

SENATE COMMITTEE ON
HEALTH, WELFARE AND STATE INSTITUTIONS
MINUTES OF MEETING #10

MARCH 8, 1973

The meeting convened at 5:15 p.m.

Senator Walker in the Chair.

PRESENT: Senators Raggio
Neal

Other citizens, list of which is hereto attached
as Exhibit A.

The meeting convened at 5:10 p.m.

This was an informal discussion, wherein Mr. Amundson and
Mr. Miller explained the Lanterman - Petris - Short Act, its concept,
history and progress to date.

The key issue or main point which would be of importance
to Nevada is that through this act, California on the state level
of government has managed to come to terms with the county level
of government, to form an affiliation which has thus far
been tremendously successful in the area of mental health
services. There are 58 counties in California, and those of
rural character that are very small, have merged (for the
purposes of this act) with larger neighboring counties.

In 1969, when this bill first became law, there
were over 44,000 people in mental hospitals or institutions
throughout the state. Today there are less than 7500 total.

Attached is a copy of the Sacramento County
Plan for Mental Health services, which is offered hereto
as Exhibit B, to serve as an outline or example of the state-
county programs as they are currently operating.

Exhibit C hereto attached, represents the
text of Division 5, Community Health Services Act, parts 1 & 2.
This provides an example of the legislative format behind the
Lanterman - Petris - Doyle Act.

This discussion was most informative and
Mr. Amundsen offered to assist with any legislation of this
nature that Nevada may decide to draft or enact in the future.

APPROVED:

Lee Walker, Chairman

Respectfully submitted,

Jo Ann Hughes, Secretary

SACRAMENTO COUNTY PLAN FOR MENTAL HEALTH SERVICES

1973-74

SHORT-DOYLE PLAN FOR COMMUNITY MENTAL HEALTH SERVICES

Submitted to the California Department of Mental Hygiene

by the

SACRAMENTO COUNTY BOARD OF SUPERVISORS

Ed Sheedy, First District
Patrick E. Melarkey, D.D.S., Second District, Chairman
James Phelan, Third District
Eugene T. Gualco, Fourth District
E. Henry Kloss, Fifth District

Prepared by

Thomas G. Campbell, County Executive
Thomas P. Engel, Hospital Administrator James T. Harrison, MD, Health Officer
Donald G. Langsley, MD Director, Mental Health Services
James T. Barter, MD Deputy Director, Mental Health Services

In Consultation With

THE SACRAMENTO COUNTY MENTAL HEALTH ADVISORY BOARD

Paul A. Berg, Chairman
Louis H. Bronson, DSW
Mary L. Goldberg, RN, MS
Harold B. Haught
Clarence Johnson, Ph D
Paul King
Patrick E. Melarkey, DDS, Chairman Bd. of Supervisors
James Miller
Judge Irving H. Perluss
Glenn A. Pope, MD
Kenneth Rhodes
John A. Tribbey, MD
William Tucker, MD
Virginia Young

#10 - 3/8/72

Exhibit B 157

TABLE OF CONTENTS

| | |
|--|--------|
| Introduction | Page 3 |
| Summary of Five Year Plan | 4 |
| Description of Sacramento County | 5 |
| Map of Sacramento County Catchment Areas | 6 |
| Objectives of the Mental Health Program | 7 |
| Organization of Mental Health Services | 8 |
| What is a Catchment Area Team? | 9 |
| Physical Facilities of the Mental Health Service | 9 |
| Organization Chart of Mental Health Services | 10 |
| Summary of Mental Health Programs | 11 |
| Administrative Services | 12 |
| East Catchment Area Services | 13 |
| North Catchment Area Services | 14 |
| Central Sacramento Area Services (Sutter MHC) | 15 |
| Arden Catchment Area (American River MHC) | 16 |
| South Catchment Area Services | 17 |
| Crisis Team Services | 18 |
| Drug Abuse Programs | 19 |
| Alcoholism Programs | 20 |
| Contractual Services | 21 |
| Community Alternatives to State Hospitalization | 22 |
| Proposed New and Expanded Programs 1973-74 | 25 |
| Appendix A - Revised List of Community Resources for Mental Health Services | 28 |

CALIFORNIA'S

**ONE
SYSTEM**

**TEN
SERVICES**

A JOURNAL ON TREATMENT AND CARE OF THE MENTALLY DISORDERED



**THE CALIFORNIA
MENTAL HEALTH SERVICES
ACT**

Exhibit C

Printed here is the text of Division 5, Community Mental Health Services, Parts 1 and 2 (Lanterman-Petris-Short and Short-Doyle Acts).

