

AMENDED IN SENATE APRIL 15, 2008

SENATE BILL

No. 1651

Introduced by Senators Steinberg and Romero

(Principal coauthor: Assembly Member Hayashi)

**(Coauthors: Senators Alquist and ~~Kuehl~~, Cedillo, Kuehl, Negrete
McLeod, Ridley-Thomas, and Yee)**

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 amended, 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 *for parolees with a serious mental illness*, 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, 2010, and every 2 years thereafter~~ in which additional funding is provided, *with reporting in the final year on or before January 1, 2014*, 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. *It is the intent of the Legislature to start a pilot*
- 4 *program known as the Program for Returning Offenders with*
- 5 *Mental Illness Safely and Effectively (PROMISE) and to expand*
- 6 *this program to provide comprehensive services, including*
- 7 *supportive housing where necessary, for parolees with a serious*

1 *mental illness, as defined in paragraphs (2) and (3) of subdivision*
 2 *(b) of Section 5600.3 of the Welfare and Institutions Code,*
 3 *including all eligible Enhanced Outpatient Program parolees in*
 4 *all counties of the state. Priority shall be given to parolees who,*
 5 *while incarcerated, were deemed part of the Enhanced Outpatient*
 6 *Program or were in the Correctional Clinical Case Management*
 7 *System. Consideration shall be given for likelihood of homelessness*
 8 *upon release.*

9 ~~SEC. 2.~~

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

12
 13 CHAPTER 2.73. MENTAL HEALTH COURTS

14
 15 1001.130. (a) Superior courts are hereby authorized to develop
 16 and implement mental health courts.

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

19 (1) Increase cooperation between the courts, criminal justice,
 20 mental health, and substance abuse systems.

21 (2) Creation of a dedicated calendar or a locally developed
 22 collaborative court-supervised mental health program or system
 23 that contains the characteristics set out in subdivision (c) that will
 24 lead to placement of as many mentally ill offenders, including
 25 those with cooccurring disorders, in community treatment as is
 26 feasible and consistent with public safety.

27 (3) Improve access to necessary services and support.

28 (4) Reduce recidivism.

29 (5) Reduce the involvement of the mentally ill in the criminal
 30 justice system and their time in jail by making mental health
 31 services available in the least restrictive environment possible
 32 while promoting public safety.

33 (c) For purposes of this section, a mental health court has the
 34 following characteristics:

35 (1) Leadership by a superior court judicial officer assigned by
 36 the presiding judge.

37 (2) Enhanced accountability by combining judicial supervision
 38 with rehabilitation services that are rigorously monitored and
 39 focused on recovery.

40 (3) A problem solving focus.

- 1 (4) A team approach to decisionmaking.
- 2 (5) Integration of social and treatment services.
- 3 (6) Judicial supervision of the treatment process, as appropriate.
- 4 (7) Community outreach efforts.
- 5 (8) Direct interaction between defendant and judicial officer.
- 6 ~~(d) A county and court may collaboratively and jointly establish~~
- 7 ~~a mental health court. The operational agreements for the mental~~
- 8 ~~health court shall involve the county and court stakeholders and,~~
- 9 ~~through a collaborative process with these stakeholders, develop~~
- 10 ~~a plan that is consistent with this section.~~
- 11 *(d) In developing a mental health court, the presiding judge or*
- 12 *his or her designee, shall contact the county board of supervisors*
- 13 *or the county administrative officer, or his or her designee, to*
- 14 *convene the county and court stakeholders and, through a*
- 15 *collaborative process with these stakeholders, develop a plan that*
- 16 *is consistent with this section. At least one stakeholder should be*
- 17 *a criminal justice client who has lived with mental illness. The*
- 18 *plan shall address at a minimum the following components:*
- 19 *(1) Identifying existing resources and services for the target*
- 20 *population and establishing a collaborative effort to share those*
- 21 *resources and work together to identify and seek new resources.*
- 22 ~~(1)~~
- 23 (2) The method by which the mental health court will ensure
- 24 that the target population of defendants will be identified and
- 25 referred to the mental health court.
- 26 ~~(2)~~
- 27 (3) The method for assessing defendants for serious mental
- 28 illness and cooccurring disorders.
- 29 ~~(3)~~
- 30 (4) Eligibility criteria specifying what factors will make the
- 31 defendant eligible to participate in a mental health court, including
- 32 eligibility of the current offense for inclusion in the mental health
- 33 court, amenability of the defendant to treatment and the facts of
- 34 the present case before the court, as well as prior criminal history
- 35 and mental health and substance abuse treatment history of the
- 36 defendant.
- 37 ~~(4)~~
- 38 (5) The elements of the treatment and supervision programs.
- 39 ~~(5)~~

1 (6) Standards for continuing participation in, and successful
2 completion of, the mental health court program.

