

AMENDED IN ASSEMBLY APRIL 30, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1193**

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**Introduced by Assembly Member Eggman**

February 27, 2015

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

LEGISLATIVE COUNSEL'S DIGEST

AB 1193, as amended, Eggman. 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, authorizes each county to ~~elect~~ *elect, through a resolution adopted by the county board of supervisors or through the county budget process and along with a finding that specified mental health programs may not be reduced as a result of participation*, to offer certain assisted outpatient treatment services for their residents. 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~~ *requirement that authorize a county to elect to participate in the program, and instead would require each county to implement the provisions of Laura's Law unless the board of supervisors of a county that elects not to participate in the program by enacting a resolution passed by the county board of supervisors: make the finding described above. The bill instead would require a county that has not held a specified public hearing by January 1, 2017, to hold a hearing by January 1, 2018, and would require the*

*board of supervisors to consider both whether specified programs may be reduced as a result of participation and options for providing services other than court-ordered outpatient treatment, thereby imposing a state-mandated local program.* The bill would extend the January 1, 2017, repeal date of those provisions until January 1, 2022.

Existing law authorizes various persons to request the county mental health director to file a petition in the superior court for an order for assisted outpatient treatment for a person who meets specified criteria. Existing law requires the county mental health director to investigate the appropriateness of filing a petition.

This bill would additionally authorize a judge in a superior ~~court~~ *court’s mental health court, reentry court, or other collaborative justice court available for improving the mental health of the defendant, or a probate court, as specified*, to request a petition for that order to be filed for a person who appears before the judge. ~~By imposing additional duties on county mental health directors, this bill would impose a state-mandated local program.~~ The bill would make additional 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, 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:
- 3 5346. (a) In any county in which services are available as
- 4 provided in Section 5348, a court may order a person who is the
- 5 subject of a petition filed pursuant to this section to obtain assisted
- 6 outpatient treatment if the court finds, by clear and convincing
- 7 evidence, that the facts stated in the verified petition filed in
- 8 accordance with this section are true and establish that all of the
- 9 requisite criteria set forth in this section are met, including, but
- 10 not limited to, each of the following:

- 1 (1) The person is 18 years of age or older.
- 2 (2) The person is suffering from a mental illness as defined in
- 3 paragraphs (2) and (3) of subdivision (b) of Section 5600.3.
- 4 (3) There has been a clinical determination that the person is
- 5 unlikely to survive safely in the community without supervision.
- 6 (4) The person has a history of lack of compliance with
- 7 treatment for his or her mental illness, in that at least one of the
- 8 following is true:
- 9 (A) The person's mental illness has, at least twice within the
- 10 last 36 months, been a substantial factor in necessitating
- 11 hospitalization, or receipt of services in a forensic or other mental
- 12 health unit of a state correctional facility or local correctional
- 13 facility, not including any period during which the person was
- 14 hospitalized or incarcerated immediately preceding the filing of
- 15 the petition.
- 16 (B) The person's mental illness has resulted in one or more acts
- 17 of serious and violent behavior toward himself or herself or
- 18 another, or threats, or attempts to cause serious physical harm to
- 19 himself or herself or another within the last 48 months, not
- 20 including any period in which the person was hospitalized or
- 21 incarcerated immediately preceding the filing of the petition.
- 22 (5) The person has been offered an opportunity to participate
- 23 in a treatment plan by the director of the local mental health
- 24 department, or his or her designee, provided the treatment plan
- 25 includes all of the services described in Section 5348, and the
- 26 person continues to fail to engage in treatment.
- 27 (6) The person's condition is substantially deteriorating.
- 28 (7) Participation in the assisted outpatient treatment program
- 29 would be the least restrictive placement necessary to ensure the
- 30 person's recovery and stability.
- 31 (8) In view of the person's treatment history and current
- 32 behavior, the person is in need of assisted outpatient treatment in
- 33 order to prevent a relapse or deterioration that would be likely to
- 34 result in grave disability or serious harm to himself or herself, or
- 35 to others, as defined in Section 5150.
- 36 (9) It is likely that the person will benefit from assisted
- 37 outpatient treatment.
- 38 (b) (1) A petition for an order authorizing assisted outpatient
- 39 treatment may be filed by the county mental health director, or his
- 40 or her designee, in the superior court in the county in which the

1 person who is the subject of the petition is present or reasonably  
2 believed to be present.

