

CHAPTER XIII

FISCAL RESOURCES

“Money isn’t everything – but it ranks right up there with oxygen.”

— **RITA DAVENPORT**

CHAPTER XII

FISCAL RESOURCES

This chapter is an attempt to organize in one location information about funding streams that might be helpful in supporting Transitional Age Youth (TAY) programming. An important concept to bear in mind is that counties that have successfully created transitional programs first did “vision building” to determine what kind of programming would be most useful. When a county collaborative generates a vision statement and maps out the existing resources, it becomes far easier to identify both the gaps in services and the potential funding streams. The principle here is that money does indeed follow a good program idea. When a group of individuals is eager to serve the needs of the TAY population and is brainstorming together, the probability is quite high that creativity in blending resources will ultimately accomplish the task.

Chapter XV of this resource guide will discuss some best program design strategies. You will find three examples of current TAY programming around the State that has each used a different funding stream to fulfill their vision. For example, The TAY program associated with the “Village” in Long Beach uses AB2034 funds to pay for their innovative ideas. On the other hand, Santa Clara county in their Young Adult Transition Team (YATT) uses medical necessity and Medi-Cal funds to provide services. Mendocino county has garnered Establishment Grant Funds from the Department of Rehabilitation to piece together an employment opportunity for the TAY population that may be a new emerging practice.

There are a variety of program and financing possibilities available. There is general agreement however, that some assistance needs to be provided for youth in their transition to adulthood. Poor planning for transition from youth to adult almost guarantee a county that there will be many fiscal risks that lie ahead, since high-end service needs will result. There will be considerable cost avoidance in setting up a sensible continuum of care that helps young people find their way into independence. When two different divisions within the same organization, such as Children’s and Adult Services, or when Mental Health (MH) and Alcohol and Other Drugs Program (AODP), or MH and Department of Social Services (DSS) team up, barriers are reduced, and the spirit of cooperation allows for new ideas to come to fruition that seemed impossible at an earlier time.

The funding streams listed in this chapter are in no particular order. Each has its own unique criteria and uses. A combination of funding sometimes referred to as “braided funding,” can be used to provide comprehensive services.

FORMAL RECOMMENDATIONS FROM FISCAL CHAPTER

1. County Administrators should plan to develop transitional age programming if for no other reason than future cost avoidance. There is a wealth of evidence to suggest that intervention by county mental health departments for this age group is a wise investment in times of limited resources. County staff has noticed that this age group can make dramatic changes when offered the kinds of programs they need.
2. Vision building is an important first step to identify gaps in service and to hear from the youth themselves what kinds of services they need the most. We know from experience that once a solid idea is formulated that has a group consensus; it can more quickly become realized by exploring the possible funding streams noted below.

3. Brainstorming about how to fund new programs with partner agencies has surprising success. When barriers begin to fall away, possible plans of funding innovative ideas become much more feasible.
4. California's Mental Health Services Act (Proposition 63) is an example that requires that the resources be used on new programming. This is an ideal time to set in motion ideas concerning TAY Programming that counties may have had for a long time that were set aside and not realized due to budget issues.
5. Counties must leave no stone unturned to discover possible funding streams to support TAY Programs. Administrators must put aside traditional viewpoints of categorical and silo funding in order to create new models for system development.

FUNDING STREAMS

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The column categories in the chart are:

- **Funding Stream** – The type of funding available

- **Age of Recipient** – Age of clients eligible to receive service(s) under a particular funding stream
- **Scope of Service** – The services the funding stream funds for a particular age group
- **Method for Accessing** – Explains how a county or individual can access services through a particular funding stream for a certain age group.
- **Agency Lead** – The agency primarily responsible for providing services for a particular age group utilizing a particular funding source
- **Other** – Notes or government codes where information about such funding streams can be accessed

