

AMENDED IN ASSEMBLY APRIL 30, 2012

AMENDED IN ASSEMBLY MARCH 29, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 2134

Introduced by Assembly Member Chesbro

February 23, 2012

An act to amend Section 5348 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2134, as amended, Chesbro. Community mental health services: assisted outpatient treatment.

Existing law, Laura's Law, until January 1, 2013, regulates designated assisted outpatient treatment services, which counties may ~~choose~~ *elect* to provide. Under existing law, in counties where assisted outpatient treatment services are available, a court may order a person suffering from a mental illness to obtain assisted outpatient treatment if the court finds the requisite criteria are met.

This bill would require a county that ~~chooses~~ *elects* to provide these services to develop *specified* best practices for the purposes of responding to a mental health crisis, and to provide for services in connection with these best practices.

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

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

SECTION 1. Section 5348 of the Welfare and Institutions Code is amended to read:

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

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

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

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

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

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

3 (D) Provision for services to meet the special needs of older
4 adults.

5 (E) Provision for family support and consultation services,
6 parenting support and consultation services, and peer support or
7 self-help group support, where appropriate.

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

10 (G) Provision for psychiatric and psychological services that
11 are integrated with other services and for psychiatric and
12 psychological collaboration in overall service planning.

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

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

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

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

34 (L) Provision for services related to responding to a mental
35 health crisis, in accordance with the best practices developed
36 pursuant to subdivision (e).

37 (3) Each client shall have a clearly designated mental health
38 personal services coordinator who may be part of a
39 multidisciplinary treatment team who is responsible for providing
40 or assuring needed services. Responsibilities include complete

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

11 (4) The individual personal services plan shall ensure that
12 persons subject to assisted outpatient treatment programs receive
13 age-appropriate, gender-appropriate, and culturally appropriate
14 services, to the extent feasible, that are designed to enable
15 recipients to:

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

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

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

25 (D) Access an appropriate level of academic education or
26 vocational training.

27 (E) Obtain an adequate income.

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

31 (G) Access necessary physical health care and maintain the best
32 possible physical health.

33 (H) Reduce or eliminate serious antisocial or criminal behavior,
34 and thereby reduce or eliminate their contact with the criminal
35 justice system.

36 (I) Reduce or eliminate the distress caused by the symptoms of
37 mental illness.

38 (J) Have freedom from dangerous addictive substances.

39 (5) The individual personal services plan shall describe the
40 service array that meets the requirements of paragraph (4), and to

1 the extent applicable to the individual, the requirements of
2 paragraph (2).

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

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

8 (d) A county that operates an assisted outpatient treatment
9 program pursuant to this article shall provide data to the State
10 Department of Mental Health and, based on the data, the
11 department shall report to the Legislature on or before May 1 of
12 each year in which the county provides services pursuant to this
13 article. The report shall include, at a minimum, an evaluation of
14 the effectiveness of the strategies employed by each program
15 operated pursuant to this article in reducing homelessness and
16 hospitalization of persons in the program and in reducing
17 involvement with local law enforcement by persons in the program.
18 The evaluation and report shall also include any other measures
19 identified by the department regarding persons in the program and
20 all of the following, based on information that is available:

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

24 (2) The number of persons in the program with contacts with
25 local law enforcement, and the extent to which local and state
26 incarceration of persons in the program has been reduced or
27 avoided.

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

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

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

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

35 (7) Victimization of persons in the program.

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

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

38 (10) Type, intensity, and frequency of treatment of persons in
39 the program.

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

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

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

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

7 (e) A county that ~~chooses~~ *elects* to provide assisted outpatient
8 treatment services pursuant to this article shall develop best
9 practices for the purposes of responding to a mental health crisis.

10 *These best practices include, but are not limited to, the utilization*
11 *of crisis intervention teams, mobile crisis teams, or psychiatric*
12 *emergency response teams, with an emphasis on peer support.*