The format provides a handy reference booklet suitable for a binder if the top of the paper is cut.

(Includes 1971 legislative changes except for the changes made by Chapter 1893 of the Statutes of 1971 which become operative on July 1, 1973 or such later date as may be provided by law for the operative date of the Governor's Reorganization Plan No. 1 of 1970.)

DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES

(Division 5 added by Stats. 1965, Ch. 1797; repealed and added by Stats. 1967, Ch. 1667)

PART 1. THE LANTERMAN-PETRIS-SHORT ACT

(Part 1 heading amended by Stats. 1968, Ch. 1374)

CHAPTER 1. GENERAL PROVISIONS

5000. This part shall be known and may be cited as the Lanterman-Petris-Short Act.

5001. The provisions of this part shall be construed to promote the legislative intent as follows:

(a) To end the inappropriate, indefinite, and involuntary commitment of mentally disordered persons and persons impaired by chronic alcoholism, and to eliminate legal disabilities;

(b) To provide prompt evaluation and treatment of persons with serious mental disorders or impaired by chronic alcoholism;

(c) To guarantee and protect public safety;

(d) To safeguard individual rights through judicial review;

(e) To provide individualized treatment, supervision, and placement services by a conservatorship program for gravely disabled persons;

(f) To encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures.

5002. Mentally disordered persons and persons impaired by chronic alcoholism may no longer be judicially committed.

Mentally disordered persons shall receive services pursuant to this part. Persons impaired by chronic alcoholism may receive services pursuant to this part if they elect to do so pursuant to Article 3 (commencing with Section 5225) of Chapter 2 of this part.

Epileptics may no longer be judicially committed.

This part shall not be construed to repeal or modify laws relating to the commitment of mentally disordered sex offenders, mentally retarded persons, and mentally disordered criminal offenders, except as specifically provided in Penal Code Section 4011.6, or as specifically provided in other statutes.

(Amended by Stats. 1970, Ch. 516; amended by Stats. 1971, Ch. 1459.)

5003. Nothing in this part shall be construed in any way as limiting the right of any person to make voluntary application at any time to any public or private agency or practitioner for mental health services, either by direct application in person, or by referral from any other public or private agency or practitioner.

5005. Unless specifically stated, a person complained against in any petition or proceeding initiated by virtue of the provisions of this part shall not forfeit any legal right or suffer legal disability by reason of the provisions of this part.

5006. The provisions of this part shall not be construed to deny treatment by spiritual means through prayer in accordance with the tenets and practices of a recognized church or denomination for any person detained for evaluation or treatment who desires such treatment, or to a minor if his parent, guardian, or conservator desires such treatment.

5007. Unless otherwise indicated, the provisions of this part shall not be construed to apply retroactively to terminate court commitments of mentally ill persons or inebriates under pre-existing law.

5008. Unless the context otherwise requires, the following



Vol. 3, No. 3

Sacramento, Ca. 95814 April 26, 1972

definitions shall govern the construction of this part:

(a) "Evaluation" consists of multidisciplinary professional analyses of a person's medical, psychological, social, financial, and legal conditions as may appear to constitute a problem. Persons providing evaluation services shall be properly qualified professionals and may be full-time employees of an agency providing evaluation services or may be part-time employees or may be employed on a contractual basis.