FUNDING STREAM	AGE OF RECIPIENT	SCOPE OF SERVICE	METHOD FOR ACCESSING	AGENCY LEAD	OTHER
<p>Federal Financial Participation (FFP)</p>	<p>0-100</p>	<p>Medi-Cal specialty mental health services provided through county mental health programs.</p> <p>There are exclusions for services to most individuals who are inmates of jails, prisons and juvenile halls and most individuals who are inpatients in IMDs.</p>	<p>Medi-Cal FFP is available for Medi-Cal specialty mental health services provided through county mental health programs.</p> <p>The Centers for Medicare and Medicaid Services (CMS) provides FFP to DHS based on allowable claims for services, related administrative functions and utilization review activities. These funds are paid to the counties based on approved claims and the federal sharing ratio.</p> <p>The federal government provides federal matching funds for the services rendered to eligible beneficiaries by enrolled providers according to the State’s reimbursement plan. FFP is not available unless the state matching funds are available.</p>	<p>Federal – CMS has primary federal policy and oversight responsibility.</p> <p>State DMH and DHS have primary state policy and oversight responsibility.</p> <p>DMH then contracts with counties to deliver the services.</p>	<p>Title 42, United States Code, Chapter 7, Subchapter XIX (also known as Title XIX of the Social Security Act)</p> <p>Title 42, Code of Federal Regulations, Chapter IV, Subchapter C, especially parts 433,438 and 447</p> <p>W&IC, Divisions 5, Chapter 3, Part 2 (commencing with Section 5700)</p> <p>W&IC, Division 5, Chapter 4, Part 2.5 (commencing with Section 5775)</p> <p>W&IC, Division 9, Chapter 8.8, Article 5 (commencing with Section 14680)</p> <p>Title 9, California Code of Regulations, Division 1, Chapter 11, especially Subchapter 4, “Federal Financial Participation”</p> <p>Additional cites/references may be found in the Performance and Mental Health Plan contracts between DMH and counties, and DMH letters and information Notices (available on the DMH web site: http://www.dmh.ca.gov)</p>

FUNDING STREAM	AGE OF RECIPIENT	SCOPE OF SERVICE	METHOD FOR ACCESSING	AGENCY LEAD	OTHER
<p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) State Funding (50% FFP; 50% SGF)</p>	<p>0-21</p>	<p>EPSDT is a federally-mandated Medicaid program for full-scope Medi-Cal beneficiaries under age 21. Under this program, the State pays for any medically necessary procedure or treatment to correct or ameliorate a defect, physical illness, mental illness, or a condition even if the service or item is not otherwise included in the State's Medicaid program.</p> <p>Services include all covered specialty MH Medi-Cal services except inpatient hospital services. Therapeutic Behavioral Services (TBS), a supplemental EPSDT service, is included under EPSDT.</p> <p>Drug Medi-Cal (DMC) Services youth commonly receive include:</p> <ul style="list-style-type: none"> ▪ Outpatient Drug Free counseling (group) ▪ Individual counseling that is limited to intake, crisis intervention, collateral services 	<p>State GF available to MH Plans.</p> <p>Originally, the State agreed to provide the state funds to match the FFP beyond the baseline funding that counties had previously provided. The state/county share of the matching funds has been adjusted to include: 1.) the Phase II consolidation amount that the state provides the counties through the managed care allocation, 2.) cost of living increases for some years, 3.) a 10% county match of the state's share of growth over the FY 2001-02 baseline.</p> <p>A minor can receive EPSDT services from a DMC certified provider.</p>	<p>Federal – CMS</p> <p>State- DMH develops policy and provides oversight under the direction/ approval of the DHS, the single state Medicaid agency. ADP</p>	<p>Federal definitions and requirements for EPSDT are outlined under Section 1905 of the Social Security Act and Part 05 of the CMS State Medicaid Manual (available at: http://cms.hhs.gov).</p> <p>Additional cites/references for EPSDT and TBS may be found in the contract between DMH and the MH Plans, DMH Letters and Information Notices (available at http://www.dmh.ca.gov/) and the California Code of Regulations, Title 9 Chapter 11.</p> <p>Title 22, CCR, Sections 51188, 51340, 51532, 51132.</p>

