

AMENDED IN SENATE MAY 2, 2007  
AMENDED IN SENATE APRIL 18, 2007  
AMENDED IN SENATE MARCH 27, 2007

**SENATE BILL**

**No. 851**

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**Introduced by Senators Steinberg and Romero  
(Coauthors: Senators Alquist and Kuehl)**

February 23, 2007

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An act to add Sections ~~851.95, 2686, 2686~~ and 2982 to, to add Article 3.5 (commencing with Section 2687) to Chapter 4 of Title 1 of Part 3 of, and to add Chapter 2.73 (commencing with Section 1001.130) to Title 6 of Part 2 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 851, 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 provide that if, based upon Police Officer Standards and Training protocols, a peace officer suspects that a crime has been committed by an individual with serious mental illness, which may include a substance abuse condition, he or she shall contact the county mental health director to ascertain if there is available treatment capacity to provide that person with services, as specified. This bill would provide that if the individual fails to remain in treatment, any pending criminal charges and arrest that had been deferred pending treatment can proceed at that time.~~

This bill would authorize superior courts to develop and implement mental health courts, as specified, for offenders suffering from serious mental illness against whom a complaint or citation for a misdemeanor or felony offense is pending. This bill would require each court, with the input of local stakeholders, to establish a method for assessing every defendant for serious mental illness and cooccurring disorders at the time a complaint or citation is filed for a misdemeanor or felony offense and establish case eligibility criteria specifying what factors relating to the amenability of the defendant to treatment and to the facts of the case will make the defendant eligible to participate in a mental health court. ~~This bill would provide that if a defendant is determined to be eligible to participate in a mental health court and consents to participate, the defendant will be placed on probation and will be required to participate in the program for a minimum of one year.~~ This bill would also allow parolees to participate in mental health courts, as specified.

This bill would also require each mental health court to report to the Department of Corrections and Rehabilitation. 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 all parolees with serious mental illness to receive comprehensive mental health and supportive services, as specified. This bill would provide that the department may contract with counties or private providers for these services.

This bill would state the intent of the Legislature to encourage each correctional facility to implement a system of care, as described, for the delivery of mental health services to parolees who have serious mental illness.

This bill would require the Department of Corrections and Rehabilitation in consultation with the State Department of Mental Health to establish service standards that ensure that parolees who have serious mental illness are identified, and services provided to assist them to be able, upon release, to live independently, work, and reach their potential as productive citizens, as specified. This bill would require the State Department of Mental Health to provide training, consultation, and technical assistance for facilities and programs, as specified.

This bill would provide that funding, based on specified criteria, at sufficient levels to ensure that each facility and parolee center can provide each parolee served pursuant to these provisions with the medically necessary mental health services shall be provided, but that the portion of those costs of services that can be paid for with other funds, including other mental health funds, public and private insurance, and other local, state, and federal funds shall not be covered.

This bill would require the Department of Corrections and Rehabilitation to establish an advisory committee for the purpose of providing advice regarding the development of the identification of specific performance measures for evaluating the effectiveness of programs. This bill would require the department, in consultation with the advisory committee, to provide in a report to the Legislature, submitted on or before May 1 of each year in which additional funding is provided, an evaluation of the effectiveness of the strategies for parolees in reducing homelessness, recidivism, involvement with local law enforcement, and other measures identified by the department.

This bill would provide that in order to reduce the cost of providing supportive housing for clients, parolee outpatient clinics shall enter into contracts with sponsors of supportive housing projects to the greatest extent possible.

Existing law provides that there is within the Department of Corrections and Rehabilitation the Council on Mentally Ill Offenders, the goal of which is to investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders, or who have a history of offending, by considering strategies that improve service coordination among state and local mental health, criminal justice, and juvenile justice programs, as specified. Existing law also provides a procedure whereby, if, in the opinion of the Secretary of the Department of Corrections and Rehabilitation, the rehabilitation of any mentally ill, mentally deficient, or insane person confined in a state prison may be expedited by treatment at any one of the state hospitals, he or she may have that person evaluated to determine if he or she would benefit from care and treatment in a state hospital.