(b) "Court-ordered evaluation" means an evaluation ordered by a superior court pursuant to Article 2 (commencing with Section 5200) or by a court pursuant to Article 3 (commencing with Section 5225) of Chapter 2 of this part;

(c) "Intensive treatment" consists of such hospital and other services as may be indicated. Intensive treatment shall be provided by properly qualified professionals and carried out in facilities qualifying for reimbursement under the California medical assistance program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of this code, or under Title XVIII of the Federal Social Security Act and regulations thereunder. Intensive treatment may be provided in hospitals of the United States government by properly qualified professionals. Nothing in this part shall be construed to prohibit an intensive treatment facility from also providing 72-hour treatment and evaluation;

(d) "Referral" is referral of persons by each agency or facility providing intensive treatment or evaluation services to other agencies or individuals. The purpose of referral shall be to provide for continuity of care, and may include, but need not be limited to, informing the person of available services, making appointments on the person's behalf, discussing the person's problem with the agency or individual to which the person has been referred, appraising the outcome of referrals, and arranging for personal escort and transportation when necessary. Referral shall be considered complete when the agency or individual to whom the person has been referred accepts responsibility for providing the necessary services. All persons shall be advised of available precare services which prevent initial recourse to hospital treatment or aftercare services which support adjustment to community living following hospital treatment. Such services may be provided through county welfare departments, State Department of Social Welfare, Department of Mental Hygiene, Short-Doyle programs or other local agencies.

Each agency or facility providing evaluation services shall maintain a current and comprehensive file of all community services, both public and private. Such files shall contain current agreements with agencies or individuals accepting referrals, as well as appraisals of the results of past referrals;

(e) "Crisis intervention" consists of an interview or series of interviews within a brief period of time, conducted by qualified professionals, and designed to alleviate personal or family situations which present a serious and imminent threat to the health or stability of the person or the family. The interview or interviews may be conducted in the home of the person or family, or on an inpatient or outpatient basis with such therapy, or other services, as may be appropriate. Crisis intervention may, as appropriate, include suicide prevention, psychiatric, welfare, psychological, legal, or other social services;

(f) "Prepetition screening" is a screening of all petitions for court-ordered evaluation as provided in Article 2 (commencing with Section 5200) of Chapter 2, consisting of a professional review of all petitions; an interview with the petitioner and, whenever possible, the person alleged, as a result of mental disorder, to be a danger to others, or to himself, or to be gravely disabled, to assess the problem and explain the petition; when indicated, efforts to persuade the person to

receive, on a voluntary basis, comprehensive evaluation, crisis intervention, referral, and other services specified in this part.

(g) "Conservatorship investigation" means investigation by an agency appointed or designated by the governing body of cases in which conservatorship is recommended pursuant to Chapter 3 (commencing with Section 5350) of this part;

(h) For purposes of Article 1 (commencing with Section 5150), Article 2 (commencing with Section 5200), and Article 4 (commencing with Section 5250) of Chapter 2 of this part, and for the purposes of Chapter 3 (commencing with Section 5350) of this part, "gravely disabled" means a condition in which a person, as a result of a mental disorder, is unable to provide for his basic personal needs for food, clothing, or shelter.

For purposes of Article 3 (commencing with Section 5225) and Article 4 (commencing with Section 5250), of Chapter 2 of this part, and for the purposes of Chapter 3 (commencing with Section 5350) of this part, "gravely disabled" means a condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for his basic personal needs for food, clothing, or shelter.

A person of any age may be "gravely disabled" under this definition, but the term does not include mentally retarded persons;

(i) "Peace officer" means each of the persons specified in Sections 830.1 and 830.2 of the Penal Code;

(j) "Postcertification treatment" means an additional period of treatment pursuant to Article 6 (commencing with Section 5300) of Chapter 2 of this part;

(k) "Court," unless otherwise specified, means a court of record or a justice court.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 516.)

5008.1. As used in this division and in Division 4 (commencing with Section 4000), Division 6 (commencing with Section 6000), Division 7 (commencing with Section 7000), and Division 8 (commencing with Section 8000), the term "judicially committed" means all of the following:

(a) Persons who are mentally disordered sex offenders placed in a state hospital or institutional unit for observation or committed to the Department of Mental Hygiene for an indeterminate period pursuant to Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6.

