

AMENDED IN ASSEMBLY MARCH 9, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 59

Introduced by Assembly Member Waldron
(Coauthor: Assembly Member Olsen)
(Coauthors: Senators Hall and Huff)

December 9, 2014

An act to amend Sections 5346, 5347, 5348, 5349, 5349.1, and 5349.5 of, and to add Section 5349.3 to, the Welfare and Institutions Code, relating to mental health services.

LEGISLATIVE COUNSEL'S DIGEST

AB 59, as amended, Waldron. Mental health services: assisted outpatient treatment.

Existing law, the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, until January 1, 2017, grants each county the authority to offer certain assisted outpatient treatment services for their residents. In counties in which these assisted outpatient treatment services are available, a court may order a person to receive assisted outpatient treatment for an initial treatment period not to exceed 6 months pursuant to an order if requisite criteria are met. Under that law, participating counties are required to provide prescribed assisted outpatient services, including a service planning and delivery process, that are client-directed and employ psychosocial rehabilitation and recovery principles. Existing law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including *the Local Revenue Fund* and the Mental Health Services Fund when included in a county plan, as specified.

This bill would delete the provisions that authorize a county to participate in the program, and instead require each county *with available funding* to implement the provisions of Laura's Law. The bill would delete the January 1, 2017, repeal date of those provisions, thereby extending the program indefinitely. By imposing additional duties upon the counties to implement these provisions, the bill would impose a state-mandated local program. The bill would also authorize the court to order a person to obtain assisted outpatient treatment for an initial period not to exceed 12 months if requisite criteria are met.

Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary detention for a period of 72 hours for evaluation of persons who are dangerous to self or others, or gravely disabled, as defined. Existing law provides that if a person is detained for 72 hours or is under court order for evaluation and has received an evaluation, he or she may be certified for not more than 14 days of intensive treatment related to the mental disorder or impairment by chronic alcoholism if certain conditions are met, as specified. Under existing law, a person may be certified for intensive treatment for an additional period of time if he or she remains gravely disabled or unwilling or unable to accept voluntary treatment or if he or she is suicidal, as specified, or may be confined for postcertification treatment for up to 180 days if he or she has, among other things, attempted or inflicted physical harm upon another person, as specified.

This bill would, upon the release of a person from intensive treatment or postcertification treatment described above, authorize the professional staff of the agency or facility that provided the treatment to evaluate whether the person meets the criteria for assisted outpatient treatment. The bill would authorize the professional staff to request the county mental health director to file a petition in the superior court for assisted outpatient treatment if that person meets that criteria.

~~The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

~~This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.~~

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state.

Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 5346 of the Welfare and Institutions Code
2 is amended to read:

3 5346. (a) ~~A~~*In a county in which funding is available for*
4 *assisted outpatient treatment, a court may order a person who is*
5 *the subject of a petition filed pursuant to this section to obtain*
6 *assisted outpatient treatment if the court finds, by clear and*
7 *convincing evidence, that the facts stated in the verified petition*
8 *filed in accordance with this section are true and establish that all*
9 *of the requisite criteria set forth in this section are met, including,*
10 *but not limited to, each of the following:*

11 (1) The person is 18 years of age or older.

12 (2) The person is suffering from a mental illness as defined in
13 paragraphs (2) and (3) of subdivision (b) of Section 5600.3.

14 (3) There has been a clinical determination that the person is
15 unlikely to survive safely in the community without supervision.

16 (4) The person has a history of lack of compliance with
17 treatment for his or her mental illness, in that at least one of the
18 following is true:

19 (A) The person's mental illness has, at least twice within the
20 last 36 months, been a substantial factor in necessitating
21 hospitalization, or receipt of services in a forensic or other mental
22 health unit of a state correctional facility or local correctional
23 facility, not including any period during which the person was
24 hospitalized or incarcerated immediately preceding the filing of
25 the petition.

26 (B) The person's mental illness has resulted in one or more acts
27 of serious and violent behavior toward himself or herself or
28 another, or threats, or attempts to cause serious physical harm to
29 himself or herself or another within the last 48 months, not
30 including any period in which the person was hospitalized or
31 incarcerated immediately preceding the filing of the petition.