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

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

8 (B) Any person who is the parent, spouse, or sibling or child  
9 18 years of age or older of the person who is the subject of the  
10 petition.

11 (C) The director of any public or private agency, treatment  
12 facility, charitable organization, or licensed residential care facility  
13 providing mental health services to the person who is the subject  
14 of the petition in whose institution the subject of the petition  
15 resides.

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

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

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

23 (G) A judge of a superior ~~court~~ *court's mental health court,*  
24 *reentry court, or other collaborative justice court available for*  
25 *improving the mental health of the defendant, or a probate court*  
26 *before whom the person who is the subject of the petition appears.*  
27 *appears as the subject of a proceeding pursuant to Section 5352.*

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

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

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

37 (B) Facts that support the petitioner's belief that the person who  
38 is the subject of the petition meets each criterion, provided that  
39 the hearing on the petition shall be limited to the stated facts in  
40 the verified petition, and the petition contains all the grounds on

1 which the petition is based, in order to ensure adequate notice to  
2 the person who is the subject of the petition and his or her counsel.

3 (C) That the person who is the subject of the petition is present,  
4 or is reasonably believed to be present, within the county where  
5 the petition is filed.

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

9 (5) The petition shall be accompanied by an affidavit of a  
10 licensed mental health treatment provider designated by the local  
11 mental health director who shall state, if applicable, either of the  
12 following:

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

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

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

39 (d) (1) Upon receipt by the court of a petition submitted  
40 pursuant to subdivision (b), the court shall fix the date for a hearing

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

26 (2) The court shall not order assisted outpatient treatment unless  
27 an examining licensed mental health treatment provider, who has  
28 personally examined, and has reviewed the available treatment  
29 history of, the person who is the subject of the petition within the  
30 time period commencing 10 days before the filing of the petition,  
31 testifies in person at the hearing.

32 (3) If the person who is the subject of the petition has refused  
33 to be examined by a licensed mental health treatment provider,  
34 the court may request that the person consent to an examination  
35 by a licensed mental health treatment provider appointed by the  
36 court. If the person who is the subject of the petition does not  
37 consent and the court finds reasonable cause to believe that the  
38 allegations in the petition are true, the court may order any person  
39 designated under Section 5150 to take into custody the person who  
40 is the subject of the petition and transport him or her, or cause him

1 or her to be transported, to a hospital for examination by a licensed  
2 mental health treatment provider as soon as is practicable.  
3 Detention of the person who is the subject of the petition under  
4 the order may not exceed 72 hours. If the examination is performed  
5 by another licensed mental health treatment provider, the  
6 examining licensed mental health treatment provider may consult  
7 with the licensed mental health treatment provider whose  
8 affirmation or affidavit accompanied the petition regarding the  
9 issues of whether the allegations in the petition are true and whether  
10 the person meets the criteria for assisted outpatient treatment.

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

13 (A) To adequate notice of the hearings to the person who is the  
14 subject of the petition, as well as to parties designated by the person  
15 who is the subject of the petition.

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

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

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

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

23 (F) To present evidence.

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

25 (H) To cross-examine witnesses.

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

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

32 (B) If after hearing all relevant evidence, the court finds that  
33 the person who is the subject of the petition meets the criteria for  
34 assisted outpatient treatment, and there is no appropriate and  
35 feasible less restrictive alternative, the court may order the person  
36 who is the subject of the petition to receive assisted outpatient  
37 treatment for an initial period not to exceed six months. In  
38 fashioning the order, the court shall specify that the proposed  
39 treatment is the least restrictive treatment appropriate and feasible  
40 for the person who is the subject of the petition. The order shall

1 state the categories of assisted outpatient treatment, as set forth in  
2 Section 5348, that the person who is the subject of the petition is  
3 to receive, and the court may not order treatment that has not been  
4 recommended by the examining licensed mental health treatment  
5 provider and included in the written treatment plan for assisted  
6 outpatient treatment as required by subdivision (e). If the person  
7 has executed an advance health care directive pursuant to Chapter  
8 2 (commencing with Section 4650) of Part 1 of Division 4.7 of  
9 the Probate Code, any directions included in the advance health  
10 care directive shall be considered in formulating the written  
11 treatment plan.

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

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

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

31 (2) That the services have been offered to the person by the  
32 local director of mental health, or his or her designee, and the  
33 person has been given an opportunity to participate on a voluntary  
34 basis, and the person has failed to engage in, or has refused,  
35 treatment.

