Investig & Expert Fees	3,018.09	0	3,018.09	-
5258200	Prof Services - Internal	8,975,913.93	0	4,320.00	8,971,593.93
5259000	Purch Services Other	452,850.50	0	450,998.61	1,851.89
5259040	Prof Grp S/S	9,021.41	0	175.00	8,846.41
5259100	Corporate Services Charge	8,478,733.84	0	8,478,733.84	-
5260100	Publications & Legal	-	0	-	-
5265100	Equipment - Other	72,765.99	0	43,302.74	29,463.25
5265140	Computer Printer	72.90	0	-	72.90
5265150	Office Equipment	40,407.04	0	24,182.04	16,225.00
5270100	Building & Improvements	40.00	0	40.00	-
5270200	Office Rents	1,949,002.49	0	508,319.03	1,440,683.46
5275100	Small Tools & Instruments	68,691.01	0	15,461.55	53,229.46
5275200	PC Hardware	52,921.07	0	21,341.31	31,579.76
5275500	Equipment	40,759.87	0	1,967.66	38,792.21
5280000	Special Dept Expense	124,268.60	0	790.00	123,478.60
5280700	Med Supplies - Other	583.49	0	55.70	527.79
5280710	Med Supplies - Prosthesis	82.47	0	-	82.47
5280718	Med Suppl-Othr Pharm	187.75	0	-	187.75
5280721	Medical Supplies - Medical	75.77	0	75.77	-
5280800	Medical Supplies - Non Medical	61,174.73	0	57,443.63	3,731.10
5280810	Non-Medical-Dental	18.77	0	-	18.77
5281000	Correction Industrie	2,816.05	0	-	2,816.05
5281600	County Overhead	2,006,534.00	0	2,006,534.00	-
5282300	Audio Visual Aids	-	0	-	-
5282500	Outside Laboratory	7,997.83	0	-	7,997.83
5282530	Med Purch Srvs - Other	28,938,382.92	0	-	28,938,382.92
5283000	Administrative Cost	500.00	0	500.00	-
5285200	Transportation & Travel	211,796.12	0	23,066.01	188,730.11
5285210	Transportation & Other	156.32	0	-	156.32
5285300	Mileage	77,899.60	0	22,608.66	55,290.94
5285800	Business Travel	49,746.65	0	41,141.42	8,605.23
5290110	Utility - Electricity	211,171.56	0	6,633.82	204,537.74
5290120	Utility - Gas	20,093.49	0	-	20,093.49
5290130	Utility - Water	9,795.73	0	-	9,795.73
5290140	Utilities-Sewer-Cnty	362.14	0	-	362.14
5290150	Utilities - Cities	12,436.73	0	-	12,436.73
5300200	Support Of Persons	335,512.61	0	276,240.61	59,272.00
5301400	Support Of Persons	906,257.00	0	52,940.00	853,317.00
5308100	Trans-Patient/Client	9,575.00	0	9,575.00	-
5308200	Trans.-Patient/Taxi	366.00	0	366.00	-
5340300	Moving Costs	509.98	0	509.98	-
5341000	Overtime Meals	3,387.51	0	2,349.00	1,038.51
5350300	Operating Expense - Other	10,709.94	0	6,098.09	4,611.85
5350400	Service/Supplies - Other	11,278.88	0	8,211.35	3,067.53
5350430	Svc & Supp-Recrea	882.28	0	315.00	567.28
5350440	Service/Supplies - Household Supply	184.40	0	-	184.40
5350500	Direct Expense - Other	528.76	0	-	528.76
5350700	Volunteer SVS	72,896.59	0	72,896.59	-
8210000	Settlement-External	54,440.18	0	11,526.92	42,913.26
	Total services and supplies	156,105,004.46	33,709	22,359,567.20	133,711,728.27
	Total expenses	167,664,536.34	33,709	30,935,021.74	156,695,805.61
1305000	Equipment	378,205.73	376,206	-	-
5530200	Capital Proj Svc&Sup	(10,917.91)	(10,917)	-	-

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		[illegible]	[illegible]	[illegible]	[illegible]
	Total other charges	365,288.72	365,289	-	-
5440200	Reimb-Prof&Spec Svcs	(1,987,256.40)	0	(123,773.50)	(1,863,482.80)
	Grand total	186,042,568.66	398,998	30,811,248.14	154,832,322.81
	Revenue Offset Administrative, UR, MAA			(5,873,149.00)	
	Total allowable indirect costs			24,938,099.14	
	Allowable indirect costs as a percent of total allowable direct costs				0.161065201

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		TOTAL EXPENSE	COUNTY ADMIN COSTS	COUNTY DIRECT COSTS	4350 MENTAL HLTH ADMIN	4351 RESEARCH-F0001	4353 QUALITY IMPROV-F0001	4354 MENTAL HLTH PLAN	4357 QLTY IMPRMT-MNTLHLTH	4358 MHAB ADMIN SUPT	4367 CRS REF OUTR DIV ADM
SALARIES & BENEFITS											
Salaries & Wages											
5101000	Permanent Employees	21,790,677.39	6,020,236.11	15,770,441.28	1,603,345.27	100,899.02	585,302.68	136,776.79	103,387.17	61,424.75	1,416.57
5101100	Temporary Employees	707,898.12	62,195.17	645,702.95	24,293.46		36,727.03				
5104000	Premium Pay	300,103.44	49,098.76	251,004.68	8,726.29	313.81	4,290.21	1,828.39			30.97
5105000	Call Duty	145,187.78	80,118.30	65,069.48							
5105500	Uniform	425.02	-	425.02							
	Salaries & Wages :	22,944,291.75	6,211,648.34	16,732,643.41	1,636,365.02	101,212.83	626,319.92	140,605.18	103,387.17	61,424.75	1,447.54
Overtime											
5103000	Overtime	165,764.80	44,645.79	121,119.01	4,665.53	(175.84)	2,436.26	17,210.26	457.45		
5103100	Holiday Overtime	23,137.33	208.76	22,928.57							
	Overtime :	188,902.13	44,854.55	144,047.58	4,665.53	(175.84)	2,436.26	17,210.26	457.45	-	-
Benefits											
5110100	Retiree Medical Expense	658,482.91	185,825.20	472,657.71	41,525.26	2,886.18	18,420.64	4,517.72	3,927.60	2,258.88	47.44
5110300	Unemployment Insurance	2,931,492.28	810,926.43	2,120,565.85	146,330.82	6,776.73	87,747.16	22,800.73	17,727.58	5,637.35	172.15
5110200	Health Insurance	61,120.65	16,906.01	44,212.64	4,674.78	267.85	1,579.56	419.92	274.46	181.41	2.54
5110400	FICA - Employer Share	1,712,155.61	465,824.30	1,246,331.31	121,235.21	7,729.33	46,994.34	11,663.66	7,944.11	4,698.99	110.74
5110500	Medicare Tax - Employer	11.85	11.85	-	11.85	-	-	-	-	-	-
5110600	PERS - Retirement	2,800,213.56	766,230.07	2,033,983.49	201,498.59	12,985.05	75,026.66	17,986.95	13,224.49	7,863.46	466.03
5110700	Workers Compensation	262,861.14	73,225.79	189,635.35	20,025.81	1,086.54	6,661.07	1,771.93	1,157.57	681.80	31.11
	Benefits :	8,426,338.00	2,318,951.65	6,107,386.35	536,102.32	31,531.68	236,429.43	59,160.91	44,255.80	21,301.87	830.01
	Total salaries, wages and benefits	31,559,531.88	8,575,454.54	22,984,077.34	2,177,132.87	132,568.67	865,185.61	216,976.35	148,100.42	82,726.62	2,277.55
SERVICES, SUPPLIES, OTHER											
1308000	Low Value Assets	13,117.73	13,117.73	-	13,117.73						
5205100	Communications	244,722.03	155,146.01	89,576.02	135,813.77	5,354.77	962.47				146.17
5205300	Communications	126,722.97	31,809.48	94,913.49	15,861.28	172.45	1,557.89	244.58	212.04	66.78	112.91
5210100	Food - Other	28,519.38	8,228.13	20,291.25	4,734.05		55.58				-
5210110	Food - Meat, Fish, Poultry	3,845.73	3,235.39	610.34	1,304.03					1,931.36	
5210150	Food - Bakery	160.37	136.33	24.04	136.33						
5210170	Food - Prepared Entrees	2,171.52	1,777.26	394.26	355.91					817.80	
5215200	Cleaning Supplies	5.09	-	5.09							
5215700	Garbage	15,709.19	-	15,709.19							
5220200	Insurance	137,789.00	137,789.00	-	137,789.00						
5225200	Witness Expense	38,233.26	38,233.26	-							
5225650	Arabic	175.20	175.20	-	175.20						
5230400	Maint - Equip - Other	-	-	-	-						
5230407	Maint - Office Equip	1,009.93	1,009.93	-	1,009.93						
5231100	Contract Maint Equip	66,161.32	-	66,161.32							
5235100	Maint - Struct/Improvements	-	-	-							
5235110	Maint - Struct/Improvements	16,337.94	2,672.27	13,665.67							
5235400	Outside Repair/Maint	2,530.32	-	2,530.32							

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		TOTAL EXPENSE	COUNTY ADMIN COSTS	COUNTY DIRECT COSTS	4350	4351	4353	4354	4357	4358	4387
5235410	Contract Maint Building	1,494.00	-	1,494.00							
5240100	Medical/Dental/Lab	14,675,875.32	-	14,675,875.32							
5245100	Membership Dues & Fees	33,708.99	32,718.99	990.00	32,206.99		200.00			300.00	
5250100	Office Expense	224,802.35	85,034.09	139,768.26	23,972.57	368.66	15,754.69	901.78		25.88	
5250200	Postage - External	3,755.08	1,368.15	2,386.93	1,298.47	6.64				-	
5250250	Postage - Internal	28,817.00	10,973.66	17,843.34	685.65	4.38	246.63			-	
5250500	Freight	1,009.00	72.34	936.66	-			7.05			
5250700	Printing - External	1,832.19	-	1,832.19				-			
5250750	Printing - Internal	16,469.54	8,482.01	7,987.53	3,317.55		2,363.68				
5250800	PC Software	3,834.63	2,891.77	942.86	2,071.22		820.55				
5250810	PC Software - Maint	69.28	69.28	-							
5250900	Educ Expense - Other	20.00	20.00	-	20.00						
5251000	Workshops/Conferences	30,684.24	12,990.56	17,693.68	10,897.79						
5251400	Books & Periodicals	3,644.91	814.84	2,830.07	207.34		414.74				
5251410	Subscriptions	4,667.37	2,195.46	2,471.91	1,708.44			185.67			
5252100	Training Programs	117,419.71	117,419.71	-	117,419.71						
5255100	Prof & Spec Services	1,612,787.17	1,479,149.27	133,637.90	55,614.48		1,885.81				
5255150	Advertising	881.80	-	881.80							
5255300	Annual Audit - Charter	6,211.00	6,211.00	-	6,211.00						
5255500	Contract Services	84,902,765.19	7,713,524.09	77,189,241.10	5,676,821.48			1,472,479.89			
5255650	Data Processing Serv	401,868.16	391,093.00	10,775.16							
5257100	Consult & Mgmt Fees	47,258.56	(17,809.44)	65,068.00	6,000.00						
5257450	Medical Prof Fees-Technologists & Ti	1,110.00	-	1,110.00							
5257900	Investig & Expert Fees	3,018.09	3,018.09	-	3,018.09						
5258200	Prof Services - Internal	8,975,913.93	4,320.00	8,971,593.93							
5259000	Purch Services Other	452,850.50	450,998.81	1,851.69	449,260.70						
5259040	Prof Grp S/S	9,021.41	175.00	8,846.41			175.00				
5259100	Corporate Services Charge	8,478,733.84	8,478,733.84	-	8,478,715.00		18.84				
5260100	Publications & Legal	-	-	-							
5265100	Equipment - Other	72,765.99	43,302.74	29,463.25	33,008.72		5,022.47				
5265140	Computer Printer	72.90	-	72.90							
5265150	Office Equipment	40,407.04	24,182.04	16,225.00	5,193.18	110.45					163.99
5270100	Building & Improvements	40.00	40.00	-	40.00						
5270200	Office Rents	1,949,002.49	508,319.03	1,440,683.46	397,080.36		21,862.51				
5275100	Small Tools & Instruments	68,691.01	15,461.55	53,229.46	8,357.11						
5275200	PC Hardware	52,921.07	21,341.31	31,579.76	15,453.60		4,741.79				
5275500	Equipment	40,759.87	1,967.66	38,792.21	85.19		1,882.47				
5280000	Special Dept Expense	124,268.60	790.00	123,478.60						790.00	
5280700	Med Supplies - Other	583.49	55.70	527.79				55.70			
5280710	Med Supplies - Prosthesis	82.47	-	82.47							
5280718	Med Suppl-Othr Pharm	187.75	-	187.75							
5280721	Medical Supplies - Medical	75.77	75.77	-							
5280800	Medical Supplies - Non Medical	61,174.73	57,443.63	3,731.10	56,941.00		25.96	29.86			
5280810	Non-Medical-Dental	18.77	-	18.77							
5281000	Correction Industrie	2,816.05	-	2,816.05							
5281600	County Overhead	2,006,534.00	2,006,534.00	-	2,006,534.00						
5282300	Audio Visual Aids	-	-	-							
5282500	Outside Laboratory	7,997.83	-	7,997.83							

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		TOTAL EXPENSE	COUNTY ADMIN COSTS	COUNTY DIRECT COSTS	4350	4351	4353	4354	4357	4358	4367
5282530	Med Purch Srvs - Other	28,938,382.92	-	28,938,382.92							
5283000	Administrative Cost	500.00	500.00	-	500.00						
5285200	Transportation & Travel	211,796.12	23,066.01	188,730.11	1,321.69						
5285210	Transportation & Other	156.32	-	156.32							
5285300	Mileage	77,899.60	22,608.66	55,290.94	6,295.81	155.55	1,772.25	89.50	567.31	1,459.19	
5285800	Business Travel	49,746.65	41,141.42	8,605.23	531.71	19.00	1,701.23			3,276.71	8.75
5290110	Utility - Electricity	211,171.56	6,633.82	204,537.74	6,633.82						
5290120	Utility - Gas	20,093.49	-	20,093.49							
5290130	Utility - Water	9,795.73	-	9,795.73	-						
5290140	Utilities-Sewer-Cnty	362.14	-	362.14							
5290150	Utilities - Cities	12,436.73	-	12,436.73							
5300200	Support Of Persons	335,512.61	276,240.61	59,272.00							
5301400	Support Of Persons	906,257.00	52,940.00	853,317.00							
5308100	Trans-Patient/Client	9,575.00	9,575.00	-							
5308200	Trans.-Patient/Taxi	366.00	366.00	-	366.00						
5340300	Moving Costs	509.98	509.98	-			509.98				
5341000	Overtime Meals	3,387.51	2,349.00	1,038.51	54.00		63.00	1,998.00	81.00		
5350300	Operating Expense - Other	10,709.94	6,098.09	4,611.85	3,835.56						
5350400	Service/Supplies - Other	11,278.88	8,211.35	3,067.53	229.00						
5350430	Svc & Supp-Recreat	882.28	315.00	567.28	315.00						
5350440	Service/Supplies - Household Supply	184.40	-	184.40							
5350590	Direct Expense - Other	528.76	-	528.76							
5350700	Volunteer SVS	72,896.59	72,896.59	-							
8210000	Settlement-External	54,440.18	11,526.92	42,913.26	11,061.60						
	Total services and supplies	156,105,004.46	22,392,286.19	133,712,718.27	17,733,587.04	6,194.10	61,637.54	1,475,992.03	860.35	8,671.72	431.82
	Total expenses	187,564,536.34	30,967,740.73	156,696,795.61	19,910,719.91	136,762.77	927,023.15	1,692,968.36	148,960.77	91,396.34	2,709.37
1305000	Equipment	376,205.73	376,205.73	-	376,205.73						
5530200	Capital Proj Svc&Sup	(10,917.01)	(10,917.01)	-	(10,917.01)						
	Total other charges	365,288.72	365,288.72	-	365,288.72	-	-	-	-	-	-
5440200	Reimb-Prof&Spec Svcs	(1,987,256.40)	(123,773.60)	(1,863,482.80)							

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	4368 CRO MNTHHLTH PLN ADM	4369 CRO MNTHHLTH PLN	4370 CALL CENTR STAFF	4371 REP PAYEE UNIT	4377 STAFF RECRT&D VLPMT	4380 ADULT DIV ADMIN	4403 24 HOUR CARE PRGM	4410 FAM&CHILDREN ADMIN	4435 SYSTEM OF CARE-F0001	4437 SUICIDE & CRISIS	4450 DRUG TREATMENT TEAM
SALARIES & BENEFITS											
Salaries & Wages											
5101000 Permanent Employees	49,706.85	299,581.25	818,903.04	301,679.98		396,873.70	826,522.96	360,289.92	123,212.43	78,248.06	141,172.21
5101100 Temporary Employees			-	-		1,946.46	-	(771.78)			
5104000 Premium Pay	9.23	5,127.75	6,509.61			2,925.48	4,952.27	1,415.88	8,605.59	1,913.23	2,450.05
5105000 Call Duty		9,120.00	44,480.70				2,574.00	11,818.80		12,124.80	
5105500 Uniform											
Salaries & Wages :	49,716.08	313,829.00	869,893.35	301,679.98	-	401,545.64	834,049.23	372,752.82	131,818.02	92,286.09	143,622.26
Overtime											
5103000 Overtime			4,405.21				2,375.13	4,786.96	33.08	8,451.75	
5103100 Holiday Overtime							208.76				
Overtime :	-	-	4,405.21	-	-	-	2,583.89	4,786.96	33.08	8,451.75	-
Benefits											
5110100 Retiree Medical Expense	15.40	10,229.84	16,225.50	15,753.74		11,217.30	28,323.79	10,341.55	6,316.22	2,360.88	4,819.10
5110300 Unemployment Insurance	(391.24)	39,253.73	82,880.38	77,100.84		45,983.35	132,314.98	54,984.62	35,266.85	13,712.73	17,123.40
5110200 Health Insurance	87.62	824.68	1,769.97	793.29		1,058.97	2,203.39	1,007.60	349.58	450.89	381.98
5110400 FICA - Employer Share	2,618.87	23,835.79	45,773.29	23,078.52		29,294.46	83,912.72	26,739.62	10,086.63	12,494.62	11,051.96
5110500 Medicare Tax - Employer		-	-	-		-	-	-	-	-	-
5110600 PERS - Retirement	258.47	39,097.02	78,721.34	38,358.68		50,427.60	106,373.32	45,577.30	16,656.67	14,035.87	18,307.08
5110700 Workers Compensation	1,070.41	3,462.52	7,467.71	3,350.32		4,505.07	9,341.33	4,213.49	1,469.88	1,916.85	1,605.83
Benefits :	3,669.53	116,703.58	232,838.19	158,435.39	-	142,486.75	342,469.53	142,864.58	70,165.83	44,971.84	53,289.35
Total salaries, wages and benefits	53,385.61	430,532.58	907,136.75	460,115.37	-	544,032.39	1,179,102.65	520,404.36	202,016.93	145,709.68	195,911.61
SERVICES, SUPPLIES, OTHER											
1308000 Low Value Assets											
5205100 Communications			583.29			389.14		5,726.65	3,272.54	2,491.92	
5205300 Communications	4.39	499.42	1,808.66	6,467.55		962.37	1,633.05	824.75	691.77	345.02	323.67
5210100 Food - Other			-		603.06	-		35.30		2,799.14	
5210110 Food - Meat, Fish, Poultry								-			
5210150 Food - Bakery								-			
5210170 Food - Prepared Entrees					75.60		25.00	-			
5215200 Cleaning Supplies											
5215700 Garbage											
5220200 Insurance						38,233.28					
5225200 Witness Expense											
5225850 Arabic											
5230400 Maint - Equip - Other											
5230407 Maint - Office Equip											
5231100 Contract Maint Equip											
5235100 Maint - Struct/Improvements											
5235110 Maint - Struct/Improvements											
5235400 Outside Repair/Maint											

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Mental Health Department
INDIRECT COST RATE PRO
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		4368	4369	4370	4371	4377	4380	4403	4410	4435	4437	4450
5235410	Contract Maint Building											
5240100	Medical/Dental/Lab					12.00						
5245100	Membership Dues & Fees			2,534.52	12,799.09	-	5,381.21	2,767.63	7,207.47	179.92	832.16	2,915.61
5250100	Office Expense			4.42	44.00		8.00	-	4.42	-		
5250200	Postage - External				10,000.00				-			
5250250	Postage - Internal						38.23		-			
5250500	Freight						-					
5250700	Printing - External			134.53	1,339.96		56.23					
5250750	Printing - Internal											
5250800	PC Software								69.28			
5250810	PC Software - Maint											
5250900	Educ Expense - Other			450.12		1,612.65			30.00			
5251000	Workshops/Conferences			183.76			9.00					
5251400	Books & Periodicals			-			301.35					
5251410	Subscriptions											
5252100	Training Programs						931,602.75	804.50	444,113.29			
5255100	Prof & Spec Services											
5255150	Advertising											
5255300	Annual Audit - Charter						574,277.74		(10,055.00)			
5255500	Contract Services						-					
5255650	Data Processing Serv											
5257100	Consult & Mgmt Fees											
5257450	Medical Prof Fees-Technologists & Tl											
5257900	Investig & Expert Fees											
5258200	Prof Services - Internal			1,737.91								
5259000	Purch Services Other			-								
5259040	Prof Grp S/S											
5259100	Corporate Services Charge											
5260100	Publications & Legal			3,209.90				2,081.85				
5265100	Equipment - Other											
5265140	Computer Printer			283.53	922.29		13,699.76	2,832.24	268.49	411.68	162.47	133.96
5265150	Office Equipment						-		-			
5270100	Building & Improvements				89,370.16		-		-			
5270200	Office Rents			1,834.84	4,095.10			1,139.87			34.63	
5275100	Small Tools & Instruments			1,116.87								
5275200	PC Hardware			-								
5275500	Equipment											
5280000	Special Dept Expense											
5280700	Med Supplies - Other											
5280710	Med Supplies - Prosthesis											
5280718	Med Suppl-Othr Pharm			75.77							317.03	
5280721	Medical Supplies - Medical					129.78						
5280800	Medical Supplies - Non Medical					-						
5280810	Non-Medical-Dental											
5281000	Correction Industrie											
5281600	County Overhead											
5282300	Audio Visual Aids											
5282500	Outside Laboratory											

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		4368	4369	4370	4371	4377	4380	4403	4410	4435	4437	4450
5282530	Med Purch Srvs - Other											
5283000	Administrative Cost							21,744.32				
5285200	Transportation & Travel											
5285210	Transportation & Other											
5285300	Mileage	70.12		198.41	170.10		581.80	3,233.32	5,420.51	1,715.90		792.76
5285800	Business Travel			222.20	24.00	34,872.82	11.00	18.00	6.00			
5290110	Utility - Electricity											
5290120	Utility - Gas											
5290130	Utility - Water											
5290140	Utilities-Sewer-Cnty											
5290150	Utilities - Cities								276,240.61			
5300200	Support Of Persons								52,940.00			
5301400	Support Of Persons											
5308100	Trans-Patient/Client						9,575.00					
5308200	Trans.-Patient/Taxi						-					
5340300	Moving Costs											
5341000	Overtime Meals							135.00	18.00			
5350300	Operating Expense - Other			233.67	778.52		575.98		674.36			
5350400	Service/Supplies - Other			-			-		-			
5350430	Svc & Supp-Recres											
5350440	Service/Supplies - Household Supply											
5350500	Direct Expense - Other										72,896.59	
5350700	Volunteer SVS						8.55	458.77				
8210000	Settlement-External											
	Total services and supplies	74.51	499.42	14,612.40	126,030.76	37,305.91	1,575,711.37	36,851.35	783,525.13	6,271.81	79,879.86	4,166.00
	Total expenses	53,460.12	431,032.00	921,749.15	586,146.13	37,305.91	2,119,743.76	1,215,954.00	1,303,929.49	208,288.74	226,589.54	201,077.61
1305000	Equipment											
5530200	Capital Proj Svc&Sup											
	Total other charges	-	-	-	-	-	-	-	-	-	-	-
5440200	Reimb-Prof&Spec Svcs			(50,000.00)					(63,996.40)			(9,777.20)