- 1 (5) The person has been offered an opportunity to participate
2 in a treatment plan by the director of the local mental health
3 department, or his or her designee, provided the treatment plan
4 includes all of the services described in Section 5348, and the
5 person continues to fail to engage in treatment.
- 6 (6) The person’s condition is substantially deteriorating.
- 7 (7) Participation in the assisted outpatient treatment program
8 would be the least restrictive placement necessary to ensure the
9 person’s recovery and stability.
- 10 (8) In view of the person’s treatment history and current
11 behavior, the person is in need of assisted outpatient treatment in
12 order to prevent a relapse or deterioration that would be likely to
13 result in grave disability or serious harm to himself or herself, or
14 to others, as defined in Section 5150.
- 15 (9) It is likely that the person will benefit from assisted
16 outpatient treatment.
- 17 (b) (1) A petition for an order authorizing assisted outpatient
18 treatment may be filed by the county mental health director, or his
19 or her designee, in the superior court in the county where the person
20 who is the subject of the petition is present or reasonably believed
21 to be present.
- 22 (2) A request may be made only by any of the following persons
23 to the county mental health department for the filing of a petition
24 to obtain an order authorizing assisted outpatient treatment:
 - 25 (A) Any person 18 years of age or older with whom the person
26 who is the subject of the petition resides.
 - 27 (B) Any person who is the parent, spouse, or sibling or child
28 18 years of age or older of the person who is the subject of the
29 petition.
 - 30 (C) The director of any public or private agency, treatment
31 facility, charitable organization, or licensed residential care facility
32 providing mental health services to the person who is the subject
33 of the petition in whose institution the subject of the petition
34 resides.
 - 35 (D) The director of a hospital in which the person who is the
36 subject of the petition is hospitalized.
 - 37 (E) A licensed mental health treatment provider who is either
38 supervising the treatment of, or treating for a mental illness, the
39 person who is the subject of the petition.

1 (F) A peace officer, parole officer, or probation officer assigned
2 to supervise the person who is the subject of the petition.

3 (G) The professional staff of an agency or facility, as specified
4 in Section 5349.3.

5 (3) Upon receiving a request pursuant to paragraph (2), the
6 county mental health director shall conduct an investigation into
7 the appropriateness of filing the petition. The director shall file
8 the petition only if he or she determines that there is a reasonable
9 likelihood that all the necessary elements to sustain the petition
10 can be proven in a court of law by clear and convincing evidence.

11 (4) The petition shall state all of the following:

12 (A) Each of the criteria for assisted outpatient treatment as set
13 forth in subdivision (a).

14 (B) Facts that support the petitioner's belief that the person who
15 is the subject of the petition meets each criterion, provided that
16 the hearing on the petition shall be limited to the stated facts in
17 the verified petition, and the petition contains all the grounds on
18 which the petition is based, in order to ensure adequate notice to
19 the person who is the subject of the petition and his or her counsel.

20 (C) That the person who is the subject of the petition is present,
21 or is reasonably believed to be present, within the county where
22 the petition is filed.

23 (D) That the person who is the subject of the petition has the
24 right to be represented by counsel in all stages of the proceeding
25 under the petition, in accordance with subdivision (c).

26 (5) The petition shall be accompanied by an affidavit of a
27 licensed mental health treatment provider designated by the local
28 mental health director who shall state, if applicable, either of the
29 following:

30 (A) That the licensed mental health treatment provider has
31 personally examined the person who is the subject of the petition
32 no more than 10 days prior to the submission of the petition, the
33 facts and reasons why the person who is the subject of the petition
34 meets the criteria in subdivision (a), that the licensed mental health
35 treatment provider recommends assisted outpatient treatment for
36 the person who is the subject of the petition, and that the licensed
37 mental health treatment provider is willing and able to testify at
38 the hearing on the petition.

39 (B) That no more than 10 days prior to the filing of the petition,
40 the licensed mental health treatment provider, or his or her

1 designee, has made appropriate attempts to elicit the cooperation
2 of the person who is the subject of the petition, but has not been
3 successful in persuading that person to submit to an examination,
4 that the licensed mental health treatment provider has reason to
5 believe that the person who is the subject of the petition meets the
6 criteria for assisted outpatient treatment, and that the licensed
7 mental health treatment provider is willing and able to examine
8 the person who is the subject of the petition and testify at the
9 hearing on the petition.

10 (c) The person who is the subject of the petition shall have the
11 right to be represented by counsel at all stages of a proceeding
12 commenced under this section. If the person so elects, the court
13 shall immediately appoint the public defender or other attorney to
14 assist the person in all stages of the proceedings. The person shall
15 pay the cost of the legal services if he or she is able.