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

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

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

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

35 (h) At intervals of not less than 60 days during an assisted  
36 outpatient treatment order, the director of the outpatient treatment  
37 program shall file an affidavit with the court that ordered the  
38 outpatient treatment affirming that the person who is the subject  
39 of the order continues to meet the criteria for assisted outpatient  
40 treatment. At these times, the person who is the subject of the order

1 shall have the right to a hearing on whether or not he or she still  
2 meets the criteria for assisted outpatient treatment if he or she  
3 disagrees with the director’s affidavit. The burden of proof shall  
4 be on the director.

5 (i) During each 60-day period specified in subdivision (h), if  
6 the person who is the subject of the order believes that he or she  
7 is being wrongfully retained in the assisted outpatient treatment  
8 program against his or her wishes, he or she may file a petition for  
9 a writ of habeas corpus, thus requiring the director of the assisted  
10 outpatient treatment program to prove that the person who is the  
11 subject of the order continues to meet the criteria for assisted  
12 outpatient treatment.

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

18 SEC. 2. Section 5348 of the Welfare and Institutions Code is  
19 amended to read:

20 5348. (a) For purposes of subdivision (e) of Section 5346, a  
21 county that provides assisted outpatient treatment services pursuant  
22 to this article shall offer assisted outpatient treatment services  
23 including, but not limited to, all of the following:

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

28 (2) A service planning and delivery process that includes the  
29 following:

30 (A) Determination of the numbers of persons to be served and  
31 the programs and services that will be provided to meet their needs.  
32 The local director of mental health shall consult with the sheriff,  
33 the police chief, the probation officer, the mental health board,  
34 contract agencies, and family, client, ethnic, and citizen  
35 constituency groups as determined by the director.

36 (B) Plans for services, including outreach to families whose  
37 severely mentally ill adult is living with them, design of mental  
38 health services, coordination and access to medications, psychiatric  
39 and psychological services, substance abuse services, supportive  
40 housing or other housing assistance, vocational rehabilitation, and

1 veterans' services. Plans shall also contain evaluation strategies,  
2 which shall consider cultural, linguistic, gender, age, and special  
3 needs of minorities and those based on any characteristic listed or  
4 defined in Section 11135 of the Government Code in the target  
5 populations. Provision shall be made for staff with the cultural  
6 background and linguistic skills necessary to remove barriers to  
7 mental health services as a result of having  
8 limited-English-speaking ability and cultural differences.  
9 Recipients of outreach services may include families, the public,  
10 primary care physicians, and others who are likely to come into  
11 contact with individuals who may be suffering from an untreated  
12 severe mental illness who would be likely to become homeless if  
13 the illness continued to be untreated for a substantial period of  
14 time. Outreach to adults may include adults voluntarily or  
15 involuntarily hospitalized as a result of a severe mental illness.

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

18 (D) Provision for services to meet the special needs of older  
19 adults.

20 (E) Provision for family support and consultation services,  
21 parenting support and consultation services, and peer support or  
22 self-help group support, where appropriate.

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

25 (G) Provision for psychiatric and psychological services that  
26 are integrated with other services and for psychiatric and  
27 psychological collaboration in overall service planning.

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

34 (I) Services reflecting special needs of women from diverse  
35 cultural backgrounds, including supportive housing that accepts  
36 children, personal services coordinator therapeutic treatment, and  
37 substance treatment programs that address gender-specific trauma  
38 and abuse in the lives of persons with mental illness, and vocational  
39 rehabilitation programs that offer job training programs free of  
40 gender bias and sensitive to the needs of women.

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

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

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

23 (4) The individual personal services plan shall ensure that  
24 persons subject to assisted outpatient treatment programs receive  
25 age-appropriate, gender-appropriate, and culturally appropriate  
26 services, to the extent feasible, that are designed to enable  
27 recipients to:

28 (A) Live in the most independent, least restrictive housing  
29 feasible in the local community, and, for clients with children, to  
30 live in a supportive housing environment that strives for  
31 reunification with their children or assists clients in maintaining  
32 custody of their children as is appropriate.

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

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

37 (D) Access an appropriate level of academic education or  
38 vocational training.

39 (E) Obtain an adequate income.

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

4 (G) Access necessary physical health care and maintain the best  
5 possible physical health.

6 (H) Reduce or eliminate serious antisocial or criminal behavior,  
7 and thereby reduce or eliminate their contact with the criminal  
8 justice system.

9 (I) Reduce or eliminate the distress caused by the symptoms of  
10 mental illness.

