

Introduced by Senators Steinberg and Romero
(Principal coauthor: Assembly Member Hayashi)
(Coauthors: Senators Alquist and Kuehl)

February 22, 2008

An act to add Section 2687 to, to add Chapter 2.73 (commencing with Section 1001.130) to Title 6 of Part 2 of, and to add and repeal Section 2687.1 of, the Penal Code, and to amend Sections 5806 and 5814 of the Welfare and Institutions Code, relating to mentally ill offenders.

LEGISLATIVE COUNSEL'S DIGEST

SB 1651, as introduced, Steinberg. Mentally ill offenders.

Existing law provides for the diversion of specified criminal offenders in alternate sentencing and treatment programs.

This bill would authorize superior courts to develop and implement mental health courts, as specified. This bill would also allow parolees to participate in mental health courts, as specified.

Because this bill would change the punishment for commission of various crimes and would require local officials to provide a higher level of service, this bill would impose a state-mandated local program.

Existing law provides for the allocation of state funds to counties for mental health programs.

This bill would make various statements of legislative findings and intent regarding the need to provide mental health and related services to parolees. This bill would require the Department of Corrections and Rehabilitation to create a pilot program, to the extent funding is available, to provide comprehensive mental health and supportive services, as specified. This bill would provide that the department may contract with counties or private providers for these services. The bill

would provide that any portion of the costs of services not covered by any public or private insurance to which the program participant is entitled shall be paid for by the contract.

This bill would require the Department of Corrections and Rehabilitation in consultation with the State Department of Mental Health to establish, to the extent funding is available, mental health service standards, as specified.

This bill would also require the department to provide in a report to the Legislature, submitted on or before May 1 of each year in which additional funding is provided, an evaluation of the effectiveness of the strategies for parolees in reducing homelessness, recidivism, involvement with local law enforcement, and other measures identified by the department.

This bill would make other conforming changes.

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 with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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. This act shall be known, and may be cited, as the
2 Corrections Mental Health Act of 2008.

3 SEC. 2. Chapter 2.73 (commencing with Section 1001.130) is
4 added to Title 6 of Part 2 of the Penal Code, to read:

5
6 CHAPTER 2.73. MENTAL HEALTH COURTS

7
8 1001.130. (a) Superior courts are hereby authorized to develop
9 and implement mental health courts.

10 (b) For purposes of this section, a mental health court has the
11 following objectives:

- 1 (1) Increase cooperation between the courts, criminal justice,
2 mental health, and substance abuse systems.
- 3 (2) Creation of a dedicated calendar or a locally developed
4 collaborative court-supervised mental health program or system
5 that contains the characteristics set out in subdivision (c) that will
6 lead to placement of as many mentally ill offenders, including
7 those with cooccurring disorders, in community treatment as is
8 feasible and consistent with public safety.
- 9 (3) Improve access to necessary services and support.
- 10 (4) Reduce recidivism.
- 11 (5) Reduce the involvement of the mentally ill in the criminal
12 justice system and their time in jail by making mental health
13 services available in the least restrictive environment possible
14 while promoting public safety.
- 15 (c) For purposes of this section, a mental health court has the
16 following characteristics:
- 17 (1) Leadership by a superior court judicial officer assigned by
18 the presiding judge.
- 19 (2) Enhanced accountability by combining judicial supervision
20 with rehabilitation services that are rigorously monitored and
21 focused on recovery.
- 22 (3) A problem solving focus.
- 23 (4) A team approach to decisionmaking.
- 24 (5) Integration of social and treatment services.
- 25 (6) Judicial supervision of the treatment process, as appropriate.
- 26 (7) Community outreach efforts.
- 27 (8) Direct interaction between defendant and judicial officer.
- 28 (d) A county and court may collaboratively and jointly establish
29 a mental health court. The operational agreements for the mental
30 health court shall involve the county and court stakeholders and,
31 through a collaborative process with these stakeholders, develop
32 a plan that is consistent with this section. At least one stakeholder
33 should be a criminal justice client who has lived with mental
34 illness. The plan shall address at a minimum the following
35 components:
- 36 (1) The method by which the mental health court will ensure
37 that the target population of defendants will be identified and
38 referred to the mental health court.
- 39 (2) The method for assessing defendants for serious mental
40 illness and cooccurring disorders.