This bill would require the department to provide training for all persons who will be responsible for the management and care of persons with serious mental illness in its custody to ensure that they are trained in recovery oriented rehabilitative services and that those services are provided in prison. This bill would also require the department to ensure

that all its correctional officers are trained in dealing with inmates with serious mental illness.

Existing law requires, as a condition of parole, that a prisoner who has a treatable, severe mental disorder that was one of the causes of, or was an aggravating factor in, the commission of the crime for which he or she was incarcerated, be treated by the State Department of Mental Health, as specified.

This bill would require the Department of Corrections and Rehabilitation to apply for social security and Medi-Cal benefits for a prisoner with a severe mental illness who is considered disabled, and to begin vocational training, independent living assistance, and development of other skills necessary for success at least 6 months before his or her discharge. This bill would also require the department to coordinate with a program that will continue the medications and support services provided to the prisoner by the department after the period of incarceration, in the last 90 days before release of a prisoner with serious mental illness.

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 2007.
- 3 SEC. 2. ~~Section 851.95 is added to the Penal Code, to read:~~
- 4 ~~851.95. (a) Based on Peace Officer Standards and Training~~
- 5 ~~protocols, if a peace officer suspects that a crime has been~~
- 6 ~~committed by an individual with a serious mental illness, which~~
- 7 ~~may include a substance abuse condition, and the person is willing~~
- 8 ~~to participate in a treatment program, the peace officer shall contact~~

1 the county mental health director to ascertain if there is available  
2 treatment capacity.

3 ~~(b) If there is treatment capacity available, the individual shall~~  
4 ~~receive services in accordance with the Mental Health Adult~~  
5 ~~System of Care set forth in Section 5806 of the Welfare and~~  
6 ~~Institutions Code. If the individual fails to remain in treatment,~~  
7 ~~any pending criminal charges and arrest that had been deferred~~  
8 ~~pending treatment can proceed at that time.~~

9 ~~SEC. 3.~~

10 *SEC. 2.* 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. DIVERSION OF MENTALLY ILL OFFENDERS

14

15 1001.130. (a) Superior courts are hereby authorized to develop  
16 and implement mental health courts consistent with this section.

17 (b) For purposes of this section, a mental health court shall have  
18 the 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 that will lead to placement  
22 of as many mentally ill offenders, including those with cooccurring  
23 disorders, in community treatment, consistent with public safety.

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

25 (4) Reduce recidivism.

26 (c) A mental health court shall provide a single point of contact  
27 where a defendant with a serious mental illness or cooccurring  
28 disorder may receive court-ordered treatment and support services  
29 in connection with a diversion from prosecution, a sentencing  
30 alternative, or a term of probation.

31 (d) A mental health court shall meet the following criteria:

32 (1) Defendants shall be referred to the mental health court by  
33 judges within the superior court, and any other sources approved  
34 by the court.

35 (2) The court shall develop standards for continuing participation  
36 in, and successful completion of, the mental health court program  
37 through a collaborative process with stakeholders.

38 (3) In utilizing a dedicated calendar, each mental health court  
39 shall have designated staff that includes, but is not limited to, a  
40 designated judge to preside over the court, prosecutor, public

1 defender, county mental health liaison, substance abuse liaison,  
2 and probation officer.

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

7 (5) The mental health court shall use community mental health  
8 providers and other agencies to offer defendants access to  
9 appropriate treatment services.

10 (6) The mental health court shall establish a treatment plan for  
11 each defendant, based on a formal assessment of the defendant's  
12 mental health and substance abuse treatment needs, require the  
13 defendant to complete the recommended treatment plan, and any  
14 other terms and conditions that will optimize the likelihood that  
15 the defendant will complete the program.

16 (7) The mental health court shall hold frequent reviews of the  
17 offender's progress in community treatment and hold the offender  
18 accountable to adhere to the treatment plan, remain in treatment,  
19 and complete treatment.

20 (e) A mental health court shall contact the county mental health  
21 department to ensure that there is coordination and availability of  
22 the necessary mental health services, including management and  
23 evaluation of the success of those services.

24 1001.131. Defendants suffering from serious mental illness  
25 shall be eligible to participate in a mental health court pursuant to  
26 this chapter if a complaint or citation for an offense is pending in  
27 superior court.