16 (d) (1) Upon receipt by the court of a petition submitted
17 pursuant to subdivision (b), the court shall fix the date for a hearing
18 at a time not later than five business days from the date the petition
19 is received by the court. The petitioner shall promptly cause service
20 of a copy of the petition, together with written notice of the hearing
21 date, to be made personally on the person who is the subject of the
22 petition, and shall send a copy of the petition and notice to the
23 county office of patient rights, and to the current health care
24 provider appointed for the person who is the subject of the petition,
25 if that provider is known to the petitioner. Continuances shall be
26 permitted only for good cause shown. In granting continuances,
27 the court shall consider the need for further examination by a
28 physician or the potential need to provide expeditiously assisted
29 outpatient treatment. Upon the hearing date, or upon any other
30 date or dates to which the proceeding may be continued, the court
31 shall hear testimony. If it is deemed advisable by the court, and if
32 the person who is the subject of the petition is available and has
33 received notice pursuant to this section, the court may examine in
34 or out of court the person who is the subject of the petition who is
35 alleged to be in need of assisted outpatient treatment. If the person
36 who is the subject of the petition does not appear at the hearing,
37 and appropriate attempts to elicit the attendance of the person have
38 failed, the court may conduct the hearing in the person's absence.
39 If the hearing is conducted without the person present, the court

1 shall set forth the factual basis for conducting the hearing without
2 the person's presence.

3 (2) The court shall not order assisted outpatient treatment unless
4 an examining licensed mental health treatment provider, who has
5 personally examined, and has reviewed the available treatment
6 history of, the person who is the subject of the petition within the
7 time period commencing 10 days before the filing of the petition,
8 testifies in person at the hearing.

9 (3) If the person who is the subject of the petition has refused
10 to be examined by a licensed mental health treatment provider,
11 the court may request that the person consent to an examination
12 by a licensed mental health treatment provider appointed by the
13 court. If the person who is the subject of the petition does not
14 consent and the court finds reasonable cause to believe that the
15 allegations in the petition are true, the court may order a person
16 designated under Section 5150 to take into custody the person who
17 is the subject of the petition and transport him or her, or cause him
18 or her to be transported, to a hospital for examination by a licensed
19 mental health treatment provider as soon as is practicable.
20 Detention of the person who is the subject of the petition under
21 the order may not exceed 72 hours. If the examination is performed
22 by another licensed mental health treatment provider, the
23 examining licensed mental health treatment provider may consult
24 with the licensed mental health treatment provider whose
25 affirmation or affidavit accompanied the petition regarding the
26 issues of whether the allegations in the petition are true and whether
27 the person meets the criteria for assisted outpatient treatment.

28 (4) The person who is the subject of the petition shall have all
29 of the following rights:

30 (A) To adequate notice of the hearings to the person who is the
31 subject of the petition, as well as to parties designated by the person
32 who is the subject of the petition.

33 (B) To receive a copy of the court-ordered evaluation.

34 (C) To counsel. If the person has not retained counsel, the court
35 shall appoint a public defender.

36 (D) To be informed of his or her right to judicial review by
37 habeas corpus.

38 (E) To be present at the hearing unless he or she waives the
39 right to be present.

40 (F) To present evidence.

1 (G) To call witnesses on his or her behalf.

2 (H) To cross-examine witnesses.

3 (I) To appeal decisions, and to be informed of his or her right
4 to appeal.

5 (5) (A) If after hearing all relevant evidence, the court finds
6 that the person who is the subject of the petition does not meet the
7 criteria for assisted outpatient treatment, the court shall dismiss
8 the petition.

9 (B) If after hearing all relevant evidence, the court finds that
10 the person who is the subject of the petition meets the criteria for
11 assisted outpatient treatment, and there is no appropriate and
12 feasible less restrictive alternative, the court may order the person
13 who is the subject of the petition to receive assisted outpatient
14 treatment for an initial period not to exceed 12 months. In
15 fashioning the order, the court shall specify that the proposed
16 treatment is the least restrictive treatment appropriate and feasible
17 for the person who is the subject of the petition. The order shall
18 state the categories of assisted outpatient treatment, as set forth in
19 Section 5348, that the person who is the subject of the petition is
20 to receive, and the court may not order treatment that has not been
21 recommended by the examining licensed mental health treatment
22 provider and included in the written treatment plan for assisted
23 outpatient treatment as required by subdivision (e). If the person
24 has executed an advance health care directive pursuant to Chapter
25 2 (commencing with Section 4650) of Part 1 of Division 4.7 of
26 the Probate Code, any directions included in the advance health
27 care directive shall be considered in formulating the written
28 treatment plan.