- 1 (3) Eligibility criteria specifying what factors will make the
2 defendant eligible to participate in a mental health court, including
3 eligibility of the current offense for inclusion in the mental health
4 court, amenability of the defendant to treatment and the facts of
5 the present case before the court, as well as prior criminal history
6 and mental health and substance abuse treatment history of the
7 defendant.
- 8 (4) The elements of the treatment and supervision programs.
- 9 (5) Standards for continuing participation in, and successful
10 completion of, the mental health court program.
- 11 (6) The need for the county mental health department and the
12 drug and alcohol department to provide initial and ongoing training
13 for designated staff on the nature of serious mental illness and on
14 the treatment and supportive services available in the community.
- 15 (7) The process to ensure defendants will receive the appropriate
16 level of treatment services, based on available resources, from
17 county and community mental health providers and other local
18 agencies.
- 19 (8) The process for developing or modifying a treatment plan
20 for each defendant, based on a formal assessment of the defendant's
21 mental health and substance abuse treatment needs. Participation
22 in the mental health court would require defendants to complete
23 the recommended treatment plan, and comply with any other terms
24 and conditions that will optimize the likelihood that the defendant
25 will complete the program.
- 26 (9) Process for referring cases to the mental health court.
- 27 (10) A defendant's voluntary entry into the mental health court,
28 the right of a defendant to withdraw from the mental health court,
29 and the process for explaining these rights to the defendant.
- 30 (e) In developing a mental health program, each mental health
31 court team, lead by a judicial officer, should include, but is not
32 limited to, a judicial officer to preside over the court, prosecutor,
33 public defender, county mental health liaison, substance abuse
34 liaison, and probation officer. The mental health court team will
35 determine the frequency of ongoing reviews of the progress of the
36 offender in community treatment in order to ensure the offender
37 adheres to the treatment plan as recommended, remains in
38 treatment, and completes treatment.

1 (f) Entry into the mental health court program is voluntary. Once
2 an individual chooses to enter, the defendant must comply with
3 the conditions of participation specified by the court.

4 (g) A defendant's participation requires the consent of the
5 judicial officer and the prosecutor. In determining a defendant's
6 suitability, the judicial officer or prosecutor may contact the victim.

7 (h) The length of an individual's participation in the mental
8 health court program shall not exceed the term of probation or
9 parole.

10 (i) The victim may make a statement during a defendant's first
11 appearance before a mental health court.

12 (j) Except with the approval of the prosecutor, or a finding by
13 the court on the record after a formal hearing that there are
14 extraordinary circumstances to permit the defendant to participate
15 where the interests of justice would best be served, a defendant is
16 not eligible under this section if convicted of a serious felony, as
17 defined in subdivision (c) of Section 1192.7, or a violent felony,
18 as defined in subdivision (c) of Section 667.5, or of violating
19 Section 207, subdivision (a), (b), (c), or (d) of Section 243.4,
20 Section 261.5, 266, 266c, 266h, 266i, or 285, subdivision (a) of
21 Section 289, subdivision (1) of Section 314, or Section 647.6. At
22 any hearing, the court shall consider the maximum potential
23 sentence that could be imposed and the danger that may be posed
24 by permitting the defendant to remain in the community and
25 participate in the mental health court.

26 (k) If the defendant has performed successfully during the period
27 of the mental health court, at the end of that period, the criminal
28 charge or charges may be dismissed and Section 1000.4 or 1203.4
29 shall apply.

30 1001.133. (a) A parolee with a serious mental illness who is
31 under the dual jurisdiction of the courts and the Board of Parole
32 Hearings due to having committed a new offense while on parole,
33 or being on active probation during the term of parole, may
34 participate in a mental health court program.

35 (b) The Board of Parole Hearings may, as an alternative to
36 ordering a parolee returned to prison, suspend revocation pending
37 the parolee's successful completion of the mental health court
38 program.