28 1001.132. (a) Each court, with the input of local stakeholders,  
29 shall establish a method for assessing every defendant for serious  
30 mental illness and cooccurring disorders, at the time a complaint  
31 or citation is filed for a misdemeanor or felony offense, or at  
32 another specified time determined most appropriate by local  
33 stakeholders to consider transferring the defendant to a mental  
34 health court.

35 (b) Each court shall, with the input of stakeholders, establish  
36 case eligibility criteria specifying what factors relating to the  
37 amenability of the defendant to treatment and to the facts of the  
38 case as well as prior criminal history and mental health and  
39 substance abuse treatment history will make the defendant eligible  
40 to participate in a mental health court.

1 (c) If the defendant is found to be suffering from serious mental  
2 illness, subsequent evaluation by the local mental health director  
3 or his or her designee shall determine whether the defendant is an  
4 appropriate candidate for treatment under the county eligibility  
5 criteria established pursuant to subdivision (b).

6 (d) If the defendant is found to be suffering from serious mental  
7 illness, the district attorney or other designee shall assess his or  
8 her case to determine whether it meets the county eligibility criteria  
9 established pursuant to subdivision (b).

10 (e) If a defendant is determined to be suffering from serious  
11 mental illness, designated as treatment appropriate, and his or her  
12 case meets the county eligibility criteria, he or she may participate  
13 in a mental health court.

14 ~~1001.133. (a) If a defendant is determined to be eligible to~~  
15 ~~participate in a mental health court and consents to participate, the~~  
16 ~~defendant will be placed on probation and will be required to~~  
17 ~~participate in the program for a minimum of one year.~~

18 ~~(b) The terms and conditions of probation shall include~~  
19 ~~participation in a Mental Health Treatment Program and, if he or~~  
20 ~~she is on parole, the terms and conditions of his or her parole.~~

21 ~~(c) If the defendant fails to successfully complete the Mental~~  
22 ~~Health Treatment Program, the court shall sentence the defendant~~  
23 ~~for the current misdemeanor or felony offense.~~

24 ~~1001.134.~~

25 *1001.133.* (a) The Department of Corrections and  
26 Rehabilitation shall identify parolees suffering from a serious  
27 mental illness, meaning a type of disorder as defined in paragraphs  
28 (2) and (3) of subdivision (b) of Section 5600.3 of the Welfare and  
29 Institutions Code, including parolees who have a pending case  
30 before a superior court, as well as prisoners within 90 days of their  
31 parole date.

32 (b) The Department of Corrections and Rehabilitation may  
33 contract with a superior court and county to utilize mental health  
34 courts as a referral court for parolees with serious mental illness  
35 who either violate the terms of parole or receive new terms, as an  
36 alternative to custody.

37 (c) If the parolee successfully completes the mental health court  
38 program, parole or probation will end.

39 (d) If the parolee fails to successfully complete the mental health  
40 court program, he or she will be sentenced by the judge according

1 to existing law as to any case pending in the superior court and  
2 the Department of Corrections and Rehabilitation will take any  
3 action provided by law.

4 (e) The highest priority for referrals of offenders shall be given  
5 to those offenders who are on active parole and have a pending  
6 case in superior court.

7 ~~1001.135.~~

8 *1001.134.* Each mental health court shall report to the  
9 Department of Corrections and Rehabilitation, at a minimum, the  
10 savings in prison days, reduced homelessness, involvement with  
11 local law enforcement, costs of dual supervision by parole and  
12 probation, and other measures identified by the department  
13 resulting from implementation of the mental health court in a  
14 manner consistent with the present reporting system for the  
15 Comprehensive Drug Court Implementation Act of 1999 as  
16 codified by Article 2 (commencing with Section 11970.1) of  
17 Chapter 2 of Part 3 of Division 10.5 of the Health and Safety Code.

18 ~~SEC. 4.~~

19 *SEC. 3.* Section 2686 is added to the Penal Code, to read:

20 2686. (a) The Department of Corrections and Rehabilitation  
21 shall provide training for all persons who will be responsible for  
22 the management and care of persons with serious mental illness  
23 in the custody of the department to ensure that they are trained in  
24 recovery oriented rehabilitative services and that those services  
25 are provided in prison.

26 (b) The department shall ensure that all its correctional officers  
27 are trained in dealing with inmates with serious mental illness.