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		<p>and discharge planning</p> <ul style="list-style-type: none"> ▪ Day Care Rehabilitative services ▪ Perinatal residential services for youth under 21 who are either pregnant or postpartum ▪ Narcotic Replacement Therapy (if they are 18 or over or are an emancipated minor). 			
Assembly Bill (AB) 34/2034	18-100	<p>Comprehensive, integrated services.</p> <p>Full complement of psycho-social rehab.</p> <p>Local programs to move the homeless to housing, with use of their grant funds can provide subsidized housing, purchase food, clothing and other necessary items.</p>	<p>State GF, State allocations are capped. Federal funds for any Medi-Cal services provided are uncapped. Local programs are not required to match grant funding.</p>	State DMH	<p>General guidelines for ASOC grant programs: W&IC Sections 5800-5811.2.</p> <p>Specific guidelines for AB 34/2034 grant programs: W&IC Section 5814.5</p>
Independent Living Skills	16-21 (Counties also have the option to provide services to youth as young as 14)	<p>Services provided to wards and dependents that are emancipating from foster care. On a case by case basis, some 2034 youth can receive ILS funds and also keep their MediCal.</p> <p>IV-E funds are allocated to counties by CDSS to provide life skills education and services. Counties can either</p>	County welfare departments get funds from CDSS	State CDSS	<p>All County Letter 02-54: http://www.dss.cahwnet.gov/getinfo/ac102/pdf/02-53.pdf</p> <p>All County Letter 02-45: Modifications to the Aid to Families with Dependent Children-Foster Care Program (AFDC-FC) http://www.dss.cahwnet.gov/getinfo/ac102/pdf/02-45.pdf</p>

FUNDING STREAM	AGE OF RECIPIENT	SCOPE OF SERVICE	METHOD FOR ACCESSING	AGENCY LEAD	OTHER
		<p>Operate their own ILP, contract for the services, or both.</p> <p>Supportive Transitional Emancipation Program Transitional Independent Living Plan (STEP-TILP). This program allows ongoing financial support for emancipated foster/probation youth who pursue a plan for educational and career and other goals.</p> <p>The court must consider services necessary and available for a child to transition to adulthood.</p>			<p>All County Letter 00-84: Applying Non-Specific John H. Chafee Foster Care Independence Program Amendments to the Independent Living Program Allowable Expenditures for Emancipated Youth Stipends http://www.dss.cahwnet.gov/getinfo/ac100/pdf/00-45.pdf</p> <p>All County Information Notice No. 1-62-02: Independent Living Program http://www.dss.cahwnet.gov/getinfo/acin02/pdf/1-61_02.pdf</p> <p>County Fiscal Letter No. 02/03-01: Planning Allocation Fiscal Year (FY) 2002/03 Independent Living Program (ILP) http://www.diss.cahwnet.gov/getinfo/cf102/pdf/02-03_01.pdf</p>
Specialized Care Incentives and Assistance Program (SCIAP)	0-18	Specialized care allows a county to supplement the family home basic rate on behalf of children who require additional care and supervision because of a health or behavior problem. This program places the youth into a family-like setting.	County DSS administer the program with approval from State DSS.	State DSS	All County Information Notice 1-133-00: Specialized Care Rate System and Specialized Care Incentives and Assistance Program http://www.dss.cahwnet.gov/getinfo/acin00/pdf/1-133_00.pdf

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		The youth must receive AFDC-FC and reside in a family home or non-treatment foster family agency home in order to be eligible.			
Senate Bill (SB) 163	0-18	This program provides localized Wraparound. Serves children who are currently residing or risk being placed in an RCL 10 or above	Counties can apply for this program through DSS. These funds are not just meant to bring kids home, but also to reinforce care for kids in the community.	State DSS The reimbursement rate will be based on the rate of \$4,813.00. Counties receive from the State 40% or \$1,925.00 for each non-federally eligible child. Counties pay 60% or \$2,888.00 for each non-federally eligible child. The rate for a federally eligible child filling an RCL 10 or above is \$2,467.00. The State will provide 40% or \$938.00. The counties will provide 60% or \$1,408.00 for federally eligible children.	All County Information Notice 1-28-99: Children: Senate Bill 163 Wraparound Services Pilot http://www.dss.cahwnet.gov/getinfo/acin99/1-28_99.pdf All County Letter 12-01: "Expansion of Rate Classification Levels for Wraparound Program through Senate Bill 163 or Title IV-E Child Welfare Wavier Demonstration Projects Wraparound Sub-Study." http://www.dss.cahwnet.gov/getinfo/ac101/pdf/12-01.pdf
Mental Health Substance Abuse Allocation from California Work Opportunity & Responsibility to Kids (CalWORKs)		Counties are required to provide substance abuse and mental health services as a part of their CalWORKs programs.	There are times when these funds can be redirected to child and family services. Counties receive CalWORKs funds from the State's General Fund to provide mental health and substance abuse services. Counties can receive additional funds for providing mental health and substance abuse services under Cal WORKs.	State DSS ADP or DMH provide the service, and the claims are submitted to the County Welfare Department.	All County information Notice 1-82-99: Mental Health and Substance Abuse Services http://www.dss.cahwnet.gov/getinfo/acin99/1-82_99.pdf All County Information Notice 10-16-00: Guidelines for Serving Individuals with Mental Health and/or Substance Abuse Problems that Create Barriers to