1 (c) If a parolee fails to successfully complete the mental health
2 court program, the Board of Parole Hearings may revoke parole,
3 as appropriate.

4 SEC. 3. Section 2687 is added to the Penal Code, to read:

5 2687. (a) A system of care for parolees with serious mental
6 illness results in the highest benefit to the client, family, and society
7 while ensuring that the public sector meets its legal responsibility
8 and fiscal liability at the lowest possible cost.

9 (b) The adult system of care model, begun through the
10 implementation of Chapter 617 of the Statutes of 1999 and
11 expanded by Chapter 518 of the Statutes of 2000, provides models
12 for parolees with serious mental illness that can meet the
13 performance outcomes required by the Legislature.

14 (c) Therefore, using the guidelines and principles developed
15 under the demonstration projects implemented under the adult
16 system of care model, it is the intent of the Legislature to
17 accomplish the following:

18 (1) Encourage the Department of Corrections and Rehabilitation,
19 Division of Adult Parole Operations to implement a system of care
20 as described in this article for the delivery of mental health services
21 to seriously mentally ill parolees.

22 (2) To promote a system of care accountability for performance
23 outcomes that enables parolees with serious mental illness to reduce
24 symptoms that impair their ability to live independently, work,
25 maintain community supports, care for their children, stay in good
26 health, not abuse drugs or alcohol, and not commit crimes.

27 (3) Provide funds for mental health services and related
28 medications, substance abuse services, supportive housing or other
29 housing assistance, vocational rehabilitation, and other nonmedical
30 programs necessary to stabilize mentally ill prisoners and parolees,
31 reduce the risk of being homeless, get them off the street and into
32 treatment and recovery, or to ensure that eligible parolees requiring
33 veterans' treatment and recovery services outside of their
34 geographic location will be given consideration for those needed
35 services on a case-by-case basis.

36 SEC. 4. Section 2687.1 is added to the Penal Code, to read:

37 2687.1. (a) To the extent funding is available, the Department
38 of Corrections and Rehabilitation shall create a pilot program to
39 provide comprehensive mental health and supportive services
40 comparable to the case management and services available under

1 Section 5806 of the Welfare and Institutions Code as set forth in
2 this section. Priority shall be given to parolees who, while
3 incarcerated, were deemed part of the Enhanced Outpatient
4 Program or were in the Correctional Clinical Case Management
5 System. Consideration shall be given for likelihood of
6 homelessness upon release. Once enrolled, each parolee shall
7 remain enrolled until either opting out of the program with an
8 agreed upon discharge plan and followup plan, completing parole,
9 or having parole revoked for longer than a year.

10 (b) To the extent funding is available, the Department of
11 Corrections and Rehabilitation in consultation with the State
12 Department of Mental Health shall develop service standards for
13 prisoners with a serious mental illness, as defined in paragraphs
14 (2) and (3) of subdivision (b) of Section 5600.3 of the Welfare and
15 Institutions Code.

16 (c) The department shall develop comprehensive case
17 management plans and shall establish prison in-reach protocols
18 that include collaboration and cooperation with service providers
19 who are likely to serve program participants in the designated
20 counties. Prior to the release of each program participant, the
21 department shall work with each participant, the designated mental
22 health personal services coordinator, the relevant housing provider,
23 and other relevant providers to develop a discharge plan that
24 includes:

25 (1) Stable and affordable housing that is appropriate to serve
26 the individual's needs, including permanent supportive housing
27 where necessary. In the event that permanent affordable housing
28 is not available, a participant may be placed in transitional
29 supportive housing, and the designated mental health personal
30 services coordinator shall develop a plan to place the participant
31 in permanent supportive housing before the end of the parole
32 period.

33 (2) Job placement or application for federal or state benefit
34 entitlements, including, but not limited to, Social Security
35 Disability Insurance, Supplemental Security Income, veterans'
36 benefits, CalWORKs, Medicaid, food stamps, or general relief
37 with the goal of income or benefits being available immediately
38 upon release.

39 (3) Application for federally, state, or locally funded housing
40 assistance programs.