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		4495 CROSS SYS EVALUATIO N
SALARIES & BENEFITS		
Salaries & Wages		
5101000	Permanent Employees	229,693.46
5101100	Temporary Employees	
5104000	Premium Pay	
5105000	Call Duty	
5105500	Uniform	
	Salaries & Wages :	229,693.46
Overtime		
5103000	Overtime	
5103100	Holiday Overtime	
	Overtime :	-
Benefits		
5110100	Retiree Medical Expense	6,838.18
5110300	Unemployment Insurance	25,504.27
5110200	Health Insurance	599.33
5110400	FICA - Employer Share	16,561.24
5110500	Medicare Tax - Employer	-
5110600	PERS - Retirement	29,355.49
5110700	Workers Compensation	2,586.55
	Benefits :	81,445.06
	Total salaries, wages and benefits	311,138.52
SERVICES, SUPPLIES, OTHER		
1308000	Low Value Assets	
5205100	Communications	405.29
5205300	Communications	
5210100	Food - Other	
5210110	Food - Meat, Fish, Poultry	
5210150	Food - Bakery	
5210170	Food - Prepared Entrees	502.95
5215200	Cleaning Supplies	-
5215700	Garbage	
5220200	Insurance	
5225200	Witness Expense	
5225650	Arabic	
5230400	Maint - Equip - Other	
5230407	Maint - Office Equip	
5231100	Contract Maint Equip	
5235100	Maint - Struct/Improvements	
5235110	Maint - Struct/Improvements	2,672.27
5235400	Outside Repair/Maint	

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5235410	Contract Maint Building	
5240100	Medical/Dental/Lab	
5245100	Membership Dues & Fees	
5250100	Office Expense	9,392.90
5250200	Postage - External	
5250250	Postage - Internal	37.00
5250500	Freight	27.06
5250700	Printing - External	
5250750	Printing - Internal	1,270.07
5250800	PC Software	
5250810	PC Software - Maint	
5250900	Educ Expense - Other	
5251000	Workshops/Conferences	
5251400	Books & Periodicals	
5251410	Subscriptions	
5252100	Training Programs	
5255100	Prof & Spec Services	45,328.44
5255150	Advertising	
5255300	Annual Audit - Charter	
5255500	Contract Services	
5255650	Data Processing Serv	391,093.00
5257100	Consult & Mgmt Fees	(23,809.44)
5257450	Medical Prof Fees-Technologists & Tl	
5257900	Investig & Expert Fees	
5258200	Prof Services - Internal	4,320.00
5259000	Purch Services Other	
5259040	Prof Grp S/S	
5259100	Corporate Services Charge	
5260100	Publications & Legal	
5265100	Equipment - Other	
5265140	Computer Printer	
5265150	Office Equipment	
5270100	Building & Improvements	
5270200	Office Rents	
5275100	Small Tools & Instruments	
5275200	PC Hardware	27.05
5275500	Equipment	
5280000	Special Dept Expense	
5280700	Med Supplies - Other	
5280710	Med Supplies - Prosthesis	
5280718	Med Suppl-Othr Pharm	
5280721	Medical Supplies - Medical	
5280800	Medical Supplies - Non Medical	
5280810	Non-Medical-Dental	
5281000	Correction Industrie	
5281600	County Overhead	
5282300	Audio Visual Aids	
5282500	Outside Laboratory	

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		4495
5282530	Med Purch Srvs - Other	
5283000	Administrative Cost	
5285200	Transportation & Travel	
5285210	Transportation & Other	
5285300	Mileage	86.13
5285800	Business Travel	448.00
5290110	Utility - Electricity	
5290120	Utility - Gas	
5290130	Utility - Water	
5290140	Utilities-Sewer-Cnty	
5290150	Utilities - Cities	
5300200	Support Of Persons	-
5301400	Support Of Persons	
5308100	Trans-Patient/Client	
5308200	Trans.-Patient/Taxi	
5340300	Moving Costs	
5341000	Overtime Meals	
5350300	Operating Expense - Other	
5350400	Service/Supplies - Other	7,982.35
5350430	Svc & Supp-Recreat	
5350440	Service/Supplies - Household Supply	
5350500	Direct Expense - Other	
5350700	Volunteer SVS	
5210000	Settlement-External	
	Total services and supplies	439,783.07
	Total expenses	750,921.59
1305000	Equipment	
5530200	Capital Proj Svc&Sup	
	Total other charges	-
5440200	Reimb-Prof&Spec Svcs	

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State Controller's Office

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
SERVICES TO HANDICAPPED STUDENTS

For State Controller Use Only
(19) Program Number 00111
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program 111

ORIGINAL

(01) Claimant Identification Number: 9943

(02) Claimant Name: County of Santa Clara

County of Location: Santa Clara

Street Address or P.O. Box: 70 W. Hedding Street, East Wing, 2nd Floor

Suite:

City: San Jose | State: CA | Zip Code: 95110

Type of Claim.	Estimated Claim	Reimbursement Claim
	(03) Estimated [X]	(09) Reimbursement [X]
	(04) Combined [ ]	(10) Combined [ ]
	(05) Amended [ ]	(11) Amended [ ]
Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006
Total Claimed Amount	(07) $8,311,479	(13) $7,555,890
LESS: 10% Late Penalty, not to exceed $1,000		(14)
LESS: Prior Claim Payment Received		(15)
Net Claimed Amount		(16) $7,555,890
Due from State	(08) $8,311,479	(17) $7,555,890
Due to State		(18)

Reimbursement Claim Data

(22) HDS-1, (03)(a)	872
(23) HDS-1, (03)(b)	0
(24) HDS-1, (03)(c)	0
(25) HDS-1, (04)(1)(d)	3,445,973
(26) HDS-1, (04)(2)(d)	273,988
(27) HDS-1, (04)(3)(d)	3,741
(28) HDS-1, (04)(4)(d)	0
(29) HDS-1, (04)(5)(d)	12,878,460
(30) HDS-1, (06)	12
(31) HDS-3, (05)	636,167
(32) HDS-3, (06)	0
(33) HDS-3, (07)	1,126,462
(34)	
(35)	
(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 through 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer: [signature]

Date: 1/10/2007

Ram Venkatesan (Ram.Venkatesan@fin.sccgov.org)
Print or type name

SB 90 Coordinator
Title

(38) Name of Contact Person for Claim: Martha Paine

Telephone Number: 408.885.6860 X

E-Mail Address: martha.paine@hhs.co.santa-clara.ca.us

Form FAM-27(Revised 09/03)

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY		FORM HDS-1
(1) Claimant County of Santa Clara	(2) Type of Claim Reimbursement [X] Estimated [ ]	Fiscal Year 2005/2006

Claim Statistics	
(03)(a) Number of students who were suspected of being "individuals with exceptional needs," and were referred to the local mental health department for assessment and recommendation in the fiscal year of the claim.	872
(b) Number of students who required residential placements in the fiscal year of claim.	
(c) Number of due process proceedings that took place in the fiscal year of claim.	

Direct Costs	Object Accounts			
(04) Reimburseable Components	(a) Salaries	(b) Benefits	(c) Serv/Supply	(d) Total
1. Assessment				$3,445,973
2. Residential Placement				$273,988
3. Related Services				$3,741
4. Due Process Proceedings				$0
5. Treatment Services				$12,878,460
(05) Total Direct Costs				$16,602,162

Indirect Costs		
(06) Indirect Cost Rate	[From ICRP]	11.66%
(07) Total Indirect Costs	[Line (06) x {line (05)(d)}]	$1,936,317
(08) Total Direct and Indirect Costs	[Line (05)(d) + line (07)]	$18,538,479

Cost Reduction		
(09) Less: Offsetting Savings		$0
(10) Less: Other Reimbursements	(i.e. State General/Realignment & Categorical Funds, SD-MC FFP,etc)	$10,982,589
(11) Total Claimed Amount	[Line 908) - {line (09) + line (10)}	$7,555,890

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL		FORM HDS-3
(1) Claimant County of Santa Clara		(2) Fiscal Year Costs Were Incurred 2005/2006
(3) Reimbursable Components:	Check **only** one box per form to identify the component being claimed	
Assessment of Individuals With Exceptional Needs		
(a) Assessment: Interviews, Review of Records, Observations, Testing, etc		$3,445,973
(b) Residential Placement: IEP Reviews, Case Management, and Expanded IEP		$273,988
(c) Related Services: Attendance at IEP Meetings, Meetings with IEP Members and Parents, and Review of Independent Assessment		$3,741
(d) Due Process Proceedings		
(e) Administrative Costs		$434,297
Mental Health Treatment		
(f) Treatment Services: Short Doyle Program		$12,878,460
(g) Administrative Costs		$1,502,020
(04) Sub-total for Assessment of Individuals with Exceptional Needs	[Sum of (03), lines (a) to (e)]	$4,157,999
(05) Less: Amount Received from Short Doyle MediCal (FFP Only)		$636,167
(06) Less: Amount Received from State Categorical Funding		$0
(07) Less: Amount Received from Other (Identify)	IDEA, EPSDT	$1,126,462
(08) Total for Assessment of Individuals with Exceptional Needs	[Line (04) - Sum of lines (05) - (07)]	$2,395,370
(09) Subtotal for Mental Health Treatment [block (03), lines (f) and (g)		$14,380,480
(10) Less: Non-Categorical State General/Realignment Funds		$0
(11) Less: Amount Received from Short Doyle MediCal (FFP Only)		$3,313,672
(12) Less: Amount Received from State Categorical Funding		$0
(13) Less: Amount Received from Other (Identify)	IDEA, EPSDT	$5,906,288
(14) Total Mental Health Treatment	[Line (09) - Sum of lines (10) to (13)]	$5,160,520
(15) Total Claimed Amount	[Sum of lines (08) and (14)]	$7,555,890

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2005/2006

(3) Reimbursable Components:

- [X] Assessment
- [ ] Treatment Services
- [ ] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Asian Americans for Community Involvement	151	15:01	6,402	$1.7838	$11,420
Asian Americans for Community Involvement	151	15:15,30	146	$2.3053	$337
Achieve	144	15:01	7,206	$1.9500	$14,052
Achieve	144	15:15,30	5,482	$2.5200	$13,815
Alliance	689	15:01	14,670	$1.6572	$24,311
Alliance	689	15:30	86	$2.1416	$184
Catholic Charities	153	15:01	160	$1.9500	$312
Catholic Charities	153	15:15,30	190	$2.5200	$479
Chamberlains	154	15:01	2,480	$1.6560	$4,107
Chamberlains	154	15:15,30	160	$2.1401	$342
Childrens Health Council	250	15:01	39,411	$1.9500	$76,851
Childrens Health Council	250	15:15,30	7,890	$2.5200	$19,883
Community Solutions	164	15:01	11,665	$1.7403	$20,301
Community Solutions	164	15:15,30	3,754	$2.2491	$8,443
Santa Clara County MH	043	15:01	664,729	$2.4992	$1,661,291
Santa Clara County MH	043	15:15,30	166,896	$3.2297	$539,024
Eastfield Ming Quong	156	15:01	215,365	$1.9500	$419,962
Eastfield Ming Quong	156	15:15,30	96,740	$2.5200	$243,785
(05) Total [ ] Subtotal [X]					$3,058,897

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2005/2006

(3) Reimbursable Components:

- [X] Assessment
- [ ] Treatment Services
- [ ] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Carryover from Page 1 of 2					$3,058,897
Eastern European Service Agency	959	15:01	2,660	$1.2982	$3,453
Family & Childrens Services	150	15:01	1,200	$1.5447	$1,854
Family & Childrens Services	150	15:15,30	668	$1.9962	$1,333
Gardner	251	15:01	15,936	$1.2430	$19,808
Gardner	251	15:15,30	1,772	$1.6064	$2,847
Hope	157	15:01	35	$1.8667	$65
Hope	157	15:15,30	315	$2.4123	$760
Oasis	1081	15:01	335	$1.6853	$565
Rebekah's Childrens Services	255	15:01	151,421	$1.9500	$295,271
Rebekah's Childrens Services	255	15:15,30	4,339	$2.5200	$10,934
Starlight	840	15:01	24,785	$1.9100	$47,339
Starlight	840	15:15,30	897	$2.4700	$2,216
Ujima		15:01	380	$1.1295	$429
Ujima		15:15,30	138	$1.4597	$201
(05) Total [X] Subtotal					$3,445,973

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2005/2006

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Treatment Services
- [X] Residential Placement
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Aspen Solutions/Sunhawk Academy/Mediated Settlement					$33,210
Early Childhood Mental Health			64	$120.00	$7,661
Mediated Settlements (3)					$50,500
Seneca Center			28	$137.00	$3,836
Victor Treatment Center			1,019	$165.00	$168,135
Youth Leadership Institute			10	$1,000.00	$10,000
Travel to Residential Placements:					
San Diego 10/27/05					$336
San Diego 2/23/06					$310
(05) Total [X] Subtotal					$273,988

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2005/2006

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Residential Placement
- [X] Treatment Services
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Asian Americans for Community Involvement	151	15:10-59	5,812	$2.3053	$13,398
Asian Americans for Community Involvement	151	15:60	965	$4.2629	$4,114
Achieve	144	15:10-59	118,905	$2.5200	$299,641
Achieve	144	15:60	7,527	$4.6600	$35,076
Alliance	689	15:10-59	3,565	$2.1416	$7,635
Alliance	689	15:60	1,213	$3.9088	$4,741
Catholic Charities	153	15:10-59	9,209	$2.5200	$23,207
Catholic Charities	153	15:60	985	$4.6600	$4,590
Chamberlains	154	15:10-59	7,215	$2.1401	$15,441
Chamberlains	154	15:60	1,490	$3.9574	$5,897
Childrens Health Council	250	15:10-59	203,064	$2.5200	$511,721
Childrens Health Council	250	15:60	21,244	$4.6600	$98,997
Community Solutions	164	15:10-59	32,896	$2.2491	$73,986
Community Solutions	164	15:60	3,274	$4.1590	$13,617
Santa Clara County	043	15:10-59	327,786	$3.2297	$1,058,650
Santa Clara County	043	15:60	58,749	$5.9724	$350,873
Eastern European Service Agency	959	15:10-59	4,520	$1.6777	$7,583
Eastfield Ming Quong	156	10:85	4,863	$195.5800	$951,106
Eastfield Ming Quong	156	15:10-59	2,454,633	$2.5200	$6,185,675
Eastfield Ming Quong	156	15:60	56,333	$4.6600	$262,512
(05) Total [ ] Subtotal [X]					$9,928,459

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2005/2006

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Residential Placement
- [X] Treatment Services
- [ ] Other (Identify)

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers	(b) Provider ID Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate Per Unit	(f) Total
Carryover from page 1 of 2					$9,928,459
Family & Childrens Services	150	15:10-59	5,534	$1.9962	$11,047
Family & Childrens Services	150	15:60	180	$3.6915	$664
Gardner	251	15:10-59	35,944	$1.6064	$57,740
Gardner	251	15:60	2,580	$2.9705	$7,664
Hope	157	15:10-59	1,595	$2.4123	$3,848
Hope	157	15:60	1,305	$4.4608	$5,821
Innvision		10:40	1	$12.1874	$12
Oasis	1031	10:95	6	$109.5883	$658
Oasis	1031	15:10-59	180	$2.1779	$392
Oasis	1031	15:60	147	$4.0275	$592
Rebekah's Childrens Services	255	10:85	1,869	$195.5800	$365,539
Rebekah's Childrens Services	255	15:10-59	341,208	$2.5200	$859,844
Rebekah's Childrens Services	255	15:60	7,815	$4.6600	$36,418
Starlight	840	10:85	3,334	$191.6700	$639,028
Starlight	840	10:89	3,334	$157.1943	$524,086
Starlight	840	15:10-59	134,674	$2.4700	$332,645
Starlight	840	15:60	16,030	$4.5700	$73,257
Sunny Hills		10:95	188	$126.8000	$23,838
Sunny Hills		15:10-59	990	$2.5200	$2,495
Sunny Hills		15:60	525	$4.6600	$2,447
Ujima		15:10-59	1,347	$1.4597	$1,966
(05) Total [ ] Subtotal [X]					$12,878,460

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-4

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2005/2006

(3) Reimbursable Components:

- [ ] Assessment
- [ ] Treatment Services
- [ ] Residential Placement
- [X] Other (Identify): IEP Meetings and Review

(4) Description of Expenses: Complete columns (a) through (f)

(a) Name of Providers		(b) Salary Rate	(c) Benefits % Sal	(d) Hours Worked	(e) Salary	(f) Benefits
Nang Cao	Psychiatric Social Worker II	$51.13	44.44%	73.68	$3,767	$1,674
Sylvia Hsiang	Psychiatric Social Worker I	$34.94	64.81%	3.03	$106	$69
Genie Yomtov	Marriage/Family Therapist II	$49.20	48.13%	12.33	$607	$292
Lilly Goldbard	Psychiatric Social Worker II	$47.49	56.47%	6.25	$297	$168
Diane Fjelstad	Psychiatric Social Worker II	$48.99	46.98%	11.75	$576	$270
Dolores Ponce	Psychiatric Social Worker II	$49.20	54.16%	10.92	$537	$291
Rethana Harter	Marriage/Family Therapist I	$32.83	58.54%	33.13	$1,088	$637
Hayley Giniger	Marriage/Family Therapist II	$49.20	46.92%	1.28	$63	$30
Wendy Goodridge	Marriage/Family Therapist II	$49.20	45.51%	11.62	$572	$260
Vercila Chacon	Psychiatric Social Worker II	$49.20	43.95%	7.73	$380	$167
Lorena Gonzalez	Psychiatric Social Worker II	$49.20	49.28%	4.92	$242	$119
Danielle Hanchett	Psychiatric Social Worker II	$49.20	36.82%	104.25	$5,129	$1,889
Louise Hill	Psychiatric Social Worker II	$50.75	41.70%	31.48	$1,598	$666
Jose Sanchez	Psychiatric Social Worker II	$49.20	51.94%	12.67	$623	$324
Van Le	Psychiatric Social Worker II	$49.20	47.20%	7.32	$360	$170
				Subtotal	$2,581	$1,160

(05) Total [X] Subtotal $3,741

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MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-5

(1) Claimant County of Santa Clara	(2) Fiscal Year Costs Were Incurred FY2004-2005
(3) Reimbursable Components: Due Process Proceedings	

(4) Description of Expenses: Complete columns (a) through (g)

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Office Supplies	(g) Contracted Services
(05) Total Direct Costs						
Indirect Costs				[From ICRP]		0.00%
(06) Indirect Cost Rate				[Line (06) x line (05)(g)]		
(07) Total Indirect Costs						
(08) Total Direct and Indirect Costs				[Line (05) + line (07)]		

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-6

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2005/2006

(3) Reimbursable Components: Administrative Costs

[X] Assessment of Individual

[ ] Mental Health Treatment

(4) Description of Expenses: Complete columns (a) through (g)

(a)	(b)	(c)	(d)	(e)	(f)	(g)
From ICRP Calculation:						
Total Net Administrative Cost	$19,271,742					
Total Allowable Direct Cost	$165,237,708					
Admin Percentage	11.66%					
Ch 26.5 Assessment Cost	$3,445,973					
Residential Placement	$273,988					
IEP Meetings and Reviews	$3,741					
Subtotal	$3,723,702					
Assessment Admin Cost	$434,297					
(05) Total Direct Costs						
Indirect Costs						
(06) Indirect Cost Rate						
(07) Total Indirect Costs						

Indirect Costs	[From ICRP]	0.00%
(06) Indirect Cost Rate	[Line (06) x line (05)(g)]	$434,297

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MANDATED COSTS
SERVICES TO HANDICAPPED STUDENTS
COMPONENT/ACTIVITY COST DETAIL

FORM HDS-6

(1) Claimant: County of Santa Clara

(2) Fiscal Year Costs Were Incurred: 2005/2006

(3) Reimbursable Components: Administrative Costs

[ ] Assessment of Individual

[X] Mental Health Treatment

(4) Description of Expenses: Complete columns (a) through (g)

(a)	(b)	(c)	(d)	(e)	(f)	(g)
From ICRP Calculation:						
Total Net Administrative Cost	$19,271,742					
Total Allowable Direct Cost	$165,237,708					
Admin Percentage	11.66%					
Ch 26.5 Treatment Cost	$12,878,460					
Treatment Admin Cost	$1,502,020					
(05) Total Direct Costs						
Indirect Costs						
(06) Indirect Cost Rate						
(07) Total Indirect Costs						

Indirect Costs	[From ICRP]	0.00%
(06) Indirect Cost Rate	[Line (06) x line (05)(g)]	$1,502,020
(07) Total Indirect Costs		

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
Chapter 26.5 Utilization: July 1, 2005 - June 30, 2006