11 (J) Have freedom from dangerous addictive substances.

12 (5) The individual personal services plan shall describe the  
13 service array that meets the requirements of paragraph (4), and to  
14 the extent applicable to the individual, the requirements of  
15 paragraph (2).

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

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

21 (d) A county that operates an assisted outpatient treatment  
22 program pursuant to this article shall provide data to the State  
23 Department of Health Care Services and, based on the data, the  
24 department shall report to the Legislature on or before May 1 of  
25 each year in which the county provides services pursuant to this  
26 article. The report shall include, at a minimum, an evaluation of  
27 the effectiveness of the strategies employed by each program  
28 operated pursuant to this article in reducing homelessness and  
29 hospitalization of persons in the program and in reducing  
30 involvement with local law enforcement by persons in the program.  
31 The evaluation and report shall also include any other measures  
32 identified by the department regarding persons in the program and  
33 all of the following, based on information that is available:

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

37 (2) The number of persons in the program with contacts with  
38 local law enforcement, and the extent to which local and state  
39 incarceration of persons in the program has been reduced or  
40 avoided.

- 1 (3) The number of persons in the program participating in
- 2 employment services programs, including competitive employment.
- 3 (4) The days of hospitalization of persons in the program that
- 4 have been reduced or avoided.
- 5 (5) Adherence to prescribed treatment by persons in the program.
- 6 (6) Other indicators of successful engagement, if any, by persons
- 7 in the program.
- 8 (7) Victimization of persons in the program.
- 9 (8) Violent behavior of persons in the program.
- 10 (9) Substance abuse by persons in the program.
- 11 (10) Type, intensity, and frequency of treatment of persons in
- 12 the program.
- 13 (11) Extent to which enforcement mechanisms are used by the
- 14 program, when applicable.
- 15 (12) Social functioning of persons in the program.
- 16 (13) Skills in independent living of persons in the program.
- 17 (14) Satisfaction with program services both by those receiving
- 18 them and by their families, when relevant.

19 SEC. 3. Section 5349 of the Welfare and Institutions Code is  
 20 amended to read:

21 ~~5349. A county that does not wish to implement this article~~  
 22 ~~may opt out of the requirements of this article by a resolution~~  
 23 ~~passed by the county board of supervisors that states the reasons~~  
 24 ~~for opting out and any facts or circumstances relied on in making~~  
 25 ~~that decision. To~~

26 *5349. (a) This article shall be operative in those counties in*  
 27 *which the county board of supervisors, by resolution or through*  
 28 *the county budget process, authorizes application of this article.*

29 *(b) Any county that has not held a public hearing by January*  
 30 *1, 2017, to determine whether this article shall be operative shall*  
 31 *hold that hearing by January 1, 2018. At the hearing, the board*  
 32 *of supervisors shall consider the options available in the county*  
 33 *for providing services to persons whose recent history of*  
 34 *hospitalization or violent behavior, and noncompliance with*  
 35 *voluntary treatment, indicate that he or she may be likely to become*  
 36 *dangerous or gravely disabled, including, but not limited to, both*  
 37 *of the following:*

- 38 (1) *Options for providing services other than court-ordered*
- 39 *outpatient treatment.*

1 (2) *Whether any voluntary mental health program serving*  
2 *adults, or any children’s mental health program, may be reduced*  
3 *as a result of the implementation of this article.*

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

18 SEC. 4. Section 5349.1 of the Welfare and Institutions Code  
19 is amended to read:

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

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

33 (1) Information relative to legal requirements for detaining a  
34 person for involuntary inpatient and outpatient treatment, including  
35 criteria to be considered with respect to determining if a person is  
36 considered to be gravely disabled.

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

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

3 5349.5. (a) This article shall remain in effect only until January  
4 1, 2022, and as of that date is repealed, unless a later enacted statute  
5 that is enacted on or before January 1, 2022, deletes or extends  
6 that date.

7 (b) The State Department of Health Care Services shall submit  
8 a report and evaluation of all counties implementing any  
9 component of this article to the Governor and to the Legislature  
10 by July 1, 2015. The evaluation shall include data described in  
11 subdivision (d) of Section 5348.

12 SEC. 6. If the Commission on State Mandates determines that  
13 this act contains costs mandated by the state, reimbursement to  
14 local agencies and school districts for those costs shall be made  
15 pursuant to Part 7 (commencing with Section 17500) of Division  
16 4 of Title 2 of the Government Code.