

ASSEMBLY BILL

No. 59

Introduced by Assembly Member Waldron

December 9, 2014

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

indefinitely. By imposing additional duties upon the counties to implement these provisions, the bill would impose a state-mandated local program. The bill would also authorize the court to order a person to obtain assisted outpatient treatment for an initial period not to exceed 12 months if requisite criteria are met.

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

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

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

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

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

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

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

1 5346. (a) ~~In any county in which services are available as~~
2 ~~provided in Section 5348,~~ a court may order a person who is the
3 subject of a petition filed pursuant to this section to obtain assisted
4 outpatient treatment if the court finds, by clear and convincing
5 evidence, that the facts stated in the verified petition filed in
6 accordance with this section are true and establish that all of the
7 requisite criteria set forth in this section are met, including, but
8 not limited to, each of the following:

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

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

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

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

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

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

30 (5) The person has been offered an opportunity to participate
31 in a treatment plan by the director of the local mental health
32 department, or his or her designee, provided the treatment plan
33 includes all of the services described in Section 5348, and the
34 person continues to fail to engage in treatment.

35 (6) The person's condition is substantially deteriorating.

36 (7) Participation in the assisted outpatient treatment program
37 would be the least restrictive placement necessary to ensure the
38 person's recovery and stability.

39 (8) In view of the person's treatment history and current
40 behavior, the person is in need of assisted outpatient treatment in

1 order to prevent a relapse or deterioration that would be likely to
2 result in grave disability or serious harm to himself or herself, or
3 to others, as defined in Section 5150.

4 (9) It is likely that the person will benefit from assisted
5 outpatient treatment.

6 (b) (1) A petition for an order authorizing assisted outpatient
7 treatment may be filed by the county mental health director, or his
8 or her designee, in the superior court in the county ~~in which~~ *where*
9 the person who is the subject of the petition is present or reasonably
10 believed to be present.

11 (2) A request may be made only by any of the following persons
12 to the county mental health department for the filing of a petition
13 to obtain an order authorizing assisted outpatient treatment:

14 (A) Any person 18 years of age or older with whom the person
15 who is the subject of the petition resides.

16 (B) Any person who is the parent, spouse, or sibling or child
17 18 years of age or older of the person who is the subject of the
18 petition.

19 (C) The director of any public or private agency, treatment
20 facility, charitable organization, or licensed residential care facility
21 providing mental health services to the person who is the subject
22 of the petition in whose institution the subject of the petition
23 resides.

24 (D) The director of a hospital in which the person who is the
25 subject of the petition is hospitalized.

26 (E) A licensed mental health treatment provider who is either
27 supervising the treatment of, or treating for a mental illness, the
28 person who is the subject of the petition.

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

31 (G) *The professional staff of an agency or facility, as specified*
32 *in Section 5349.3.*

33 (3) Upon receiving a request pursuant to paragraph (2), the
34 county mental health director shall conduct an investigation into
35 the appropriateness of ~~the filing of~~ the petition. The director shall
36 file the petition only if he or she determines that there is a
37 reasonable likelihood that all the necessary elements to sustain the
38 petition can be proven in a court of law by clear and convincing
39 evidence.

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

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

3 (B) Facts that support the petitioner’s belief that the person who
4 is the subject of the petition meets each criterion, provided that
5 the hearing on the petition shall be limited to the stated facts in
6 the verified petition, and the petition contains all the grounds on
7 which the petition is based, in order to ensure adequate notice to
8 the person who is the subject of the petition and his or her counsel.

9 (C) That the person who is the subject of the petition is present,
10 or is reasonably believed to be present, within the county where
11 the petition is filed.

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

15 (5) The petition shall be accompanied by an affidavit of a
16 licensed mental health treatment provider designated by the local
17 mental health director who shall state, if applicable, either of the
18 following:

19 (A) That the licensed mental health treatment provider has
20 personally examined the person who is the subject of the petition
21 no more than 10 days prior to the submission of the petition, the
22 facts and reasons why the person who is the subject of the petition
23 meets the criteria in subdivision (a), that the licensed mental health
24 treatment provider recommends assisted outpatient treatment for
25 the person who is the subject of the petition, and that the licensed
26 mental health treatment provider is willing and able to testify at
27 the hearing on the petition.