					BHS118 as of 12/29/06										
Type	Agency	SCL	Mode	SF	MediCal Units	Other Units	Total Units	Expense Rate	Revenue Rate	Expenses	FFP Revenue	EPSDT Revenue	Net Cost	MediCal Cost	Other Cost
ASSESS	AACI	U-503 F&C OPD	15	01	5,928	474	6,402	$1.7838	$1.7838	$11,420	$5,287	$1,492	$4,641	$10,574	$846
ASSESS	AACI	U-503 F&C OPD	15	30	105	41	146	$2.3053	$2.3053	$337	$121	$34	$181	$242	$95
ASSESS Total					6,033	515	6,548			$11,756	$5,408	$1,526	$4,822	$10,816	$940
MEDS	AACI	U-503 F&C OPD	15	60	845	120	965	$4.2629	$4.2629	$4,114	$1,801	$508	$1,804	$3,602	$512
MEDS Total					845	120	965			$4,114	$1,801	$508	$1,804	$3,602	$512
MHS	AACI	U-503 F&C OPD	15	10	1,555	274	1,829	$2.3053	$2.3053	$4,216	$1,792	$506	$1,918	$3,585	$632
MHS	AACI	U-503 F&C OPD	15	35	2,056	276	2,332	$2.3053	$2.3053	$5,376	$2,370	$669	$2,337	$4,740	$636
MHS	AACI	U-503 F&C OPD	15	40	409	0	409	$2.3053	$2.3053	$943	$471	$133	$338	$943	$0
MHS	AACI	U-503 F&C OPD	15	45	649	64	713	$2.3053	$2.3053	$1,644	$748	$211	$685	$1,496	$148
MHS	AACI	U-503 F&C OPD	15	50	529	0	529	$2.3053	$2.3053	$1,220	$610	$172	$438	$1,220	$0
MHS Total					5,198	614	5,812			$13,398	$5,991	$1,691	$5,716	$11,983	$1,415
ASSESS	Achieve	U-224 School Based SED	15	01	2,166		2,166	$1.9500	$1.9500	$4,224	$2,112	$596	$1,516	$4,224	$0
ASSESS	Achieve	U-258 School Based OPD	15	01	165	220	385	$1.9500	$1.9500	$751	$161	$45	$544	$322	$429
ASSESS	Achieve	U-271 F&C OPD	15	01	466	0	466	$1.9500	$1.9500	$909	$454	$128	$326	$909	$0
ASSESS	Achieve	U-708 F&C OPD	15	01	1,253	2,936	4,189	$1.9500	$1.9500	$8,169	$1,222	$345	$6,602	$2,443	$5,725
ASSESS	Achieve	U-224 School Based SED	15	30	129	0	129	$2.5200	$2.5200	$325	$163	$46	$117	$325	$0
ASSESS	Achieve	U-258 School Based OPD	15	30	100	200	300	$2.5200	$2.5200	$756	$126	$36	$594	$252	$504
ASSESS	Achieve	U-509 School Based OPD	15	30	65	330	395	$2.5200	$2.5200	$995	$82	$23	$890	$164	$832
ASSESS	Achieve	U-708 F&C OPD	15	15	0	161	161	$2.5200	$2.5200	$406	$0	$0	$406	$0	$406
ASSESS	Achieve	U-708 F&C OPD	15	30	380	4,117	4,497	$2.5200	$2.5200	$11,332	$479	$135	$10,719	$958	$10,375
ASSESS Total					4,724	7,964	12,688			$27,866	$4,798	$1,354	$21,715	$9,596	$18,270
MEDS	Achieve	U-224 School Based SED	15	60	1,140	0	1,140	$4.6600	$4.6600	$5,312	$2,656	$749	$1,907	$5,312	$0
MEDS	Achieve	U-258 School Based OPD	15	60	210	1,100	1,310	$4.6600	$4.6600	$6,105	$489	$138	$5,477	$979	$5,126
MEDS	Achieve	U-271 F&C OPD	15	60	230	0	230	$4.6600	$4.6600	$1,072	$536	$151	$385	$1,072	$0
MEDS	Achieve	U-708 F&C OPD	15	60	1,313	3,534	4,847	$4.6600	$4.6600	$22,587	$3,059	$863	$18,665	$6,119	$16,468
MEDS Total					2,893	4,634	7,527			$35,076	$6,741	$1,902	$26,433	$13,481	$21,594
MHS	Achieve	U-708 F&C OPD	15	10	2,518	9,199	11,717	$2.5200	$2.5200	$29,527	$3,173	$895	$25,459	$6,345	$23,181
MHS	Achieve	U-224 School Based SED	15	10	1,009	0	1,009	$2.5200	$2.5200	$2,543	$1,271	$359	$913	$2,543	$0
MHS	Achieve	U-224 School Based SED	15	35	1,201	0	1,201	$2.5200	$2.5200	$3,027	$1,513	$427	$1,086	$3,027	$0
MHS	Achieve	U-224 School Based SED	15	40	2,564	41	2,605	$2.5200	$2.5200	$6,565	$3,231	$912	$2,422	$6,461	$103
MHS	Achieve	U-224 School Based SED	15	45	417	0	417	$2.5200	$2.5200	$1,051	$525	$148	$377	$1,051	$0
MHS	Achieve	U-224 School Based SED	15	50	1,686	0	1,686	$2.5200	$2.5200	$4,249	$2,124	$599	$1,525	$4,249	$0
MHS	Achieve	U-258 School Based OPD	15	10	1,875	1,249	3,124	$2.5200	$2.5200	$7,872	$2,363	$667	$4,843	$4,725	$3,147
MHS	Achieve	U-258 School Based OPD	15	35	581	184	765	$2.5200	$2.5200	$1,928	$732	$207	$989	$1,464	$464
MHS	Achieve	U-258 School Based OPD	15	40	5,485	6,809	12,294	$2.5200	$2.5200	$30,981	$6,911	$1,950	$22,120	$13,822	$17,159
MHS	Achieve	U-258 School Based OPD	15	45	2,063	1,592	3,655	$2.5200	$2.5200	$9,211	$2,599	$733	$5,878	$5,199	$4,012
MHS	Achieve	U-258 School Based OPD	15	50	1,870	1,526	3,396	$2.5200	$2.5200	$8,558	$2,356	$665	$5,537	$4,712	$3,846
MHS	Achieve	U-271 F&C OPD	15	10	429	0	429	$2.5200	$2.5200	$1,081	$541	$153	$388	$1,081	$0
MHS	Achieve	U-271 F&C OPD	15	45	282	0	282	$2.5200	$2.5200	$711	$355	$100	$255	$711	$0
MHS	Achieve	U-509 School Based OPD	15	10	1,130	2,050	3,180	$2.5200	$2.5200	$8,014	$1,424	$402	$6,188	$2,848	$5,166
MHS	Achieve	U-509 School Based OPD	15	35	1,117	2,143	3,260	$2.5200	$2.5200	$8,215	$1,407	$397	$6,411	$2,815	$5,400
MHS	Achieve	U-509 School Based OPD	15	40	1,240	1,865	3,105	$2.5200	$2.5200	$7,825	$1,562	$441	$5,821	$3,125	$4,700
MHS	Achieve	U-509 School Based OPD	15	45	125	405	530	$2.5200	$2.5200	$1,336	$158	$44	$1,134	$315	$1,021
MHS	Achieve	U-509 School Based OPD	15	50	476	560	1,036	$2.5200	$2.5200	$2,611	$600	$169	$1,842	$1,200	$1,411
MHS	Achieve	U-708 F&C OPD	15	35	1,427	14,164	15,591	$2.5200	$2.5200	$39,289	$1,798	$507	$36,984	$3,596	$35,693

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MENTAL HEALTH DEPARTMENT
Chapter 26.5 Utilization: July 1, 2005 - June 30, 2006

					BHS118 as of 12/29/06										
Type	Agency	CCL	Mode	SF	MediCal Units	Other Units	Total Units	Expense Rate	Revenue Rate	Expenses	FFP Revenue	EPSDT Revenue	Net Cost	MediCal Cost	Other Cost
MHS	Achieve	U-708 F&C OPD	15	40	4,386	28,479	32,865	$2.5200	$2.5200	$82,820	$5,526	$1,559	$75,734	$11,055	$71,767
MHS	Achieve	U-708 F&C OPD	15	45	1,868	9,949	11,817	$2.5200	$2.5200	$29,779	$2,354	$664	$26,761	$4,707	$25,071
MHS	Achieve	U-708 F&C OPD	15	50	150	4,791	4,941	$2.5200	$2.5200	$12,451	$189	$53	$12,209	$378	$12,073
MHS Total					33,899	85,006	118,905			$299,641	$42,713	$12,052	$244,876	$85,425	$214,215
ASSESS	Alliance	U-8 Adolescent & Young	15	01	14,518	152	14,670	$1.6572	$1.6572	$24,311	$12,030	$3,394	$8,887	$24,059	$252
ASSESS	Alliance	U-8 Adolescent & Young	15	30	86	0	86	$2.1416	$2.1416	$184	$92	$26	$66	$184	$0
ASSESS Total					14,604	152	14,756			$24,495	$12,122	$3,420	$8,953	$24,243	$252
MEDS	Alliance	U-379 MH Svs in Hsg	15	60	418	0	418	$3.9000	$3.9000	$1,630	$815	$230	$585	$1,630	$0
MEDS	Alliance	U-8 Adolescent & Young	15	60	795	0	795	$3.9088	$3.9088	$3,107	$1,554	$438	$1,115	$3,107	$0
MEDS Total					1,213	0	1,213			$4,738	$2,369	$668	$1,700	$4,738	$0
MHS	Alliance	U-8 Adolescent & Young	15	10	247	39	286	$2.1416	$2.1416	$612	$264	$75	$273	$829	$84
MHS	Alliance	U-8 Adolescent & Young	15	35	1,944	0	1,944	$2.1416	$2.1416	$4,163	$2,082	$587	$1,494	$4,163	$0
MHS	Alliance	U-8 Adolescent & Young	15	40	1,119	0	1,119	$2.1416	$2.1416	$2,396	$1,198	$338	$860	$2,396	$0
MHS	Alliance	U-8 Adolescent & Young	15	45	216	0	216	$2.1416	$2.1416	$463	$231	$65	$166	$463	$0
MHS Total					3,526	39	3,565			$7,635	$3,776	$1,065	$2,794	$7,551	$84
ASSESS	Catholic C	U-385 F&C OPD	15	01	160	0	160	$1.9500	$1.9500	$312	$156	$44	$112	$312	$0
ASSESS	Catholic C	U-385 F&C OPD	15	30	190	0	190	$2.5200	$2.5200	$479	$239	$68	$172	$479	$0
ASSESS Total					350	0	350			$791	$395	$112	$284	$791	$0
MEDS	Catholic C	U-385 F&C OPD	15	60	985	0	985	$4.6600	$4.6600	$4,590	$2,295	$648	$1,647	$4,590	$0
MEDS Total					985	0	985			$4,590	$2,295	$648	$1,647	$4,590	$0
MHS	Catholic C	U-385 F&C OPD	15	10	495	0	495	$2.5200	$2.5200	$1,247	$624	$176	$448	$1,247	$0
MHS	Catholic C	U-385 F&C OPD	15	40	7,904	0	7,904	$2.5200	$2.5200	$19,918	$9,959	$2,810	$7,149	$19,918	$0
MHS	Catholic C	U-385 F&C OPD	15	45	810	0	810	$2.5200	$2.5200	$2,041	$1,021	$288	$733	$2,041	$0
MHS Total					9,209	0	9,209			$23,207	$11,603	$3,274	$8,329	$23,207	$0
ASSESS	Chamberla	U-409 F&C OPD	15	01	1,110	1,370	2,480	$1.6560	$1.6560	$4,107	$919	$259	$2,928	$1,838	$2,269
ASSESS	Chamberla	U-409 F&C OPD	15	30	160	0	160	$2.1401	$2.1401	$342	$171	$48	$123	$342	$0
ASSESS Total					1,270	1,370	2,640			$4,449	$1,090	$308	$3,051	$2,181	$2,269
MEDS	Chamberla	U-409 F&C OPD	15	60	765	725	1,490	$3.9574	$3.9574	$5,897	$1,514	$427	$3,956	$3,027	$2,869
MEDS Total					765	725	1,490			$5,897	$1,514	$427	$3,956	$3,027	$2,869
MHS	Chamberla	U-409 F&C OPD	15	10	1,510	300	1,810	$2.1401	$2.1401	$3,874	$1,616	$456	$1,802	$3,232	$642
MHS	Chamberla	U-409 F&C OPD	15	35	0	180	180	$2.1401	$2.1401	$385	$0	$0	$385	$0	$385
MHS	Chamberla	U-409 F&C OPD	15	40	3,638	1,305	4,940	$2.1401	$2.1401	$10,572	$3,890	$1,097	$5,585	$7,779	$2,793
MHS	Chamberla	U-409 F&C OPD	15	45	180	105	285	$2.1401	$2.1401	$610	$193	$54	$363	$385	$225
MHS Total					5,325	1,890	7,215			$15,441	$5,698	$1,608	$8,135	$11,396	$4,045
ASSESS	Comm Sol	U-141 F&C OPD	15	01	3,613	6,741	10,354	$1.7403	$1.7403	$18,019	$3,144	$887	$13,988	$6,288	$11,731
ASSESS	Comm Sol	U-710 JPD Int/Foster	15	01	1,311	0	1,311	$1.7403	$1.7403	$2,282	$1,141	$322	$819	$2,282	$0
ASSESS	Comm Sol	U-141 F&C OPD	15	30	621	2,767	3,388	$2.2491	$2.2491	$7,620	$698	$197	$6,725	$1,397	$6,223
ASSESS	Comm Sol	U-710 JPD Int/Foster	15	30	366	0	366	$2.2491	$2.2491	$823	$412	$116	$295	$823	$0
ASSESS Total					5,911	9,508	15,419			$28,744	$5,395	$1,522	$21,827	$10,789	$17,956
MEDS	Comm Sol	U-141 F&C OPD	15	60	1,799	1,344	3,143	$4.1590	$4.1590	$13,072	$3,741	$1,056	$8,275	$7,482	$5,590
MEDS	Comm Sol	U-710 JPD Int/Foster	15	60	131	0	131	$4.1590	$4.1590	$545	$272	$77	$196	$545	$0
MEDS Total					1,930	1,344	3,274			$13,617	$4,013	$1,132	$8,471	$8,027	$5,590
MHS	Comm Sol	U-141 F&C OPD	15	10	1,682	3,484	5,166	$2.2491	$2.2491	$11,619	$1,891	$534	$9,194	$3,783	$7,836
MHS	Comm Sol	U-141 F&C OPD	15	35	595	240	835	$2.2491	$2.2491	$1,878	$669	$189	$1,020	$1,338	$540
MHS	Comm Sol	U-141 F&C OPD	15	40	5,751	13,294	19,045	$2.2491	$2.2491	$42,834	$6,467	$1,825	$34,542	$12,935	$29,900

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					BHS118 as of 12/29/06										
Type	Agency	CCL	Mode	SF	MediCal Units	Other Units	Total Units	Expense Rate	Revenue Rate	Expenses	FFP Revenue	EPSDT Revenue	Net Cost	MediCal Cost	Other Cost
MHS	Comm Sol	U-141 F&C OPD	15	45	2,169	5,022	7,191	$2.2491	$2.2491	$16,173	$2,439	$688	$13,046	$4,878	$11,295
MHS	Comm Sol	U-710 JPD Int/Foster	15	10	51	0	51	$2.2491	$2.2491	$115	$57	$16	$41	$115	$0
MHS	Comm Sol	U-710 JPD Int/Foster	15	40	96	0	96	$2.2491	$2.2491	$216	$108	$30	$77	$216	$0
MHS	Comm Sol	U-710 JPD Int/Foster	15	45	512	0	512	$2.2491	$2.2491	$1,152	$576	$162	$413	$1,152	$0
MHS Total					10,856	22,040	32,896			$73,986	$12,208	$3,445	$58,334	$24,416	$49,570
ASSESS	County	U-234 F&C OPD Fairoaks	15	01	1,881	3,464	5,345	$2.4992	$1.9500	$13,358	$1,834	$517	$11,007	$4,701	$8,657
ASSESS	County	U-252 Narvaez AST	15	01	0	63	63	$2.4992	$1.9500	$157	$0	$0	$157	$0	$157
ASSESS	County	U-259 AB3632 Bascom	15	01	102,393	235,658	338,051	$2.4992	$1.9500	$844,857	$99,833	$28,169	$716,855	$255,901	$588,956
ASSESS	County	U-261 Shelter Assessment	15	01	0	22	22	$2.4992	$1.9500	$55	$0	$0	$55	$0	$55
ASSESS	County	U-300 AB3632 Fairoaks	15	01	23,428	106,645	130,073	$2.4992	$1.9500	$325,078	$22,842	$6,445	$295,791	$58,551	$266,527
ASSESS	County	U-32 Central AST	15	01	65	0	65	$2.4992	$1.9500	$162	$63	$18	$81	$162	$0
ASSESS	County	U-428 Fairoaks AST	15	01	85	1,230	1,315	$2.4992	$1.9500	$3,286	$83	$23	$3,180	$212	$3,074
ASSESS	County	U-449 Las Plumas SRC	15	01	0	722	722	$2.4992	$1.9500	$1,804	$0	$0	$1,804	$0	$1,804
ASSESS	County	U-479 JH Ranch Site	15	01	0	740	740	$2.4992	$1.9500	$1,849	$0	$0	$1,849	$0	$1,849
ASSESS	County	U-545 JH Transitions	15	01	3,149	1,290	4,439	$2.4992	$1.9500	$11,094	$3,070	$866	$7,157	$7,870	$3,224
ASSESS	County	U-593 YATT	15	01	5,636	128	5,764	$2.4992	$1.9500	$14,405	$5,495	$1,550	$7,360	$14,085	$320
ASSESS	County	U-62 Juvenile Hall	15	01	0	6,803	6,803	$2.4992	$1.9500	$17,002	$0	$0	$17,002	$0	$17,002
ASSESS	County	U-633 AB3632 Las Plumas	15	01	49,090	105,149	154,239	$2.4992	$1.9500	$385,474	$47,863	$13,505	$324,107	$122,686	$262,788
ASSESS	County	U-638 F&C OPD Shelter	15	01	3,936	3,713	7,649	$2.4992	$1.9500	$19,116	$3,838	$1,083	$14,196	$9,837	$9,280
ASSESS	County	U-696 F&C OPD Las Plumas	15	01	1,033	778	1,811	$2.4992	$1.9500	$4,526	$1,007	$284	$3,235	$2,582	$1,944
ASSESS	County	U-706 F&C OPD Bascom	15	01	5,812	1,196	7,008	$2.4992	$1.9500	$17,514	$5,667	$1,599	$10,249	$14,525	$2,989
ASSESS	County	U-87 24 Hour Care	15	01	0	620	620	$2.4992	$1.9500	$1,550	$0	$0	$1,550	$0	$1,550
ASSESS	County	U-234 F&C OPD Fairoaks	15	30	290	699	989	$3.2297	$2.5200	$3,194	$365	$103	$2,726	$937	$2,258
ASSESS	County	U-252 Narvaez AST	15	30	0	120	120	$3.2297	$2.5200	$388	$0	$0	$388	$0	$388
ASSESS	County	U-259 AB3632 Bascom	15	15	0	75	75	$3.2297	$2.5200	$242	$0	$0	$242	$0	$242
ASSESS	County	U-259 AB3632 Bascom	15	30	24,530	55,384	79,914	$3.2297	$2.5200	$258,098	$30,908	$8,721	$218,470	$79,225	$178,874
ASSESS	County	U-300 AB3632 Fairoaks	15	30	4,480	25,002	29,482	$3.2297	$2.5200	$95,218	$5,645	$1,593	$87,980	$14,469	$80,749
ASSESS	County	U-32 Central AST	15	15	60	0	60	$3.2297	$2.5200	$194	$76	$21	$97	$194	$0
ASSESS	County	U-32 Central AST	15	30	60	0	60	$3.2297	$2.5200	$194	$76	$21	$97	$194	$0
ASSESS	County	U-428 Fairoaks AST	15	30	50	50	100	$3.2297	$2.5200	$323	$63	$18	$242	$161	$161
ASSESS	County	U-443 North County AST	15	30	0	90	90	$3.2297	$2.5200	$291	$0	$0	$291	$0	$291
ASSESS	County	U-449 Las Plumas SRC	15	30	0	211	211	$3.2297	$2.5200	$681	$0	$0	$681	$0	$681
ASSESS	County	U-479 JH Ranch Site	15	30	0	290	290	$3.2297	$2.5200	$937	$0	$0	$937	$0	$937
ASSESS	County	U-545 JH Transitions	15	30	645	0	645	$3.2297	$2.5200	$2,083	$813	$229	$1,041	$2,083	$0
ASSESS	County	U-593 YATT	15	30	210	60	270	$3.2297	$2.5200	$872	$265	$75	$533	$678	$194
ASSESS	County	U-62 Juvenile Hall	15	30	0	3,630	3,630	3.2297	2.5200	$11,724	$0	$0	$11,724	$0	$11,724
ASSESS	County	U-633 AB3632 Las Plumas	15	30	17,047	30,825	47,872	3.2297	2.5200	$154,612	$21,479	$6,061	$127,072	$55,057	$99,556
ASSESS	County	U-638 F&C OPD Shelter	15	30	1,426	455	1,881	3.2297	2.5200	$6,075	$1,797	$507	$3,771	$4,606	$1,470
ASSESS	County	U-696 F&C OPD Las Plumas	15	30	234	150	384	3.2297	2.5200	$1,240	$295	$83	$862	$786	$484
ASSESS	County	U-706 F&C OPD Bascom	15	30	493	330	823	3.2297	2.5200	$2,658	$621	$175	$1,862	$1,592	$1,066
ASSESS Total					246,033	585,592	831,625			$2,200,315	$253,997	$71,667	$1,874,651	$631,064	$1,549,251
MEDS	County	U-234 F&C OPD Fairoaks	15	60	975	300	1,275	$5.9724	$4.6600	$7,615	$2,272	$641	$4,702	$5,823	$1,792
MEDS	County	U-259 AB3632 Bascom	15	60	12,393	17,433	29,826	$5.9724	$4.6600	$178,133	$28,876	$8,147	$141,110	$74,016	$104,117
MEDS	County	U-300 AB3632 Fairoaks	15	60	3,750	9,450	13,200	$5.9724	$4.6600	$78,836	$8,738	$2,465	$67,633	$22,397	$56,439
MEDS	County	U-32 Central AST	15	60	105	0	105	$5.9724	$4.6600	$627	$245	$69	$313	$627	$0

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MEDS	County	U-428 Fairoaks AST	15	60	120	180	300	$5.9724	$4.6600	$1,792	$280	$79	$1,433	$717	$1,075
MEDS	County	U-545 JH Transitions	15	60	525	210	735	$5.9724	$4.6600	$4,390	$1,223	$345	$2,821	$3,136	$1,254
MEDS	County	U-593 YATT	15	60	729	0	729	$5.9724	$4.6600	$4,354	$1,699	$479	$2,176	$4,354	$0
MEDS	County	U-62 Juvenile Hall	15	60	0	1,375	1,375	$5.9724	$4.6600	$8,212	$0	$0	$8,212	$0	$8,212
MEDS	County	U-633 AB3632 Las Plumas	15	60	5,103	3,448	8,551	$5.9724	$4.6600	$51,070	$11,890	$3,355	$35,825	$30,477	$20,593
MEDS	County	U-638 F&C OPD Shelter	15	60	243	352	595	$5.9724	$4.6600	$3,554	$566	$160	$2,828	$1,451	$2,102
MEDS	County	U-696 F&C OPD Las Plumas	15	60	328	30	358	$5.9724	$4.6600	$2,138	$764	$216	$1,158	$1,959	$179
MEDS	County	U-706 F&C OPD Bascom	15	60	1,630	70	1,700	$5.9724	$4.6600	$10,153	$3,798	$1,072	$5,284	$9,735	$418
MEDS Total					25,901	32,848	58,749			$350,873	$60,349	$17,028	$273,495	$154,691	$196,181
MHS	County	U-234 F&C OPD Fairoaks	15	10	615	220	835	$3.2297	$2.5200	$2,697	$775	$219	$1,703	$1,986	$711
MHS	County	U-234 F&C OPD Fairoaks	15	40	840	658	1,498	$3.2297	$2.5200	$4,838	$1,058	$299	$3,481	$2,713	$2,125
MHS	County	U-234 F&C OPD Fairoaks	15	45	210	704	914	$3.2297	$2.5200	$2,952	$265	$75	$2,613	$678	$2,274
MHS	County	U-259 AB3632 Bascom	15	10	5,476	15,133	20,609	$3.2297	$2.5200	$66,561	$6,900	$1,947	$57,714	$17,686	$48,875
MHS	County	U-259 AB3632 Bascom	15	40	18,596	42,714	61,310	$3.2297	$2.5200	$198,013	$23,431	$6,611	$167,971	$60,060	$137,953
MHS	County	U-259 AB3632 Bascom	15	45	4,294	9,958	14,252	$3.2297	$2.5200	$46,030	$5,410	$1,527	$39,093	$13,868	$32,161
MHS	County	U-300 AB3632 Fairoaks	15	10	4,467	19,692	24,159	$3.2297	$2.5200	$78,026	$5,628	$1,588	$70,810	$14,427	$63,599
MHS	County	U-300 AB3632 Fairoaks	15	35	0	20	20	$3.2297	$2.5200	$65	$0	$0	$65	$0	$65
MHS	County	U-300 AB3632 Fairoaks	15	40	1,594	11,810	13,404	$3.2297	$2.5200	$43,291	$2,008	$567	$40,716	$5,148	$38,143
MHS	County	U-300 AB3632 Fairoaks	15	45	4,889	26,411	31,300	$3.2297	$2.5200	$101,090	$6,160	$1,738	$93,191	$15,790	$85,300
MHS	County	U-32 Central AST	15	45	18	0	18	$3.2297	$2.5200	$58	$23	$6	$29	$58	$0
MHS	County	U-428 Fairoaks AST	15	10	0	70	70	$3.2297	$2.5200	$226	$0	$0	$226	$0	$226
MHS	County	U-428 Fairoaks AST	15	35	0	30	30	$3.2297	$2.5200	$97	$0	$0	$97	$0	$97
MHS	County	U-428 Fairoaks AST	15	40	20	195	215	$3.2297	$2.5200	$694	$25	$7	$662	$65	$630
MHS	County	U-428 Fairoaks AST	15	45	35	30	65	$3.2297	$2.5200	$210	$44	$12	$153	$113	$97
MHS	County	U-449 Las Plumas SRC	15	10	0	77	77	$3.2297	$2.5200	$249	$0	$0	$249	$0	$249
MHS	County	U-449 Las Plumas SRC	15	40	0	110	110	$3.2297	$2.5200	$355	$0	$0	$355	$0	$355
MHS	County	U-449 Las Plumas SRC	15	45	0	93	93	$3.2297	$2.5200	$300	$0	$0	$300	$0	$300
MHS	County	U-479 JH Ranch Site	15	40	0	875	875	$3.2297	$2.5200	$2,826	$0	$0	$2,826	$0	$2,826
MHS	County	U-479 JH Ranch Site	15	45	0	85	85	$3.2297	$2.5200	$275	$0	$0	$275	$0	$275
MHS	County	U-545 JH Transitions	15	10	2,090	0	2,090	$3.2297	$2.5200	$6,750	$2,633	$743	$3,374	$6,750	$0
MHS	County	U-545 JH Transitions	15	40	13,799	1,140	14,939	$3.2297	$2.5200	$48,248	$17,387	$4,906	$25,956	$44,567	$3,682
MHS	County	U-545 JH Transitions	15	45	1,275	30	1,305	$3.2297	$2.5200	$4,215	$1,607	$453	$2,155	$4,118	$97
MHS	County	U-545 JH Transitions	15	50	2,056	91	2,147	$3.2297	$2.5200	$6,934	$2,591	$731	$3,613	$6,640	$294
MHS	County	U-593 YATT	15	10	355	0	355	$3.2297	$2.5200	$1,147	$447	$126	$573	$1,147	$0
MHS	County	U-593 YATT	15	35	60	0	60	$3.2297	$2.5200	$194	$76	$21	$97	$194	$0
MHS	County	U-593 YATT	15	40	2,260	0	2,260	$3.2297	$2.5200	$7,299	$2,848	$803	$3,648	$7,299	$0
MHS	County	U-593 YATT	15	45	225	0	225	$3.2297	$2.5200	$727	$284	$80	$363	$727	$0
MHS	County	U-593 YATT	15	50	554	0	554	$3.2297	$2.5200	$1,789	$698	$197	$894	$1,789	$0
MHS	County	U-612 Bascom SRC	All	All			0			$0	$0	$0	$0	$0	$0
MHS	County	U-62 Juvenile Hall	15	10	0	2,601	2,601	3.2297	2.5200	$8,400	$0	$0	$8,400	$0	$8,400
MHS	County	U-62 Juvenile Hall	15	40	0	26,498	26,498	3.2297	2.5200	$85,581	$0	$0	$85,581	$0	$85,581
MHS	County	U-62 Juvenile Hall	15	45	0	4,841	4,841	3.2297	2.5200	$15,635	$0	$0	$15,635	$0	$15,635
MHS	County	U-62 Juvenile Hall	15	50	0	1,800	1,800	3.2297	2.5200	$5,813	$0	$0	$5,813	$0	$5,813
MHS	County	U-633 AB3632 Las Plumas	15	10	7,536	26,890	34,426	3.2297	2.5200	$111,186	$9,495	$2,679	$99,011	$24,339	$86,847
MHS	County	U-633 AB3632 Las Plumas	15	40	8,408	25,754	34,162	3.2297	2.5200	$110,333	$10,594	$2,989	$96,750	$27,155	$83,178

