

AMENDED IN ASSEMBLY APRIL 6, 2015

AMENDED IN ASSEMBLY MARCH 9, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 59**

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

December 9, 2014

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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~~. *residents by adoption of a resolution or through the county budget process and by making a finding that no mental health program, as specified, may be reduced as a result of implementation.* 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. *indefinitely, and would also delete the finding requirement described above.* 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 no reimbursement is required by this act for a specified reason.~~

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

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

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

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

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

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

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

27 (B) The person's mental illness has resulted in one or more acts  
28 of serious and violent behavior toward himself or herself or  
29 another, or threats, or attempts to cause serious physical harm to  
30 himself or herself or another within the last 48 months, not  
31 including any period in which the person was hospitalized or  
32 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) ~~In a county in which funding is available for assisted~~  
38 ~~outpatient treatment, In any county in which services are available~~  
39 *pursuant to Section 5348*, a person who is determined by the court

1 to be subject to subdivision (a) of Section 5346 may voluntarily  
2 enter into an agreement for services under this section.

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

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

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

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

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

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

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

38 5348. (a) ~~Each county with available funding~~ *For purposes*  
39 *of subdivision (e) of Section 5346, a county that chooses to provide*  
40 *assisted outpatient treatment services pursuant to this article shall*

1 offer assisted outpatient treatment services, including, but not  
2 limited to, all of the following:

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

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

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

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

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

37 (D) Provision for services to meet the special needs of older  
38 adults.

1 (E) Provision for family support and consultation services,  
2 parenting support and consultation services, and peer support or  
3 self-help group support, if appropriate.

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

6 (G) Provision for psychiatric and psychological services that  
7 are integrated with other services and for psychiatric and  
8 psychological collaboration in overall service planning.

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

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

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

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

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

1 conservator, if one has been appointed, and, with the consent of  
2 the client, shall consult with the family and other significant  
3 persons as appropriate.

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

9 (A) Live in the most independent, least restrictive housing  
10 feasible in the local community, and, for clients with children, to  
11 live in a supportive housing environment that strives for  
12 reunification with their children or assists clients in maintaining  
13 custody of their children as is appropriate.

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

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

18 (D) Access an appropriate level of academic education or  
19 vocational training.

20 (E) Obtain an adequate income.

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

24 (G) Access necessary physical health care and maintain the best  
25 possible physical health.

26 (H) Reduce or eliminate serious antisocial or criminal behavior,  
27 and thereby reduce or eliminate their contact with the criminal  
28 justice system.

29 (I) Reduce or eliminate the distress caused by the symptoms of  
30 mental illness.

31 (J) Have freedom from dangerous addictive substances.

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

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

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

1 (d) A county ~~with available funding~~ *that operates an assisted*  
2 *outpatient treatment program pursuant to this article* shall provide  
3 data to the State Department of Health Care Services and, based  
4 on the data, the department shall report to the Legislature on or  
5 before May 1 of each year regarding the services the county  
6 provides pursuant to this article. The report shall include, at a  
7 minimum, an evaluation of the effectiveness of the strategies  
8 employed by each program operated pursuant to this article in  
9 reducing homelessness and hospitalization of persons in the  
10 program and in reducing involvement with local law enforcement  
11 by persons in the program. The evaluation and report shall also  
12 include any other measures identified by the department regarding  
13 persons in the program and all of the following, based on  
14 information that is available:

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

18 (2) The number of persons in the program with contacts with  
19 local law enforcement, and the extent to which local and state  
20 incarceration of persons in the program has been reduced or  
21 avoided.

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

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

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

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

29 (7) Victimization of persons in the program.

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

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

32 (10) Type, intensity, and frequency of treatment of persons in  
33 the program.

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

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

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

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

1     ~~SEC. 4. Section 5349 of the Welfare and Institutions Code is~~  
2     ~~amended to read:~~

3     ~~5349. To the extent otherwise permitted under state and federal~~  
4     ~~law, counties may pay for the provision of services under Sections~~  
5     ~~5347 and 5348 using funds distributed to the counties from the~~  
6     ~~Mental Health Subaccount, the Mental Health Equity Subaccount,~~  
7     ~~and the Vehicle License Collection Account of the Local Revenue~~  
8     ~~Fund, funds from the Mental Health Account and the Behavioral~~  
9     ~~Health Subaccount within the Support Services Account of the~~  
10    ~~Local Revenue Fund 2011, funds from the Mental Health Services~~  
11    ~~Fund when included in county plans pursuant to Section 5847, and~~  
12    ~~any other funds from which the Controller makes distributions to~~  
13    ~~the counties for those purposes. Compliance with this section shall~~  
14    ~~be monitored by the State Department of Health Care Services as~~  
15    ~~part of its review and approval of county performance contracts.~~