(b) Persons who are narcotic drug addicts committed to the Department of Mental Hygiene pursuant to Article 2 (commencing with Section 6350) of Chapter 2 of Part 2 of Division 6.

(c) Persons who are habit-forming drug addicts committed to the Department of Mental Hygiene pursuant to Article 3 (commencing with Section 6400) of Chapter 2 of Part 2 of Division 6.

(d) Persons who are mentally abnormal sex offenders committed to the Department of Mental Hygiene pursuant to Article 4 (commencing with Section 6450) of Chapter 2 of Part 2 of Division 6.

(e) Mentally retarded persons who are admitted to a state hospital upon application or who are committed to the Department of Mental Hygiene by court order pursuant to Article 5 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6.

(f) Persons committed to the Department of Mental Hygiene or a state hospital pursuant to the Penal Code.

(Added by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5009. Persons receiving evaluation or treatment under this part shall be given a choice of physician or other professional person providing such services, in accordance with the policies of each agency providing services, and within the limits of available staff in the agency.

5110. Whenever a proceeding is held in a superior court under Article 5 (commencing with Section 5275) or Article 6 (commencing with Section 5300) of this chapter or Chapter 3 (commencing with Section 5350) of this part involving a person who has been placed in a facility located outside the county of residence of the person, the provisions of this section shall apply. The county clerk of the county in which the proceeding is held shall make out a statement of all of the costs incurred by the county for the investigation, preparation, and conduct of the proceedings, and the costs of appeal, if any. The statement shall be certified by a judge of the superior court of such county. The statement shall then be sent to the county of residence of the person, which shall reimburse the county providing such services. If it is not possible to determine the actual county of residence of the person, the statement shall be sent to the county in which the person was originally detained, which shall reimburse the county providing the services.

(Added by Stats. 1968, Ch. 1372; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627.)

5111. Any county without a public defender is authorized to compensate the attorneys appointed for persons entitled to be represented by counsel in proceedings under this part.

(Added by Stats. 1970, Ch. 1627.)

5113. Neither the facility providing treatment pursuant to Article 1 (commencing with Section 5150), Article 1.5 (commencing with Section 5170), Article 4 (commencing with Section 5250), Article 4.5 (commencing with Section 5260) or Article 6 (commencing with Section 5300), nor the superintendent of such facility, or the professional person in charge of such facility and his designee, or the peace officer responsible for the detainment of the person shall be civilly or criminally liable for any action by a person released at or before the end of the period for which he was admitted pursuant to the provisions of the appropriate article.

(Added by Stats. 1970, Ch. 1627.)

5114. At any judicial proceeding under the provisions of this division, allegations that the person is a danger to others, or to himself, or gravely disabled as a result of mental disorder or impairment by chronic alcoholism, shall be presented by the district attorney for the county, unless the board of supervisors, by ordinance or resolution, delegates such duty to the county counsel.

(Added by Stats. 1970, Ch. 1627.)

5115. The Legislature hereby finds and declares:

(a) It is the policy of this state, as declared and established in this act and in the Lanterman Mental Retardation Act of 1969, that mentally and physically handicapped persons are entitled to live in normal residential surroundings and should not be excluded therefrom because of their disability.

(b) In order to achieve uniform statewide implementation of the policies of this act and those of the Lanterman Mental Retardation Act of 1969, it is necessary to establish the statewide policy that the use of property for the care of six or fewer mentally disordered or otherwise handicapped persons is a residential use of such property for the purposes of zoning.

(Added by Stats. 1970, Ch. 1219.)

5116. Pursuant to the policy stated in Section 5115, a state-authorized, certified, or licensed family care home, foster home, or group home serving six or fewer mentally disordered or otherwise handicapped persons or dependent and neglected children, shall be considered a residential use of property for the purposes of zoning if such homes provide care on a 24-hour-a-day basis.

(Added by Stats. 1970, Ch. 1219. Amended by Stats. 1971, Ch. 1163.)