29 (6) If the person who is the subject of a petition for an order for
30 assisted outpatient treatment pursuant to subparagraph (B) of
31 paragraph (5) refuses to participate in the assisted outpatient
32 treatment program, the court may order the person to meet with
33 the assisted outpatient treatment team designated by the director
34 of the assisted outpatient treatment program. The treatment team
35 shall attempt to gain the person's cooperation with treatment
36 ordered by the court. The person may be subject to a 72-hour hold
37 pursuant to subdivision (f) only after the treatment team has
38 attempted to gain the person's cooperation with treatment ordered
39 by the court, and has been unable to do so.

1 (e) Assisted outpatient treatment shall not be ordered unless the
2 licensed mental health treatment provider recommending assisted
3 outpatient treatment to the court has submitted to the court a written
4 treatment plan that includes services as set forth in Section 5348,
5 and the court finds, in consultation with the county mental health
6 director, or his or her designee, all of the following:

7 (1) That the services are available from the county, or a provider
8 approved by the county, for the duration of the court order.

9 (2) That the services have been offered to the person by the
10 local director of mental health, or his or her designee, and the
11 person has been given an opportunity to participate on a voluntary
12 basis, and the person has failed to engage in, or has refused,
13 treatment.

14 (3) That all of the elements of the petition required by this article
15 have been met.

16 (4) That the treatment plan will be delivered to the county
17 director of mental health, or to his or her appropriate designee.

18 (f) If, in the clinical judgment of a licensed mental health
19 treatment provider, the person who is the subject of the petition
20 has failed or has refused to comply with the treatment ordered by
21 the court, and, in the clinical judgment of the licensed mental health
22 treatment provider, efforts were made to solicit compliance, and,
23 in the clinical judgment of the licensed mental health treatment
24 provider, the person may be in need of involuntary admission to
25 a hospital for evaluation, the provider may request that persons
26 designated under Section 5150 take into custody the person who
27 is the subject of the petition and transport him or her, or cause him
28 or her to be transported, to a hospital, to be held up to 72 hours for
29 examination by a licensed mental health treatment provider to
30 determine if the person is in need of treatment pursuant to Section
31 5150. Continued involuntary retention in a hospital beyond the
32 initial 72-hour period shall be pursuant to Section 5250. If at any
33 time during the 72-hour period the person is determined not to
34 meet the criteria of Section 5150, and does not agree to stay in the
35 hospital as a voluntary patient, he or she shall be released and any
36 subsequent involuntary detention in a hospital shall be pursuant
37 to Section 5150. Failure to comply with an order of assisted
38 outpatient treatment alone may not be grounds for involuntary
39 civil commitment or a finding that the person who is the subject
40 of the petition is in contempt of court.

1 (g) If the director of the assisted outpatient treatment program
2 determines that the condition of the patient requires further assisted
3 outpatient treatment, the director shall apply to the court, prior to
4 the expiration of the period of the initial assisted outpatient
5 treatment order, for an order authorizing continued assisted
6 outpatient treatment for a period not to exceed 180 days from the
7 date of the order. The procedures for obtaining an order pursuant
8 to this subdivision shall be in accordance with subdivisions (a) to
9 (f), inclusive. The period for further involuntary outpatient
10 treatment authorized by a subsequent order under this subdivision
11 may not exceed 180 days from the date of the order.

12 (h) At intervals of not less than 60 days during an assisted
13 outpatient treatment order, the director of the outpatient treatment
14 program shall file an affidavit with the court that ordered the
15 outpatient treatment affirming that the person who is the subject
16 of the order continues to meet the criteria for assisted outpatient
17 treatment. At these times, the person who is the subject of the order
18 shall have the right to a hearing on whether or not he or she still
19 meets the criteria for assisted outpatient treatment if he or she
20 disagrees with the director's affidavit. The burden of proof shall
21 be on the director.