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MHS	County	U-633 AB3632 Las Plumas	15	45	3,612	6,055	9,667	3.2297	2.5200	$31,222	$4,551	$1,284	$25,386	$11,666	$19,556
MHS	County	U-638 F&C OPD Shelter	15	10	30	185	215	3.2297	2.5200	$694	$38	$11	$646	$97	$597
MHS	County	U-638 F&C OPD Shelter	15	35	2,465	2,730	5,195	3.2297	2.5200	$16,778	$3,106	$876	$12,796	$7,961	$8,817
MHS	County	U-638 F&C OPD Shelter	15	40	3,080	2,536	5,616	3.2297	2.5200	$18,138	$3,881	$1,095	$13,162	$9,947	$8,191
MHS	County	U-638 F&C OPD Shelter	15	45	50	170	220	3.2297	2.5200	$711	$63	$18	$630	$161	$549
MHS	County	U-638 F&C OPD Shelter	15	50	120	0	120	3.2297	2.5200	$388	$151	$43	$194	$388	$0
MHS	County	U-696 F&C OPD Las Plumas	15	10	239	0	239	3.2297	2.5200	$772	$301	$85	$386	$772	$0
MHS	County	U-696 F&C OPD Las Plumas	15	40	1,102	0	1,102	3.2297	2.5200	$3,559	$1,389	$392	$1,779	$3,559	$0
MHS	County	U-696 F&C OPD Las Plumas	15	45	85	0	85	3.2297	2.5200	$275	$107	$30	$137	$275	$0
MHS	County	U-706 F&C OPD Bascom	15	10	1,241	225	1,466	3.2297	2.5200	$4,735	$1,564	$441	$2,730	$4,008	$727
MHS	County	U-706 F&C OPD Bascom	15	40	4,292	350	4,642	3.2297	2.5200	$14,992	$5,408	$1,526	$8,058	$13,862	$1,130
MHS	County	U-706 F&C OPD Bascom	15	45	552	465	1,017	3.2297	2.5200	$3,285	$696	$196	$2,393	$1,783	$1,502
MHS	County	U-76 SELPA II	All	All			0			$0	$0	$0	$0	$0	$0
MHS Total					96,540	231,246	327,786			$1,058,650	$121,640	$34,322	$902,688	$311,795	$746,855
ASSESS	Eastfield	U-242 F&C OPD	15	01	4,197	4,031	8,228	1.9500	1.9500	$16,043	$4,092	$1,155	$10,798	$8,184	$7,860
ASSESS	Eastfield	U-256 Intensive Short Term	15	01	2,085	0	2,085	1.9500	1.9500	$4,066	$2,033	$574	$1,459	$4,066	$0
ASSESS	Eastfield	U-309 Matrix	15	01	64,123	6,094	70,217	1.9500	1.9500	$136,923	$62,520	$17,640	$56,763	$125,040	$11,883
ASSESS	Eastfield	U-311 School Based OPD	15	01	3,701	3,762	7,463	1.9500	1.9500	$14,553	$3,608	$1,018	$9,926	$7,217	$7,336
ASSESS	Eastfield	U-321 SAT	15	01	963	204	1,167	1.9500	1.9500	$2,276	$939	$265	$1,072	$1,878	$398
ASSESS	Eastfield	U-370 F&C OPD in Res Day	15	01	1,146	0	1,146	1.9500	1.9500	$2,235	$1,117	$315	$802	$2,235	$0
ASSESS	Eastfield	U-495 JPD Int/Foster Care	15	01	0	282	282	1.9500	1.9500	$550	$0	$0	$550	$0	$550
ASSESS	Eastfield	U-589 Wraparound North	15	01	51,977	57,240	109,217	1.9500	1.9500	$212,973	$50,678	$14,299	$147,997	$101,355	$111,618
ASSESS	Eastfield	U-632 SSA Int/Foster Care	15	01	15,560	0	15,560	1.9500	1.9500	$30,342	$15,171	$4,281	$10,890	$30,342	$0
ASSESS	Eastfield	U-242 F&C OPD	15	15	219	160	379	2.5200	2.5200	$955	$276	$78	$601	$552	$403
ASSESS	Eastfield	U-242 F&C OPD	15	30	3,063	4,423	7,486	2.5200	2.5200	$18,865	$3,859	$1,089	$13,916	$7,719	$11,146
ASSESS	Eastfield	U-256 Intensive Short Term	15	15	75	0	75	2.5200	2.5200	$189	$95	$27	$68	$189	$0
ASSESS	Eastfield	U-256 Intensive Short Term	15	30	1,710	0	1,710	2.5200	2.5200	$4,309	$2,155	$608	$1,547	$4,309	$0
ASSESS	Eastfield	U-309 Matrix	15	15	215	0	215	2.5200	2.5200	$542	$271	$76	$194	$542	$0
ASSESS	Eastfield	U-309 Matrix	15	30	5,165	1,154	6,319	2.5200	2.5200	$15,924	$6,508	$1,836	$7,580	$13,016	$2,908
ASSESS	Eastfield	U-311 School Based OPD	15	15	140	217	357	2.5200	2.5200	$900	$176	$50	$673	$353	$547
ASSESS	Eastfield	U-311 School Based OPD	15	30	2,050	3,950	6,000	2.5200	2.5200	$15,120	$2,583	$729	$11,808	$5,166	$9,954
ASSESS	Eastfield	U-321 SAT	15	30	635	260	895	2.5200	2.5200	$2,255	$800	$226	$1,230	$1,600	$655
ASSESS	Eastfield	U-370 F&C OPD in Res Day	15	15	15	0	15	2.5200	2.5200	$38	$19	$5	$14	$38	$0
ASSESS	Eastfield	U-370 F&C OPD in Res Day	15	30	2,328	0	2,328	2.5200	2.5200	$5,867	$2,933	$828	$2,106	$5,867	$0
ASSESS	Eastfield	U-589 Wraparound North	15	15	4,341	3,674	8,015	2.5200	2.5200	$20,198	$5,470	$1,543	$13,185	$10,939	$9,258
ASSESS	Eastfield	U-589 Wraparound North	15	30	33,129	28,855	61,984	2.5200	2.5200	$156,200	$41,743	$11,778	$102,679	$83,485	$72,715
ASSESS	Eastfield	U-632 SSA Int/Foster Care	15	15	55	0	55	2.5200	2.5200	$139	$69	$20	$50	$139	$0
ASSESS	Eastfield	U-632 SSA Int/Foster Care	15	30	907	0	907	2.5200	2.5200	$2,286	$1,143	$322	$820	$2,286	$0
ASSESS Total					197,799	114,306	312,105			$663,747	$208,257	$58,761	$396,728	$416,515	$247,232
DAY	Eastfield	U-11 F&C Res Day	10	85	446	158	604	195.5800	195.5800	$118,130	$43,614	$12,306	$62,210	$87,229	$30,902
DAY	Eastfield	U-120 School Based Day Tx	10	85	570	619	1,189	195.5800	195.5800	$232,545	$55,740	$15,727	$161,077	$111,481	$121,064
DAY	Eastfield	U-297 School Based Day Tx	10	85	368	337	705	195.5800	195.5800	$137,884	$35,987	$10,154	$91,743	$71,973	$65,910
DAY	Eastfield	U-312 F&C Res Day	10	85	736	203	939	195.5800	195.5800	$183,650	$71,973	$20,308	$91,368	$143,947	$39,703
DAY	Eastfield	U-326 School Day Tx	10	85	553	873	1,426	195.5800	195.5800	$278,897	$54,078	$15,258	$209,561	$108,156	$170,741
DAY Total					2,673	2,190	4,863			$951,106	$261,393	$73,754	$615,959	$522,785	$428,320

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MENTAL HEALTH DEPARTMENT
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					BHS118 as of 12/29/06										
Type	Agency	SCL	Modr	SF	MediCal Units	Other Units	Total Units	Expense Rate	Revenue Rate	Expenses	FFP Revenue	EPSDT Revenue	Net Cost	MediCal Cost	Other Cost
MEDS	Eastfield	U-23 School Based OPD	15	60	70	40	110	4.6600	4.6600	$513	$163	$46	$303	$326	$186
MEDS	Eastfield	U-242 F&C OPD	15	60	2,009	2,259	4,268	4.6600	4.6600	$19,889	$4,681	$1,321	$13,887	$9,362	$10,527
MEDS	Eastfield	U-309 Matrix	15	60	1,465	70	1,535	4.6600	4.6600	$7,153	$3,413	$963	$2,777	$6,827	$326
MEDS	Eastfield	U-311 School Based OPD	15	60	1,657	931	2,588	4.6600	4.6600	$12,060	$3,861	$1,089	$7,110	$7,722	$4,338
MEDS	Eastfield	U-370 F&C OPD in Res Day	15	60	18,627	250	18,877	4.6600	4.6600	$87,967	$43,401	$12,246	$32,320	$86,802	$1,165
MEDS	Eastfield	U-589 Wraparound North	15	60	6,961	7,177	14,138	4.6600	4.6600	$65,883	$16,219	$4,576	$45,088	$32,438	$33,445
MEDS	Eastfield	U-632 SSA Int/Foster Care	15	60	2,487	0	2,487	4.6600	4.6600	$11,589	$5,795	$1,635	$4,160	$11,589	$0
MEDS	Eastfield	U-705 F&C OPD in Res Day	15	60	9,085	3,245	12,330	4.6600	4.6600	$57,458	$21,168	$5,973	$30,317	$42,336	$15,122
MEDS Total					42,361	13,972	56,333			$262,512	$98,701	$27,849	$135,961	$197,402	$65,110
MHS	Eastfield	U-242 F&C OPD	15	10	7,038	3,353	10,391	2.5200	2.5200	$26,185	$8,868	$2,502	$14,815	$17,736	$8,450
MHS	Eastfield	U-242 F&C OPD	15	40	15,423	21,753	37,176	2.5200	2.5200	$93,684	$19,433	$5,483	$68,767	$38,866	$54,818
MHS	Eastfield	U-242 F&C OPD	15	45	2,977	2,734	5,711	2.5200	2.5200	$14,392	$3,751	$1,058	$9,582	$7,502	$6,890
MHS	Eastfield	U-242 F&C OPD	15	50	1,078	1,541	2,619	2.5200	2.5200	$6,600	$1,358	$383	$4,858	$2,717	$3,883
MHS	Eastfield	U-256 Intensive Short Term	15	10	1,360	0	1,360	2.5200	2.5200	$3,427	$1,714	$484	$1,230	$3,427	$0
MHS	Eastfield	U-256 Intensive Short Term	15	35	8,460	0	8,460	2.5200	2.5200	$21,319	$10,660	$3,008	$7,652	$21,319	$0
MHS	Eastfield	U-256 Intensive Short Term	15	40	6,210	0	6,210	2.5200	2.5200	$15,649	$7,825	$2,208	$5,617	$15,649	$0
MHS	Eastfield	U-256 Intensive Short Term	15	45	915	0	915	2.5200	2.5200	$2,306	$1,153	$325	$828	$2,306	$0
MHS	Eastfield	U-256 Intensive Short Term	15	50	75	0	75	2.5200	2.5200	$189	$95	$27	$68	$189	$0
MHS	Eastfield	U-293 TBS	15	58	239,186	585	239,771	2.5200	2.5200	$604,223	$301,374	$85,035	$217,814	$602,749	$1,474
MHS	Eastfield	U-309 Matrix	15	10	6,134	92	6,226	2.5200	2.5200	$15,690	$7,729	$2,181	$5,780	$15,458	$232
MHS	Eastfield	U-309 Matrix	15	35	33,527	550	34,077	2.5200	2.5200	$85,874	$42,244	$11,919	$31,711	$84,488	$1,386
MHS	Eastfield	U-309 Matrix	15	40	7,821	343	8,164	2.5200	2.5200	$20,573	$9,854	$2,780	$7,938	$19,709	$864
MHS	Eastfield	U-309 Matrix	15	45	2,305	277	2,582	2.5200	2.5200	$6,507	$2,904	$819	$2,783	$5,809	$698
MHS	Eastfield	U-309 Matrix	15	50	101	0	101	2.5200	2.5200	$255	$127	$36	$91	$255	$0
MHS	Eastfield	U-311 School Based OPD	15	10	2,026	4,297	6,323	2.5200	2.5200	$15,934	$2,553	$720	$12,661	$5,106	$10,828
MHS	Eastfield	U-311 School Based OPD	15	35	19,306	18,679	37,985	2.5200	2.5200	$95,722	$24,326	$6,864	$64,533	$48,651	$47,071
MHS	Eastfield	U-311 School Based OPD	15	40	12,476	27,254	39,730	2.5200	2.5200	$100,120	$15,720	$4,435	$79,964	$31,440	$68,680
MHS	Eastfield	U-311 School Based OPD	15	45	1,370	2,477	3,847	2.5200	2.5200	$9,694	$1,726	$487	$7,481	$3,452	$6,242
MHS	Eastfield	U-311 School Based OPD	15	50	42,051	74,791	116,842	2.5200	2.5200	$294,442	$52,984	$14,950	$226,508	$105,969	$188,473
MHS	Eastfield	U-321 SAT	15	10	65	0	65	2.5200	2.5200	$164	$82	$23	$59	$164	$0
MHS	Eastfield	U-321 SAT	15	40	2,111	393	2,504	2.5200	2.5200	$6,310	$2,660	$750	$2,900	$5,320	$990
MHS	Eastfield	U-321 SAT	15	45	273	0	273	2.5200	2.5200	$688	$344	$97	$247	$688	$0
MHS	Eastfield	U-321 SAT	15	50	687	0	687	2.5200	2.5200	$1,731	$866	$244	$621	$1,731	$0
MHS	Eastfield	U-370 F&C OPD in Res Day	15	10	6,933	255	7,188	2.5200	2.5200	$18,114	$8,736	$2,465	$6,913	$17,471	$643
MHS	Eastfield	U-370 F&C OPD in Res Day	15	35	22,355	145	22,500	2.5200	2.5200	$56,700	$28,167	$7,948	$20,585	$56,335	$365
MHS	Eastfield	U-370 F&C OPD in Res Day	15	40	9,090	0	9,090	2.5200	2.5200	$22,907	$11,453	$3,232	$8,222	$22,907	$0
MHS	Eastfield	U-370 F&C OPD in Res Day	15	45	855	0	855	2.5200	2.5200	$2,155	$1,077	$304	$773	$2,155	$0
MHS	Eastfield	U-370 F&C OPD in Res Day	15	50	58,812	0	58,812	2.5200	2.5200	$148,206	$74,103	$20,909	$53,194	$148,206	$0
MHS	Eastfield	U-495 JPD Int/Foster Care	15	10	175	359	534	2.5200	2.5200	$1,346	$221	$62	$1,063	$441	$905
MHS	Eastfield	U-495 JPD Int/Foster Care	15	40	0	735	735	2.5200	2.5200	$1,852	$0	$0	$1,852	$0	$1,852
MHS	Eastfield	U-495 JPD Int/Foster Care	15	50	0	70	70	2.5200	2.5200	$176	$0	$0	$176	$0	$176
MHS	Eastfield	U-589 Wraparound North	15	10	148,372	162,173	310,545	2.5200	2.5200	$782,573	$186,949	$52,749	$542,876	$373,897	$408,676
MHS	Eastfield	U-589 Wraparound North	15	35	671,783	705,350	1,377,133	2.5200	2.5200	$3,470,375	$846,447	$238,830	$2,385,098	$1,692,893	$1,777,482
MHS	Eastfield	U-589 Wraparound North	15	40	258	0	258	2.5200	2.5200	$650	$325	$92	$233	$650	$0
MHS	Eastfield	U-589 Wraparound North	15	45	22,223	27,017	49,240	2.5200	2.5200	$124,085	$28,001	$7,901	$88,183	$56,002	$68,083

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MENTAL HEALTH DEPARTMENT
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					BHS118 as of 12/29/06										
Type	Agency	SCL	Mode	SF	MediCal Units	Other Units	Total Units	Expense Rate	Revenue Rate	Expenses	FFP Revenue	EPSDT Revenue	Net Cost	MediCal Cost	Other Cost
MHS	Eastfield	U-589 Wraparound North	15	50	55	0	55	2.5200	2.5200	$139	$69	$20	$50	$139	$0
MHS	Eastfield	U-632 SSA Int/Foster Care	15	10	12,008	0	12,008	2.5200	2.5200	$30,260	$15,130	$4,269	$10,861	$30,260	$0
MHS	Eastfield	U-632 SSA Int/Foster Care	15	35	20,219	0	20,219	2.5200	2.5200	$50,952	$25,476	$7,188	$18,288	$50,952	$0
MHS	Eastfield	U-632 SSA Int/Foster Care	15	40	11,678	0	11,678	2.5200	2.5200	$29,429	$14,714	$4,152	$10,563	$29,429	$0
MHS	Eastfield	U-632 SSA Int/Foster Care	15	45	573	0	573	2.5200	2.5200	$1,444	$722	$204	$518	$1,444	$0
MHS	Eastfield	U-632 SSA Int/Foster Care	15	50	1,046	0	1,046	2.5200	2.5200	$2,636	$1,318	$372	$946	$2,636	$0
MHS Total					1,399,410	1,055,223	2,454,633			$6,185,675	$1,763,257	$497,514	$3,924,904	$3,526,513	$2,659,162
ASSESS	EESA	U-651 CSFS OPD	15	01	0	2,660	2,660	1.2982	1.2982	$3,453	$0	$0	$3,453	$0	$3,453
ASSESS Total					0	2,660	2,660			$3,453	$0	$0	$3,453	$0	$3,453
MHS	EESA	U-651 CSFS OPD	15	10	0	3,005	3,005	1.6777	1.6777	$5,041	$0	$0	$5,041	$0	$5,041
MHS	EESA	U-651 CSFS OPD	15	35	0	150	150	1.6777	1.6777	$252	$0	$0	$252	$0	$252
MHS	EESA	U-651 CSFS OPD	15	40	0	1,215	1,215	1.6777	1.6777	$2,038	$0	$0	$2,038	$0	$2,038
MHS	EESA	U-651 CSFS OPD	15	45	0	150	150	1.6777	1.6777	$252	$0	$0	$252	$0	$252
MHS Total					0	4,520	4,520			$7,583	$0	$0	$7,583	$0	$7,583
ASSESS	F&CS	U-316 F&C OP Deaf	15	01	0	20	20	1.5447	1.5447	$31	$0	$0	$31	$0	$31
ASSESS	F&CS	U-408 F&C OPD	15	01	1,180	0	1,180	1.5447	1.5447	$1,823	$911	$257	$654	$1,823	$0
ASSESS	F&CS	U-316 F&C OP Deaf	15	30	0	119	119	1.9962	1.9962	$238	$0	$0	$238	$0	$238
ASSESS	F&CS	U-408 F&C OPD	15	30	549	0	549	1.9962	1.9962	$1,096	$548	$155	$393	$1,096	$0
ASSESS Total					1,729	139	1,868			$3,187	$1,459	$412	$1,316	$2,919	$268
MEDS	F&CS	U-408 F&C OPD	15	60	180	0	180	3.6915	3.6915	$664	$332	$94	$238	$664	$0
MEDS Total					180	0	180			$664	$332	$94	$238	$664	$0
MHS	F&CS	U-316 F&C OP Deaf	15	10	0	231	231	1.9962	1.9962	$461	$0	$0	$461	$0	$461
MHS	F&CS	U-316 F&C OP Deaf	15	40	0	916	916	1.9962	1.9962	$1,829	$0	$0	$1,829	$0	$1,829
MHS	F&CS	U-316 F&C OP Deaf	15	45	0	446	446	1.9962	1.9962	$890	$0	$0	$890	$0	$890
MHS	F&CS	U-408 F&C OPD	15	10	281	0	281	1.9962	1.9962	$561	$280	$79	$201	$561	$0
MHS	F&CS	U-408 F&C OPD	15	40	3,481	0	3,481	1.9962	1.9962	$6,949	$3,474	$980	$2,494	$6,949	$0
MHS	F&CS	U-408 F&C OPD	15	45	179	0	179	1.9962	1.9962	$357	$179	$50	$128	$357	$0
MHS	F&CS	U-424 Adult Deaf	15	NA			0		0.0000	$0	$0	$0	$0	$0	$0
MHS Total					3,941	1,593	5,534			$11,047	$3,934	$1,110	$6,004	$7,867	$3,180
ASSESS	Gardner	U-118 Asian Youth	15	01	2,407	0	2,407	1.2430	1.2430	$2,992	$1,496	$422	$1,074	$2,992	$0
ASSESS	Gardner	U-17 TBS	15	01	994	0	994	1.2430	1.2430	$1,236	$618	$174	$443	$1,236	$0
ASSESS	Gardner	U-184 Infant Family MH	15	01	154	0	154	1.2430	1.2430	$191	$96	$27	$69	$191	$0
ASSESS	Gardner	U-403 JPD Intensive/Foster	15	01	734	0	734	1.2430	1.2430	$912	$456	$129	$327	$912	$0
ASSESS	Gardner	U-59 SSA Int/Foster Care	15	01	3,130	0	3,130	1.2430	1.2430	$3,891	$1,945	$549	$1,396	$3,891	$0
ASSESS	Gardner	U-645 F&C OPD	15	01	8,517	0	8,517	1.2430	1.2430	$10,587	$5,293	$1,494	$3,800	$10,587	$0
ASSESS	Gardner	U-403 JPD Intensive/Foster	15	30	530	0	530	1.6064	1.6064	$851	$426	$120	$306	$851	$0
ASSESS	Gardner	U-59 SSA Int/Foster Care	15	30	360	0	360	1.6064	1.6064	$578	$289	$82	$208	$578	$0
ASSESS	Gardner	U-645 F&C OPD	15	30	882	0	882	1.6064	1.6064	$1,417	$708	$200	$509	$1,417	$0
ASSESS Total					17,708	0	17,708			$22,655	$11,327	$3,196	$8,131	$22,655	$0
MEDS	Gardner	U-118 Asian Youth	15	60	60	0	60	2.9705	2.9705	$178	$89	$25	$64	$178	$0
MEDS	Gardner	U-59 SSA Int/Foster Care	15	60	270	0	270	2.9705	2.9705	$802	$401	$113	$288	$802	$0
MEDS	Gardner	U-645 F&C OPD	15	60	2,250	0	2,250	2.9705	2.9705	$6,684	$3,342	$943	$2,399	$6,684	$0
MEDS Total					2,580	0	2,580			$7,664	$3,832	$1,081	$2,751	$7,664	$0
MHS	Gardner	U-118 Asian Youth	15	10	1,218	0	1,218	1.6064	1.6064	$1,957	$978	$276	$702	$1,957	$0
MHS	Gardner	U-118 Asian Youth	15	35	46	0	46	1.6064	1.6064	$74	$37	$10	$27	$74	$0