28 ~~SEC. 5.~~

29 *SEC. 4.* Article 3.5 (commencing with Section 2687) is added  
30 to Chapter 4 of Title 1 of Part 3 of the Penal Code, to read:

31

32 Article 3.5. Parolee Mental Health

33

34 2687. (a) A system of care for parolees with serious mental  
35 illness results in the highest benefit to the client, family, and society  
36 while ensuring that the public sector meets its legal responsibility  
37 and fiscal liability at the lowest possible cost.

38 (b) The underlying philosophy for these systems of care includes  
39 the following:

40 (1) Mental health care is a basic human service.

1 (2) Seriously mentally ill parolees usually have multiple  
2 disorders and disabling conditions.

3 (3) Seriously mentally ill parolees should be assigned a single  
4 person or team to be responsible for all treatment, case  
5 management, and support services.

6 (4) The client should be fully informed and volunteer for all  
7 treatment provided, unless danger to self or others or grave  
8 disability requires temporary involuntary treatment.

9 (5) Clients and families should directly participate in making  
10 decisions about services and resource allocations that affect their  
11 lives.

12 (6) Mental health services should be responsive to the unique  
13 characteristics of people with serious mental illness including age,  
14 gender, minority, and ethnic background, and the effect of multiple  
15 disorders.

16 (7) Treatment, case management, and support services should  
17 be designed to prevent inappropriate removal to more restrictive  
18 and costly placements.

19 (8) Mental health systems of care shall have measurable goals  
20 and be fully accountable by providing measures of client outcomes  
21 and cost of services.

22 (9) State and county government agencies each have  
23 responsibilities and fiscal liabilities for seriously mentally ill  
24 parolees.

25 2687.1. All parolees with a serious mental illness shall receive  
26 comprehensive mental health and supportive services comparable  
27 to the case management and services available under Section 5806  
28 of the Welfare and Institutions Code as set forth in this article.

29 2687.2. The Department of Corrections and Rehabilitation  
30 shall ensure the mental health needs of all parolees are met in  
31 accordance with community standards of mental health care. For  
32 those with serious mental illness, meaning a type of disorder, as  
33 defined in paragraphs (2) and (3) of subdivision (b) of Section  
34 5600.3 of the Welfare and Institutions Code, all services shall be  
35 in accordance with this article.

36 2687.3. (a) The Legislature finds that a mental health system  
37 of care for parolees with serious mental illness is vital for  
38 successful management of mental health care in California and  
39 should encompass all of the following:

1 (1) A comprehensive and coordinated system of care including  
2 treatment, early intervention strategies, case management, and  
3 system components required by parolees with serious mental  
4 illness.

5 (2) The recovery of persons with severe mental illness and their  
6 financial means are important for all levels of government,  
7 business, and the community.

8 (3) System of care services that ensure culturally competent  
9 care for persons with serious mental illness in the most appropriate,  
10 least restrictive level of care are necessary to achieve the desired  
11 performance outcomes.

12 (4) Mental health service providers need to increase  
13 accountability and further develop methods to measure progress  
14 toward client outcome goals and cost effectiveness as required by  
15 a system of care.

16 (b) The Legislature further finds that the adult system of care  
17 model, begun in the 1989–90 fiscal year through the  
18 implementation of Chapter 982 of the Statutes of 1988, provides  
19 models for parolees with serious mental illness that can meet the  
20 performance outcomes required by the Legislature.

21 (c) The Legislature also finds that the system components  
22 established in adult systems of care are of value in providing  
23 greater benefit to parolees with serious mental illness at a lower  
24 cost in California.

25 (d) Therefore, using the guidelines and principles developed  
26 under the demonstration projects implemented under the elder  
27 system of care legislation in 1989, it is the intent of the Legislature  
28 to accomplish the following:

29 (1) Encourage the Department of Corrections and Rehabilitation  
30 Division of Adult Parole Operations to implement a system of care  
31 as described in this legislation for the delivery of mental health  
32 services to seriously mentally ill parolees.

33 (2) To promote system of care accountability for performance  
34 outcomes that enable parolees with serious mental illness to reduce  
35 symptoms that impair their ability to live independently, work,  
36 maintain community supports, care for their children, stay in good  
37 health, not abuse drugs or alcohol, and not commit crimes.