1 (4) Obtainment of state-issued identification.

2 (d) The department shall report to the Legislature on or before
3 May 1 of each year in which additional funding is provided, and
4 shall evaluate, at a minimum, the effectiveness of the strategies
5 for parolees in reducing homelessness, recidivism, involvement
6 with local law enforcement, and other measures identified by the
7 department. The evaluation shall include for each program funded
8 in the current fiscal year as much of the following as available
9 information permits:

10 (1) The number of persons served, and of those, the number
11 who receive extensive community mental health services.

12 (2) The number of persons who are able to maintain housing,
13 including the type of housing and whether it is emergency,
14 transitional, or permanent housing, as defined by the department.

15 (3) (A) The amount of funding spent on each type of housing.

16 (B) Other local, state, or federal funds or programs used to house
17 clients.

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

21 (5) The number of persons participating in employment service
22 programs, including competitive employment.

23 (6) The amount of hospitalization that has been reduced or
24 avoided.

25 (7) The extent to which veterans identified through these
26 programs' outreach are receiving federally funded veterans'
27 services for which they are eligible.

28 (8) The extent to which programs funded for three or more years
29 are making a measurable and significant difference on the street,
30 in hospitals, and in jails, as compared to other programs and in
31 previous years.

32 (e) For purposes of this section, the department may receive
33 technical assistance from the State Department of Mental Health.

34 (f) The department may contract with counties or private
35 providers for the provision of any of the services described in this
36 section. Methods to contract for services shall promote prompt
37 and flexible use of funds, consistent with the scope of services for
38 which the department has contracted with each provider. Each
39 contract shall pay for that portion of services and supports
40 necessary to achieve the goals of this section, including

1 hospitalization and medications, not covered by Medi-Cal,
2 Medicare, SSI, or any other entitlement to the individual being
3 served.

4 (g) This section shall remain in effect only until January 1, 2014,
5 and as of that date is repealed, unless a later enacted statute, that
6 is enacted before January 1, 2014, deletes or extends that date.

7 SEC. 5. Section 5806 of the Welfare and Institutions Code is
8 amended to read:

9 5806. The State Department of Mental Health shall establish
10 service standards that ensure that members of the target population
11 are identified, and services provided to assist them to live
12 independently, work, and reach their potential as productive
13 citizens. The department shall provide annual oversight of grants
14 issued pursuant to this part for compliance with these standards.
15 These standards shall include, but are not limited to, all of the
16 following:

17 (a) A service planning and delivery process that is target
18 population based and includes the following:

19 (1) Determination of the numbers of clients to be served and
20 the programs and services that will be provided to meet their needs.
21 The local director of mental health shall consult with the sheriff,
22 the police chief, the probation officer, the mental health board,
23 contract agencies, and family, client, ethnic, and citizen
24 constituency groups as determined by the director.

25 (2) Plans for services, including outreach to *individuals who*
26 *will be eligible for services under this section after successfully*
27 *completing parole and mental health courts, and families whose*
28 *severely mentally ill adult is living with them, design of mental*
29 *health services, coordination and access to medications, psychiatric*
30 *and psychological services, substance abuse services, supportive*
31 *housing or other housing assistance, vocational rehabilitation, and*
32 *veterans' services. Plans shall also contain evaluation strategies,*
33 *that shall consider cultural, linguistic, gender, age, and special*
34 *needs of minorities in the target populations. Provision shall be*
35 *made for staff with the cultural background and linguistic skills*
36 *necessary to remove barriers to mental health services due to*
37 *limited-English-speaking ability and cultural differences.*
38 *Recipients of outreach services may include families, the public,*
39 *primary care physicians, and others who are likely to come into*
40 *contact with individuals who may be suffering from an untreated*

1 severe mental illness who would be likely to become homeless if
2 the illness continued to be untreated for a substantial period of
3 time. Outreach to adults may include adults voluntarily or
4 involuntarily hospitalized as a result of a severe mental illness.

5 (3) Provisions for services to meet the needs of target population
6 clients who are physically disabled.

