



AB 1193: Assisted Outpatient Treatment

SUMMARY

Implements assisted outpatient treatment (AOT) statewide unless a county opts out through a board resolution.

BACKGROUND

In 2002, California enacted legislation that allows judges to order assisted outpatient treatment for people with severe mental illness if they have a history of being jailed, hospitalized and are a danger to themselves or others. The law was implemented after Laura Wilcox, a college student working with individuals with mental illnesses, was shot to death in 2001 by an individual with an untreated mental illness.

In order to qualify for AOT, a person must meet the following requirements:

- 18 years of age or older
- Suffering from a serious mental illness, included schizophrenia, bipolar disorder, major affective disorders or other severely disabling mental illnesses
- There has been a clinical determination that the person is unlikely to survive safely in the community without supervision
- The person has a history of lack of compliance with treatment and as a result the person has either been hospitalized at least twice within the last 36 months or the person's mental illness has resulted in one or more acts of serious and violent behavior towards themselves or another person in the last 48 months.

- The person has been offered an opportunity to participate in a treatment plan but failed to engage in treatment
- The person's condition is substantially deteriorating
- AOT would be the least restrictive placement
- AOT is needed in order to prevent a relapse or deterioration that would likely result in serious harm.

Numerous studies have demonstrated that AOT can lead to reduced hospital readmissions, arrests and incarceration while also reducing service costs.

THIS BILL

This bill requires each county to implement the provisions of Laura's Law unless the county elects not to participate in the program by enacting a resolution passed by the county board of supervisors that states the reasons for option out and any facts or circumstances relied on in making that decision.

This bill would also extend the January 1, 2017, repeal date of the statute until January 1, 2022.

SUPPORT

California Psychiatric Association (sponsor)

FOR MORE INFORMATION

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ASSEMBLY BILL

No. 1193

Introduced by Assembly Member Eggman

February 27, 2015

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 introduced, 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 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 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 county elects not to participate in the program by enacting a resolution passed by the county board of supervisors. 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 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:
11 (1) The person is 18 years of age or older.
12 (2) The person is suffering from a mental illness as defined in
13 paragraphs (2) and (3) of subdivision (b) of Section 5600.3.
14 (3) There has been a clinical determination that the person is
15 unlikely to survive safely in the community without supervision.
16 (4) The person has a history of lack of compliance with
17 treatment for his or her mental illness, in that at least one of the
18 following is true:
19 (A) The person's mental illness has, at least twice within the
20 last 36 months, been a substantial factor in necessitating
21 hospitalization, or receipt of services in a forensic or other mental
22 health unit of a state correctional facility or local correctional
23 facility, not including any period during which the person was

1 hospitalized or incarcerated immediately preceding the filing of
2 the petition.

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

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

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

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

18 (8) In view of the person's treatment history and current
19 behavior, the person is in need of assisted outpatient treatment in
20 order to prevent a relapse or deterioration that would be likely to
21 result in grave disability or serious harm to himself or herself, or
22 to others, as defined in Section 5150.

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

25 (b) (1) A petition for an order authorizing assisted outpatient
26 treatment may be filed by the county mental health director, or his
27 or her designee, in the superior court in the county in which the
28 person who is the subject of the petition is present or reasonably
29 believed to be present.

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

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

35 (B) Any person who is the parent, spouse, or sibling or child
36 18 years of age or older of the person who is the subject of the
37 petition.

38 (C) The director of any public or private agency, treatment
39 facility, charitable organization, or licensed residential care facility
40 providing mental health services to the person who is the subject

1 of the petition in whose institution the subject of the petition
2 resides.

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

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

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

10 (G) *A judge of a superior court before whom the person who is*
11 *the subject of the petition appears.*

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

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

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

22 (B) Facts that support the petitioner's belief that the person who
23 is the subject of the petition meets each criterion, provided that
24 the hearing on the petition shall be limited to the stated facts in
25 the verified petition, and the petition contains all the grounds on
26 which the petition is based, in order to ensure adequate notice to
27 the person who is the subject of the petition and his or her counsel.

28 (C) That the person who is the subject of the petition is present,
29 or is reasonably believed to be present, within the county where
30 the petition is filed.