38 (3) Provide funds for mental health services and related  
39 medications, substance abuse services, supportive housing or other  
40 housing assistance, vocational rehabilitation, and other nonmedical

1 programs necessary to stabilize mentally ill prisoners and parolees,  
2 reduce the risk of being homeless, get them off the street and into  
3 treatment and recovery, or to provide access to veterans' services  
4 that will also provide for treatment and recovery.

5 2687.4. The Department of Corrections and Rehabilitation in  
6 consultation with the State Department of Mental Health shall  
7 establish service standards that ensure that prisoners with a serious  
8 mental disorder, as defined in paragraph (2) of subdivision (b) of  
9 Section 5600.3 of the Welfare and Institutions Code, are identified,  
10 and services are provided to assist them to be able, upon release,  
11 to live independently, work, and reach their potential as productive  
12 citizens. The department shall provide annual oversight of services  
13 pursuant to this part for compliance with these standards.

14 These standards shall include, but are not limited to, all of the  
15 following:

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

18 (1) Determination of the number of clients to be served and the  
19 programs and services that will be provided to meet their needs.

20 (2) Plans for services, including design of mental health services,  
21 coordination and access to medications, psychiatric and  
22 psychological services, substance abuse services, supportive  
23 housing or other housing assistance for parolees, vocational  
24 rehabilitation, and veterans' services. Plans shall also contain  
25 evaluation strategies that shall consider cultural, linguistic, gender,  
26 age, and special needs of minorities in the target populations.  
27 Provision shall be made for staff with the cultural background and  
28 linguistic skills necessary to remove barriers to mental health  
29 services due to limited-English-speaking ability and cultural  
30 differences.

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

33 (4) Provision for services to meet the special needs of elder  
34 adults.

35 (5) Provision for family support and consultation services,  
36 parenting support and consultation services, and peer support or  
37 self-help group support, if appropriate for the individual.

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

1 (7) Provision for psychiatric and psychological services that are  
2 integrated with other services and for psychiatric and psychological  
3 collaboration in overall service planning.

4 (8) Provision for services specifically directed to seriously  
5 mentally ill young adults 25 years of age or younger who are at  
6 significant risk of becoming homeless.

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

14 (10) Provision for housing for parolees that is immediate,  
15 transitional, or permanent.

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

30 (c) The individual personal services plan shall ensure that  
31 members of the target population involved in the system of care  
32 receive age, gender, and culturally appropriate services, to the  
33 extent feasible, that are designed to enable recipients upon release  
34 to:

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

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

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

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

7 (5) Obtain an adequate income.

8 (6) Self-manage their serious mental illness and exert as much  
9 control as possible over both the day-to-day and long-term  
10 decisions that affect their lives.

11 (7) Access necessary physical health care and maintain the best  
12 possible physical health.

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

16 (9) Reduce or eliminate the distress caused by the symptoms of  
17 mental illness.

18 (10) Have freedom from dangerous addictive substances.

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

23 2687.5. The State Department of Mental Health shall continue  
24 to work with the Department of Corrections and Rehabilitation  
25 and other interested parties to refine and establish client and cost  
26 outcome and interagency collaboration goals including the expected  
27 level of attainment with participating counties. These outcome  
28 measures should include specific objectives addressing the  
29 following goals:

30 (a) Client benefit outcomes.

31 (b) Client and family member satisfaction.

32 (c) System of care access.

33 (d) Cost savings, cost avoidance, and cost-effectiveness  
34 outcomes that measure short-term or long-term cost savings and  
35 cost avoidance achieved in public sector expenditures to the target  
36 population.

37 2687.6. The State Department of Mental Health shall provide  
38 training consultation, and technical assistance to the Department  
39 of Corrections and Rehabilitation. This training, consultation, and  
40 technical assistance shall include:

1 (a) Efforts to ensure that all of the different programs are  
2 operating as well as they can.

3 (b) Information on which programs are having particular success  
4 in particular areas so that they can be replicated in other counties.

5 (c) Technical assistance to facilities in their first two years of  
6 participation to ensure quality and cost-effective service.

7 2687.7. Services shall be available to parolees who have serious  
8 mental illness who meet the eligibility criteria in subdivisions (b)  
9 and (c) of Section 5600.3 of the Welfare and Institutions Code.