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					BHS11B as of 12/29/06										
Type	Agency	CCL	Mode	SF	MediCal Units	Other Units	Total Units	Expense Rate	Revenue Rate	Expenses	FFP Revenue	EPSDT Revenue	Net Cost	MediCal Cost	Other Cost
MHS	Gardner	U-118 Asian Youth	15	40	419	0	419	1.6064	1.6064	$673	$337	$95	$242	$673	$0
MHS	Gardner	U-118 Asian Youth	15	45	226	0	226	1.6064	1.6064	$363	$182	$51	$130	$363	$0
MHS	Gardner	U-17 TBS	15	58	7,852	0	7,852	1.6064	1.6064	$12,613	$6,307	$1,779	$4,527	$12,613	$0
MHS	Gardner	U-184 Infant Family MH	15	45	61	0	61	1.6064	1.6064	$98	$49	$14	$35	$98	$0
MHS	Gardner	U-403 JPD Intensive/Foster	15	10	249	0	249	1.6064	1.6064	$400	$200	$56	$144	$400	$0
MHS	Gardner	U-403 JPD Intensive/Foster	15	35	1,474	0	1,474	1.6064	1.6064	$2,368	$1,184	$334	$850	$2,368	$0
MHS	Gardner	U-403 JPD Intensive/Foster	15	45	65	0	65	1.6064	1.6064	$104	$52	$15	$37	$104	$0
MHS	Gardner	U-59 SSA Int/Foster Care	15	10	463	0	463	1.6064	1.6064	$744	$372	$105	$267	$744	$0
MHS	Gardner	U-59 SSA Int/Foster Care	15	35	6,464	0	6,464	1.6064	1.6064	$10,384	$5,192	$1,465	$3,727	$10,384	$0
MHS	Gardner	U-59 SSA Int/Foster Care	15	40	160	0	160	1.6064	1.6064	$257	$129	$36	$92	$257	$0
MHS	Gardner	U-59 SSA Int/Foster Care	15	45	196	0	196	1.6064	1.6064	$315	$157	$44	$113	$315	$0
MHS	Gardner	U-59 SSA Int/Foster Care	15	50	70	0	70	1.6064	1.6064	$112	$56	$16	$40	$112	$0
MHS	Gardner	U-645 F&C OPD	15	10	9,012	0	9,012	1.6064	1.6064	$14,477	$7,238	$2,042	$5,196	$14,477	$0
MHS	Gardner	U-645 F&C OPD	15	35	4,346	0	4,346	1.6064	1.6064	$6,981	$3,491	$985	$2,506	$6,981	$0
MHS	Gardner	U-645 F&C OPD	15	40	1,297	0	1,297	1.6064	1.6064	$2,084	$1,042	$294	$748	$2,084	$0
MHS	Gardner	U-645 F&C OPD	15	45	2,269	0	2,269	1.6064	1.6064	$3,645	$1,822	$514	$1,308	$3,645	$0
MHS	Gardner	U-645 F&C OPD	15	50	57	0	57	1.6064	1.6064	$92	$46	$13	$33	$92	$0
MHS Total					35,944	0	35,944			$57,740	$28,870	$8,146	$20,724	$57,740	$0
ASSESS	Hope	U-559 Adult ST	15	01	35	0	35	1.8667	1.8667	$65	$33	$9	$23	$65	$0
ASSESS	Hope	U-320 F&C OPD	15	30	195	0	195	2.4123	2.4123	$470	$235	$66	$169	$470	$0
ASSESS	Hope	U-559 Adult ST	15	30	120	0	120	2.4123	2.4123	$289	$145	$41	$104	$289	$0
ASSESS Total					350	0	350			$825	$413	$116	$296	$825	$0
MEDS	Hope	U-320 F&C OPD	15	60	895	0	895	4.4608	4.4608	$3,992	$1,996	$563	$1,433	$3,992	$0
MEDS	Hope	U-559 Adult ST	15	60	410	0	410	4.4608	4.4608	$1,829	$914	$258	$656	$1,829	$0
MEDS Total					1,305	0	1,305			$5,821	$2,911	$821	$2,089	$5,821	$0
MHS	Hope	U-320 F&C OPD	15	10	65	0	65	2.4123	2.4123	$157	$78	$22	$56	$157	$0
MHS	Hope	U-320 F&C OPD	15	40	300	0	300	2.4123	2.4123	$724	$362	$102	$260	$724	$0
MHS	Hope	U-639 TBS	15	58	1,230	0	1,230	2.4123	2.4123	$2,967	$1,484	$419	$1,065	$2,967	$0
MHS Total					1,595	0	1,595			$3,848	$1,924	$543	$1,381	$3,848	$0
DAY	Innvision	U-60 Adult Day Social	10	40	0	1	1	12.1874	12.1874	$12	$0	$0	$12	$0	$12
DAY Total					0	1	1			$12	$0	$0	$12	$0	$12
MHS	Mekong	U-653	All	All			0		0.0000	$0	$0	$0	$0	$0	$0
MHS Total					0	0	0			$0	$0	$0	$0	$0	$0
ASSESS	Oasis	U-100 MH Svs in Hsg	15	01	335	0	335	1.6853	1.6853	$565	$282	$80	$203	$565	$0
ASSESS Total					335	0	335			$565	$282	$80	$203	$565	$0
DAY	Oasis	U-124 Adult Day Rehab	10	95	6	0	6	109.5883	109.5883	$658	$329	$93	$236	$658	$0
DAY Total					6	0	6			$658	$329	$93	$236	$658	$0
MEDS	Oasis	U-100 MH Svs in Hsg	15	60	147	0	147	4.0275	4.0275	$592	$296	$84	$212	$592	$0
MEDS Total					147	0	147			$592	$296	$84	$212	$592	$0
MHS	Oasis	U-100 MH Svs in Hsg	15	35	140	0	140	2.1779	2.1779	$305	$152	$43	$109	$305	$0
MHS	Oasis	U-100 MH Svs in Hsg	15	45	40	0	40	2.1779	2.1779	$87	$44	$12	$31	$87	$0
MHS Total					180	0	180			$392	$196	$55	$141	$392	$0
ASSESS	PA CHC	U-115 F&C OPD	15	01	5,773	2,125	7,898	1.9500	1.9500	$15,401	$5,629	$1,588	$8,184	$11,257	$4,144
ASSESS	PA CHC	U-652 School Based SED	15	01	6,220	25,293	31,513	1.9500	1.9500	$61,450	$6,065	$1,711	$53,675	$12,129	$49,321
ASSESS	PA CHC	U-115 F&C OPD	15	15	1,395	0	1,395	2.5200	2.5200	$3,515	$1,758	$496	$1,262	$3,515	$0

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
Chapter 26.5 Utilization: July 1, 2005 - June 30, 2006

					BHS118 as of 12/29/06										
Type	Agency	CCL	Mode	SF	MediCal Units	Other Units	Total Units	Expense Rate	Revenue Rate	Expenses	FFP Revenue	EPSDT Revenue	Net Cost	MediCal Cost	Other Cost
ASSESS	PA CHC	U-115 F&C OPD	15	30	6,060	165	6,225	2.5200	2.5200	$15,687	$7,636	$2,154	$5,897	$15,271	$416
ASSESS	PA CHC	U-652 School Based SED	15	30	30	240	270	2.5200	2.5200	$680	$38	$11	$632	$76	$605
ASSESS Total					19,478	27,823	47,301			$96,734	$21,124	$5,960	$69,650	$42,249	$54,486
MEDS	PA CHC	U-115 F&C OPD	15	60	5,604	2,348	7,952	4.6600	4.6600	$37,056	$13,057	$3,684	$20,315	$26,115	$10,942
MEDS	PA CHC	U-652 School Based SED	15	60	2,050	11,242	13,292	4.6600	4.6600	$61,941	$4,777	$1,348	$55,816	$9,553	$52,388
MEDS Total					7,654	13,590	21,244			$98,997	$17,834	$5,032	$76,131	$35,668	$63,329
MHS	PA CHC	U-115 F&C OPD	15	10	4,977	6,080	11,057	2.5200	2.5200	$27,864	$6,271	$1,769	$19,823	$12,542	$15,322
MHS	PA CHC	U-115 F&C OPD	15	40	2,460	12,645	15,105	2.5200	2.5200	$38,065	$3,100	$875	$34,090	$6,199	$31,865
MHS	PA CHC	U-115 F&C OPD	15	45	150	185	335	2.5200	2.5200	$844	$189	$53	$602	$378	$466
MHS	PA CHC	U-115 F&C OPD	15	50	1,618	2,738	4,356	2.5200	2.5200	$10,977	$2,039	$575	$8,363	$4,077	$6,900
MHS	PA CHC	U-652 School Based SED	15	10	4,265	34,821	39,086	2.5200	2.5200	$98,497	$5,374	$1,516	$91,607	$10,748	$87,749
MHS	PA CHC	U-652 School Based SED	15	35	0	150	150	2.5200	2.5200	$378	$0	$0	$378	$0	$378
MHS	PA CHC	U-652 School Based SED	15	40	10,620	77,972	88,592	2.5200	2.5200	$223,252	$13,381	$3,776	$206,095	$26,762	$196,489
MHS	PA CHC	U-652 School Based SED	15	45	1,305	5,295	6,600	2.5200	2.5200	$16,632	$1,644	$464	$14,524	$3,289	$13,343
MHS	PA CHC	U-652 School Based SED	15	50	3,099	34,684	37,783	2.5200	2.5200	$95,213	$3,905	$1,102	$90,207	$7,809	$87,404
MHS Total					28,494	174,570	203,064			$511,721	$35,902	$10,130	$465,689	$71,805	$439,916
ASSESS	Rebekahs	U-202 Wraparound North	15	01	54,115	30,136	84,251	1.9500	1.9500	$164,289	$52,762	$14,887	$96,640	$105,524	$58,765
ASSESS	Rebekahs	U-303 TBS	15	01	5,040	607	5,647	1.9500	1.9500	$11,012	$4,914	$1,387	$4,711	$9,828	$1,184
ASSESS	Rebekahs	U-413 Wraparound South	15	01	25,784	33,465	59,249	1.9500	1.9500	$113,536	$25,139	$7,093	$83,303	$50,279	$65,257
ASSESS	Rebekahs	U-605 F&C OPD in Res Day	15	01	330	1,744	2,274	1.9500	1.9500	$4,434	$517	$146	$3,772	$1,034	$3,401
ASSESS	Rebekahs	U-202 Wraparound North	15	30	667	1,396	2,063	2.5200	2.5200	$5,199	$840	$237	$4,121	$1,681	$3,518
ASSESS	Rebekahs	U-413 Wraparound South	15	30	381	1,209	1,590	2.5200	2.5200	$4,007	$480	$135	$3,391	$960	$3,047
ASSESS	Rebekahs	U-605 F&C OPD in Res Day	15	30	282	404	686	2.5200	2.5200	$1,729	$355	$100	$1,273	$711	$1,018
ASSESS Total					86,799	68,961	155,760			$306,205	$85,008	$23,986	$197,212	$170,016	$136,189
DAY	Rebekahs	U-147 F&C Res Day	10	85	1,178	691	1,869	195.5800	195.5800	$365,539	$115,197	$32,503	$217,839	$230,393	$135,146
DAY Total					1,178	691	1,869			$365,539	$115,197	$32,503	$217,839	$230,393	$135,146
MEDS	Rebekahs	U-114 Int OPD In Day Tx	15	60	3,845	1,950	5,795	4.6600	4.6600	$27,005	$8,959	$2,528	$15,518	$17,918	$9,087
MEDS	Rebekahs	U-605 F&C OPD In Res Day	15	60	1,025	995	2,020	4.6600	4.6600	$9,413	$2,388	$674	$6,351	$4,777	$4,637
MEDS Total					4,870	2,945	7,815			$36,418	$11,347	$3,202	$21,869	$22,694	$13,724
MHS	Rebekahs	U-202 Wraparound North	15	10	52,723	12,007	64,730	2.5200	2.5200	$163,120	$66,431	$18,744	$77,945	$132,862	$30,258
MHS	Rebekahs	U-202 Wraparound North	15	35	72,451	56,997	129,448	2.5200	2.5200	$326,209	$91,288	$25,758	$209,163	$182,577	$143,632
MHS	Rebekahs	U-202 Wraparound North	15	45	2,669	2,792	5,461	2.5200	2.5200	$13,762	$3,363	$949	$9,450	$6,726	$7,036
MHS	Rebekahs	U-303 TBS	15	58	10,654	607	11,261	2.5200	2.5200	$28,378	$13,424	$3,788	$11,166	$26,848	$1,530
MHS	Rebekahs	U-413 Wraparound South	15	10	22,171	24,798	46,969	2.5200	2.5200	$118,362	$27,935	$7,882	$82,544	$55,871	$62,491
MHS	Rebekahs	U-413 Wraparound South	15	35	24,248	50,940	75,188	2.5200	2.5200	$189,474	$30,552	$8,621	$150,301	$61,105	$128,369
MHS	Rebekahs	U-413 Wraparound South	15	45	1,300	1,595	2,895	2.5200	2.5200	$7,295	$1,638	$462	$5,195	$3,276	$4,019
MHS	Rebekahs	U-605 F&C OPD in Res Day	15	10	190	255	445	2.5200	2.5200	$1,121	$239	$68	$814	$479	$643
MHS	Rebekahs	U-605 F&C OPD In Res Day	15	35	20	0	20	2.5200	2.5200	$50	$25	$7	$18	$50	$0
MHS	Rebekahs	U-605 F&C OPD In Res Day	15	40	2,305	1,800	4,105	2.5200	2.5200	$10,345	$2,904	$819	$6,621	$5,809	$4,536
MHS	Rebekahs	U-605 F&C OPD In Res Day	15	45	175	511	686	2.5200	2.5200	$1,729	$221	$62	$1,446	$441	$1,288
MHS Total					188,906	152,302	341,208			$859,844	$238,022	$67,159	$554,663	$476,043	$383,801
ASSESS	Starlight	U-662 Int OPD In Day Tx	15	01	8,882	0	8,882	1.9100	1.9100	$16,965	$8,482	$2,393	$6,089	$16,965	$0
ASSESS	Starlight	U-88 School Based OPD	15	01	15,903	0	15,903	1.9100	1.9100	$30,375	$15,187	$4,285	$10,902	$30,375	$0
ASSESS	Starlight	U-88 School Based OPD	15	30	897	0	897	2.4700	2.4700	$2,216	$1,108	$313	$795	$2,216	$0
ASSESS Total					25,682	0	25,682			$49,555	$24,777	$6,991	$17,786	$49,555	$0

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
Chapter 26.5 Utilization: July 1, 2005 - June 30, 2006

Type	Agency	Code	Mode	SF	BHS118 as of 12/29/06 MediCal Units	Other Units	Total Units	Expense Rate	Revenue Rate	Expenses	FFP Revenue	EPSDT Revenue	Net Cost	MediCal Cost	Other Cost
DAY	Starlight	U587 F&C Res Day	10	85	2,279	513	2,792	191.6700	191.6700	$535,143	$218,408	$61,625	$255,109	$436,816	$98,327
DAY	Starlight	U-689 School Based Day Tx	10	85	337	205	542	191.6700	191.6700	$103,885	$32,296	$9,113	$62,476	$64,593	$39,292
DAY Total					2,616	718	3,334			$639,028	$250,704	$70,738	$317,586	$501,409	$137,619
MEDS	Starlight	U-662 Int OPD in Day Tx	15	60	10,150	4,485	14,635	4.5700	4.5700	$66,882	$23,193	$6,544	$37,145	$46,386	$20,496
MEDS	Starlight	U-88 School Based OPD	15	60	1,110	285	1,395	4.5700	4.5700	$6,375	$2,536	$716	$3,123	$5,073	$1,302
MEDS Total					11,260	4,770	16,030			$73,257	$25,729	$7,260	$40,268	$51,458	$21,799
MHS	Starlight	U-662 Int OPD in Day Tx	15	58	88,642	0	88,642	2.4700	2.4700	$218,946	$109,473	$30,888	$78,584	$218,946	$0
MHS	Starlight	U-88 School Based OPD	15	10	1,918	0	1,918	2.4700	2.4700	$4,737	$2,369	$668	$1,700	$4,737	$0
MHS	Starlight	U-88 School Based OPD	15	35	6,691	0	6,691	2.4700	2.4700	$16,527	$8,263	$2,332	$5,932	$16,527	$0
MHS	Starlight	U-88 School Based OPD	15	40	8,751	0	8,751	2.4700	2.4700	$21,615	$10,807	$3,049	$7,758	$21,615	$0
MHS	Starlight	U-88 School Based OPD	15	45	583	0	583	2.4700	2.4700	$1,440	$720	$203	$517	$1,440	$0
MHS	Starlight	U-88 School Based OPD	15	50	661	0	661	2.4700	2.4700	$1,633	$816	$230	$586	$1,633	$0
MHS	Starlight	U-88 School Based OPD	15	58	27,428	0	27,428	2.4700	2.4700	$67,747	$33,874	$9,558	$24,316	$67,747	$0
MHS Total					134,674	0	134,674			$332,645	$166,322	$46,929	$119,393	$332,645	$0
SUP	Starlight	U587 F&C Res Day	10	89	0	3,334	3,334	157.1943	157.1943	$524,086	$0	$0	$524,086	$0	$524,086
SUP Total					0	3,334	3,334			$524,086	$0	$0	$524,086	$0	$524,086
DAY	Sunny Hill	U-722 F&C Res Day	10	95	10	178	188	126.8000	126.8000	$23,838	$634	$179	$23,026	$1,268	$22,570
DAY Total					10	178	188			$23,838	$634	$179	$23,026	$1,268	$22,570
MEDS	Sunny Hill	U-721 F&C Res Day	15	60	475	50	525	4.6600	4.6600	$2,447	$1,107	$312	$1,027	$2,214	$233
MEDS Total					475	50	525			$2,447	$1,107	$312	$1,027	$2,214	$233
MHS	Sunny Hill	U-721 F&C Res Day	15	10	955	35	990	2.5200	2.5200	$2,495	$1,203	$340	$952	$2,407	$88
MHS Total					955	35	990			$2,495	$1,203	$340	$952	$2,407	$88
ASSESS	Ujima	U-225 JPD Int/Foster Care	15	01	380	0	380	1.1295	1.1295	$429	$215	$61	$154	$429	$0
ASSESS	Ujima	U-225 JPD Int/Foster Care	15	30	138	0	138	1.4597	1.4597	$201	$101	$28	$72	$201	$0
ASSESS Total					518	0	518			$631	$315	$89	$226	$631	$0
MHS	Ujima	U-225 JPD Int/Foster Care	15	10	357	0	357	1.4597	1.4597	$521	$261	$74	$187	$521	$0
MHS	Ujima	U-225 JPD Int/Foster Care	15	35	990	0	990	1.4597	1.4597	$1,445	$723	$204	$519	$1,445	$0
MHS Total					1,347	0	1,347			$1,966	$983	$277	$706	$1,966	$0
Grand Total					2,701,169	2,630,178	5,331,347			$16,324,429	$3,949,839	$1,114,473	$11,260,117	$8,145,255	$8,179,174

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Fy06 Cost Per Unit of Service (All Clients)
Contractors