Published to provide current information about California's single system of care and treatment. The title is derived from the one system and the ten services which are eligible for 90% state reimbursement of costs and for which the community program is responsible. The ten services are:

*INPATIENT
*OUTPATIENT
*INFORMATION
CONSULTATION
EDUCATION
*EMERGENCY
*RESEARCH &
EVALUATION

*DIAGNOSTIC
*PARTIAL
HOSPITALIZATION
*REHABILITATIVE
*PRECARE AND
AFTERCARE
*TRAINING

One-Ten is published every three weeks by the Office of Information, California Department of Mental Hygiene. Second-Class postage paid at Sacramento, California. Address all communications to:

Office of Information
Department of Mental Hygiene
744 P Street, Suite 724
Sacramento, Ca., 95814

5117. In order to further facilitate achieving the purposes of this act and the Lanterman Mental Retardation Act of 1969, it is desirable that there be a consolidation of the facilities standard setting, licensure and ratesetting functions of the various state departments under the jurisdiction of the Human Relations Agency. The Secretary of the Human Relations Agency shall present to the Assembly and Senate Rules Committees not later than March 1, 1971, a specific plan to accomplish this goal. In developing this plan, the secretary shall consult with and seek the advice of the public and private agencies, the consumer groups, and the facilities affected thereby.

(Added by Stats. 1970, Ch. 1219.)

5118. For the purpose of conducting hearings under this part, the court in and for the county where the petition is filed may be convened at any time and place within or outside the county suitable to the mental and physical health of the patient, and receive evidence both oral and written, and render decisions, except that the time and place for hearing shall not be different from the time and place for the trial of civil actions for such court if any party to the proceeding, prior to the hearing, objects to the different time or place.

Hearings conducted at any state hospital or any mental health facility designated by any county as a treatment facility under this part or any facility referred to in Section 5358 or Division 7 (commencing with Section 7000) of this code, within or outside the county, shall be deemed to be hearings held in a place for the trial of civil actions and in a regular courtroom of the court.

Notwithstanding any other provisions of this section, any party to the proceeding may demand that the hearing be public, and be held in a place suitable for attendance by the public.

Notwithstanding any other provisions of law, any hearing under this part which was held before enactment of this section but which would have been in accordance with this section had it been effective is deemed to be valid for all purposes.

As used in this section, a "hearing under this part" includes conservatorship and other hearings held pursuant to Chapter 3 (commencing with Section 5350) of this part. (Added by Stats. 1970, Ch. 1162.)

5120. It is the policy of this state as declared and established in this act and in the Lanterman-Petris-Short Act that the care and treatment of mental patients be provided in the local community. In order to achieve uniform statewide implementation of the policies of this act, it is necessary to establish the statewide policy that the use of property for the treatment of general hospital patients may also be used for the psychiatric care and treatment of patients, both inpatient and outpatient.

Inpatient and outpatient psychiatric care and treatment shall be permitted in any area zoned for hospitals.

(Added by Stats. 1971, Ch. 815.)

CHAPTER 2. INVOLUNTARY TREATMENT

Article 1. Detention of Mentally Disordered Persons for Evaluation and Treatment

(Article 1 heading amended by Stats. 1969, Ch. 1472)

5150. When any person, as a result of mental disorder, is a danger to others, or to himself, or gravely disabled, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, or other professional person designated by the county may, upon reasonable cause, take, or cause to be taken, the person into custody and place him in a facility designated by the county and approved by the State Department of Mental Hygiene as a facility for 72-hour treatment and evaluation.

Such facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the officer, member of the attending staff, or professional person, and stating that the officer, member of the attending staff, or professional person believes as a result of his personal observations that the person is, as a result of mental disorder, a danger to others, or to himself, or gravely disabled.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1970, Ch. 516.)

5151. If the facility for 72-hour treatment and evaluation admits the person, it may detain him for evaluation and treatment for a period not to exceed 72 hours, excluding Saturdays,

Sundays, and holidays if evaluation and treatment services are not available on those days.

If in the judgment of the professional person in charge of the facility providing evaluation and treatment, or his designee, the person can be properly served without being detained, he shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis.