10 (a) Funding shall be provided at sufficient levels to ensure that  
11 each facility and parolee center can provide each parolee served  
12 pursuant to this part with the medically necessary mental health  
13 services, medications, and supportive services set forth in the  
14 applicable treatment plan.

15 (b) The funding shall only cover the portions of those costs of  
16 services that cannot be paid for with other funds including other  
17 mental health funds, public and private insurance, and other local,  
18 state, and federal funds.

19 (c) The Department of Corrections and Rehabilitation Division  
20 of Adult Parole Operations shall provide for services in accordance  
21 with the system of care for parolees who meet the eligibility criteria  
22 in subdivisions (b) and (c) of Section 5600.3 of the Welfare and  
23 Institutions Code.

24 (d) Planning for services shall be consistent with the following  
25 philosophies, principles, and practices:

26 (1) To promote concepts key to the recovery for individuals  
27 who have serious mental illness: hope, personal empowerment,  
28 respect, social connections, self-responsibility, and  
29 self-determination.

30 (2) To promote consumer operated services as a way to support  
31 recovery.

32 (3) To reflect the cultural, ethnic, and racial diversity of mental  
33 health consumers.

34 (4) To plan for each consumer's individual needs.

35 2687.8. (a) The Department of Corrections and Rehabilitation  
36 shall establish an advisory committee for the purpose of providing  
37 advice regarding the development of the identification of specific  
38 performance measures for evaluating the effectiveness of programs.  
39 The committee shall review evaluation reports and make findings  
40 on evidence-based best practices and recommendations. At not

1 less than one meeting annually, the advisory committee shall  
2 provide to the department written comments on the performance  
3 of each of the programs.

4 (b) The committee shall include, but not be limited to,  
5 representatives from state, county, and community veterans'  
6 services and disabled veterans outreach programs, supportive  
7 housing and other housing assistance programs, law enforcement,  
8 county mental health and private providers of local mental health  
9 services and mental health outreach services, the Board of  
10 Corrections, the State Department of Alcohol and Drug Programs,  
11 local substance abuse services providers, the Department of  
12 Rehabilitation, providers of local employment services, the State  
13 Department of Social Services, the Department of Housing and  
14 Community Development, a service provider to transition youth,  
15 the United Advocates for Children of California, the California  
16 Mental Health Advocates for Children and Youth, the Mental  
17 Health Association of California, the California Alliance for the  
18 Mentally Ill, the California Network of Mental Health Clients, the  
19 Mental Health Planning Council, and other appropriate entities.

20 2687.9. The criteria for the funding for each program shall  
21 include, but not be limited to, all of the following:

22 (a) A description of a comprehensive strategic plan for providing  
23 prevention, intervention, and evaluation in a cost appropriate  
24 manner.

25 (b) A description of the population to be served, ability to  
26 administer an effective service program, and the degree to which  
27 local agencies and advocates will support and collaborate with  
28 program efforts for parolees.

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

32 2687.10. In order to reduce the cost of providing supportive  
33 housing for clients, parolee outpatient clinics shall enter into  
34 contracts with sponsors of supportive housing projects to the  
35 greatest extent possible. Centers are encouraged to commit a  
36 portion of their funds to rental assistance.

37 (a) In consultation with the advisory committee established  
38 pursuant to subdivision (a) of Section 2687.8, the department shall  
39 report to the Legislature on or before May 1 of each year in which  
40 additional funding is provided, and shall evaluate, at a minimum,

1 the effectiveness of the strategies for parolees in reducing  
2 homelessness, recidivism, involvement with local law enforcement,  
3 and other measures identified by the department. The evaluation  
4 shall include for each program funded in the current fiscal year as  
5 much of the following as available information permits:

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

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

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

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

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

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

19 (6) The amount of hospitalization that has been reduced or  
20 avoided.

21 (7) The extent to which veterans identified through these  
22 programs' outreach are receiving federally funded veterans'  
23 services for which they are eligible.

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

28 (b) Each facility shall be subject to specific terms and conditions  
29 of oversight and training that shall be developed by the department,  
30 in consultation with the advisory committee.