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

34 (5) The petition shall be accompanied by an affidavit of a
35 licensed mental health treatment provider designated by the local
36 mental health director who shall state, if applicable, either of the
37 following:

38 (A) That the licensed mental health treatment provider has
39 personally examined the person who is the subject of the petition
40 no more than 10 days prior to the submission of the petition, the

1 facts and reasons why the person who is the subject of the petition
2 meets the criteria in subdivision (a), that the licensed mental health
3 treatment provider recommends assisted outpatient treatment for
4 the person who is the subject of the petition, and that the licensed
5 mental health treatment provider is willing and able to testify at
6 the hearing on the petition.

7 (B) That no more than 10 days prior to the filing of the petition,
8 the licensed mental health treatment provider, or his or her
9 designee, has made appropriate attempts to elicit the cooperation
10 of the person who is the subject of the petition, but has not been
11 successful in persuading that person to submit to an examination,
12 that the licensed mental health treatment provider has reason to
13 believe that the person who is the subject of the petition meets the
14 criteria for assisted outpatient treatment, and that the licensed
15 mental health treatment provider is willing and able to examine
16 the person who is the subject of the petition and testify at the
17 hearing on the petition.

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

24 (d) (1) Upon receipt by the court of a petition submitted
25 pursuant to subdivision (b), the court shall fix the date for a hearing
26 at a time not later than five days from the date the petition is
27 received by the court, excluding Saturdays, Sundays, and holidays.
28 The petitioner shall promptly cause service of a copy of the
29 petition, together with written notice of the hearing date, to be
30 made personally on the person who is the subject of the petition,
31 and shall send a copy of the petition and notice to the county office
32 of patient rights, and to the current health care provider appointed
33 for the person who is the subject of the petition, ~~if any such that~~
34 provider is known to the petitioner. Continuances shall be permitted
35 only for good cause shown. In granting continuances, the court
36 shall consider the need for further examination by a physician or
37 the potential need to provide expeditiously assisted outpatient
38 treatment. Upon the hearing date, or upon any other date or dates
39 to which the proceeding may be continued, the court shall hear
40 testimony. If it is deemed advisable by the court, and if the person

1 who is the subject of the petition is available and has received
2 notice pursuant to this section, the court may examine in or out of
3 court the person who is the subject of the petition who is alleged
4 to be in need of assisted outpatient treatment. If the person who is
5 the subject of the petition does not appear at the hearing, and
6 appropriate attempts to elicit the attendance of the person have
7 failed, the court may conduct the hearing in the person's absence.
8 If the hearing is conducted without the person present, the court
9 shall set forth the factual basis for conducting the hearing without
10 the person's presence.

11 (2) The court shall not order assisted outpatient treatment unless
12 an examining licensed mental health treatment provider, who has
13 personally examined, and has reviewed the available treatment
14 history of, the person who is the subject of the petition within the
15 time period commencing 10 days before the filing of the petition,
16 testifies in person at the hearing.

17 (3) If the person who is the subject of the petition has refused
18 to be examined by a licensed mental health treatment provider,
19 the court may request that the person consent to an examination
20 by a licensed mental health treatment provider appointed by the
21 court. If the person who is the subject of the petition does not
22 consent and the court finds reasonable cause to believe that the
23 allegations in the petition are true, the court may order any person
24 designated under Section 5150 to take into custody the person who
25 is the subject of the petition and transport him or her, or cause him
26 or her to be transported, to a hospital for examination by a licensed
27 mental health treatment provider as soon as is practicable.
28 Detention of the person who is the subject of the petition under
29 the order may not exceed 72 hours. If the examination is performed
30 by another licensed mental health treatment provider, the
31 examining licensed mental health treatment provider may consult
32 with the licensed mental health treatment provider whose
33 affirmation or affidavit accompanied the petition regarding the
34 issues of whether the allegations in the petition are true and whether
35 the person meets the criteria for assisted outpatient treatment.

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

38 (A) To adequate notice of the hearings to the person who is the
39 subject of the petition, as well as to parties designated by the person
40 who is the subject of the petition.

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

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

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

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

8 (F) To present evidence.

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

10 (H) To cross-examine witnesses.