Santa Clara County Mental Health
Medi-Cal/Short-Doyle Program
FTE 8/2006

Legal Entity No	Company Code	ENTITY NAME	MODE	SF	State Reg Rate	FY06 SMA	As Reported FY06 Total Cost	As Reported FY06 Total Units	As Reported FY06 Per Unit	As Reported FY06 Total Cost	As Reported FY06 Total Units	As Reported FY06 Per Unit	Adjustment to cost report Total Cost	Adjustment to cost report Total Units	Adjustment to cost report Per Unit	As Reviewed FY06 Total Cost	As Reviewed FY06 Total Units	As Reviewed FY06 Per Unit	Reviewed Unit Cost Comp to FY05	% change
1	00151	31000	AACI	15	01-09	1.95	518,911	288,775	1.7796	518,099	289,775	1.7796	1,812	0	0.01	517,881	321,877	1.6161	0.17	(9.38%)
				15	10-19/30-59	2.57	1,190,158	466,916	2.3053	1,144,848	498,918	2.2949	5,184	0	0.01	1,139,317	583,758	2.0444	0.22	(10.49%)
				15	60-69	4.66	283,923	66,864	4.2475	285,630	66,864	4.2717	1,418	0	0.02	277,660	70,660	3.9564	0.41	(10.34%)
				15	70-79	3.75	5,353	1,562	3.4262	4,313	1,262	3.4162	22	0	0.02	4,415	2,730	3.1636	0.33	(10.31%)
							1,857,436	857,117		1,948,890	857,117		8,436	0		1,890,273	980,416			
				45	02		33,241	18,222	2.0481		-		33,241	18,222	2.05					
							1,890,677	875,339		1,948,890	857,117		41,677	18,222	-					
																			0.00	
2	00144	31200	ACHIEVE	10	93-09					Na									0.00	
				15	01-09	1.95	73,516	35,687	2.0606	73,516	35,687	2.0606	2	0	0.00	83,485	33,498	2.0767	(0.03)	-0.02%
				15	10-19/30-59	2.57	937,344	351,969	2.6630	937,309	351,969	2.6629	35	0	0.00	956,936	319,832	2.9919	(0.03)	-0.02%
				15	60-69	4.66	123,833	25,109	4.9245	123,678	25,109	4.9242	5	0	0.00	109,518	21,671	5.0528	(0.03)	-0.77%
				15	70-79	3.75	7,153	1,905	3.8629	7,153	1,905	3.9629	0	0		11,372	2,897	3.9243	(0.03)	-0.76%
							1,141,846	414,687		1,141,626	414,687		42	0		1,161,306	378,038			
3	90089	32700	ALLIANCE	5	40-49		3,877,849	13,799	281.1277	3,884,519	13,888	280.7801	(6,670)	191	(2.86)	3,891,603	13,384	270.4417	4.78	1.73%
			Cross Roads	5	60		330,566	14,676	22.5209	338,139	14,905	22.6212	(8,671)	13	(0.49)	1,057,372	15,572	67.5079	324.00	-16.90%
				10	93-09		2,083,174	15,496	134.4109	2,081,006	16,292	128.8905	(4,835)	214	(1.90)	1,954,938	14,658	133.3840	23.33	21.74%
				15	01-09	1.95	3,186,662	2,266,074	1.4073	3,846,864	2,278,907	1.7349	(198,907)	(7,883)	(0.09)	3,261,304	2,376,519	1.3430	0.11	7.40%
				15	10-19/30-59	2.57	6,107,964	2,345,090	2.6118	5,476,887	2,245,548	2.3349	(268,903)	39,448	10.19	4,186,605	2,102,749	1.9921	0.15	7.51%
				15	60-69	4.66	3,024,341	773,730	3.9088	3,023,472	663,832	4.5530	(9,130)	108,060	(0.83)	2,587,770	680,101	3.7246	0.13	3.53%
				15	70-79	3.75	97,833	28,997	3.1669	95,145	28,651	3.3218	(2,231)	406	(0.19)	84,692	28,927	2.9818	0.27	7.54%
			IBP	45	10		541,354	14,674	36.8821	-	-		541,354	14,674		172,398	14,925	32.6402	4.25	12.84%
							18,749,788	5,317,534		18,927,717	5,359,803		141,161	156,921		17,421,690	5,048,494			
4	00153	30200	CATHOLIC CHARITIES	15	01-09	1.95	111,061	57,897	1.9184	109,881	57,897	1.8984	2,048	0	0.04	191,844	56,872	3.2125	(0.18)	-5.20%
				15	10-19/30-59	2.57	593,967	219,474	2.7063	582,846	219,322	2.6575	11,121	150	0.06	516,801	181,337	2.8504	(0.18)	-5.25%
				15	60-69	4.66	121,313	26,324	4.6085	118,942	26,324	4.5182	2,371	0	0.09	164,731	31,201	5.2787	(0.77)	-5.15%
				15	70-79	3.75	5,213	1,314	4.0397	5,100	1,314	3.8843	98	0	0.06	3,561	836	4.2465	(0.22)	-5.11%
							831,534	306,009		816,768	267,859		15,571	150		878,437	300,146			
5	90134	30300	CHAMBERLAIN'S	10	81		416,171	3,519	118.2640	416,173	3,519	118.2648	(2)	0	(0.00)	348,708	3,549	104.4217	13.84	13.24%
				15	01-09	1.95	74,090	44,740	1.6560	74,090	44,740	1.6560	0	0	-	48,684	31,878	1.4060	0.19	13.12%
				15	10-19/30-59	2.57	385,802	180,276	2.1401	385,804	180,276	2.1401	(2)	0	(0.00)	307,188	156,817	1.9600	0.28	13.21%
				15	60-69	4.66	80,355	20,305	3.9574	80,346	20,305	3.9574	(1)	0	(0.00)	81,069	23,218	3.4934	0.46	13.28%
				15	70-79	3.75	398	125	3.1840	397	125	3.1760	1	0	0.01	1,603	570	2.8117	0.37	13.24%
							956,816	248,985		956,820	248,965		(4)	0		781,212	216,888			
6	00150	31100	CHILDREN'S HEALTH COUNCIL	15	01-09	1.95	135,071	59,844	2.2573	135,323	59,844	2.2608	(452)	0	(0.01)	201,040	70,784	2.8420	(0.60)	-21.01%
				15	10-19/30-59	2.57	997,277	347,490	2.8119	1,005,806	344,755	2.9217	(8,529)	(1,775)	(0.01)	1,189,000	320,373	3.8832	(0.77)	-20.91%
				15	60-69	4.66	176,055	32,898	5.3511	167,055	30,920	5.4028	9,000	1,778	0.62	126,261	18,640	6.5078	(1.42)	-20.00%
				15	70-79	3.75	5,612	1,295	4.3338	5,636	1,295	4.3473	(13)	0	(0.01)	3,781	580	6.4797	(1.15)	-20.01%
							1,314,015	438,414		1,314,014	436,414		1	0		1,519,902	410,958			
7	00039	32600	EASTERN EUROPEAN SERVICE	15	01-09	1.95	88,761	76,843	1.2882	81,304	76,843	1.1882	8,457	0	0.11	80,798	48,475	1.6187	0.06	6.53%
				15	10-19/30-59	2.57	150,384	88,518	1.6777	137,852	88,518	1.5333	12,732	0	0.14	186,348	107,646	1.6733	0.10	6.64%
				15	60-69	4.66	74,137	23,696	3.1025	67,852	23,696	2.8632	6,285	0	0.26	78,642	27,006	2.9080	0.19	6.63%
				15	70-79	3.75	2,147	860	2.4965	1,965	860	2.2848	182	0	0.21	1,894	810	2.3407	0.16	6.65%
							328,238	191,115		298,573	191,115		27,656	0		310,679	184,034			
8	00718	39900	GRACE COMMUNITY CENTER	10	86-10	99.18	479,333	4,733	101.2747	479,333	4,744	101.0388	0	(11)	0.13	500,681	6,161	98.9443	2.33	2.36%
				10	40-49		45,411	988	45.9828	45,411	987	46.0607	0	23	(1.00)	48,261	988	51.6338	(5.67)	-10.98%
							524,744	5,721		524,744	5,711			10	(0.79)	548,928	6,047			
9	00144	30100	COMMUNITY SOLUTION	5	86-79		369,948	2,886	128.2663	378,830	2,886	131.2674	(8,882)	0	(3.33)	317,920	2,778	114.1181	13.98	12.25%
				15	01-09	1.95	551,748	317,054	1.7408	564,374	316,928	1.7808	(12,626)	1,008	(0.08)	617,018	288,089	1.5523	0.19	11.13%
				15	10-19/30-59	2.57	1,392,771	619,271	2.2491	1,416,930	614,651	2.3078	(25,753)	4,620	(0.06)	1,185,525	591,853	2.0041	0.24	12.22%
				15	60-69	4.66	485,466	118,128	4.1090	485,636	102,312	4.7477	45,831	14,816	(0.19)	434,367	121,660	3.7043	0.45	12.27%

Received
April 22, 2011
Commission on
State Mandates

Santa Clara County Mental Health
Medi-Cal/Shed-Costs Program
FYE 6/30/06

Legal Entity No	Company Code	ENTITY NAME	MODE	SF	State Neg Rate	FY06 SMA	As Reported FY06 Total Cost	Total Units	Per Unit	Adjustment to cost report Total Cost	Total Units	Per Unit	As Reviewed FY06 Total Cost	Total Units	Per Unit	Reviewed Unit Cost Comp to FY05	% change
			15	70-79		3.76	28,836	6,613	3.3444	(1,80)	20,044	(0.09)	44,831	10,070	2.9816	0.37	12.25%
							2,629,772	1,064,534		2,629,772	1,044,790		2,629,769	1,130,113			
10	00194	30400	EASTFIELD MING QUONG (LIMS per MHN dated 12/28/06)	10	65-69		3,718,514	8,718	197.2481	1,720,397	8,718	197.3373	(1,631)	0	(0.09)	1,827,183	10,731	189.4471	27.76	18.36%
			15	01-09		1.95	1,720,192	875,066	1.9660	1,731,205	875,873	1.9675	(2,811)	246	(0.00)	964,042	837,838	1.8819	0.27	18.31%
			15	10-19/30-59		2.52	14,614,482	5,776,047	2.5311	14,671,390	5,770,212	2.5428	3,293	3,835	(0.00)	12,274,843	5,619,870	2.1843	0.36	16.25%
			15	60-69		4.06	721,374	153,995	4.6998	722,945	151,956	4.7570	11,062	40	(0.01)	847,888	160,206	5.2915	0.66	16.41%
			15	70-79		3.75	1,728,847	457,148	3.7820	1,726,708	451,749	3.8237	(2,139)	0	(0.00)	1,135,849	368,896	3.2496	0.53	18.39%
			15	80			848,479	378,184	2.2436	848,356	373,194	2.2726	(120)	0		924,467	423,227	2.1843	0.36	18.39%
							21,814,758	7,841,193		21,814,758	7,837,853		0	4,140		17,819,330	7,167,335			
11	00150	31100	FAMILY & CHILDREN SERVICES	15	01-09	1.58	180,851	116,648	1.5427	180,851	116,648	1.5427	0	0	-	113,613	82,614	1.6234	0.02	3.40%
			15	10-19/30-59	2.94	2.52	831,622	316,405	2.9962	831,622	316,405	2.9962	1	0	0.00	838,756	324,791	1.8867	0.00	1.40%
			15	60-69	3.76	4.06	79,200	21,455	3.6915	79,200	21,455	3.6914	1	0	0.00	73,141	20,130	3.6352	0.06	1.15%
			15	70-79	3.03	3.75	7,843	2,572	2.9705	7,843	2,572	2.9705	0	0	-	8,347	2,176	3.0250	0.04	1.32%
							899,116	457,381		899,116	457,381		2	0	0.00	880,878	440,691			
12	00251	30500	GARDNER FAMILY CARE	15	01-09		807,142	721,737	1.2400	1,636,816	820,816	1.3963	(133,778)	100,079	(0.01)	504,365	141,833	1.2238	0.02	1.87%
			15	10-19/30-59		1.95	3,487,692	2,171,113	1.6064	3,551,081	2,164,497	1.6398	178,419	6,616	(0.01)	3,814,880	2,281,106	1.5800	0.03	1.87%
			15	60-69		3.52	302,599	101,867	2.9708	301,930	100,367	3.0092	1,378	1,600	(0.03)	97,838	106,062	2.9206	0.09	1.12%
			15	70-79		4.06	22,736	6,607	3.4400	22,896	6,477	3.5340	(170)	30	(0.03)	29,224	12,437	2.3508	0.04	1.70%
			15	80		3.75	158,966	84,959	1.8054				158,966	85,959	1.81	136,903	87,728	1.8800	0.03	1.87%
							4,809,045	3,103,183		4,809,187	3,094,957		(126)	8,326		6,017,770	3,141,862			
13	00157	30600	HOPE COUNSELING CENTER	15	01-09	none	48,037	25,729	1.8668	48,681	25,490	1.9101	(1,634)	249	(0.00)	73,007	15,028	1.8735	0.16	11.54%
			15	10-19/30-59		1.95	237,332	94,315	2.4123	251,008	90,651	2.5108	(13,278)	(3,280)	(0.11)	306,810	138,917	2.1908	0.25	11.65%
			15	60-69		2.52	576,368	128,888	4.4700	589,198	126,481	4.6579	210,633	3,161	(0.02)	499,840	123,364	3.8934	0.37	11.70%
			15	70-79		4.06	1,400	390	3.6897	1,469	390	3.7687	(87)	0	(0.10)	814	160	5.2143	0.46	11.56%
			15	80		3.75	223,353	92,890	2.4123	233,071	92,530	2.5189	(8,711)	80	(0.11)	234,202	106,402	2.1805	0.35	11.65%
							1,086,478	346,749		1,124,421	344,534		(18,845)	3,195		1,059,285	393,871			
14	00158	32000	INDIAN HEALTH CENTER	15	01-09	1.95	36,981	15,007	2.4643	31,604	15,007	1.0966	5,318	0	0.35	47,510	21,064	2.2554	0.10	8.27%
			15	10-19/30-59	2.52	2.52	310,618	98,399	3.1569	288,902	98,399	2.7062	24,216	0	0.45	200,647	89,183	2.8117	0.76	5.43%
			15	60-69	4.06	4.06	34,365	5,886	5.8417	28,500	5,886	4.8102	4,393	0	0.83	42,006	7,899	5.3219	0.46	8.84%
			15	70-79	3.76	3.76	2,449	521	4.7000	2,101	521	4.0336	348	0	0.67	2,690	621	4.3317	0.37	8.52%
						subtotal	384,341	119,818		319,606	119,818		54,875							
			45	10			24,694	12,460	1.9816	19,867	12,460	1.5800	5,007	0	0.45	13,380	7,870	1.7418	0.34	13.38%
		Promotion	45	20		subtotal	3,160	1,100	2.8727	2,535	1,100	2.3900	641	0	0.58	2,610	1,006	2.5246	0.35	13.78%
		Consord					27,854	13,560		881,838	253,190		316,998			369,193	187,742			
15	00159	31300	INNOVISION	5	80	n/a	387,064	16,383	23.6281	418,821	16,312	25.6478	(31,757)	1	(0.14)	383,128	15,908	25.0290	(0.62)	2.27%
			10	95		n/a						n/a								
			10	40		n/a	240,470	18,731	12.8374	271,323	18,734	13.8060	(30,853)	(3)	(1.71)	236,276	17,661	13.4705	(0.26)	2.27%
							627,534	35,114		692,745	35,116		(62,610)	(2)		619,404	33,572			
16	00160	31900	MEKONG COMMUNITY CENTER	15	01-09	1.97	64,812	62,871	1.0309	56,812	62,871	1.0395	(0)	0	(0.00)	48,979	43,032	1.1119	(0.07)	-4.83%
			15	10-19/30-59	1.38	2.52	285,901	184,901	1.5462	285,901	184,901	1.5462	(0)	0	(0.00)	264,832	184,713	1.4343	(0.02)	-5.54%
			15	60-69	2.54	4.06	73,959	20,171	2.6310	73,959	20,171	2.6310	(0)	0	(0.00)	70,431	20,830	2.0511	(0.12)	-4.49%
			15	70-79	2.06	3.75	3,436	1,000	3.0374	3,436	1,000	3.0375	(0)	0	(0.00)	627	291	2.1538	(0.10)	-4.81%
							409,608	287,929		409,608	287,929					388,869	248,817			
17	01031	31875	OASIS CARE INC	10	65	122.75	1,816,864	15,023	109.6663	1,844,096	15,024	122.7435	(197,634)	1	13.18	1,496,256	13,637	110.5496	4.19	3.64%
			15	01-09	1.89	1.95	225,551	132,813	1.6983	246,848	130,426	1.8920	(22,858)	2,483	(0.20)	225,743	131,008	1.6283	0.06	3.64%
			15	10-19/30-59	2.44	2.52	301,769	138,587	2.1779	343,021	140,487	2.4399	(41,251)	(2,030)	(0.28)	362,186	133,996	2.3565	0.03	3.64%
			15	60-69	4.51	4.06	236,175	64,105	4.0775	280,027	66,237	4.2696	(17,490)	788	(0.48)	316,412	72,843	4.3687	0.15	3.34%
			15	70-79	3.03	3.75	14,289	4,400	3.2409	15,929	4,308	3.6296	(1,340)	103	(0.38)	14,886	4,248	3.5058	0.12	3.53%
							2,444,925	354,927		2,733,074	383,782		(280,449)	1,133		2,435,552	394,290			
18	00235	31800	GOOD FELLOW - REBEKAH	10	65	193.56	893,116	4,800	206.8992	1,006,470	4,800	209.8015	(113,354)	0	(17.78)	833,134	3,865	237.2318	(17.61)	-7.75%

Unit Cost Sum 06

12/26/2006

Received
April 22, 2011
Commission on
State Mandates

Santa Clara County Mental Health
Mod-Cal/Medi-Cal/Ts Program
FYE 6/30/06

Legal Entity No.	Company Code	ENTITY NAME	MODE	SF	State Reg Rate	FY06 SMA	As Reported FY06 Total Cost	As Reported FY06 Total Units	As Reported FY06 Per Unit	Adjustments last report Total Cost	Adjustments last report Total Units	Adjustments last report Per Unit	As Reviewed FY06 Total Cost	As Reviewed FY06 Total Units	As Reviewed FY06 Per Unit	Reviewed Unit Cost Comp to FY05	% change
			15	01-09		1.05	1,098,630	532,577	2.0626	1,112,322	532,577	2.0886	1,118,840	492,077	2.2693	(0.19)	-7.90%
			15	10-19/20-59		2.82	2,824,375	1,058,497	2.6681	2,858,874	1,058,497	2.6991	3,090,045	1,067,831	2.8266	(0.29)	-7.87%
			15	60-69		4.66	81,946	18,066	4.5397	93,113	18,066	4.9913	91,881	19,778	4.6150	(0.42)	-7.83%
			15	70-79		3.78	38,263	8,887	3.4671	38,761	8,887	4.0166	31,581	4,055	4.3544	(0.34)	-7.83%
			15	56		2.83	119,450	44,845	2.6639	121,040	44,845	2.6991	186,373	87,678	2.8266	(0.23)	-7.87%
							3,166,901	1,670,243		3,222,372	1,670,243		5,313,000	1,828,661			
19	00840	33800	STARLIGHT ADOLESCENT														
			Mental Health Supplement →	10	99		1,723,883	10,890	158.1843	1,850,634	10,890	169.9310	75,359	0	6.86	3.74	2.45%
				10	85	181.87	2,096,759	10,735	195.3199	2,102,813	10,735	195.8973	(6,154)	0	(0.57)	10.38	5.17%
				15	01-09	1.91	219,859	145,631	1.9474	220,508	145,631	1.9531	(0.11)	0	(0.01)	0.13	5.65%
				15	10-19/20-59	2.47	1,334,066	509,741	2.6169	1,371,460	509,741	2.6910	(17,374)	(5,428)	(0.01)	0.25	5.10%
				15	60-69	4.67	230,761	53,845	4.6878	226,116	44,450	4.6075	24,645	5,425	(0.01)	0.20	5.04%
				15	70-79	3.68	134,814	35,945	3.7490	133,010	35,945	3.7000	(396)	0	(0.01)	0.13	5.68%
				15	56		1,078,061	427,877	2.5188	1,079,215	427,877	2.5240	(3,154)	0			
							6,817,952	1,191,057		6,143,921	1,191,057		72,011	0		5,466,373	187,616
20	00457	33900	SUNNY HILLS SERVICE	10	85.99	196.66	89,278	337	266.9040	74,074	354	212.0734	(5,348)	(17)	(5.17)	69,623	453	198.2847	13.79	8.95%
				10	95.99	126.80	50,170	374	134.1444	49,084	367	137.4902	1,086	17	(3.35)	54,628	415	128.6867	8.93	6.35%
				15	10-19/20-59	7.02	3,618	1,820	3.9819	3,603	1,320	2.7285	(84)	0	(0.06)	6,210	3,019	2.3561	0.17	6.81%
				15	60-69	4.66	10,234	2,076	5.5297	10,853	2,150	5.0419	(819)	(74)	(0.17)	12,647	3,720	4.7333	0.32	6.47%
				15	56		20,074	7,755	2.5859	15,710	5,735	2.7398	4,364	2,900	(0.06)	24,008	9,395	2.5554	0.17	6.32%
							164,374	11,862		154,324	9,826		1	1,926		166,816	15,002			
21	00163	33100	UBHA ADULT AND FAMILY	15	01-09		78,786	69,747	1.1295	78,100	69,747	1.1341	(318)	0	(0.00)	90,998	82,688	1.1005	0.03	3.05%
				15	10-19/20-59	2.82	386,651	266,251	1.4597	387,066	266,251	1.4371	885	0	0.00	421,806	296,893	1.4207	0.04	2.96%
				15	60-69	4.66	81,413	73,761	2.6923	81,738	33,761	2.7150	(358)	0	(0.02)	82,340	31,883	2.8260	0.09	3.59%
				15	70-79	3.78	1,855	854	2.1721	1,887	854	2.1882	(12)	0	(0.01)	1,020	487	2.1156	0.07	3.43%
							530,700	358,603		530,701	358,603		(1)			576,164	404,956			
22	00252	0004	MENTAL HEALTH ADVOCACY													N/A			N/A	
			Legal Advocacy for homeless	45	10	N/A	184,845	2,431	67.7088	205,916	2,431	84.6817	141,2308	0	118.96					
				45	50	N/A	578,642	7,900	73.3367	498,187	7,800	63.1887	80,078	0	(0.17					
				45	10	N/A	60,776	1,718	34.6054	60,870	1,718	57.6158	(38,141)	0	(22.81)					
							903,863	12,047		903,862	12,047		1	0						
23	00252	33000	BHC	3	80	N/A	137,065	14,840	9.2374	137,065	13,811	9.9243	0	329	(0.68)	N/A			N/A	

12/28/2006

Unit Cost Sum 06

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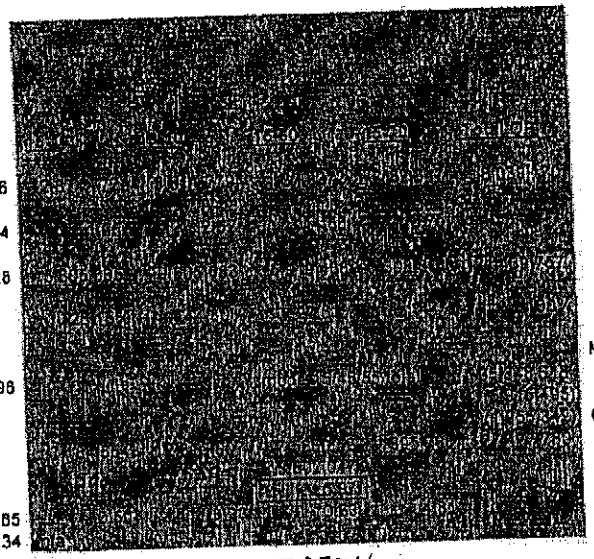
FY06 Cost Per Unit of Service (All Clients)
County

County Total Units
MH 91 Totals
FYE 6/30/2006

All A&G included in Admin of MH report.

	05-10	05-19	4540 JAIL I/P 05-50	10-20
Total per MH91	9,673	7,969	[redacted]	117,006
SMA	952.86	294.45		91.34
Rel Value	9,217,015	2,346,472	-	10,687,328
Total County Expenditures	16,216,344	13,359,566	10,212,606	15,969,196
Less Pharmacy cost net of rev				
less OP consolidation				
Subtotal				
w / pharmacy				
cost per unit	1,676.45	1,676.45	730.20	136.65
neg rate	952.86	294.45		91.34



5.9724

8,187,804

MH 1960 91,126,432

OP Cons, MAA, Outreach

HF Cost per Unit 4.15

Total/Encum	206,893,197
Other Adj	(16,315,446)
M-Cal Adj	(10,676,606)
IP Cons	(1,821,231)
Admin	(15,976,178)
UR	(2,004,965)
Contractor	(67,772,139)
	91,126,432
Outreach	26,043
MAA	798,721
OP Cons	1,130,579
	1,955,342

12/19/2008

Unit Cost SCC 06SCC Unit Cost

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
Chapter 26.5 Utilization: July 1, 2005 - June 30, 2006

CH 26.5 Indirect Services: Revenue

Revenue Source		Assessment	Treatment	Total
MediCal FFP	From BHS118 Report/Analysis	$636,167	$3,313,672	$3,949,839
EPSDT	From BHS118 Report/Analysis	$176,620	$937,853	$1,114,473
	Subtotal	$812,787	$4,251,525	$5,064,312
IDEA	Prorated Based on Subtotals	$949,842	$4,968,435	$5,918,277
	Total	$1,762,629	$9,219,960	$10,982,589

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Santa Clara County Office of Education
Accounting Services
Attn: Jenina Lingaolingao
1290 Ridder Park Dr. MC 242
San Jose, CA 95131-2398
Phone (408) 453-6788 Fax (408) 441-6415

Final Expenditure Report for Special Education Grants
MENTAL HEALTH AB3632 SERVICES, PCA 14468

District Name: Santa Clara Valley Health & Hospital System Mental Health Department

Address: 828 South Bascom Avenue

City: San Jose CA **Zip** 95128

Purpose: This report is used to verify the actual received payments and expenditures from July 1, 2005-June 30, 2006.

Grant	Resource Code	SACS Revenue Obj Code	Grant award period	GRANT AWARD	Actual Payments Received	Actual Expenditures
					July 1, 2005 - June 30, 2006	
PCA14468 - Mental Health AB3632	3327	8287	07/01/05 - 06/30/06	5,918,277.00	3,550,966.00	10,456,009.00
Total				$5,918,277.00	$3,550,966.00	$10,456,009.00

CERTIFICATION

I certify that the expenditures reported above have been incurred; full records of receipts and expenditures have been maintained; and are available for a period of five years after submission of a final expenditure report. I further certify that the expenditures reported on this form are accurate and were incurred for the purpose intended by the grantor.

Signature of Authorized Agent Phone No. Date

Martha Paine, Director, General Fund Financial Services
Name and Title of Authorized Agent

Note: Please return this form to above address.