28 (B) That no more than 10 days prior to the filing of the petition,
29 the licensed mental health treatment provider, or his or her
30 designee, has made appropriate attempts to elicit the cooperation
31 of the person who is the subject of the petition, but has not been
32 successful in persuading that person to submit to an examination,
33 that the licensed mental health treatment provider has reason to
34 believe that the person who is the subject of the petition meets the
35 criteria for assisted outpatient treatment, and that the licensed
36 mental health treatment provider is willing and able to examine
37 the person who is the subject of the petition and testify at the
38 hearing on the petition.

39 (c) The person who is the subject of the petition shall have the
40 right to be represented by counsel at all stages of a proceeding

1 commenced under this section. If the person so elects, the court
2 shall immediately appoint the public defender or other attorney to
3 assist the person in all stages of the proceedings. The person shall
4 pay the cost of the legal services if he or she is able.

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

32 (2) The court shall not order assisted outpatient treatment unless
33 an examining licensed mental health treatment provider, who has
34 personally examined, and has reviewed the available treatment
35 history of, the person who is the subject of the petition within the
36 time period commencing 10 days before the filing of the petition,
37 testifies in person at the hearing.

38 (3) If the person who is the subject of the petition has refused
39 to be examined by a licensed mental health treatment provider,
40 the court may request that the person consent to an examination

1 by a licensed mental health treatment provider appointed by the
2 court. If the person who is the subject of the petition does not
3 consent and the court finds reasonable cause to believe that the
4 allegations in the petition are true, the court may order ~~any~~ a person
5 designated under Section 5150 to take into custody the person who
6 is the subject of the petition and transport him or her, or cause him
7 or her to be transported, to a hospital for examination by a licensed
8 mental health treatment provider as soon as is practicable.
9 Detention of the person who is the subject of the petition under
10 the order may not exceed 72 hours. If the examination is performed
11 by another licensed mental health treatment provider, the
12 examining licensed mental health treatment provider may consult
13 with the licensed mental health treatment provider whose
14 affirmation or affidavit accompanied the petition regarding the
15 issues of whether the allegations in the petition are true and whether
16 the person meets the criteria for assisted outpatient treatment.

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

19 (A) To adequate notice of the hearings to the person who is the
20 subject of the petition, as well as to parties designated by the person
21 who is the subject of the petition.

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

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

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

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

29 (F) To present evidence.

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

31 (H) To cross-examine witnesses.

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

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

38 (B) If after hearing all relevant evidence, the court finds that
39 the person who is the subject of the petition meets the criteria for
40 assisted outpatient treatment, and there is no appropriate and

1 feasible less restrictive alternative, the court may order the person
 2 who is the subject of the petition to receive assisted outpatient
 3 treatment for an initial period not to exceed ~~six~~ 12 months. In
 4 fashioning the order, the court shall specify that the proposed
 5 treatment is the least restrictive treatment appropriate and feasible
 6 for the person who is the subject of the petition. The order shall
 7 state the categories of assisted outpatient treatment, as set forth in
 8 Section 5348, that the person who is the subject of the petition is
 9 to receive, and the court may not order treatment that has not been
 10 recommended by the examining licensed mental health treatment
 11 provider and included in the written treatment plan for assisted
 12 outpatient treatment as required by subdivision (e). If the person
 13 has executed an advance health care directive pursuant to Chapter
 14 2 (commencing with Section 4650) of Part 1 of Division 4.7 of
 15 the Probate Code, any directions included in the advance health
 16 care directive shall be considered in formulating the written
 17 treatment plan.

18 (6) If the person who is the subject of a petition for an order for
 19 assisted outpatient treatment pursuant to subparagraph (B) of
 20 paragraph (5) ~~of subdivision (d)~~ refuses to participate in the assisted
 21 outpatient treatment program, the court may order the person to
 22 meet with the assisted outpatient treatment team designated by the
 23 director of the assisted outpatient treatment program. The treatment
 24 team shall attempt to gain the person’s cooperation with treatment
 25 ordered by the court. The person may be subject to a 72-hour hold
 26 pursuant to subdivision (f) only after the treatment team has
 27 attempted to gain the person’s cooperation with treatment ordered
 28 by the court, and has been unable to do so.

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

- 35 (1) That the services are available from the county, or a provider
 36 approved by the county, for the duration of the court order.
- 37 (2) That the services have been offered to the person by the
 38 local director of mental health, or his or her designee, and the
 39 person has been given an opportunity to participate on a voluntary

1 basis, and the person has failed to engage in, or has refused,
2 treatment.