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					<p>Employment http://www.dss.cahwnet.gov/getinfo/acin00/pdf/1-16_00.pdf</p>
<p>Adolescent Family Life Program (AFLP) Allocation</p>	<p>Females and their children are eligible up through age 18 and males and their children are eligible up through age 20.</p>	<p>The goals of AFLP are:</p> <ul style="list-style-type: none"> ▪ Ensure healthy pregnancy outcomes for mothers and infants, including a reduction of low birth weight babies. ▪ Help teens complete educational or vocational programs and become emotionally, socially and economically self-sufficient. ▪ Promote healthy family relationships. ▪ Reduce the incidence of subsequent teenage pregnancies. ▪ Promote the development of collaborative and integrated systems of care that support pregnant and parenting adolescents and their children. <p>There is a provision of case management services including assessment of adolescents' strengths and needs, and development of individualized service plans.</p>	<p>\$250-\$300,000 allocation which comes from Department of Health</p> <p>There are 43 Adolescent Family Life Programs in 40 counties of the State. These programs are located in county health departments, county departments of social services, hospitals, schools, and community-based organizations.</p> <p>Funded by State General Funds, Federal Title V MCH Block Grant Funds, and Federal Title XIX (Medicaid) Funds.</p>	<p>Department of Health and Human Services.</p>	<p>Section 2008 of the Public Health Service (PHS) Act.</p>

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		<p>There are monthly contacts that include home visitation support the teens' educational and career goals and strengthen their self-sufficiency skills.</p> <p>Promotion of health and safety practices.</p> <p>Assisting teens and their children to access appropriate services.</p>			
<p>AB 1784, Adolescent Treatment Program</p>		<p>Assembly Bill 1784 (Baca, Chapter 866, Statutes of 1998), provides authority for the Adolescent Treatment Program.</p> <p>The focus of the services varies depending on local needs and priorities. Generally, services include residential treatment for adolescents in group home settings and juvenile detention facilities, services for youth transitioning into the community after discharge from such facilities, and additional adolescent-specific services at school sites and other outpatient settings. These funds <i>must</i> follow the <i>Youth Treatment Guidelines</i>.</p>	<p>In Fiscal Year (FY) 1998-99, twenty California counties determined to have the greatest need for adolescent substance abuse treatment were allocated \$4.7 million of Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to provide comprehensive, age-specific services to substance abusing adolescents. In FY 2001-02, an additional \$2.666 million SAPT funds was allocated to all counties.</p>	<p>ADP</p>	

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<p>California Access to Recovery Effort (CARE)</p>	<p>12-20 years old</p>	<p>The California Access to Recovery Effort (CARE) Program is part of the President's Access to Recovery grant created to allow people in need of substance abuse treatment to make individual choices for recovery that reflect personal values. The CARE program is open to substance using youth from ages 12 through 20 years old who live in either Los Angeles County or Sacramento County. Youth demonstrating symptoms of substance use or substance related problems may enter the CARE program a variety of ways. They can be self-referred, or they can be referred by an individual or organization, such as a parent or other family member, school, medical professional, probation officer, or clergy. Participating counties (Los Angeles and Sacramento) will have designated assessment centers that can be located by either calling the CARE toll-free number, logging on to the CARE website, or from a directory that will be available at many youth</p>		<p>ADP</p>	

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		<p>service organizations. Youth referred to the CARE Program may choose one of these locations to receive an eligibility determination. Assessment centers will make every effort to immediately accept any youth, either by appointment or walk-in. If the assessment center determines that the youth is eligible and appropriate for the CARE Program, the youth will be issued a voucher for a comprehensive assessment. The comprehensive assessment will identify the youth's strengths and needs, the level of treatment services needed, and the support services the youth may need to address problems and help build competencies. The assessor will match the youth's needs with at least two appropriate providers with available space for each of the service types needed. The assessor will explain the options to ensure that the youth can make an informed, independent choice about the service provider(s) that will best meet their needs.</p>			