7 (4) Provision for services to meet the special needs of older
8 adults.

9 (5) Provision for family support and consultation services,
10 parenting support and consultation services, and peer support or
11 self-help group support, where appropriate for the individual.

12 (6) Provision for services to be client-directed and that employ
13 psychosocial rehabilitation and recovery principles.

14 (7) Provision for psychiatric and psychological services that are
15 integrated with other services and for psychiatric and psychological
16 collaboration in overall service planning.

17 (8) Provision for services specifically directed to seriously
18 mentally ill young adults 25 years of age or younger who are
19 homeless or at significant risk of becoming homeless. These
20 provisions may include continuation of services that would still
21 be received through other funds had eligibility not been terminated
22 due to age.

23 (9) Services reflecting special needs of women from diverse
24 cultural backgrounds, including supportive housing that accepts
25 children, personal services coordinator therapeutic treatment, and
26 substance treatment programs that address gender specific trauma
27 and abuse in the lives of persons with mental illness, and vocational
28 rehabilitation programs that offer job training programs free of
29 gender bias and sensitive to the needs of women.

30 (10) Provision for housing for clients that is immediate,
31 transitional, permanent, or all of these.

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

38 (b) Each client shall have a clearly designated mental health
39 personal services coordinator who may be part of a
40 multidisciplinary treatment team who is responsible for providing

1 or assuring needed services. Responsibilities include complete
2 assessment of the client's needs, development of the client's
3 personal services plan, linkage with all appropriate community
4 services, monitoring of the quality and follow through of services,
5 and necessary advocacy to ensure each client receives those
6 services which are agreed to in the personal services plan. Each
7 client shall participate in the development of his or her personal
8 services plan, and responsible staff shall consult with the designated
9 conservator, if one has been appointed, and, with the consent of
10 the client, consult with the family and other significant persons as
11 appropriate.

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

18 (1) Live in the most independent, least restrictive housing
19 feasible in the local community, and for clients with children, to
20 live in a supportive housing environment that strives for
21 reunification with their children or assists clients in maintaining
22 custody of their children as is appropriate.

23 (2) Engage in the highest level of work or productive activity
24 appropriate to their abilities and experience.

25 (3) Create and maintain a support system consisting of friends,
26 family, and participation in community activities.

27 (4) Access an appropriate level of academic education or
28 vocational training.

29 (5) Obtain an adequate income.

30 (6) Self-manage their illness and exert as much control as
31 possible over both the day-to-day and long-term decisions which
32 affect their lives.

33 (7) Access necessary physical health care and maintain the best
34 possible physical health.

35 (8) Reduce or eliminate serious antisocial or criminal behavior
36 and thereby reduce or eliminate their contact with the criminal
37 justice system.

38 (9) Reduce or eliminate the distress caused by the symptoms of
39 mental illness.

40 (10) Have freedom from dangerous addictive substances.

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

5 SEC. 6. Section 5814 of the Welfare and Institutions Code is
6 amended to read:

7 5814. (a) (1) This part shall be implemented only to the extent
8 that funds are appropriated for purposes of this part. To the extent
9 that funds are made available, ~~the first priority shall go to maintain~~
10 ~~funding for the existing programs that meet adult system of care~~
11 ~~contract goals. The next priority for funding shall be given to~~
12 ~~counties with a high incidence of persons who are severely~~
13 ~~mentally ill and homeless or at risk of homelessness, and meet the~~
14 ~~criteria developed pursuant to paragraphs (3) and (4) priorities~~
15 ~~shall include, but not be limited to, maintaining funding for the~~
16 ~~existing programs that meet adult system of care contract goals,~~
17 ~~counties with a high incidence of persons who are severely mentally~~
18 ~~ill and homeless or who are at risk of becoming homeless and meet~~
19 ~~the criteria developed pursuant to paragraphs (3) and (4) of this~~
20 ~~subdivision, and those who are discharged from a jail or have~~
21 ~~successfully completed parole.~~

22 (2) The director shall establish a methodology for awarding
23 grants under this part consistent with the legislative intent
24 expressed in Section 5802, and in consultation with the advisory
25 committee established in this subdivision.