16    ~~SEC. 4. Section 5349 of the Welfare and Institutions Code is~~  
17    ~~amended to read:~~

18    ~~5349. This article shall be operative in those counties in which~~  
19    ~~the county board of supervisors, by resolution or through the county~~  
20    ~~budget process, authorizes its application and makes a finding that~~  
21    ~~no voluntary mental health program serving adults, and no~~  
22    ~~children's mental health program, may be reduced as a result of~~  
23    ~~the implementation of this article. application. To the extent~~  
24    ~~otherwise permitted under state and federal law, counties that elect~~  
25    ~~to implement this article may pay for the provision of services~~  
26    ~~under Sections 5347 and 5348 using funds distributed to the~~  
27    ~~counties from the Mental Health Subaccount, the Mental Health~~  
28    ~~Equity Subaccount, and the Vehicle License Collection Account~~  
29    ~~of the Local Revenue Fund, funds from the Mental Health Account~~  
30    ~~and the Behavioral Health Subaccount within the Support Services~~  
31    ~~Account of the Local Revenue Fund 2011, funds from the Mental~~  
32    ~~Health Services Fund when included in county plans pursuant to~~  
33    ~~Section 5847, and any other funds from which the Controller makes~~  
34    ~~distributions to the counties for those purposes. Compliance with~~  
35    ~~this section shall be monitored by the State Department of Health~~  
36    ~~Care Services as part of its review and approval of county~~  
37    ~~performance contracts.~~

38    ~~SEC. 5. Section 5349.1 of the Welfare and Institutions Code~~  
39    ~~is amended to read:~~



1 5349.1. (a) Counties ~~with available funding that elect to~~  
2 *implement this article* shall, in consultation with the State  
3 Department of Health Care Services, client and family advocacy  
4 organizations, and other stakeholders, develop a training and  
5 education program for purposes of improving the delivery of  
6 services to mentally ill individuals who are, or who are at risk of  
7 being, involuntarily committed under this part. This training shall  
8 be provided to mental health treatment providers contracting with  
9 participating counties and to other individuals, including, but not  
10 limited to, mental health professionals, law enforcement officials,  
11 and certification hearing officers involved in making treatment  
12 and involuntary commitment decisions.

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

14 (1) Information relative to legal requirements for detaining a  
15 person for involuntary inpatient and outpatient treatment, including  
16 criteria to be considered with respect to determining if a person is  
17 considered to be gravely disabled.

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

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

24 5349.3. (a) Upon the release of a person from involuntary  
25 treatment pursuant to Section 5257, 5264, 5270.35, or 5304, the  
26 professional staff of the agency or facility that provided that  
27 treatment may evaluate whether that person meets the criteria  
28 established in subdivision (a) of Section 5346 for assisted  
29 outpatient treatment.

30 (b) If that person meets the criteria in subdivision (a) of Section  
31 5346, the professional staff of the agency or facility may request  
32 the county mental health director, or his or her designee, to file a  
33 petition in the superior court pursuant to subdivision (b) of Section  
34 5346 for assisted outpatient treatment.

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

37 5349.5. The State Department of Health Care Services shall  
38 submit a report and evaluation of all counties ~~providing assisted~~  
39 ~~outpatient treatment pursuant to~~ *implementing any component of*  
40 this article to the Governor and to the Legislature by July 1, 2015.

1 The evaluation shall include data described in subdivision (d) of  
2 Section 5348.

3 ~~SEC. 8. To the extent that this act has an overall effect of~~  
4 ~~increasing the costs already borne by a local agency for programs~~  
5 ~~or levels of service mandated by the 2011 Realignment Legislation~~  
6 ~~within the meaning of Section 36 of Article XIII of the California~~  
7 ~~Constitution, it shall apply to local agencies only to the extent that~~  
8 ~~the state provides annual funding for the cost increase. Any new~~  
9 ~~program or higher level of service provided by a local agency~~  
10 ~~pursuant to this act above the level for which funding has been~~  
11 ~~provided shall not require a subvention of funds by the state nor~~  
12 ~~otherwise be subject to Section 6 of Article XIII B of the California~~  
13 ~~Constitution.~~