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		<p>The youth will select a provider(s), and a voucher for one or multiple services will be issued for the youth to redeem for services at their chosen provider(s). Allowable services under the CARE Program will include assessment, outpatient treatment, and recovery support services. Under the CARE Program, recovery support services might include transportation, employment services, education services, childcare, and mentoring.</p>			
Children’s System of Care (CSOC)	0-18	<p>In the system of care, the various county child-serving agencies (e.g., child welfare, education, mental health, public health, and probation) coordinate their services to best meet the total needs of the children and their families.</p>	<p>State GF and SAMHSA Block Grant, there are annual capped amounts for these.</p>	<p>California Department of Mental Health</p>	<p>W&IC, Sections 5830-5883</p>
Proposition 63 (The Mental Health Services Act)	0-100	<p>Through the Mental Health Services Act, counties create plans that detail their mental health service needs in each county, and the amount of money needed to deliver those services</p>	<p>Each county is allocated funding from the State DMH.</p> <p>The estimate is that the tax would draw in about \$700 Million a year.</p>	<p>California Department of Mental Health</p>	<p>www.yesonprop63.org</p>

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Intensive Services Waiver	0-21	Title IV-E normally covers foster and group home care for eligible court dependents	Counties apply individually for “waivered” dollars.	California Department of Social Services	The State has a request into the Children’s Bureau to approve California’s request for “capped IV-E” funds, which would allow counties to allocate Title IV-E dollars for special or intensive services.
Projects for Assistance in Transition from Homelessness (PATH)	18-100 Flexible community-based services for persons with serious mental illness who are homeless or at imminent risk of becoming homeless.	Outreach services, screening and diagnostic treatment services, habilitation and rehabilitation services, community mental health services, alcohol or drug treatment services, staff training (including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services), case management services, supportive and supervisory services in residential settings, referrals for primary health services, job training, educational services, and relevant housing services.	Federal Budget Act – PATH Program In California, only County Mental Health Departments are eligible to apply to State DMH for PATH funds. States receiving PATH funds are required to provide an additional matching contribution of at least \$1 for every \$3 of federal money received.	Federal-Center for Mental Health Services, SAMHSA California Department of Mental Health	Stewart B. McKinney Homeless assistance Amendments Act of 1990 (Public Law 101-645, Title V, SubtitleB)
Child Welfare Services (CWS) Redesign	0-18	A redesign effort was established which would create recommendations on how to change the CWS system.	CWS can be accessed through the county’s Department of Child Welfare.	CWS are funded by Federal, State and county agencies with a total of \$4 Billion annually. Several recommendations for pulling in additional funds for CWS are outlined in the CWS	CWS Redesign Report: http://www.cwredesign.ca.gov/res/pdf/CWSReport.pdf

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		CWS provides aid to children who are neglected or abused.		Redesign Report.	
Supportive Housing Initiative Act (SHIA)	18-100 Low-income adults with one or more disabilities, including mental illness, HIV/AIDS, substance abuse or other chronic health conditions and individuals with developmental disabilities, and may include families with children, elderly persons, young adults aging out of the foster care system, individuals exiting institutional settings, homeless people and veterans.	Permanent affordable housing with access to supportive services as a way to help people with disabilities stabilize their lives.	State GF Local government, non-profit service or housing agencies, or groups of local non-profit and/or local government agencies were eligible to apply for SHIA funding. Each grantee was required to match its SHIA grant award with fifty cents for each one dollar awarded in the first year, one dollar for each one dollar awarded in the second year, and one dollar and fifty cents for each one dollar in the third year and all subsequent years. Services funding is available for 3 years. Rental subsidy funding is available for up to 15 years. The SHIA legislation remains intact, but currently no funding is available.	California Department of Mental Health for services. State Department of Housing and Community Development for rental subsidies.	Health and Safety Code 53250-53315.