5152. Each person admitted to a facility for 72-hour treatment and evaluation under the provisions of this article shall receive an evaluation as soon after he is admitted as possible and shall receive such treatment and care as his condition requires for the full period that he is held. Such person shall be released before 72 hours have elapsed if, in the opinion of the professional person in charge of the facility, or his designee, the person no longer requires evaluation or treatment.

Persons who have been detained for evaluation and treatment shall be released, referred for further care and treatment on a voluntary basis, certified for intensive treatment, or a conservator or temporary conservator shall be appointed pursuant to this part as required.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1970, Ch. 1627.)

5153. Whenever possible, officers charged with apprehension of persons pursuant to this article shall dress in plain clothes and travel in unmarked vehicles.

(Amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5154. The professional person in charge of the facility providing 72-hour treatment and evaluation, his designee, and the peace officer responsible for the detainment of the person shall not be held civilly or criminally liable for any action by a person released at or before the end of 72 hours pursuant to this article.

(Amended by Stats. 1968, Ch. 1374.)

5155. Nothing in this part shall be construed as granting authority to local entities to issue licenses supplementary to existing state and local licensing laws.

(Added by Stats. 1968, Ch. 1374.)

5156. At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him into custody shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211; except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him into custody for such property shall terminate.

As used in this section, "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the person, except that it does not include the person who applied for the petition under this article.

(Added by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

Article 1.5. Detention of Inebriates for Evaluation and Treatment

(Article 1.5 added by Stats. 1969, Ch. 1472)

5170. When any person is a danger to others, or to himself, or gravely disabled as a result of inebriation, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, or other person designated by the county may, upon reasonable cause, take, or cause to be taken, the person into civil protective custody and place him in a facility designated by the county and approved by the State Department of Mental Hygiene as a facility for 72-hour treatment and evaluation of inebriates.

(Added by Stats. 1969, Ch. 1472, and amended by Stats. 1970, Ch. 1627, and by Stats. 1971, Ch. 1581.)

5170.3. Such evaluation facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the officer, member of the attending staff, or other designated person, and

stating that the officer, member of the attending staff, or other designated person believes as a result of his personal observations that the person is, as a result of inebriation, a danger to others, or to himself, or gravely disabled or has violated subdivision (f) of Section 647 of the Penal Code.
(Added by Stats. 1971, Ch. 1581.)

5170.5. Any person placed in an evaluation facility has, immediately after he is taken to an evaluation facility and except where physically impossible, no later than three hours after he is placed in such facility, the right to make, at his own expense, in the presence of a public officer or employee, at least two completed telephone calls.

(Added by Stats. 1971, Ch. 1581.)

5170.7. A person who requests to be released from such facility before 72 hours have elapsed shall be released if the professional person in charge of the facility determines the person is not a danger to others, or to himself.

(Added by Stats. 1971, Ch. 1581.)

5171. If the facility for 72-hour treatment and evaluation of inebriates admits the person, it may detain him for evaluation and detoxification treatment, and such other treatment as may be indicated, for a period not to exceed 72 hours. Saturdays, Sundays and holidays shall be included for the purpose of calculating the 72-hour period. However, a person may voluntarily remain in such facility for more than 72 hours if the professional person in charge of the facility determines the person is in need of and may benefit from further treatment and care, provided any person who is taken or caused to be taken to the facility shall have priority for available treatment and care over a person who has voluntarily remained in a facility for more than 72 hours.

If in the judgment of the professional person in charge of the facility providing evaluation and treatment, the person can be properly served without being detained, he shall be provided evaluation, detoxification treatment or other treatment, crisis intervention, or other inpatient or outpatient services on a voluntary basis.

(Added by Stats. 1969, Ch. 1472, and amended by Stats. 1971, Ch. 1581.)

5172. Each person admitted to a facility for 72-hour treatment and evaluation under the provisions of this article shall receive an evaluation as soon after he is admitted as possible and shall receive such treatment and care as his condition requires for the full period that he is held. Such person shall be released before 72 hours have elapsed if, in the opinion of the professional person in charge of the facility, the person no longer requires evaluation or treatment.