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

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

17 (B) If after hearing all relevant evidence, the court finds that
18 the person who is the subject of the petition meets the criteria for
19 assisted outpatient treatment, and there is no appropriate and
20 feasible less restrictive alternative, the court may order the person
21 who is the subject of the petition to receive assisted outpatient
22 treatment for an initial period not to exceed six months. In
23 fashioning the order, the court shall specify that the proposed
24 treatment is the least restrictive treatment appropriate and feasible
25 for the person who is the subject of the petition. The order shall
26 state the categories of assisted outpatient treatment, as set forth in
27 Section 5348, that the person who is the subject of the petition is
28 to receive, and the court may not order treatment that has not been
29 recommended by the examining licensed mental health treatment
30 provider and included in the written treatment plan for assisted
31 outpatient treatment as required by subdivision (e). If the person
32 has executed an advance health care directive pursuant to Chapter
33 2 (commencing with Section 4650) of Part 1 of Division 4.7 of
34 the Probate Code, any directions included in the advance health
35 care directive shall be considered in formulating the written
36 treatment plan.

37 (6) If the person who is the subject of a petition for an order for
38 assisted outpatient treatment pursuant to subparagraph (B) of
39 paragraph (5) of subdivision (d) refuses to participate in the assisted
40 outpatient treatment program, the court may order the person to

1 meet with the assisted outpatient treatment team designated by the
2 director of the assisted outpatient treatment program. The treatment
3 team shall attempt to gain the person's cooperation with treatment
4 ordered by the court. The person may be subject to a 72-hour hold
5 pursuant to subdivision (f) only after the treatment team has
6 attempted to gain the person's cooperation with treatment ordered
7 by the court, and has been unable to do so.

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

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

16 (2) That the services have been offered to the person by the
17 local director of mental health, or his or her designee, and the
18 person has been given an opportunity to participate on a voluntary
19 basis, and the person has failed to engage in, or has refused,
20 treatment.

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

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

25 (f) If, in the clinical judgment of a licensed mental health
26 treatment provider, the person who is the subject of the petition
27 has failed or has refused to comply with the treatment ordered by
28 the court, and, in the clinical judgment of the licensed mental health
29 treatment provider, efforts were made to solicit compliance, and,
30 in the clinical judgment of the licensed mental health treatment
31 provider, the person may be in need of involuntary admission to
32 a hospital for evaluation, the provider may request that persons
33 designated under Section 5150 take into custody the person who
34 is the subject of the petition and transport him or her, or cause him
35 or her to be transported, to a hospital, to be held up to 72 hours for
36 examination by a licensed mental health treatment provider to
37 determine if the person is in need of treatment pursuant to Section
38 5150. Any continued involuntary retention in a hospital beyond
39 the initial 72-hour period shall be pursuant to Section 5150. If at
40 any time during the 72-hour period the person is determined not

1 to meet the criteria of Section 5150, and does not agree to stay in
2 the hospital as a voluntary patient, he or she shall be released and
3 any subsequent involuntary detention in a hospital shall be pursuant
4 to Section 5150. Failure to comply with an order of assisted
5 outpatient treatment alone may not be grounds for involuntary
6 civil commitment or a finding that the person who is the subject
7 of the petition is in contempt of court.

8 (g) If the director of the assisted outpatient treatment program
9 determines that the condition of the patient requires further assisted
10 outpatient treatment, the director shall apply to the court, prior to
11 the expiration of the period of the initial assisted outpatient
12 treatment order, for an order authorizing continued assisted
13 outpatient treatment for a period not to exceed 180 days from the
14 date of the order. The procedures for obtaining ~~any~~ *an* order
15 pursuant to this subdivision shall be in accordance with
16 subdivisions (a) to (f), inclusive. The period for further involuntary
17 outpatient treatment authorized by ~~any~~ *a* subsequent order under
18 this subdivision may not exceed 180 days from the date of the
19 order.

20 (h) At intervals of not less than 60 days during an assisted
21 outpatient treatment order, the director of the outpatient treatment
22 program shall file an affidavit with the court that ordered the
23 outpatient treatment affirming that the person who is the subject
24 of the order continues to meet the criteria for assisted outpatient
25 treatment. At these times, the person who is the subject of the order
26 shall have the right to a hearing on whether or not he or she still
27 meets the criteria for assisted outpatient treatment if he or she
28 disagrees with the director's affidavit. The burden of proof shall
29 be on the director.

30 (i) During each 60-day period specified in subdivision (h), if
31 the person who is the subject of the order believes that he or she
32 is being wrongfully retained in the assisted outpatient treatment
33 program against his or her wishes, he or she may file a petition for
34 a writ of habeas corpus, thus requiring the director of the assisted
35 outpatient treatment program to prove that the person who is the
36 subject of the order continues to meet the criteria for assisted
37 outpatient treatment.