22 (i) During each 60-day period specified in subdivision (h), if
23 the person who is the subject of the order believes that he or she
24 is being wrongfully retained in the assisted outpatient treatment
25 program against his or her wishes, he or she may file a petition for
26 a writ of habeas corpus, thus requiring the director of the assisted
27 outpatient treatment program to prove that the person who is the
28 subject of the order continues to meet the criteria for assisted
29 outpatient treatment.

30 (j) Any person ordered to undergo assisted outpatient treatment
31 pursuant to this article, who was not present at the hearing at which
32 the order was issued, may immediately petition the court for a writ
33 of habeas corpus. Treatment under the order for assisted outpatient
34 treatment may not commence until the resolution of that petition.

35 SEC. 2. Section 5347 of the Welfare and Institutions Code is
36 amended to read:

37 5347. (a) ~~A~~*In a county in which funding is available for*
38 *assisted outpatient treatment, a person who is determined by the*
39 *court to be subject to subdivision (a) of Section 5346 may*
40 *voluntarily enter into an agreement for services under this section.*

1 (b) (1) After a petition for an order for assisted outpatient
2 treatment is filed, but before the conclusion of the hearing on the
3 petition, the person who is the subject of the petition, or the
4 person's legal counsel with the person's consent, may waive the
5 right to an assisted outpatient treatment hearing for the purpose of
6 obtaining treatment under a settlement agreement, if an examining
7 licensed mental health treatment provider states that the person
8 can survive safely in the community. The settlement agreement
9 may not exceed 180 days in duration and shall be agreed to by all
10 parties.

11 (2) The settlement agreement shall be in writing, shall be
12 approved by the court, and shall include a treatment plan developed
13 by the community-based program that will provide services that
14 provide treatment in the least restrictive manner consistent with
15 the needs of the person who is the subject of the petition.

16 (3) Either party may request that the court modify the treatment
17 plan at any time during the 180-day period.

18 (4) The court shall designate the appropriate county department
19 to monitor the person's treatment under, and compliance with, the
20 settlement agreement. If the person fails to comply with the
21 treatment according to the agreement, the designated county
22 department shall notify the counsel designated by the county and
23 the person's counsel of the person's noncompliance.

24 (5) A settlement agreement approved by the court pursuant to
25 this section shall have the same force and effect as an order for
26 assisted outpatient treatment pursuant to Section 5346.

27 (6) At a hearing on the issue of noncompliance with the
28 agreement, the written statement of noncompliance submitted shall
29 be prima facie evidence that a violation of the conditions of the
30 agreement has occurred. If the person who is the subject of the
31 petition denies any of the facts as stated in the statement, he or she
32 has the burden of proving by a preponderance of the evidence that
33 the alleged facts are false.

34 SEC. 3. Section 5348 of the Welfare and Institutions Code is
35 amended to read:

36 5348. (a) Each county *with available funding* shall offer
37 assisted outpatient treatment services, including, but not limited
38 to, all of the following:

39 (1) Community-based, mobile, multidisciplinary, highly trained
40 mental health teams that use high staff-to-client ratios of no more

1 than 10 clients per team member for those subject to court-ordered
2 services pursuant to Section 5346.

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

5 (A) Determination of the numbers of persons to be served and
6 the programs and services that will be provided to meet their needs.
7 The local director of mental health shall consult with the sheriff,
8 the police chief, the probation officer, the mental health board,
9 contract agencies, and family, client, ethnic, and citizen
10 constituency groups as determined by the director.

11 (B) Plans for services, including outreach to families whose
12 severely mentally ill adult is living with them, design of mental
13 health services, coordination and access to medications, psychiatric
14 and psychological services, substance abuse services, supportive
15 housing or other housing assistance, vocational rehabilitation, and
16 veterans' services. Plans shall also contain evaluation strategies,
17 which shall consider cultural, linguistic, gender, age, and special
18 needs of minorities and those based on any characteristic listed or
19 defined in Section 11135 of the Government Code in the target
20 populations. Provision shall be made for staff with the cultural
21 background and linguistic skills necessary to remove barriers to
22 mental health services as a result of having
23 limited-English-speaking ability and cultural differences.
24 Recipients of outreach services may include families, the public,
25 primary care physicians, and others who are likely to come into
26 contact with individuals who may be suffering from an untreated
27 severe mental illness who would be likely to become homeless if
28 the illness continued to be untreated for a substantial period of
29 time. Outreach to adults may include adults voluntarily or
30 involuntarily hospitalized as a result of a severe mental illness.