26 (3) (A) The director shall establish an advisory committee for
27 the purpose of providing advice regarding the development of
28 criteria for the award of grants, and the identification of specific
29 performance measures for evaluating the effectiveness of grants.
30 The committee shall review evaluation reports and make findings
31 on evidence-based best practices and recommendations for grant
32 conditions. At not less than one meeting annually, the advisory
33 committee shall provide to the director written comments on the
34 performance of each of the county programs. Upon request by the
35 department, each participating county that is the subject of a
36 comment shall provide a written response to the comment. The
37 department shall comment on each of these responses at a
38 subsequent meeting.

39 (B) The committee shall include, but not be limited to,
40 representatives from state, county, and community veterans'

1 services and disabled veterans outreach programs, supportive
2 housing and other housing assistance programs, law enforcement,
3 county mental health and private providers of local mental health
4 services and mental health outreach services, the Board of
5 Corrections, the State Department of Alcohol and Drug Programs,
6 local substance abuse services providers, the Department of
7 Rehabilitation, providers of local employment services, the State
8 Department of Social Services, the Department of Housing and
9 Community Development, a service provider to transition youth,
10 the United Advocates for Children of California, the California
11 Mental Health Advocates for Children and Youth, the Mental
12 Health Association of California, ~~the California Alliance for the~~
13 ~~Mentally Ill~~ *the National Alliance on Mental Illness (NAMI)*
14 *California*, the California Network of Mental Health Clients, the
15 Mental Health Planning Council, *a mental health court judicial*
16 *officer*, and other appropriate entities.

17 (4) The criteria for the award of grants shall include, but not be
18 limited to, all of the following:

19 (A) A description of a comprehensive strategic plan for
20 providing outreach, prevention, intervention, and evaluation in a
21 cost appropriate manner corresponding to the criteria specified in
22 subdivision (c).

23 (B) A description of the local population to be served, ability
24 to administer an effective service program, and the degree to which
25 local agencies and advocates will support and collaborate with
26 program efforts.

27 (C) A description of efforts to maximize the use of other state,
28 federal, and local funds or services that can support and enhance
29 the effectiveness of these programs.

30 (5) In order to reduce the cost of providing supportive housing
31 for clients, counties that receive a grant pursuant to this part after
32 January 1, 2004, shall enter into contracts with sponsors of
33 supportive housing projects to the greatest extent possible.
34 Participating counties are encouraged to commit a portion of their
35 grants to rental assistance for a specified number of housing units
36 in exchange for the counties' clients having the right of first refusal
37 to rent the assisted units.

38 (b) In each year in which additional funding is provided by the
39 annual Budget Act the department shall establish programs that
40 offer individual counties sufficient funds to comprehensively serve

1 severely mentally ill adults who are homeless, recently released
2 from a county jail or the state prison, or others who are untreated,
3 unstable, and at significant risk of incarceration or homelessness
4 unless treatment is provided to them and who are severely mentally
5 ill adults. For purposes of this subdivision, “severely mentally ill
6 adults” are those individuals described in subdivision (b) of Section
7 5600.3. In consultation with the advisory committee established
8 pursuant to paragraph (3) of subdivision (a), the department shall
9 report to the Legislature on or before May 1 of each year in which
10 additional funding is provided, and shall evaluate, at a minimum,
11 the effectiveness of the strategies in providing successful outreach
12 and reducing homelessness, involvement with local law
13 enforcement, and other measures identified by the department.
14 The evaluation shall include for each program funded in the current
15 fiscal year as much of the following as available information
16 permits:

17 (1) The number of persons served, and of those, the number
18 who receive extensive community mental health services.

19 (2) The number of persons who are able to maintain housing,
20 including the type of housing and whether it is emergency,
21 transitional, or permanent housing, as defined by the department.

22 (3) (A) The amount of grant funding spent on each type of
23 housing.

24 (B) Other local, state, or federal funds or programs used to house
25 clients.

26 (4) The number of persons with contacts with local law
27 enforcement and the extent to which local and state incarceration
28 has been reduced or avoided.