3 ~~(6)~~

4 (7) The need for the county mental health department and the
5 drug and alcohol department to provide initial and ongoing training
6 for designated staff on the nature of serious mental illness and on
7 the treatment and supportive services available in the community.

8 ~~(7)~~

9 (8) The process to ensure defendants will receive the appropriate
10 level of treatment services, based on available resources, from
11 county and community mental health providers and other local
12 agencies.

13 ~~(8)~~

14 (9) The process for developing or modifying a treatment plan
15 for each defendant, based on a formal assessment of the defendant's
16 mental health and substance abuse treatment needs. Participation
17 in the mental health court would require defendants to complete
18 the recommended treatment plan, and comply with any other terms
19 and conditions that will optimize the likelihood that the defendant
20 will complete the program.

21 ~~(9) Process~~

22 (10) *The process* for referring cases to the mental health court.

23 ~~(10)~~

24 (11) A defendant's voluntary entry into the mental health court,
25 the right of a defendant to withdraw from the mental health court,
26 and the process for explaining these rights to the defendant.

27 (e) In developing a mental health program, each mental health
28 court team, lead by a judicial officer, should include, but is not
29 limited to, a judicial officer to preside over the court, prosecutor,
30 public defender, county mental health liaison, substance abuse
31 liaison, and probation officer. The mental health court team will
32 determine the frequency of ongoing reviews of the progress of the
33 offender in community treatment in order to ensure the offender
34 adheres to the treatment plan as recommended, remains in
35 treatment, and completes treatment.

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

1 (g) A defendant's participation requires the consent of the
2 judicial officer and the prosecutor. In determining a defendant's
3 suitability, the ~~judicial officer or~~ prosecutor may contact the victim.

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

7 (i) The victim may make a statement ~~during a defendant's first~~
8 ~~appearance~~ before a mental health court *at the time found*
9 *appropriate by the judge after input from the mental health court*
10 *team.*

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

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

29 1001.133. (a) A parolee with a serious mental illness who is
30 under the dual jurisdiction of the courts and the Board of Parole
31 Hearings due to having committed a new offense while on parole,
32 or being on active probation during the term of parole, may
33 participate in a mental health court program.

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

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

1 ~~SEC. 3.~~

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

3 2687. (a) A system of care for parolees with serious mental
4 illness results in the highest benefit to the client, family, and society
5 while ensuring that the public sector meets its legal responsibility
6 and fiscal liability at the lowest possible cost.

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

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

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

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

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

34 ~~SEC. 4.~~

35 SEC. 5. Section 2687.1 is added to the Penal Code, to read:

36 2687.1. (a) To the extent funding is available, the Department
37 of Corrections and Rehabilitation shall create a pilot program, *the*
38 *Program for Returning Offenders with Mental Illness Safely and*
39 *Effectively (PROMISE)*, to provide comprehensive mental health
40 and supportive services, *including supportive housing*, comparable

1 to the case management and services ~~available under~~ *described in*
2 Section 5806 of the Welfare and Institutions Code as set forth in
3 this section. Priority shall be given to parolees who, while
4 incarcerated, were deemed part of the Enhanced Outpatient
5 Program or were in the Correctional Clinical Case Management
6 System. Consideration shall be given for likelihood of
7 homelessness upon release. Once enrolled, each parolee shall
8 remain enrolled until either opting out of the program with an
9 agreed upon discharge plan and followup plan, completing parole,
10 or having parole revoked for longer than a year. *If a parolee*
11 *enrolled in the program has his or her parole revoked for less than*
12 *one year, he or she shall be reenrolled in the program upon*
13 *subsequent parole, if deemed appropriate by the department and*
14 *the program service provider.*

15 (b) To the extent funding is available, the Department of
16 Corrections and Rehabilitation in consultation with the State
17 Department of Mental Health shall develop service standards for
18 prisoners with a serious mental illness *in this pilot program*, as
19 defined in paragraphs (2) and (3) of subdivision (b) of Section
20 5600.3 of the Welfare and Institutions Code.