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Commitment/Actual Line Items by Document Number

Fund	Funds ctr	Value type	Amt type	Amount	Text
0001	04124350	Invoices	0100	329,676.00	
0001	04124350	Invoices	0100	8,008.00	
0001	04124350	Invoices	0100	8,008.00-	
0001	04124350	Invoices	0100	6,109,420.00-	Pr.con06 rev est
0001	04124350	Invoices	0100	229,242.00-	Re'Ac pymt
0001	04124350	Invoices	0100	3,510,830.00	SB90
0001	04124350	Invoices	0100	5,177.00	SB90
0001	04124350	Invoices	0100	591,828.00	SB90
0001	04124350	Invoices	0100 (1)	3,550,966.00-	SB90 - IDEA
0001	04124350	Invoices	0100 (2)	591,828.00-	SB90 IDEA
0001	04124350	Invoices	0100	611,000.00-	SB90
				12,917,937.00	

3,550,966
1,775,483

5,326,449
591,828

5,918,277

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Posting Date	Document Type	Value Date	Amount	Text	Fund	Fundscntr
08/21/2006	Invoices	0100	76,618.00-	rev FY2005	0001	04124350
08/21/2006	Invoices	0100	12,218,732.00-	rev FY05	0001	04124350
08/21/2006	Invoices	0100	1,495,542.00-	rev FY06	0001	04124350
09/05/2006	Invoices	0100	1,775,483.00-	FY05/06 Mental Health 30% Payment	0001	04124350

IDEA

3

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
Chapter 26.5 Utilization: July 1, 2005 - June 30, 2006

Residential Services Mental Health Costs

California Facilities	Unit of Service	Units Provided	Rate Per UOS	Total Cost
Aspen Solutions/Mediated Settlement				$33,210
Early Childhood MH Program	Hour	64	$120.00	$7,661
Room & Board/Mediated Settlements (3)				$50,500
Seneca Center	Day	28	$137.00	$3,836
Victor Treatment Center	Day	1,019	$165.00	$168,135
Youth Leadership Institute	Day	10	$1,000.00	$10,000
				$273,342

Out of State Facilities		Unit of Service	Units Provided	Rate Per UOS	Total Cost
Heritage Schools, Inc	Utah	Month	1	$500.00	$427
Intermountain Childrens Home	Montana	Day	159	$32.88	$5,228
Yellowstone Boys & Girls Ranch	Montana	Day	287	$49.54	$14,218
Youth & Family of NM/ Desert Hills	New Mexico	Day	365	$410.00	$149,710
					$169,583

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VENDOR NO: 0001012729 | NAME: SUNHAWK ACADEMY | DATE ISSUED: 11/30/2005 | WARRANT NUMBER: 10505984 | PAGE 1 OF 1

AP REF	DATE	INVOICE NO.	INVOICE NOTES	DOC. NO.	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID
BATCH_ADM	11/29/05	08/01/03-01/30/0	577276 08/01/03-01/30/04/MEDIATION	1900754551	33,210.00		33,210.00
						WARRANT TOTAL	$33,210.00

SANTA CLARA COUNTY CONTROLLER-TREASURER DEPARTMENT
SAN JOSE, CALIFORNIA

THIS DOCUMENT CONTAINS SECURESCAN - WORD "VOID" APPEARS WHEN COPIED ON COLORED COPIERS

COUNTY OF SANTA CLARA WARRANT

CONTROLLER-TREASURER DEPARTMENT

WARRANT NO. 10505984

DATE ISSUED 11/30/2005

THIRTY-THREE THOUSAND TWO HUNDRED TEN AND 00/100 DOLLARS

$33,210.00

SUNHAWK ACADEMY

VOID AFTER 90 MONTHS

WALNUT CREEK, CA

"10505984" :121100782: 0320017 27"9450

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April 22, 2011
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[redacted] [redacted]

NAME: EARLY CHILDHOOD MENTAL HEALTH PRGM PLANT: 0412 P.O. NUMBER: 4400001777 TYPE: A I
PURPOSE: INTENSIVE MENTAL HEALTH SVCS ASSOC DIRECTOR: N PENA

VENDOR # 1014697 CST CTR: 4410 G/L: 5300200 MAT GRP: 918 PUR GRP: B10
TRACK # : REQ # : 0040003852 INT ORD:
CONTRACT PERIOD: BEG: 07/01/05 END: 06/30/06 CONTRACT AMOUNT: $25,000.00

TERMS: $120.00 PER HOUR, 4 HOUR PER WEEK MAXIMUM INSURANCE EXPIRES: 11/01/05

OTHER: CONTACT: VICKIE 885-3883

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
07/01/05	4400001777			$25,000.00			$25,000.00
08/31/05	5105628089		JUL 2005		$3,488.44	$3,488.44	$21,511.56
10/14/05	5105635345		AUG 2005		$2,346.16	$5,834.60	$19,165.40
11/28/05	5105642895		SEP 2005		$978.00	$6,812.60	$18,187.40
01/09/06	5105650206		NOV 2005		$848.00	$7,660.60	$17,339.40
			EARLYCHILD		$7,660.60		

Donald Rode

Vendor Name (Last Name, First, M.I., or Firm Name)

Vouchers must be certified to by the claimant and the proper authority ordering the delivery of the articles or performance of services before being filed with the Controller-Treasurer

COUNTY OF SANTA CLARA
VOUCHER
INSTRUCTIONS TO CLAIMANTS

Claimants performing services or supplying articles to two or more County departments must make separate vouchers for each department.
No voucher will be audited or allowed unless or until the above requirements have been complied with.

DOCUMENT DATE	EFFECTIVE DATE	PLANT	DOCUMENT NUMBER
6/6/2006 MM DD YY	MM DD YY	412	

	DESCRIPTION OF SERVICE AND AMOUNT
6/6/2006	Payment of $40,000.00 to Donald Rode for expenses incurred for educational, room & board
	costs per mediation.
	* Note: There is no address for Donald Rode, please contact Peter Antona (5-7639) when check is ready
	for pick up and Mr. Antona will mail check to payee. Thank you.

G/L	COST CENTER	INTERNAL ORDER	WBS	DESCRIPTION	AMOUNT
2701	4410	5300200		AB3632 Rode Agreement	$40,000.00

VENDOR DATA

NUMBER [10]

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
Donald Rode

NAME 2 [40]

ADDRESS [40]

CITY [29]	STATE [2]	ZIP [9]

REF #1 DIRECT PAY CODE

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

Jaime Rodey
CLAIMANT

P.O.

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL: Peter Antona AT: 686-7639

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS

BY: _____
DEPUTY CONTROLLER

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Larry & Donna Howe

Vendor Name (Last Name, First, M.I., or Firm Name)

COUNTY OF SANTA CLARA
VOUCHER
INSTRUCTIONS TO CLAIMANTS

Vouchers must be certified to by the claimant and the proper authority ordering the delivery of the articles or performance of services before being filed with the Controller-Treasurer

Claimants performing services or supplying articles to two or more County departments must make separate vouchers for each department.
No voucher will be audited or allowed unless or until the above requirements have been complied with.

DOCUMENT DATE	EFFECTIVE DATE	PLANT	DOCUMENT NUMBER
2/9/2006 MM DD YY	MM DD YY	412	

	DESCRIPTION OF SERVICE AND AMOUNT
2/9/2006	Payment of $7,500.00 to Larry and Donna Howe for expenses incurred for educational, room & board
	costs per mediation.

G/L	COST CENTER	INTERNAL ORDER	WBS	DESCRIPTION	AMOUNT
2701	4410	5300200		AB3632 Howe Agreement	$7,500.00

*** VENDOR DATA ***

NUMBER (10)

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
Larry & Donna Howe

NAME 2 [40]

ADDRESS [40]
5541 Lauren Dr.

CITY [20]	STATE [2]	ZIP [0]
San Jose	CA	95124

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS

BY: _____
DEPUTY CONTROLLER

REF #1 DIRECT PAY CODE

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

_____
CLAIMANT

P.O.

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Susan B. Hahn
APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL: Peter Antone AT: 865-7839

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Kaelien LaMonte

Vendor Name (Last Name, First, M.I., or Firm Name)

COUNTY OF SANTA CLARA
VOUCHER
INSTRUCTIONS TO CLAIMANTS

Vouchers must be certified to by the claimant and the proper authority ordering the delivery of the articles or performance of services before being filed with the Controller-Treasurer

Claimants performing services or supplying articles to two or more County departments must make separate vouchers for each department.
No voucher will be audited or allowed unless or until the above requirements have been complied with.

DOCUMENT DATE	EFFECTIVE DATE
12/8/2005 MM DD YY	MM DD YY

PLANT	DOCUMENT NUMBER
412	

	DESCRIPTION OF SERVICE AND AMOUNT
12/8/2005	Payment of $3,000.00 to Kaelien LaMonte for expenses incurred for educational, room & board
	costs per mediation.

G/L	COST CENTER	INTERNAL ORDER	WBS	DESCRIPTION	AMOUNT
2701	4410	5300200		AB3632 LaMonte Agreement	$3,000.00

*** VENDOR DATA ***

NUMBER [10]

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)
Kaelien LaMonte

NAME 2 [40]

ADDRESS [40]
PO Box 1196-1185

CITY [29]	STATE [2]	ZIP [9]
Sacramento	CA	95812-1196

REF #1 DIRECT PAY CODE

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

CLAIMANT

P.O.

I HEREBY CERTIFIY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Luanne B. Hahn 12/8/05

APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL: Peter Antons AT: 986-7839

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS

BY: _____
DEPUTY CONTROLLER

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[redacted] [redacted]

NAME: SENECA CENTER PLANT: 412 P.O. NUMBER: 4400001840 TYPE: A I
PURPOSE: INTENSIVE MH SERVICES FOR DISTURBED CHILDREN ASSOC DIRECTOR: N PENA

VENDOR # 1009401 CST CTR: 4430 G/L: 5300200 MAT GRP: 918 PUR GRP: B10
TRACK # : REQ # : 40003966 INT ORD:
CONTRACT PERIOD: BEG: 07/01/05 END: 06/30/06 CONTRACT AMOUNT: $69,272.00

TERMS: $137/DAY INSURANCE EXPIRES: 11/01/05

OTHER: CONTACT: VICKIE GORLEY
885-3883

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
							$69,272.00
06/24/05	4400001840	10		$69,272.00			$69,272.00
08/30/05	5105627988		JULY 05		$2,466.00	$2,466.00	$66,806.00
09/21/05	5105631627		AUG 05		$1,370.00	$3,836.00	$65,436.00
				(mnr: $11,210)	Accrued $1,121/mo for 10 mos.		
					10 docs for each mo.		
					for Sept 05 - June 06		
					(W/dept. email request)		
			SENECA		$3,836.00		

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[redacted] [redacted]

NAME: VICTOR TREATMENT CENTERS PLANT: 412 P.O. NUMBER: 4300002924 TYPE: C I
PURPOSE: INTENSIVE RESIDENTIAL TREATMENT FOR DISTURBED YOUTH ASSOC DIRECTOR: N PENA

VENDOR # 1010916 CST CTR: 4410 G/L: 5300200 MAT GRP: 918 PUR GRP: MHS
TRACK # : 44.1841 REQ # : 40003968/30004020 INT ORD:
CONTRACT PERIOD: BEG: 07/01/05 END: 06/30/07 CONTRACT AMOUNT: $263,395.00
FY07-$280K
NEW RATES EFF. 07/01/06
TERMS: $170/DAY - VICTOR YOUTH SERVICES INSURANCE EXPIRES: 06/01/06
$227/DAY - HEARING IMPAIRED PROGRAM
OTHER: FY07-$280K CONTACT: VICKIE GORLEY
885-3883

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
							$100,000.00
06/24/05	4400001841	10		$100,000.00			
08/17/05	5105626207		JULY 05		$12,705.00	$12,705.00	$87,295.00
09/21/05	5105631586		AUG 05		$10,230.00	$22,935.00	$77,065.00
	4400001841	10	LIQ. & CLOSED	-$77,065.00			$0.00
10/07/05	4300002924	10	CONVERTED TO BC	$77,065.00			$77,065.00
10/07/05	4300002924	20	AMEND #1	$163,395.00			$240,460.00
10/13/05	5105635319		SEPT 05		$10,065.00	$33,000.00	$230,395.00
12/01/05	5105643620		OCT05		$10,395.00	$43,395.00	$220,000.00
12/20/05	5105647227		NOV05		$15,345.00	$58,740.00	$204,655.00
02/08/06	5105655632		DEC05		$15,345.00	$74,085.00	$189,310.00
02/17/06	5105657356		JAN 06		$15,345.00	$89,430.00	$173,965.00
03/20/06	5105662838		FEB 06		$13,860.00	$103,290.00	$160,105.00
04/12/06	5105666329		JULY 05 BARELA		$5,115.00	$108,405.00	$154,990.00
04/12/06	5105666330		AUG 05 BARELA		$5,115.00	$113,520.00	$149,875.00
04/27/06	5105669249		MAR 06		$15,345.00	$128,865.00	$134,530.00
05/19/06	5105673660		APR 06		$14,850.00	$143,715.00	$119,680.00
06/19/06	5105679808		MAY 06		$15,345.00	$159,060.00	$104,335.00
07/28/06	5105688876		JUNE 06		$9,075.00	$168,135.00	$95,260.00
12/06/06	4300002924	20	LIQ. & CLOSED	-$95,260.00			$0.00
			SEE EMAIL				
			VICTOR TRTMT		$168,135.00		

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[redacted] [redacted]

NAME: YOUTH LEADERSHIP INSTITUTE PLANT: 417 P.O. NUMBER: 4400001380 TYPE: A I
PURPOSE: BULLYING PREVENTION PROGRAM ASSOC DIRECTOR: R GARNER

VENDOR # 1011488 CST CTR: 4630 G/L: 5255100 MAT GRP: 918 PUR GRP: B10
TRACK # : REQ # : 40002504 INT ORD:
CONTRACT PERIOD: BEG: 09/01/04 END: 08/31/05 CONTRACT AMOUNT: $10,000.00

TERMS: YEAR 2 - $1,000/DAY FOR 10 DAYS INSURANCE EXPIRES: 05/13/06

OTHER: CONTACT: ALEXIA CARTER / AMY BRINKMAN-VIALL
792-5685 272-6527

DATE	DOC NUMBER		SERVICE PERIOD	ENC AMOUNT	PAYMENT AMOUNT	CUM TOTAL	CONTRACT BALANCE
08/30/04	4400001380	10		$10,000.00			$10,000.00
10/27/04	5105675759		09/01-09/30/04		$2,000.00	$2,000.00	$8,000.00
01/25/05	5105689990		10/01-12/31/04		$2,000.00	$4,000.00	$6,000.00
04/11/05	5105602639		01/01-03/01/05		$2,000.00	$6,000.00	$4,000.00
07/25/05	5105622343		04/01-06/30/05		$4,000.00	$10,000.00	$0.00
			YOUTHLEADINST		$10,000.00		

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
Chapter 26.5 Utilization: July 1, 2005 - June 30, 2006

Travel Expenses

Destination	Traveller	Dates	Air Fare	Auto Rental	Lodging	Meals	Parking	Gas	Tolls	Total Cost
California Facilities										
Wendy Goodridge	San Diego	10/27/05	$248.40	$24.90	$0.00	$19.97	$30.00	$13.00	$0.00	$336.27
Wendy Goodridge	San Diego	2/23/06	$238.60	$27.25	$0.00	$8.00	$30.00	$6.25	$0.00	$310.10
										$646.37
Out-of-State Facilities										
Wendy Goodridge	Reno, Nevada	12/19-20/05	$0.00	$20.00	$67.20	$30.73	$0.00	$0.00	$3.00	$120.93
Hayley Giniger	Provo, Utah	10/5-6/05	$376.40	$72.16	$111.32	$24.55	$30.00	$0.00	$0.00	$614.43
Hayley Giniger	Provo, Utah	1/10-11/06	$366.61	$195.00	$82.92	$12.01	$30.00	$0.00	$0.00	$686.54
Genie Yomtov	Albuquerque, NM	9/6-7/05	$522.30	$40.99	$76.67	$36.16	$30.00	$0.00	$0.00	$706.12
Genie Yomtov	Albuquerque, NM	1/24-25/06	$263.19	$25.80	$74.42	$30.00	$20.00	$0.00	$0.00	$413.41
Genie Yomtov	Aurora, Colorado	1/31-2/1/06	$452.60	$39.15	$0.00	$32.56	$21.00	$5.00	$0.00	$550.31
Genie Yomtov	Helena, Montana	2/28-3/1/06	$750.19	$39.90	$67.45	$30.00	$21.00	$0.00	$0.00	$908.54
Genie Yomtov	Albuquerque, NM	4/28/06	$497.70	$47.96	$0.00	$30.00	$30.00	$0.00	$0.00	$605.66
Genie Yomtov	Aurora, Colorado	5/30/06	$425.60	$32.44	$0.00	$23.00	$30.00	$10.31	$0.00	$521.35
Genie Yomtov	Helena, Montana	6/6/06	$455.20	$41.43	$68.48	$30.00	$44.00	$5.39	$0.00	$644.50
										$5,771.79

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SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
MENTAL HEALTH DEPARTMENT
Chapter 26.5 Utilization: July 1, 2005 - June 30, 2006

CH 26.5 Indirect Services: IEP -Related Activities (Indirect Service Code 590)

Site	Staffperson	Job Class	FY06 Salary Expense	FY06 Fringe Expense	FY06 Total Expense	FY06 Prod Hours	Salary Expense per PH	IEP 590 Hours	IEP 590 Salary	Fringe % Salary	IEP 590 Fringe	Total IEP 590 Cost
Bascom	Nang Cao	Y41 PSW II	$78,946	$35,082	$114,028	1,544	$51.13	73.68	$3,767	44.44%	$1,674	$5,442
Bascom	Diane Fjelstad	Y41 PSW II	$75,648	$35,536	$111,184	1,544	$48.99	11.75	$576	46.98%	$270	$846
Bascom	Hayley Giniger	P96 MFT II	$75,962	$35,643	$111,604	1,544	$49.20	1.28	$63	46.92%	$30	$93
Bascom	Lily Goldbard	Y41 PSW II	$73,325	$41,406	$114,731	1,544	$47.49	6.25	$297	56.47%	$168	$464
Bascom	Wendy Goodridge	P96 MFT II	$75,962	$34,569	$110,531	1,544	$49.20	11.62	$572	45.51%	$260	$832
Bascom	Rethana Harter	P96 MFT I	$50,682	$29,669	$80,351	1,544	$32.83	33.13	$1,088	58.54%	$637	$1,724
Bascom	Sylvia Hsiang	P96 MFT II	$53,950	$34,965	$88,915	1,030	$34.94	3.03	$106	64.81%	$69	$175
Bascom	Dolores Ponce	Y41 PSW II	$75,962	$41,140	$117,102	1,544	$49.20	10.92	$537	54.16%	$291	$828
Bascom	Gerie Yomtov	P96 MFT II	$75,962	$36,562	$112,523	1,544	$49.20	12.33	$607	48.13%	$292	$899
			$636,397	$324,572	$960,969			164.00	$7,612	$5	$3,690	$11,302
Las Plumas	Vercila Chacon	Y41 PSW II	$59,885	$26,318	$86,204	1,217	$49.20	7.73	$380	43.95%	$167	$548
Las Plumas	Lorena Gonzalez	Y41 PSW II	$75,962	$37,436	$113,397	1,544	$49.20	4.92	$242	49.28%	$119	$361
Las Plumas	Danielle Hanchett	Y41 PSW II	$37,981	$13,985	$51,966	772	$49.20	104.25	$5,129	36.82%	$1,889	$7,017
Las Plumas	Louise Hill	Y41 PSW II	$78,360	$32,680	$111,040	1,544	$50.75	31.48	$1,598	41.70%	$666	$2,264
Las Plumas	Van Le	Y41 PSW II	$59,641	$28,151	$87,792	1,212	$49.20	7.32	$360	47.20%	$170	$530
Las Plumas	Jose Sanchez	Y41 PSW II	$48,513	$25,198	$73,710	986	$49.20	12.67	$623	51.94%	$324	$947
			$360,341	$163,768	$524,109			168.37	$8,332	$3	$3,335	$11,667
			$996,738	$488,340	$1,485,078			332.37	$15,944	$7	$7,025	$22,970

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COUNTY OF SANTA CLARA
Mental Health Department BU412
Indirect Cost Rate Proposal
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		[illegible]	[illegible]	[illegible]	[illegible]
SALARIES & BENEFITS					
Salaries & Wages					
5101000	Permanent Employees	24,150,204.37	-	3,950,510.76	20,199,693.61
5101100	Temporary Employees	367,035.57	-	32,163.18	334,872.39
5104000	Premium Pay	319,408.16	-	30,960.15	288,448.01
5105000	Call Duty	124,707.30	-	28,975.92	95,731.38
5105500	Uniform	550.00	-	-	550.00
	Salaries & Wages :	24,961,905.40	-	4,042,610.01	20,919,295.39
Overtime					
5103000	Overtime	139,817.34	-	29,427.33	110,390.01
5103100	Holiday Overtime	21,125.17	-	414.09	20,711.08
	Overtime :	160,942.51	-	29,841.42	131,101.09
Benefits					
5110100	Retiree Medical Expense	775,515.08	-	133,875.34	641,639.74
5110300	Unemployment Insurance	19,593.56	-	3,346.20	16,247.36
5110200	Health Insurance	3,473,805.78	-	631,085.47	2,842,720.31
5110400	FICA - Employer Share	1,837,867.89	-	307,155.44	1,530,712.45
5110500	Medicare Tax - Employer	10.35	-	10.35	-
5110600	PERS - Retirement	4,902,175.01	-	807,372.11	4,094,802.90
5110700	Workers Compensation	595,526.96	-	101,305.72	494,221.24
	Benefits :	11,604,494.63	-	1,984,150.64	9,620,343.99
	Total salaries, wages and benefits	36,727,342.54	-	6,056,602.07	30,670,740.47
SERVICES, SUPPLIES, OTHER					
1308000	Low Value Assets	-	-	-	-
5205100	Communications	203,891.41	-	130,675.97	73,215.44
5205300	Communications	192,681.75	-	62,877.56	129,804.19
5210100	Food - Other	56,802.90	-	47,648.70	9,154.20
5210110	Food - Meat, Fish, Poultry	1,257.01	-	926.29	330.72
5210150	Food - Bakery	269.63	-	225.66	43.97
5210170	Food - Prepared Entrees	8,466.47	-	7,990.81	475.66
5215200	Cleaning Supplies	-	-	-	-
5215700	Garbage	8,102.19	-	-	8,102.19
5220200	Insurance	335,721.00	-	335,721.00	-
5225200	Witness Expense	39,366.74	-	39,366.74	-
5225650	Arabic	1,324.80	-	1,324.80	-
5230400	Maint - Equip - Other	-	-	-	-
5230407	Maint - Office Equip	476.30	-	476.30	-
5231100	Contract Maint Equip	806.17	-	-	806.17
5235100	Maint - Struct/Improvements	2,476.50	-	-	2,476.50
5235110	Maint - Struct/Improvements	3,882.89	-	-	3,882.89
5235400	Outside Repair/Maint	10,544.83	-	-	10,544.83
5235410	Contract Maint Building	-	-	-	-
5235420	Contract Maintenance - Preventive	1,070.16	-	-	1,070.16
5240100	Medical/Dental/Lab	14,253,971.43	-	-	-
5245100	Membership Dues & Fees	67,202.97	67,202.97	-	-
5250100	Office Expense	287,384.47	-	87,436.57	199,947.90
5250200	Postage - External	3,290.67	-	1,452.14	1,838.53
5250250	Postage - Internal	27,885.00	-	10,000.00	17,885.00
5250500	Freight	2,467.89	-	2,169.79	298.10
5250700	Printing - External	4,744.67	-	2,425.26	2,319.41
5250750	Printing - Internal	28,327.69	-	19,157.32	9,170.37
5250800	PC Software	79,220.98	-	79,088.91	132.07
5250810	PC Software - Maint	-	-	-	-
5250900	Educ Expense - Other	347.80	-	347.80	-
5251000	Workshops/Conferences	66,310.13	-	64,631.64	1,678.49
5251300	Management and Development	(250.00)	-	(250.00)	-
5251400	Books & Periodicals	4,679.60	-	705.71	3,973.89