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

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

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

30 (g) If the director of the assisted outpatient treatment program
31 determines that the condition of the patient requires further assisted
32 outpatient treatment, the director shall apply to the court, prior to
33 the expiration of the period of the initial assisted outpatient
34 treatment order, for an order authorizing continued assisted
35 outpatient treatment for a period not to exceed 180 days from the
36 date of the order. The procedures for obtaining ~~any~~ *an* order
37 pursuant to this subdivision shall be in accordance with
38 subdivisions (a) to (f), inclusive. The period for further involuntary
39 outpatient treatment authorized by ~~any~~ *a* subsequent order under

1 this subdivision may not exceed 180 days from the date of the
2 order.

3 (h) At intervals of not less than 60 days during an assisted
4 outpatient treatment order, the director of the outpatient treatment
5 program shall file an affidavit with the court that ordered the
6 outpatient treatment affirming that the person who is the subject
7 of the order continues to meet the criteria for assisted outpatient
8 treatment. At these times, the person who is the subject of the order
9 shall have the right to a hearing on whether or not he or she still
10 meets the criteria for assisted outpatient treatment if he or she
11 disagrees with the director’s affidavit. The burden of proof shall
12 be on the director.

13 (i) During each 60-day period specified in subdivision (h), if
14 the person who is the subject of the order believes that he or she
15 is being wrongfully retained in the assisted outpatient treatment
16 program against his or her wishes, he or she may file a petition for
17 a writ of habeas corpus, thus requiring the director of the assisted
18 outpatient treatment program to prove that the person who is the
19 subject of the order continues to meet the criteria for assisted
20 outpatient treatment.

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

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

28 5347. (a) ~~In any county in which services are available~~
29 ~~pursuant to Section 5348, any~~ A person who is determined by the
30 court to be subject to subdivision (a) of Section 5346 may
31 voluntarily enter into an agreement for services under this section.

32 (b) (1) After a petition for an order for assisted outpatient
33 treatment is filed, but before the conclusion of the hearing on the
34 petition, the person who is the subject of the petition, or the
35 person’s legal counsel with the person’s consent, may waive the
36 right to an assisted outpatient treatment hearing for the purpose of
37 obtaining treatment under a settlement agreement, ~~provided that~~
38 ~~if~~ an examining licensed mental health treatment provider states
39 that the person can survive safely in the community. The settlement

1 agreement may not exceed 180 days in duration and shall be agreed
2 to by all parties.

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

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

10 (4) The court shall designate the appropriate county department
11 to monitor the person's treatment under, and compliance with, the
12 settlement agreement. If the person fails to comply with the
13 treatment according to the agreement, the designated county
14 department shall notify the counsel designated by the county and
15 the person's counsel of the person's noncompliance.

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

19 (6) At a hearing on the issue of noncompliance with the
20 agreement, the written statement of noncompliance submitted shall
21 be prima facie evidence that a violation of the conditions of the
22 agreement has occurred. If the person who is the subject of the
23 petition denies any of the facts as stated in the statement, he or she
24 has the burden of proving by a preponderance of the evidence that
25 the alleged facts are false.

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

28 5348. (a) ~~For purposes of subdivision (e) of Section 5346, a~~
29 ~~Each county that chooses to provide assisted outpatient treatment~~
30 ~~services pursuant to this article shall offer assisted outpatient~~
31 ~~treatment services including, but not limited to, all of the following:~~

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

36 (2) A service planning and delivery process that includes the
37 following:

38 (A) Determination of the numbers of persons to be served and
39 the programs and services that will be provided to meet their needs.

40 The local director of mental health shall consult with the sheriff,

1 the police chief, the probation officer, the mental health board,
2 contract agencies, and family, client, ethnic, and citizen
3 constituency groups as determined by the director.

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

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

26 (D) Provision for services to meet the special needs of older
27 adults.

28 (E) Provision for family support and consultation services,
29 parenting support and consultation services, and peer support or
30 self-help group support, ~~where~~ *if* appropriate.

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

33 (G) Provision for psychiatric and psychological services that
34 are integrated with other services and for psychiatric and
35 psychological collaboration in overall service planning.

36 (H) Provision for services specifically directed to seriously
37 mentally ill young adults 25 years of age or younger who are
38 homeless or at significant risk of becoming homeless. These
39 provisions may include continuation of services that still would

1 be received through other funds had eligibility not been terminated
2 as a result of age.