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

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

38 (2) Job placement or application for federal or state benefit
39 entitlements, including, but not limited to, Social Security
40 Disability Insurance, Supplemental Security Income, veterans'

1 benefits, CalWORKs, Medicaid, food stamps, or general relief
2 with the goal of income or benefits being available immediately
3 upon release.

4 (3) Application for federally, state, or locally funded housing
5 assistance programs.

6 (4) Obtainment of state-issued identification.

7 (d) The department shall report to the Legislature on or before
8 ~~May 1 of each year in which additional funding is provided, 2010,~~
9 *and every two years thereafter in which additional funding is*
10 *provided with reporting in the final year on or before January 1,*
11 *2014,* and shall evaluate, at a minimum, the effectiveness of the
12 strategies for parolees in reducing homelessness, recidivism,
13 involvement with local law enforcement, and other measures
14 identified by the department. The evaluation shall include for each
15 program funded in the current fiscal year as much of the following
16 as available information 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 funding spent on each type of housing.

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

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

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

30 ~~(6) The amount of hospitalization that has been reduced or~~
31 ~~avoided.~~

32 (6) *The rate of recidivism of participants of the program.*

33 (7) The extent to which veterans identified through these
34 programs' outreach are receiving federally funded veterans'
35 services for which they are eligible.

36 (8) The extent to which programs funded for three or more years
37 are making a measurable and significant difference ~~on the street,~~
38 ~~in hospitals, and in jails,~~ *in reducing recidivism* as compared to
39 other programs and in previous years.

1 (e) *The department is encouraged to cooperate with independent*
2 *entities evaluating the outcomes of this program.*

3 ~~(e)~~

4 (f) For purposes of this section, the department may receive
5 technical assistance from the State Department of Mental Health.

6 ~~(f)~~

7 (g) The department may contract with counties or private
8 providers for the provision of any of the services described in this
9 section. Methods to contract for services shall promote prompt
10 and flexible use of funds, consistent with the scope of services for
11 which the department has contracted with each provider. Each
12 contract shall pay for that portion of services and supports
13 necessary to achieve the goals of this section, including
14 hospitalization and medications, not covered by Medi-Cal,
15 Medicare, SSI, or any other entitlement to the individual being
16 served.

17 ~~(g)~~

18 (h) This section shall remain in effect only until January 1, 2014,
19 and as of that date is repealed, unless a later enacted statute, that
20 is enacted before January 1, 2014, deletes or extends that date.

21 ~~SEC. 5.~~

22 *SEC. 6.* Section 5806 of the Welfare and Institutions Code is
23 amended to read:

24 5806. The State Department of Mental Health shall establish
25 service standards that ensure that members of the target population
26 are identified, and services provided to assist them to live
27 independently, work, and reach their potential as productive
28 citizens. The department shall provide annual oversight of grants
29 issued pursuant to this part for compliance with these standards.
30 These standards shall include, but are not limited to, all of the
31 following:

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

34 (1) Determination of the numbers of clients to be served and
35 the programs and services that will be provided to meet their needs.
36 The local director of mental health shall consult with the sheriff,
37 the police chief, the probation officer, the mental health board,
38 contract agencies, and family, client, ethnic, and citizen
39 constituency groups as determined by the director.

1 (2) Plans for services, including outreach to individuals who
2 will be eligible for services under this section after successfully
3 completing parole and mental health courts, and families whose
4 severely mentally ill adult is living with them, design of mental
5 health services, coordination and access to medications, psychiatric
6 and psychological services, substance abuse services, supportive
7 housing or other housing assistance, vocational rehabilitation, and
8 veterans' services. Plans shall also contain evaluation strategies,
9 that shall consider cultural, linguistic, gender, age, and special
10 needs of minorities in the target populations. Provision shall be
11 made for staff with the cultural background and linguistic skills
12 necessary to remove barriers to mental health services due to
13 limited-English-speaking ability and cultural differences.
14 Recipients of outreach services may include families, the public,
15 primary care physicians, and others who are likely to come into
16 contact with individuals who may be suffering from an untreated
17 severe mental illness who would be likely to become homeless if
18 the illness continued to be untreated for a substantial period of
19 time. Outreach to adults may include adults voluntarily or
20 involuntarily hospitalized as a result of a severe mental illness.