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5251410	Subscriptions	4,272.77	-	2,771.05	1,501.72
5252100	Training Programs	148,928.83	-	148,849.94	78.89
5255100	Prof & Spec Services	509,153.29	-	346,036.04	163,117.25
5255150	Advertising	4,266.04	-	4,266.04	-
5255300	Annual Audit - Charter	-	-	-	-
5255500	Contract Services	94,265,618.45	-	5,354,416.75	88,911,201.70
5255650	Data Processing Serv	10,173.80	-	150.08	10,023.53
5255800	Legal Expenses	92.20	-	92.20	-
5257100	Consult & Mgmt Fees	73,377.00	-	73,377.00	-
5257120	Consulting Fee - Adult	1,754.17	-	1,754.17	-
5257400	Medical Prof Fees	1,180.00	-	-	1,180.00
5257450	Medical Prof Fees-Technologists & Therapists	500.00	-	400.00	100.00
5257900	Investig & Expert Fees	-	-	-	-
5258200	Prof Services - Internal	10,099,827.77	-	-	10,099,827.77
5259000	Purch Services Other	(13,700.77)	-	(24,776.34)	11,075.57
5259010	Purchased Svc - Cntr	120.00	-	-	120.00
5259040	Prof Grp S/S	6,668.52	-	252.38	6,416.14
5259100	Corporate Services Charge	9,839,604.42	-	9,839,604.42	-
5260100	Publications & Legal	1,216.04	-	1,216.04	-
5265100	Equipment - Other	54,585.30	-	28,925.07	25,660.23
5265140	Computer Printer	-	-	-	-
5265150	Office Equipment	18,808.55	-	-	18,808.55
5270100	Building & Improvements	-	-	-	-
5270200	Office Rents	2,006,346.47	-	525,195.45	1,481,151.02
5275100	Small Tools & Instruments	69,123.56	-	26,939.54	42,184.02
5275200	PC Hardware	31,916.07	-	7,448.47	24,467.60
5275500	Equipment	20,025.38	-	1,554.26	18,471.12
5280000	Special Dept Expense	3,138.95	-	2,326.88	812.07
5280100	Fire Hoses	4.97	-	4.97	-
5280700	Med Supplies - Other	681.56	-	37.89	643.67
5280710	Med Supplies - Prosthesis	-	-	-	-
5280718	Med Suppl-Othr Pharm	720.22	-	-	720.22
5280721	Medical Supplies - Medical	353.84	-	-	353.84
5280800	Medical Supplies - Non Medical	2,991.09	-	894.52	2,096.57
5280810	Non-Medical-Dental	-	-	-	-
5281000	Correction Industrie	2,379.38	-	-	2,379.38
5281200	Library Books	60.58	-	60.58	-
5281600	County Overhead	1,366,072.00	-	1,366,072.00	-
5282200	Projects & Program	506.74	-	506.74	-
5282300	Audio Visual Aids	62.97	-	62.97	-
5282500	Outside Laboratory	348.45	-	-	348.45
5282530	Med Purch Srvs - Other	33,632,533.31	-	-	33,632,533.31
5283000	Administrative Cost	-	-	-	-
5285200	Transportation & Travel	244,910.20	-	2,148.38	242,761.82
5285210	Transportation & Other	-	-	-	-
5285300	Mileage	98,942.79	-	24,617.88	74,324.91
5285800	Business Travel	65,904.57	-	59,123.98	6,780.59
5290110	Utility - Electricity	217,666.30	-	839.46	216,826.84
5290120	Utility - Gas	27,929.60	-	94.94	27,834.66
5290130	Utility - Water	10,017.63	-	115.14	9,902.49
5290140	Utilities-Sewer-Cnty	336.68	-	-	336.68
5290150	Utilities - Cities	17,863.33	-	-	17,863.33
5300100	Support & Care of Persons	85.00	-	85.00	-
5300200	Support Of Persons	530,046.72	-	532,897.72	(2,851.00)
5301400	Support Of Persons	857,192.12	-	49,955.00	807,236.12
5308100	Trans-Patient/Client	46,199.00	-	46,199.00	-
5308200	Trans.-Patient/Taxi	-	-	-	-
5320200	Licenses and Taxes	12,301.00	-	12,001.00	300.00
5340300	Moving Costs	1,865.71	-	1,132.73	732.98
5341000	Overtime Meals	3,186.00	-	2,142.00	1,044.00
5350300	Operating Expense - Other	15,041.02	-	7,644.31	7,396.71

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Mental Health Department BU412
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		[illegible]	[illegible]	[illegible]	[illegible]
5350400	Service/Supplies - Other	32,273.41	-	21,560.55	10,712.86
5350420	Svc & Supp - Personal	3,067.75	-	-	3,067.75
5350430	Svc & Supp-Recrea	1,029.65	-	-	1,029.65
5350440	Service/Supplies - Household Supply	198.66	-	-	198.66
5350500	Direct Expense - Other	4,164.45	-	450.00	3,714.45
5350700	Volunteer SVS	72,730.31	-	72,730.31	-
8210000	Settlement-External	46,466.50	-	2,193.10	44,273.40
	Total services and supplies	170,165,854.17	67,202.97	19,438,769.57	136,405,910.20
	Total expenses	206,893,198.71	67,202.97	25,495,371.64	167,076,650.67
1305000	Equipment	-	-	-	-
5530200	Capital Proj Svc&Sup	-	-	-	-
	Total other charges	-	-	-	-
5440200	Reimb-Prof&Spec Svcs	(1,904,818.25)	-	(65,875.81)	(1,838,942.44)
	Grand total	204,988,378.46	67,202.97	25,429,495.83	165,237,708.23
	Revenue Offset: Administrative, UR, MAA			(6,157,754.00)	
	Total allowable indirect costs			19,271,741.83	
	Allowable indirect costs as a percent of total allowable direct costs				0.116630411

COUNTY OF SANTA CLARA
Mental Health Department - 412
INDIRECT COST RATE PROPOSAL
Fiscal Year
2008/2009
County Administrative Cost Centers

Part admin
See column M in cost sheet for amounts

	TOTAL EXPENSE	COUNTY ADMIN COSTS	COUNTY DIRECT COSTS	4350 MENTAL HLTH ADMIN	4351 RESEARCH-F0001	4353 QUALITY IMPROV-F0001	4354 MENTAL HLTH PLAN	4357 QLTY IMPRMT-MNTLHLTH	4358 MHAB ADMIN SUPT	4367 CRS REF OUTR DIV ADM	4368 CRO MNTHHLTH PLN ADM	4368 CRO MNTHHLTH PLN	4370 CALL CENTR STAFF	4371 REF PAYEE UNIT	4377 STAFF RECRTMT & DEVLPMT	4380 ADULT DIV ADMIN	4410 FAM&CHILDREN ADMIN	4435 SYSTEM OF CARE-F0001	4437 SUICIDE & CRISIS	4574 Mh Svcs Act
SALARIES & BENEFITS																				
Salaries & Wages																				
6101000 Permanent Employees	24,150,204.37	3,950,510.78	20,199,693.61	1,488,534.77	62,068.48	507,113.39	142,847.82	116,634.31	83,012.74	-	-	34,613.59	251,370.64	311,812.18	-	382,828.75	364,982.06	124,009.25	377.40	58,884.37
6101100 Temporary Employees	387,035.67	32,163.18	334,872.29	24,710.66	-	(126.48)	-	-	-	-	-	-	-	-	-	5,576.09	-	-	-	-
6104000 Premium Pay	319,408.16	30,960.15	288,448.01	8,934.74	-	6,184.12	1,734.48	-	-	-	-	600.86	2,879.70	-	-	2,850.48	1,446.42	7,233.46	8.00	-
6105000 Call Duty	124,707.00	26,978.82	95,734.38	-	-	-	-	-	-	-	-	1,414.16	18,498.36	-	-	-	11,085.30	-	(19.80)	-
6105500 Uniform	550.00	-	550.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Salaries & Wages :	24,981,905.40	4,041,610.93	20,818,295.29	1,524,180.18	62,068.48	512,931.02	144,582.26	116,634.31	83,012.74	-	-	36,628.71	270,848.70	311,812.18	-	390,997.27	377,513.78	131,242.71	365.60	58,864.37
Overtime																				
6103000 Overtime	139,617.34	28,427.33	110,390.01	4,311.49	-	366.26	13,966.93	2,124.82	-	-	-	28.87	2,011.93	1,795.82	-	146.01	3,706.85	34.48	583.88	-
6103100 Holiday Overtime	21,125.17	414.09	20,711.08	286.38	-	133.73	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Overtime :	160,842.51	28,841.42	131,101.09	4,597.87	-	499.99	13,966.93	2,124.82	-	-	-	28.87	2,011.93	1,795.82	-	146.01	3,706.85	34.48	583.88	-
Benefits																				
6110100 Retiree Medical Expense	778,515.08	133,878.34	641,836.74	42,883.09	2,266.05	18,390.78	4,975.00	4,764.32	2,487.50	-	-	1,269.41	7,314.32	17,418.52	-	11,884.38	11,437.30	7,207.60	8.86	1,525.44
6110300 Unemployment Insurance	18,583.56	3,948.20	18,247.36	1,300.78	57.49	424.83	122.90	92.72	48.60	-	-	26.76	208.78	243.78	-	310.73	361.37	101.43	61.07	42.27
6110200 Health Insurance	3,473,605.75	631,886.47	2,842,720.21	204,428.18	8,343.90	87,848.70	25,710.81	14,096.23	6,307.37	-	-	5,260.26	38,485.89	85,614.09	-	53,367.03	57,692.46	40,229.21	55.11	3,740.34
6110400 FICA - Employer Share	1,837,687.89	307,168.44	1,530,712.45	114,484.08	6,278.28	34,897.85	11,716.47	8,065.65	4,820.48	-	-	2,762.23	16,867.37	23,998.71	-	29,176.68	26,844.20	10,042.70	3,730.82	4,583.78
6110500 Medicare Tax - Employer	18.35	18.35	-	18.35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6110600 PERS - Retirement	4,802,476.01	807,172.11	4,094,802.90	304,475.68	18,474.95	102,564.91	21,885.80	23,330.75	12,906.43	-	-	7,048.26	48,474.38	62,130.48	-	78,361.96	78,178.71	28,868.98	9,831.06	12,143.22
6110700 Workers Compensation	808,626.00	101,306.72	494,221.84	38,778.62	1,962.66	12,041.21	3,746.21	2,784.87	1,477.20	-	-	854.45	6,414.87	7,340.10	-	9,421.88	9,064.87	3,111.21	1,728.28	1,488.39
Benefits :	11,604,534.63	1,984,150.64	9,620,342.49	712,318.01	36,487.36	255,677.48	71,381.23	53,134.54	27,748.57	-	-	17,381.40	120,765.07	196,835.70	-	181,312.37	183,584.71	89,361.13	15,615.78	23,127.36
Total salaries, wages and benefits	36,747,343.54	6,054,602.97	30,570,740.47	3,251,134.11	98,416.74	773,108.79	233,930.42	172,853.67	85,155.31	-	-	53,938.98	393,624.63	510,647.60	-	583,457.65	564,803.06	217,638.32	17,675.27	83,111.61
SERVICES, SUPPLIES, OTHER																				
1308000 Low Value Assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6205100 Communications	303,891.41	136,676.87	73,215.54	111,383.73	4,073.33	578.66	-	-	-	-	-	-	214.40	-	-	1,187.37	5,677.25	2,383.73	6,264.54	-
6206300 Communications	192,681.75	82,677.64	129,304.18	47,652.54	68.63	1,462.58	261.80	254.33	126.17	21.40	-	81.34	433.71	9,645.43	-	1,311.47	766.61	-	139.05	334.02
6210100 Food - Other	58,802.90	47,641.70	8,164.20	4,191.42	-	193.78	-	-	9.29	-	-	-	18.61	-	21.53	15.13	-	-	2,809.83	36,312.10
6210110 Food - Meat, Fish, Poultry	1,297.01	929.26	330.72	417.82	-	-	-	-	606.31	-	-	-	-	-	-	-	-	-	-	-
6210160 Food - Bakery	299.63	225.96	43.87	170.44	-	-	-	-	-	-	-	-	-	-	20.20	-	-	-	-	15.02
6210170 Food - Prepared Entrees	8,488.47	7,989.81	478.66	1,988.58	-	907.58	-	-	2,356.30	-	-	-	-	-	24.00	-	-	-	-	3,711.25
6215200 Cleaning Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6216700 Garbage	8,102.18	-	8,102.18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6220200 Insurance	335,721.00	335,721.00	-	335,721.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6225200 Witness Expense	39,348.74	39,348.74	-	-	-	-	-	-	-	-	-	-	-	-	-	39,348.74	-	-	-	-
6225850 Arable	1,324.80	1,324.80	-	1,324.80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6230400 Maint - Equip - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6230407 Maint - Office Equip	478.30	478.30	-	478.30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6231100 Contract Maint Equip	806.17	-	806.17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6235100 Maint - Struct/Improvements	2,478.50	-	2,478.50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6235110 Maint - Struct/Improvements	3,882.68	-	3,882.68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6236400 Outside Repair/Maint	10,844.83	-	10,844.83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6238410 Contract Maint Building	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6238420 Contract Maintenance - Preventive	1,070.16	-	1,070.16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6240100 Medical/Dental/Lab	14,253,971.43	-	14,253,971.43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6245100 Membership Dues & Fees	87,202.97	87,202.97	-	32,661.98	-	200.00	-	-	300.00	-	-	-	-	-	-	-	-	-	-	34,160.99
6250100 Office Expense	287,384.47	87,436.57	199,947.90	11,348.12	-	18,618.88	7,890.85	-	-	-	-	-	1,782.02	8,046.04	-	14,111.73	3,540.84	-	1,076.16	23,231.84
6250200 Postage - External	9,290.97	1,452.14	1,838.83	735.20	-	-	132.00	-	-	-	-	-	-	631.74	-	25.80	-	-	-	27.40
6250250 Postage - Internal	27,885.00	10,000.00	17,885.00	-	-	-	-	-	-	-	-	-	-	10,000.00	-	-	-	-	-	-
6250500 Freight	2,487.89	2,169.79	298.10	582.05	14.18	365.40	-	-	-	-	-	-	-	-	-	14.41	-	-	-	1,143.75
6250700 Printing - External	4,744.81	2,425.20	2,319.41	-	-	1,120.00	-	-	-	-	-	-	-	-	-	-	-	-	-	1,305.29
6250750 Printing - Internal	28,327.69	18,157.32	8,170.37	3,212.75	-	15,474.33	181.60	-	-	-	-	-	-	-	-	-	-	-	304.64	-
6250800 PC Software	79,220.89	79,088.81	132.07	77,142.72	-	1,846.18	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6250810 PC Software - Maint	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6250900 Educ Expense - Other	347.80	347.80	-	335.80	-	-	-	-	-	-	-	-	-	-	12.00	-	-	-	-	-
6251000 Workshops/Conferences	86,310.13	84,651.91	1,658.40	2,624.34	-	-	-	-	-	-	-	110.61	-	-	8,203.78	-	280.00	-	-	82,404.00
6251300 Management and Development	(280.00)	(280.00)	-	(280.00)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6251400 Books & Periodicals	4,678.60	705.71	3,972.89	338.56	-	254.44	-	-	-	-	-	-	-	-	-	-	-	-	-	111.71
6251410 Subscriptions	4,272.77	2,771.05	1,501.72	1,901.00	-	-	193.20	-	-	-	-	-	-	-	-	528.85	-	-	-	50.00
6252100 Training Programs	148,928.83	148,848.94	79.89	145,012.86	-	196.00	-	-	-	-	-	-	-	-	-	-	-	-	-	3,636.08
6258100 Prof & Spec Services	508,183.28	346,066.04	163,117.23	81,064.08	-	-	-	-	-	-	-	-	-	-	-	85,836.18	107,775.00	-	-	101,636.20
6258150 Advertising	4,286.04	4,286.04	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,286.04
6258300 Annual Audit - Charter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6258500 Contract Services	84,266,616.48	6,354,416.75	88,911,201.70	2,421,201.57	-	-	2,156,943.39	-	-	-	-	-	-	-	-	573,144.26	200,527.56	-	-	560.00
6258650 Data Processing Serv	10,173.60	150.08	10,023.53	-	-	-	-	-	-	-	-	-	150.08	-	-	-	-	-	-	-
6258900 Legal Expenses	92.20	92.20	-	92.20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6257100 Consult & Agnst Fees	73,377.00	73,377.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	73,377.00
6257110 Consulting Fee - Adult	1,754.17	1,754.17	-	1,754.17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6257400 Medical Prof Fees	1,160.00	-	1,160.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6257450 Medical Prof Fees-Technologists & T	500.00	400.00	100.00	400.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6257900 Investig & Expert Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6258200 Prof Services - Internal	10,099,827.77	-	10,099,827.77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6259000 Purch Services Other	(19,700.77)	(34,778.34)	11,075.57	(26,121.67)	-	-	-	-	-	-	-	-	-	-	-	1,246.62	-	-	96.71	-
6259010 Purchased Svc - Cntr	120.00	-	120.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6260040 Prof Grp S/B	8,668.31	252.38	8,416.14	-	-	252.38	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6259100 Corporate Services Charge	8,839,604.42	8,839,604.42	-	8,839,562.00	-	42.42	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Received
April 22, 2011
Commission on
State Mandates

COUNTY OF SANTA CLARA
Mental Health Department - 412
INDIRECT COST RATE PROPOSAL
Fiscal Year
2005/2006
County Administrative Cost Centers

Fact admin
See column M in detail sheet for amounts

		TOTAL EXPENSE	COUNTY ADMIN COSTS	COUNTY DIRECT COSTS	4350 MENTAL HLTH ADMIN	4351 RESEARCH-F0001	4353 QUALITY IMPROV-F0001	4354 MENTAL HLTH PLAN	4357 QLTY IMPRMT-MNTLHLTH	4358 MHAB ADMIN SUPT	4367 CRS REF OUTR DIV ADM	4368 CRO MNTHHLTH PLN ADM	4369 CRO MNTHHLTH PLN	4370 CALL CENTR STAFF	4371 REP PAYEE UNIT	4377 STAFF RECRTAD VLPMT	4380 ADULT DIV ADMIN	4410 FAM&CHILDREN ADMIN	4435 SYSTEM OF CARE-F0001	4437 SUICIDE & CRISIS	4474 Mh Svcs Act
5280100	Publications & Legal	1,218.04	1,218.04	-	1,218.04	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5285100	Equipment - Other	64,565.30	26,925.07	25,660.23	18,635.45	-	7,486.82	-	-	-	-	-	-	1,771.10	-	-	-	-	-	-	-
5285140	Computer Printer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5285180	Office Equipment	18,804.55	-	18,804.55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5270100	Building & Improvements	-	-	-	-	-	-	-	-	-	-	-	-	-	92,038.47	-	-	-	-	-	-
5270200	Office Rents	2,006,348.47	526,196.45	1,481,151.02	410,418.86	-	22,737.03	-	-	-	-	-	-	-	-	-	4,850.00	-	-	-	-
5279100	Small Tools & Instruments	69,123.56	26,938.94	42,184.62	22,047.20	-	42.24	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5278200	PC Hardware	31,918.07	7,448.47	24,469.60	6,511.87	-	1,937.84	-	-	-	-	-	-	5.86	-	-	-	-	-	-	-
5275300	Equipment	20,025.88	1,554.26	18,471.12	1,554.26	-	-	-	-	-	-	-	-	-	-	12.00	-	-	-	-	-
5280000	Special Dept Expense	3,134.95	2,326.88	812.07	-	-	-	-	-	908.50	-	-	-	-	-	-	-	-	-	-	1,348.38
5280100	Fire Hoses	4.87	4.87	-	4.87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5280700	Med Supplies - Other	881.56	37.89	843.67	37.89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5280710	Med Supplies - Prosthesis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5280711	Med Suppl-Oth Pharm	720.22	-	720.22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5280721	Medical Supplies - Medical	353.84	-	353.84	-	-	-	-	-	-	-	-	-	18.90	17.95	-	-	-	-	105.68	41.99
5280400	Medical Supplies - Non Medical	2,891.09	894.52	2,096.57	573.74	-	33.23	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5280810	Non-Medical-Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5281000	Correction Industrie	2,378.38	-	2,378.38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5281200	Library Books	60.68	60.68	-	60.68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5281600	County Overhead	1,366,072.00	1,366,072.00	-	1,366,072.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	506.74
5282200	Projects & Program	506.74	506.74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62.97
5282300	Audio Visual Aids	62.97	62.97	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5282500	Outside Laboratory	348.45	-	348.45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5262530	Med Purch Svs - Other	33,632,533.51	-	33,632,533.51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5263000	Administrative Cost	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	431.79	-	-	-
5285200	Transportation & Travel	244,910.20	2,148.38	242,761.82	1,719.58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5285210	Transportation & Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5265300	Mileage	98,842.79	24,517.88	74,324.91	8,004.44	231.44	2,192.38	-	847.68	891.31	-	-	7.36	221.81	200.72	765.47	1,111.82	5,817.42	1,496.36	-	1,604.47
5265800	Business Travel	85,804.87	69,113.98	4,740.69	5,236.19	-	3,680.88	-	-	5,741.71	-	-	21.10	8.70	54.45	21,051.86	26.00	-	-	7.00	22,173.66
5290110	Utility - Electricity	217,666.30	838.46	216,828.84	-	-	838.46	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5290120	Utility - Gas	27,129.80	94.94	27,034.86	-	-	94.94	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5290130	Utility - Water	10,017.63	115.14	9,902.49	-	-	115.14	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5290140	Utilities-Sewer-City	336.68	-	336.68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5290150	Utilities - Cities	17,863.33	-	17,863.33	-	-	-	-	-	-	-	-	-	-	-	-	85.00	-	-	-	-
5300100	Support & Care of Persons	85.00	85.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	632,887.72	-	-	-
5300200	Support Of Persons	530,048.72	532,887.72	(2,851.00)	-	-	-	-	-	-	-	-	-	-	-	-	-	49,956.00	-	-	-
5301400	Support Of Persons	867,192.12	49,956.00	807,236.12	-	-	-	-	-	-	-	-	-	-	-	-	46,196.00	-	-	-	-
5308100	Trans-Patient/Client	46,196.00	46,196.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5308200	Trans.-Patient/Tied	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5320200	Licenses and Taxes	12,001.00	12,001.00	300.00	11,801.00	-	200.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5340300	Moving Costs	1,865.71	1,132.73	732.88	1,132.73	-	-	-	-	-	-	-	-	-	-	-	-	36.00	8.00	-	-
5341000	Overtime Meals	3,186.00	2,142.00	1,044.00	72.00	-	27.00	1,935.00	83.00	-	-	-	-	130.71	742.78	-	1,149.49	1,134.39	-	-	-
5350300	Operating Expense - Other	15,041.02	7,644.31	7,396.71	4,486.94	-	-	-	-	-	-	-	-	-	-	-	17,115.00	-	-	47.80	4,356.95
5350400	Service/Supplies - Other	32,273.41	21,560.55	10,712.86	37.70	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5350420	Svc & Suppl - Personal	3,087.75	-	3,087.75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5350430	Svc & Supp-Recreat	1,020.85	-	1,020.85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5350440	Service/Supplies - Household Supply	186.86	-	186.86	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5350500	Direct Expense - Other	4,164.46	450.00	3,714.46	450.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12,730.31	-
5350700	Volunteer SVS	72,730.31	72,730.31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25.68	-
8210000	Settlement-External	16,486.60	2,193.10	14,273.49	2,167.51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total services and supplies	170,181,954.17	18,824,979.54	155,416,974.63	14,851,103.50	6,768.81	51,728.84	2,390,967.81	1,295.51	11,001.74	21.40	-	29.39	6,132.46	118,183.34	35,040.45	787,168.80	685,840.38	3,004.36	41,181.36	448,826.53
	Total expenses	208,893,196.71	25,502,374.81	181,390,822.10	17,164,284.81	125,759.35	854,358.53	2,407,037.31	176,218.96	101,761.15	21.40	-	54,145.45	396,757.12	679,641.38	32,040.85	5,370,783.45	1,400,715.81	921,442.41	99,864.85	448,826.53
1305000	Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5530200	Capital Proj Svc&Sup	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total other charges	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5440200	Reimb-Prv6Spec Svcs	(1,901,818.22)	(65,873.81)	(1,836,942.41)	-	-	-	-	-	-	-	-	-	-	-	-	-	(65,873.81)	-	-	-
	Grand total	204,888,378.49	25,496,501.00	179,491,879.68	17,164,284.81	125,759.35	854,358.53	2,407,037.31	176,218.96	101,761.15	21.40	-	54,145.45	396,757.12	679,641.38	32,040.85	5,370,783.45	1,400,715.81	921,442.41	99,864.85	448,826.53

Received
April 22, 2011
Commission on
State Mandates