31 (C) Provision for services to meet the needs of persons who are
32 physically disabled.

33 (D) Provision for services to meet the special needs of older
34 adults.

35 (E) Provision for family support and consultation services,
36 parenting support and consultation services, and peer support or
37 self-help group support, if appropriate.

38 (F) Provision for services to be client-directed and that employ
39 psychosocial rehabilitation and recovery principles.

1 (G) Provision for psychiatric and psychological services that
2 are integrated with other services and for psychiatric and
3 psychological collaboration in overall service planning.

4 (H) Provision for services specifically directed to seriously
5 mentally ill young adults 25 years of age or younger who are
6 homeless or at significant risk of becoming homeless. These
7 provisions may include continuation of services that still would
8 be received through other funds had eligibility not been terminated
9 as a result of age.

10 (I) Services reflecting special needs of women from diverse
11 cultural backgrounds, including supportive housing that accepts
12 children, personal services coordinator therapeutic treatment, and
13 substance *abuse* treatment programs that address gender-specific
14 trauma and abuse in the lives of persons with mental illness, and
15 vocational rehabilitation programs that offer job training programs
16 free of gender bias and sensitive to the needs of women.

17 (J) Provision for housing for clients that is immediate,
18 transitional, permanent, or all of these.

19 (K) Provision for clients who have been suffering from an
20 untreated severe mental illness for less than one year, and who do
21 not require the full range of services, but are at risk of becoming
22 homeless unless a comprehensive individual and family support
23 services plan is implemented. These clients shall be served in a
24 manner that is designed to meet their needs.

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

39 (4) The individual personal services plan shall ensure that
40 persons subject to assisted outpatient treatment programs receive

1 age-appropriate, gender-appropriate, and culturally appropriate
2 services, to the extent feasible, that are designed to enable
3 recipients to:

4 (A) Live in the most independent, least restrictive housing
5 feasible in the local community, and, for clients with children, to
6 live in a supportive housing environment that strives for
7 reunification with their children or assists clients in maintaining
8 custody of their children as is appropriate.

9 (B) Engage in the highest level of work or productive activity
10 appropriate to their abilities and experience.

11 (C) Create and maintain a support system consisting of friends,
12 family, and participation in community activities.

13 (D) Access an appropriate level of academic education or
14 vocational training.

15 (E) Obtain an adequate income.

16 (F) Self-manage their illnesses and exert as much control as
17 possible over both the day-to-day and long-term decisions that
18 affect their lives.

19 (G) Access necessary physical health care and maintain the best
20 possible physical health.

21 (H) Reduce or eliminate serious antisocial or criminal behavior,
22 and thereby reduce or eliminate their contact with the criminal
23 justice system.

24 (I) Reduce or eliminate the distress caused by the symptoms of
25 mental illness.

26 (J) Have freedom from dangerous addictive substances.

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

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

34 (c) Involuntary medication shall not be allowed absent a separate
35 order by the court pursuant to Sections 5332 to 5336, inclusive.

36 (d) A county *with available funding* shall provide data to the
37 State Department of Health Care Services and, based on the data,
38 the department shall report to the Legislature on or before May 1
39 of each year regarding the services the county provides pursuant
40 to this article. The report shall include, at a minimum, an evaluation

1 of the effectiveness of the strategies employed by each program
2 operated pursuant to this article in reducing homelessness and
3 hospitalization of persons in the program and in reducing
4 involvement with local law enforcement by persons in the program.

5 The evaluation and report shall also include any other measures
6 identified by the department regarding persons in the program and
7 all of the following, based on information that is available:

8 (1) The number of persons served by the program and, of those,
9 the number who are able to maintain housing and the number who
10 maintain contact with the treatment system.

11 (2) The number of persons in the program with contacts with
12 local law enforcement, and the extent to which local and state
13 incarceration of persons in the program has been reduced or
14 avoided.

15 (3) The number of persons in the program participating in
16 employment services programs, including competitive employment.

17 (4) The days of hospitalization of persons in the program that
18 have been reduced or avoided.

19 (5) Adherence to prescribed treatment by persons in the program.

20 (6) Other indicators of successful engagement, if any, by persons
21 in the program.

22 (7) Victimization of persons in the program.

23 (8) Violent behavior of persons in the program.

24 (9) Substance abuse by persons in the program.