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

36 (2) The funding provided pursuant to this article shall be  
37 sufficient to provide mental health services, medically necessary  
38 medications to treat serious mental illnesses, alcohol and drug  
39 services, transportation, supportive housing and other housing  
40 assistance, vocational rehabilitation and supported employment

1 services, money management assistance for accessing other health  
2 care and obtaining federal income and housing support, accessing  
3 veterans' services, stipends, and other incentives to attract and  
4 retain sufficient numbers of qualified professionals as necessary  
5 to provide the necessary levels of these services. This program  
6 shall, however, pay for only that portion of the costs of those  
7 services not otherwise provided by federal funds or other state  
8 funds.

9 (3) Methods to contract for services pursuant to paragraph (2)  
10 shall promote prompt and flexible use of funds, consistent with  
11 the scope of services for which the department has contracted with  
12 each provider.

13 2687.11. The department may contract with counties or private  
14 providers for the provision of any of the services described in this  
15 article.

16 ~~SEC. 6.~~

17 *SEC. 5.* Section 2982 is added to the Penal Code, to read:

18 2982. (a) At least six months before discharge of a prisoner  
19 with a serious mental illness, the Department of Corrections and  
20 Rehabilitation shall apply for social security, Medi-Cal benefits  
21 for those considered disabled, and veteran's benefits for those  
22 eligible, as well as beginning vocational training, independent  
23 living assistance, and development of other skills necessary for  
24 success during parole and afterward.

25 (b) In the last 90 days before release of a prisoner with a serious  
26 mental illness, the department shall coordinate with a program that  
27 will continue the medications and support services provided to the  
28 prisoner by the department during parole, after the period of  
29 incarceration.

30 (c) This section shall also apply to a prisoner under the  
31 jurisdiction of a State Department of Mental Health facility  
32 pursuant to Section 2684.

33 ~~SEC. 7.~~

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

36 5806. The State Department of Mental Health shall establish  
37 service standards that ensure that members of the target population  
38 are identified, and services provided to assist them to live  
39 independently, work, and reach their potential as productive  
40 citizens. The department shall provide annual oversight of grants

1 issued pursuant to this part for compliance with these standards.  
2 These standards shall include, but are not limited to, all of the  
3 following:

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

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

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

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

34 (4) Provision for services to meet the special needs of older  
35 adults.

36 (5) Provision for family support and consultation services,  
37 parenting support and consultation services, and peer support or  
38 self-help group support, where appropriate for the individual.

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

1 (7) Provision for psychiatric and psychological services that are  
2 integrated with other services and for psychiatric and psychological  
3 collaboration in overall service planning.

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

10 (9) Services reflecting special needs of women from diverse  
11 cultural backgrounds, including supportive housing that accepts  
12 children, personal services coordinator therapeutic treatment, and  
13 substance treatment programs that address gender specific trauma  
14 and abuse in the lives of persons with mental illness, and vocational  
15 rehabilitation programs that offer job training programs free of  
16 gender bias and sensitive to the needs of women.

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

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

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

39 (c) The individual personal services plan shall ensure that  
40 members of the target population involved in the system of care

1 receive age, gender, and culturally appropriate services, to the  
2 extent feasible, that are designed to enable recipients to:

3 (1) Live in the most independent, least restrictive housing  
4 feasible in the local community, and, for clients with children, to  
5 live in a supportive housing environment that strives for  
6 reunification with their children or assists clients in maintaining  
7 custody of their children as is appropriate.

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

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

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

14 (5) Obtain an adequate income.

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

18 (7) Access necessary physical health care and maintain the best  
19 possible physical health.

20 (8) Reduce or eliminate serious antisocial or criminal behavior  
21 and thereby reduce or eliminate their contact with the criminal  
22 justice system.

23 (9) Reduce or eliminate the distress caused by the symptoms of  
24 mental illness.

25 (10) Have freedom from dangerous addictive substances.

26 (d) The individual personal services plan shall describe the  
27 service array that meets the requirements of subdivision (c), and  
28 to the extent applicable to the individual, the requirements of  
29 subdivision (a).