29 (5) The number of persons participating in employment service
30 programs including competitive employment.

31 (6) The number of persons contacted in outreach efforts who
32 appear to be severely mentally ill, as described in Section 5600.3,
33 who have refused treatment after completion of all applicable
34 outreach measures.

35 (7) The amount of hospitalization that has been reduced or
36 avoided.

37 (8) The extent to which veterans identified through these
38 programs’ outreach are receiving federally funded veterans’
39 services for which they are eligible.

1 (9) The extent to which programs funded for three or more years
2 are making a measurable and significant difference on the street,
3 in hospitals, and in jails, as compared to other counties or as
4 compared to those counties in previous years.

5 (10) For those who have been enrolled in this program for at
6 least two years and who were enrolled in Medi-Cal prior to, and
7 at the time they were enrolled in, this program, a comparison of
8 their Medi-Cal hospitalizations and other Medi-Cal costs for the
9 two years prior to enrollment and the two years after enrollment
10 in this program.

11 (11) The number of persons served who were and were not
12 receiving Medi-Cal benefits in the 12-month period prior to
13 enrollment and, to the extent possible, the number of emergency
14 room visits and other medical costs for those not enrolled in
15 Medi-Cal in the prior 12-month period.

16 (c) To the extent that state savings associated with providing
17 integrated services for the mentally ill are quantified, it is the intent
18 of the Legislature to capture those savings in order to provide
19 integrated services to additional adults.

20 (d) Each project shall include outreach and service grants in
21 accordance with a contract between the state and approved counties
22 that reflects the number of anticipated contacts with people who
23 are homeless or at risk of homelessness, and the number of those
24 who are severely mentally ill and who are likely to be successfully
25 referred for treatment and will remain in treatment as necessary.

26 (e) All counties that receive funding shall be subject to specific
27 terms and conditions of oversight and training which shall be
28 developed by the department, in consultation with the advisory
29 committee.

30 (f) (1) As used in this part, “receiving extensive mental health
31 services” means having a personal services coordinator, as
32 described in subdivision (b) of Section 5806, and having an
33 individual personal service plan, as described in subdivision (c)
34 of Section 5806.

35 (2) The funding provided pursuant to this part shall be sufficient
36 to provide mental health services, medically necessary medications
37 to treat severe mental illnesses, alcohol and drug services,
38 transportation, supportive housing and other housing assistance,
39 vocational rehabilitation and supported employment services,
40 money management assistance for accessing other health care and

1 obtaining federal income and housing support, accessing veterans’
2 services, stipends, and other incentives to attract and retain
3 sufficient numbers of qualified professionals as necessary to
4 provide the necessary levels of these services. These grants shall,
5 however, pay for only that portion of the costs of those services
6 not otherwise provided by federal funds or other state funds.

7 (3) Methods used by counties to contract for services pursuant
8 to paragraph (2) shall promote prompt and flexible use of funds,
9 consistent with the scope of services for which the county has
10 contracted with each provider.

11 (g) Contracts awarded pursuant to this part shall be exempt from
12 the Public Contract Code and the state administrative manual and
13 shall not be subject to the approval of the Department of General
14 Services.

15 (h) Notwithstanding any other provision of law, funds awarded
16 to counties pursuant to this part and Part 4 (commencing with
17 Section 5850) shall not require a local match in funds.

18 SEC. 7. No reimbursement is required by this act pursuant to
19 Section 6 of Article XIII B of the California Constitution for certain
20 costs that may be incurred by a local agency or school district
21 because, in that regard, this act creates a new crime or infraction,
22 eliminates a crime or infraction, or changes the penalty for a crime
23 or infraction, within the meaning of Section 17556 of the
24 Government Code, or changes the definition of a crime within the
25 meaning of Section 6 of Article XIII B of the California
26 Constitution.

27 However, if the Commission on State Mandates determines that
28 this act contains other costs mandated by the state, reimbursement
29 to local agencies and school districts for those costs shall be made
30 pursuant to Part 7 (commencing with Section 17500) of Division
31 4 of Title 2 of the Government Code.