25 (10) Type, intensity, and frequency of treatment of persons in
26 the program.

27 (11) Extent to which enforcement mechanisms are used by the
28 program, when applicable.

29 (12) Social functioning of persons in the program.

30 (13) Skills in independent living of persons in the program.

31 (14) Satisfaction with program services both by those receiving
32 them and by their families, when relevant.

33 SEC. 4. Section 5349 of the Welfare and Institutions Code is
34 amended to read:

35 5349. To the extent otherwise permitted under state and federal
36 law, counties may pay for the provision of services under Sections
37 5347 and 5348 using funds distributed to the counties from the
38 Mental Health Subaccount, the Mental Health Equity Subaccount,
39 and the Vehicle License Collection Account of the Local Revenue
40 Fund, funds from the Mental Health Account and the Behavioral

1 Health Subaccount within the Support Services Account of the
2 Local Revenue Fund 2011, funds from the Mental Health Services
3 Fund when included in county plans pursuant to Section 5847, and
4 any other funds from which the Controller makes distributions to
5 the counties for those purposes. Compliance with this section shall
6 be monitored by the State Department of Health Care Services as
7 part of its review and approval of county performance contracts.

8 SEC. 5. Section 5349.1 of the Welfare and Institutions Code
9 is amended to read:

10 5349.1. (a) Counties *with available funding* shall, in
11 consultation with the State Department of Health Care Services,
12 client and family advocacy organizations, and other stakeholders,
13 develop a training and education program for purposes of
14 improving the delivery of services to mentally ill individuals who
15 are, or who are at risk of being, involuntarily committed under this
16 part. This training shall be provided to mental health treatment
17 providers contracting with participating counties and to other
18 individuals, including, but not limited to, mental health
19 professionals, law enforcement officials, and certification hearing
20 officers involved in making treatment and involuntary commitment
21 decisions.

22 (b) The training shall include both of the following:

23 (1) Information relative to legal requirements for detaining a
24 person for involuntary inpatient and outpatient treatment, including
25 criteria to be considered with respect to determining if a person is
26 considered to be gravely disabled.

27 (2) Methods for ensuring that decisions regarding involuntary
28 treatment as provided for in this part direct patients toward the
29 most effective treatment. Training shall include an emphasis on
30 each patient's right to provide informed consent to assistance.

31 SEC. 6. Section 5349.3 is added to the Welfare and Institutions
32 Code, to read:

33 5349.3. (a) Upon the release of a person from involuntary
34 treatment pursuant to Section 5257, 5264, 5270.35, or 5304, the
35 professional staff of the agency or facility that provided that
36 treatment may evaluate whether that person meets the criteria
37 established in subdivision (a) of Section 5346 for assisted
38 outpatient treatment.

39 (b) If that person meets the criteria in subdivision (a) of Section
40 5346, the professional staff of the agency or facility may request

1 the county mental health director, or his or her designee, to file a
2 petition in the superior court pursuant to subdivision (b) of Section
3 5346 for assisted outpatient treatment.

4 SEC. 7. Section 5349.5 of the Welfare and Institutions Code
5 is amended to read:

6 5349.5. The State Department of Health Care Services shall
7 submit a report and evaluation of all counties *providing assisted*
8 *outpatient treatment pursuant to this article* to the Governor and
9 to the Legislature by July 1, 2015. The evaluation shall include
10 data described in subdivision (d) of Section 5348.

11 ~~SEC. 8. If the Commission on State Mandates determines that~~
12 ~~this act contains costs mandated by the state, reimbursement to~~
13 ~~local agencies and school districts for those costs shall be made~~
14 ~~pursuant to Part 7 (commencing with Section 17500) of Division~~
15 ~~4 of Title 2 of the Government Code.~~

16 *SEC. 8. To the extent that this act has an overall effect of*
17 *increasing the costs already borne by a local agency for programs*
18 *or levels of service mandated by the 2011 Realignment Legislation*
19 *within the meaning of Section 36 of Article XIII of the California*
20 *Constitution, it shall apply to local agencies only to the extent that*
21 *the state provides annual funding for the cost increase. Any new*
22 *program or higher level of service provided by a local agency*
23 *pursuant to this act above the level for which funding has been*
24 *provided shall not require a subvention of funds by the state nor*
25 *otherwise be subject to Section 6 of Article XIII B of the California*
26 *Constitution.*