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

23 (4) Provision for services to meet the special needs of older
24 adults.

25 (5) Provision for family support and consultation services,
26 parenting support and consultation services, and peer support or
27 self-help group support, where appropriate for the individual.

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

30 (7) Provision for psychiatric and psychological services that are
31 integrated with other services and for psychiatric and psychological
32 collaboration in overall service planning.

33 (8) Provision for services specifically directed to seriously
34 mentally ill young adults 25 years of age or younger who are
35 homeless or at significant risk of becoming homeless. These
36 provisions may include continuation of services that would still
37 be received through other funds had eligibility not been terminated
38 due to age.

39 (9) Services reflecting special needs of women from diverse
40 cultural backgrounds, including supportive housing that accepts

1 children, personal services coordinator therapeutic treatment, and
2 substance treatment programs that address gender specific trauma
3 and abuse in the lives of persons with mental illness, and vocational
4 rehabilitation programs that offer job training programs free of
5 gender bias and sensitive to the needs of women.

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

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

14 (b) Each client shall have a clearly designated mental health
15 personal services coordinator who may be part of a
16 multidisciplinary treatment team who is responsible for providing
17 or assuring needed services. Responsibilities include complete
18 assessment of the client's needs, development of the client's
19 personal services plan, linkage with all appropriate community
20 services, monitoring of the quality and follow through of services,
21 and necessary advocacy to ensure each client receives those
22 services which are agreed to in the personal services plan. Each
23 client shall participate in the development of his or her personal
24 services plan, and responsible staff shall consult with the designated
25 conservator, if one has been appointed, and, with the consent of
26 the client, consult with the family and other significant persons as
27 appropriate.

28 (c) The individual personal services plan shall ensure that
29 members of the target population involved in the system of care
30 receive age, gender, and culturally appropriate services or
31 appropriate services based on any characteristic listed or defined
32 in Section 11135 of the Government Code, to the extent feasible,
33 that are designed to enable recipients to:

34 (1) Live in the most independent, least restrictive housing
35 feasible in the local community, and for clients with children, to
36 live in a supportive housing environment that strives for
37 reunification with their children or assists clients in maintaining
38 custody of their children as is appropriate.

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

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

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

5 (5) Obtain an adequate income.

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

9 (7) Access necessary physical health care and maintain the best
10 possible physical health.

11 (8) Reduce or eliminate serious antisocial or criminal behavior
12 and thereby reduce or eliminate their contact with the criminal
13 justice system.

14 (9) Reduce or eliminate the distress caused by the symptoms of
15 mental illness.

16 (10) Have freedom from dangerous addictive substances.

17 (d) The individual personal services plan shall describe the
18 service array that meets the requirements of subdivision (c), and
19 to the extent applicable to the individual, the requirements of
20 subdivision (a).

21 ~~SEC. 6.~~

22 *SEC. 7.* Section 5814 of the Welfare and Institutions Code is
23 amended to read:

24 5814. (a) (1) This part shall be implemented only to the extent
25 that funds are appropriated for purposes of this part. To the extent
26 that funds are made available, priorities shall include, but not be
27 limited to, maintaining funding for the existing programs that meet
28 adult system of care contract goals, counties with a high incidence
29 of persons who are severely mentally ill and homeless or who are
30 at risk of becoming homeless and meet the criteria developed
31 pursuant to paragraphs (3) and (4) of this subdivision, and those
32 who are discharged from a jail or have successfully completed
33 parole.

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

38 (3) (A) The director shall establish an advisory committee for
39 the purpose of providing advice regarding the development of
40 criteria for the award of grants, and the identification of specific

1 performance measures for evaluating the effectiveness of grants.
2 The committee shall review evaluation reports and make findings
3 on evidence-based best practices and recommendations for grant
4 conditions. At not less than one meeting annually, the advisory
5 committee shall provide to the director written comments on the
6 performance of each of the county programs. Upon request by the
7 department, each participating county that is the subject of a
8 comment shall provide a written response to the comment. The
9 department shall comment on each of these responses at a
10 subsequent meeting.