38 (j) Any person ordered to undergo assisted outpatient treatment
39 pursuant to this article, who was not present at the hearing at which
40 the order was issued, may immediately petition the court for a writ

1 of habeas corpus. Treatment under the order for assisted outpatient
2 treatment may not commence until the resolution of that petition.

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

5 5348. (a) For purposes of subdivision (e) of Section 5346, a
6 county that ~~chooses to provide~~ *provides* assisted outpatient
7 treatment services pursuant to this article shall offer assisted
8 outpatient treatment services including, but not limited to, all of
9 the following:

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

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

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

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

1 time. Outreach to adults may include adults voluntarily or
2 involuntarily hospitalized as a result of a severe mental illness.

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

5 (D) Provision for services to meet the special needs of older
6 adults.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (E) Obtain an adequate income.

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

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

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

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

37 (J) Have freedom from dangerous addictive substances.

38 (5) The individual personal services plan shall describe the
39 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 Health Care Services 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 SEC. 3. Section 5349 of the Welfare and Institutions Code is
8 amended to read:

9 ~~5349. This article shall be operative in those counties in which~~
10 ~~the county board of supervisors, by resolution or through the county~~
11 ~~budget process, authorizes its application and makes a finding that~~
12 ~~no voluntary mental health program serving adults, and no~~
13 ~~children's mental health program, may be reduced as a result of~~
14 ~~the implementation of this article. A county that does not wish to~~
15 ~~implement this article may opt out of the requirements of this~~
16 ~~article by a resolution passed by the county board of supervisors~~
17 ~~that states the reasons for opting out and any facts or~~
18 ~~circumstances relied on in making that decision. To the extent~~
19 ~~otherwise permitted under state and federal law, counties that elect~~
20 ~~to implement this article may pay for the provision of services~~
21 ~~under Sections 5347 and 5348 using funds distributed to the~~
22 ~~counties from the Mental Health Subaccount, the Mental Health~~
23 ~~Equity Subaccount, and the Vehicle License Collection Account~~
24 ~~of the Local Revenue Fund, funds from the Mental Health Account~~
25 ~~and the Behavioral Health Subaccount within the Support Services~~
26 ~~Account of the Local Revenue Fund 2011, funds from the Mental~~
27 ~~Health Services Fund when included in county plans pursuant to~~
28 ~~Section 5847, and any other funds from which the Controller makes~~
29 ~~distributions to the counties for those purposes. Compliance with~~
30 ~~this section shall be monitored by the State Department of Health~~
31 ~~Care Services as part of its review and approval of county~~
32 ~~performance contracts.~~

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

35 5349.1. (a) Counties that ~~elect to~~ implement this article, shall,
36 in consultation with the State Department of Health Care Services,
37 client and family advocacy organizations, and other stakeholders,
38 develop a training and education program for purposes of
39 improving the delivery of services to mentally ill individuals who
40 are, or who are at risk of being, involuntarily committed under this

1 part. This training shall be provided to mental health treatment
2 providers contracting with participating counties and to other
3 individuals, including, but not limited to, mental health
4 professionals, law enforcement officials, and certification hearing
5 officers involved in making treatment and involuntary commitment
6 decisions.

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

8 (1) Information relative to legal requirements for detaining a
9 person for involuntary inpatient and outpatient treatment, including
10 criteria to be considered with respect to determining if a person is
11 considered to be gravely disabled.

12 (2) Methods for ensuring that decisions regarding involuntary
13 treatment as provided for in this part direct patients toward the
14 most effective treatment. Training shall include an emphasis on
15 each patient's right to provide informed consent to assistance.

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

18 5349.5. (a) This article shall remain in effect only until January
19 1, ~~2017~~, 2022, and as of that date is repealed, unless a later enacted
20 statute that is enacted on or before January 1, ~~2017~~, 2022, deletes
21 or extends that date.

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

27 SEC. 6. If the Commission on State Mandates determines that
28 this act contains costs mandated by the state, reimbursement to
29 local agencies and school districts for those costs shall be made
30 pursuant to Part 7 (commencing with Section 17500) of Division
31 4 of Title 2 of the Government Code.

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