30 ~~SEC. 8.~~

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

33 5814. (a) (1) This part shall be implemented only to the extent  
34 that funds are appropriated for purposes of this part. To the extent  
35 that funds are made available, the first priority shall go to maintain  
36 funding for the existing programs that meet adult system of care  
37 contract goals. The next priority for funding shall be given to  
38 counties with a high incidence of persons who are severely  
39 mentally ill and homeless or at risk of homelessness, and meet the  
40 criteria developed pursuant to paragraphs (3) and (4). The next

1 priority for funding, including the funding pursuant to Section  
2 5892, shall be for the establishment of capacity for all counties to  
3 be able to serve everyone who meets the criteria for this part who  
4 are subject to arrest or hospitalization, discharged from a hospital  
5 or jail, or successfully completing parole.

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

10 (3) (A) The director shall establish an advisory committee for  
11 the purpose of providing advice regarding the development of  
12 criteria for the award of grants, and the identification of specific  
13 performance measures for evaluating the effectiveness of grants.  
14 The committee shall review evaluation reports and make findings  
15 on evidence-based best practices and recommendations for grant  
16 conditions. At not less than one meeting annually, the advisory  
17 committee shall provide to the director written comments on the  
18 performance of each of the county programs. Upon request by the  
19 department, each participating county that is the subject of a  
20 comment shall provide a written response to the comment. The  
21 department shall comment on each of these responses at a  
22 subsequent meeting.

23 (B) The committee shall include, but not be limited to,  
24 representatives from state, county, and community veterans'  
25 services and disabled veterans outreach programs, supportive  
26 housing and other housing assistance programs, law enforcement,  
27 county mental health and private providers of local mental health  
28 services and mental health outreach services, the Board of  
29 Corrections, the State Department of Alcohol and Drug Programs,  
30 local substance abuse services providers, the Department of  
31 Rehabilitation, providers of local employment services, the State  
32 Department of Social Services, the Department of Housing and  
33 Community Development, a service provider to transition youth,  
34 the United Advocates for Children of California, the California  
35 Mental Health Advocates for Children and Youth, the Mental  
36 Health Association of California, the California Alliance for the  
37 Mentally Ill, the California Network of Mental Health Clients, the  
38 Mental Health Planning Council, and other appropriate entities.

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

1 (A) A description of a comprehensive strategic plan for  
2 providing outreach, prevention, intervention, and evaluation in a  
3 cost appropriate manner corresponding to the criteria specified in  
4 subdivision (c).

5 (B) A description of the local population to be served, ability  
6 to administer an effective service program, and the degree to which  
7 local agencies and advocates will support and collaborate with  
8 program efforts.

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

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

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

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

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

4 (3) (A) The amount of grant funding spent on each type of  
5 housing.

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

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

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

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

17 (7) The amount of hospitalization that has been reduced or  
18 avoided.

19 (8) The extent to which veterans identified through these  
20 programs' outreach are receiving federally funded veterans'  
21 services for which they are eligible.

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

26 (10) For those who have been enrolled in this program for at  
27 least two years and who were enrolled in Medi-Cal prior to, and  
28 at the time they were enrolled in, this program, a comparison of  
29 their Medi-Cal hospitalizations and other Medi-Cal costs for the  
30 two years prior to enrollment and the two years after enrollment  
31 in this program.

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

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

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

7 (e) All counties that receive funding shall be subject to specific  
8 terms and conditions of oversight and training which shall be  
9 developed by the department, in consultation with the advisory  
10 committee.

11 (f) (1) As used in this part, “receiving extensive mental health  
12 services” means having a personal services coordinator, as  
13 described in subdivision (b) of Section 5806, and having an  
14 individual personal service plan, as described in subdivision (c)  
15 of Section 5806.

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

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

32 (g) Contracts awarded pursuant to this part shall be exempt from  
33 the Public Contract Code and the state administrative manual and  
34 shall not be subject to the approval of the Department of General  
35 Services.

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

1     ~~SEC. 9.~~

2     *SEC. 8.* No reimbursement is required by this act pursuant to  
3 Section 6 of Article XIII B of the California Constitution for certain  
4 costs that may be incurred by a local agency or school district  
5 because, in that regard, this act creates a new crime or infraction,  
6 eliminates a crime or infraction, or changes the penalty for a crime  
7 or infraction, within the meaning of Section 17556 of the  
8 Government Code, or changes the definition of a crime within the  
9 meaning of Section 6 of Article XIII B of the California  
10 Constitution.

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

O