11 (B) The committee shall include, but not be limited to,
12 representatives from state, county, and community veterans'
13 services and disabled veterans outreach programs, supportive
14 housing and other housing assistance programs, law enforcement,
15 county mental health and private providers of local mental health
16 services and mental health outreach services, the Board of
17 Corrections, the State Department of Alcohol and Drug Programs,
18 local substance abuse services providers, the Department of
19 Rehabilitation, providers of local employment services, the State
20 Department of Social Services, the Department of Housing and
21 Community Development, a service provider to transition youth,
22 the United Advocates for Children of California, the California
23 Mental Health Advocates for Children and Youth, the Mental
24 Health Association of California, the National Alliance on Mental
25 Illness (NAMI) California, the California Network of Mental
26 Health Clients, the Mental Health Planning Council, *the California*
27 *Mental Health Directors Association*, a mental health court judicial
28 officer, and other appropriate entities.

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

31 (A) A description of a comprehensive strategic plan for
32 providing outreach, prevention, intervention, and evaluation in a
33 cost appropriate manner corresponding to the criteria specified in
34 subdivision (c).

35 (B) A description of the local population to be served, ability
36 to administer an effective service program, and the degree to which
37 local agencies and advocates will support and collaborate with
38 program efforts.

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

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

12 (b) In each year in which additional funding is provided by the
13 annual Budget Act the department shall establish programs that
14 offer individual counties sufficient funds to comprehensively serve
15 severely mentally ill adults who are homeless, recently released
16 from a county jail or the state prison, or others who are untreated,
17 unstable, and at significant risk of incarceration or homelessness
18 unless treatment is provided to them and who are severely mentally
19 ill adults. For purposes of this subdivision, "severely mentally ill
20 adults" are those individuals described in subdivision (b) of Section
21 5600.3. In consultation with the advisory committee established
22 pursuant to paragraph (3) of subdivision (a), the department shall
23 report to the Legislature on or before May 1 of each year in which
24 additional funding is provided, and shall evaluate, at a minimum,
25 the effectiveness of the strategies in providing successful outreach
26 and reducing homelessness, involvement with local law
27 enforcement, and other measures identified by the department.
28 The evaluation shall include for each program funded in the current
29 fiscal year as much of the following as available information
30 permits:

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

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

36 (3) (A) The amount of grant funding spent on each type of
37 housing.

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

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

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

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

10 (7) The amount of hospitalization that has been reduced or
11 avoided.

12 (8) The extent to which veterans identified through these
13 programs' outreach are receiving federally funded veterans'
14 services for which they are eligible.

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

19 (10) For those who have been enrolled in this program for at
20 least two years and who were enrolled in Medi-Cal prior to, and
21 at the time they were enrolled in, this program, a comparison of
22 their Medi-Cal hospitalizations and other Medi-Cal costs for the
23 two years prior to enrollment and the two years after enrollment
24 in this program.

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

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

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

1 (e) All counties that receive funding shall be subject to specific
2 terms and conditions of oversight and training which shall be
3 developed by the department, in consultation with the advisory
4 committee.

5 (f) (1) As used in this part, “receiving extensive mental health
6 services” means having a personal services coordinator, as
7 described in subdivision (b) of Section 5806, and having an
8 individual personal service plan, as described in subdivision (c)
9 of Section 5806.

10 (2) The funding provided pursuant to this part shall be sufficient
11 to provide mental health services, medically necessary medications
12 to treat severe mental illnesses, alcohol and drug services,
13 transportation, supportive housing and other housing assistance,
14 vocational rehabilitation and supported employment services,
15 money management assistance for accessing other health care and
16 obtaining federal income and housing support, accessing veterans’
17 services, stipends, and other incentives to attract and retain
18 sufficient numbers of qualified professionals as necessary to
19 provide the necessary levels of these services. These grants shall,
20 however, pay for only that portion of the costs of those services
21 not otherwise provided by federal funds or other state funds.

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

26 (g) Contracts awarded pursuant to this part shall be exempt from
27 the Public Contract Code and the state administrative manual and
28 shall not be subject to the approval of the Department of General
29 Services.

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

33 ~~SEC. 7.~~

34 *SEC. 8.* No reimbursement is required by this act pursuant to
35 Section 6 of Article XIII B of the California Constitution for certain
36 costs that may be incurred by a local agency or school district
37 because, in that regard, this act creates a new crime or infraction,
38 eliminates a crime or infraction, or changes the penalty for a crime
39 or infraction, within the meaning of Section 17556 of the
40 Government Code, or changes the definition of a crime within the

1 meaning of Section 6 of Article XIII B of the California
2 Constitution.

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

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