3 (I) Services reflecting special needs of women from diverse
4 cultural backgrounds, including supportive housing that accepts
5 children, personal services coordinator therapeutic treatment, and
6 substance treatment programs that address gender-specific trauma
7 and abuse in the lives of persons with mental illness, and vocational
8 rehabilitation programs that offer job training programs free of
9 gender bias and sensitive to the needs of women.

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

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

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

32 (4) The individual personal services plan shall ensure that
33 persons subject to assisted outpatient treatment programs receive
34 age-appropriate, gender-appropriate, and culturally appropriate
35 services, to the extent feasible, that are designed to enable
36 recipients to:

37 (A) Live in the most independent, least restrictive housing
38 feasible in the local community, and, for clients with children, to
39 live in a supportive housing environment that strives for

1 reunification with their children or assists clients in maintaining
2 custody of their children as is appropriate.

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

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

7 (D) Access an appropriate level of academic education or
8 vocational training.

9 (E) Obtain an adequate income.

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

13 (G) Access necessary physical health care and maintain the best
14 possible physical health.

15 (H) Reduce or eliminate serious antisocial or criminal behavior,
16 and thereby reduce or eliminate their contact with the criminal
17 justice system.

18 (I) Reduce or eliminate the distress caused by the symptoms of
19 mental illness.

20 (J) Have freedom from dangerous addictive substances.

21 (5) The individual personal services plan shall describe the
22 service array that meets the requirements of paragraph (4), and to
23 the extent applicable to the individual, the requirements of
24 paragraph (2).

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

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

30 ~~(d) A county that operates an assisted outpatient treatment~~
31 ~~program pursuant to this article~~ shall provide data to the State
32 Department of Health Care Services and, based on the data, the
33 department shall report to the Legislature on or before May 1 of
34 each year ~~in which the county provides~~ *regarding the services the*
35 *county provides* pursuant to this article. The report shall include,
36 at a minimum, an evaluation of the effectiveness of the strategies
37 employed by each program operated pursuant to this article in
38 reducing homelessness and hospitalization of persons in the
39 program and in reducing involvement with local law enforcement
40 by persons in the program. The evaluation and report shall also

1 include any other measures identified by the department regarding
2 persons in the program and all of the following, based on
3 information that is available:

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

7 (2) The number of persons in the program with contacts with
8 local law enforcement, and the extent to which local and state
9 incarceration of persons in the program has been reduced or
10 avoided.

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

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

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

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

18 (7) Victimization of persons in the program.

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

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

21 (10) Type, intensity, and frequency of treatment of persons in
22 the program.

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

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

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

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

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

31 ~~5349. This article shall be operative in those counties in which~~
32 ~~the county board of supervisors, by resolution or through the county~~
33 ~~budget process, authorizes its application and makes a finding that~~
34 ~~no voluntary mental health program serving adults, and no~~
35 ~~children's mental health program, may be reduced as a result of~~
36 ~~the implementation of this article. To the extent otherwise permitted~~
37 ~~under state and federal law, counties that elect to implement this~~
38 ~~article may pay for the provision of services under Sections 5347~~
39 ~~and 5348 using funds distributed to the counties from the Mental~~
40 ~~Health Subaccount, the Mental Health Equity Subaccount, and the~~

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

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

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

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

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

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

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

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

1 (b) If that person meets the criteria in subdivision (a) of Section
2 5346, the professional staff of the agency or facility may request
3 the county mental health director, or his or her designee, to file a
4 petition in the superior court pursuant to subdivision (b) of Section
5 5346 for assisted outpatient treatment.

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

8 ~~5349.5. (a) This article shall remain in effect only until January~~
9 ~~1, 2017, and as of that date is repealed, unless a later enacted statute~~
10 ~~that is enacted on or before January 1, 2017, deletes or extends~~
11 ~~that date.~~

12 ~~(b)~~
13 5349.5. The State Department of Health Care Services shall
14 submit a report and evaluation of all counties ~~implementing any~~
15 ~~component of this article~~ to the Governor and to the Legislature
16 by July 1, 2015. The evaluation shall include data described in
17 subdivision (d) of Section 5348.

18 SEC. 8. If the Commission on State Mandates determines that
19 this act contains costs mandated by the state, reimbursement to
20 local agencies and school districts for those costs shall be made
21 pursuant to Part 7 (commencing with Section 17500) of Division
22 4 of Title 2 of the Government Code.