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Department of Rehabilitation Establishment Grant Opportunities	Working age; 16 or older	Services include employment training opportunities for members of MH/DR Cooperatives in more than 20 counties across California. Generally the Establishment Grant will be an opportunity for a start-up program to begin offering training to clients by a job coach in a business that will eventually become a stand alone without DOR direct support.	Cooperatives can use the standard grant application as provided by DOR. Applications will be submitted during the window of time when they are being accepted.	California Department of Rehabilitation	Mendocino County used the Establishment Grant to begin a delicatessen where high school students work in a privately owned shop and are paid out of TPP Funds and the Establishment Grant pays for the job coach who is a MH employee.
Substance Abuse Mental Health Services Administration (SAMHSA)	0-100	The Substance Abuse Mental Health Services Administration (SAMHSA) is an agency of the U.S. Department of Health and Human Services. SAMHSA was developed to focus attention, services and funding on improving the lives of individuals with or at risk of substance abuse or mental illness.	SAMHSA has several funding opportunities available through grants. The States, Counties or non-profit organizations can apply for grants, depending on the rules for each grant.	SAMHSA	www.samhsa.gov
Juvenile Justice Crime Prevention Act (JJCPA)	0-18	Funding source for juvenile justice programs that have proven to be effective in reducing crime and delinquency among offenders and at-risk youth. There are 193 collaborative programs in 56 counties	The Legislature decides each year how much to allocate to the JJCPA. The initial allocation was \$121.3 million and in 2001-02 the allocation was \$116.3 million. To be eligible for funds, each County must develop a comprehensive plan that includes	California Board of Corrections	http://www.bdcrr.ca.gov/cp/cpa_2000/cpa_2000_page.htm

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		Funded by this initiative.	<p>An assessment of existing resources targeting at-risk youth, offenders and their families. The plan needs to be developed by the county's Juvenile Justice coordinating Council.</p> <p>Each funded program must report annually expenditures and outcomes for the program.</p>		
Temporary Assistance for Needy Families (TANF) Probation Fund	0-18	The TANF probation funds provides for juvenile probation services, including anger management, family mentoring, and mental health assessment, among others. A 2003 RAND Report indicated that most of the funding is probably used for services provided to youth detained in juvenile halls, camps, and ranches.	<p>Sub-allocation of CalWORKs allocation, carve out based upon capped amount.</p> <p>Has historically provided \$200 million to juvenile probation activities.</p>	California Department of Social Services.	
Realignment	0-100	<p>Funding comes from the Vehicle License Fees and a portion of sales tax.</p> <p>Funding responsibility is transferred to counties for health, mental health and social service programs. The counties control the following mental health programs: community-based programs, IMDs, State hospitals. Increase in county share of foster care and child welfare. IHSS</p>	The Governor can determine what the VLF should be. Counties receive this funding automatically.	The Governor's Administration.	

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		And county services block grants.			
Foster Children and Parent Training Funds (AB 2129)		<p>This requires one or more home interviews prior to the issuance of any foster family home license.</p> <p>The Foster Children and Parent Training Fund requires the allocation of up to \$1,000,000 for the support of foster parent training programs conducted in community colleges. Law requires foster family agencies to supplement the community college training by providing a program of training for their certified foster families.</p>	State DSS is allocated funds for the training and the funds are transferred to county welfare departments.	California Department of Social Services	AB 2129
AB 3632	0-23	The State is mandated by the federal government to provide services to SED children. If the counties do not provide the services to SED children that are mandated by the federal government to be provided in every state, then the State of California would have to find some other way to comply with the federal mandate, such as require the public schools to provide the services directly. AB 3632 services are an entitlement and children can receive	All mental health related, medically necessary services for kids who are SED. The necessary services would be identified on the child's IEP.	California County Mental Health Departments and County Departments of Education	

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Minor Consent (100% State General Fund)	12-21	<p>Services irrespective of their parents' income level.</p> <p>A minor between 12 and 21 years of age can receive the following services:</p> <ul style="list-style-type: none"> ▪ Substance abuse services that do not address his/her mental health issues, if any. ▪ Substance abuse counseling related to his/her sexual assault and family planning but not mental health services. ▪ If the minor is pregnant or postpartum, she can receive substance abuse services that are related to her health during pregnancy or postpartum period. 	<p>Minor Consent is a State-only program which excludes parental income and resources from consideration of Medi-Cal eligibility for certain, limited services to youth under 21 who is living with his/her parents or guardians.</p> <p>Minor Consent services are supported only with State General Funds unless the minor is pregnant or postpartum. Except for services provided to pregnant and postpartum women, no federal funds are claimed since income and resources of the minor's parents or guardians are not considered in establishing the child's eligibility for these limited Medi-Cal services. Thus, counties expend 100 percent of the cost for Minor Consent services from their regular allocations.</p>	State ADP	Title 22, CR, Sections 50147.1, 50167(a)(6)(D)(4), 50063.5, 50157(f)(3), 50703(d); Family Code Section 6929; Welfare and Institutions Code Section 14010.
County General Funds			Some counties give match funds for maintenance of effort for mental health and child welfare.		