Persons who have been detained for evaluation and treatment shall be released, referred for further care and treatment on a voluntary basis, or, if the person, as a result of impairment by chronic alcoholism, is a danger to others or to himself, or gravely disabled, he may be certified for intensive treatment, or a conservator or temporary conservator shall be appointed for him pursuant to this part as required.

(Added by Stats. 1969, Ch. 1472, and amended by Stats. 1971, Ch. 1443.)

5172.1. Any person who is a danger to others, or to himself, or gravely disabled as a result of inebriation, may voluntarily apply for admission to a 72-hour evaluation and detoxification treatment facility for inebriates.

(Added by Stats. 1971, Ch. 1581.)

5173. The professional person in charge of the facility providing 72-hour treatment and evaluation, and the peace officer responsible for the detainment of the person shall not be held civilly or criminally liable for any action by a person released at or before the end of 72 hours pursuant to this article.

(Added by Stats. 1969, Ch. 1472.)

5174. It is the intent of the Legislature (a) that facilities for 72-hour treatment and evaluation of inebriates be subject to state funding under Part 2 (commencing with Section 5600) of this division only if they primarily provide medical services and would normally be considered an integral part of a community health program; (b) that state reimbursement under Part 2 (commencing with Section 5600) for such 72-hour facilities and intensive treatment facilities under this article shall not be included as priority funding as are reimbursements for other county expenditures under this part for involuntary treatment services, but may be provided on the basis of new and expanded services if funds for new and expanded services are available; that while facilities receiving funds from other

sources may, if eligible for funding under this division, be designated as 72-hour facilities or intensive treatment facilities for the purposes of this article, funding of such facilities under this division shall not be substituted for such previous funding.

No 72-hour facility or intensive treatment facility for the purposes of this article shall be eligible for funding under Part 2 (commencing with Section 5600) of this division until approved by the Director of Mental Hygiene in accordance with standards established by the Department of Mental Hygiene in regulations adopted pursuant to this part. To the maximum extent possible, each county shall utilize services provided for inebriates and persons impaired by chronic alcoholism by federal and other funds presently used for such services, including federal and other funds made available to the State Department of Rehabilitation and the State Department of Social Welfare. McAteer funds shall not be utilized for the purposes of the 72-hour involuntary holding program as outlined in this chapter.

(Added by Stats. 1969, Ch. 1472, and amended by Stats. 1971, Ch. 1581.)

5175. Nothing in this article shall be construed to prevent a facility designated as a facility for 72-hour evaluation and treatment of inebriates from also being designated as a facility for 72-hour evaluation and treatment of other persons subject to this part, including persons impaired by chronic alcoholism.

(Added by Stats. 1969, Ch. 1472.)

5176. This article shall apply only to those counties wherein the board of supervisors has adopted a resolution stating that suitable facilities exist within the county for the care and treatment of inebriates and persons impaired by chronic alcoholism, designating the facilities to be used as facilities for 72-hour treatment and evaluation of inebriates and for the extensive treatment of persons impaired by chronic alcoholism, and otherwise adopting the provisions of this article.

Each county Short-Doyle plan for a county to which this article is made applicable shall designate the specific facility or facilities for 72-hour evaluation and detoxification treatment of inebriates and for intensive treatment of persons impaired by chronic alcoholism and for the treatment of such persons on a voluntary basis under this article, and shall specify the maximum number of patients that can be served at any one time by each such facility.

(Added by Stats. 1969, Ch. 1472, and amended by Stats. 1971, Ch. 1443.)

5177. If a person is placed in a 72-hour evaluation and detoxification treatment facility for inebriates by a peace officer pursuant to Section 5170 or subdivision (ff) of Section 647 of the Penal Code, the peace officer shall report such admission to the Bureau of Criminal Identification and Investigation, which shall record such admission on such person's permanent cumulative record. The disposition report and the person's record shall describe the event as a "custodial placement for intoxication."

(Added by Stats. 1971, Ch. 1581.)

Article 2. Court-Ordered Evaluation for Mentally Disordered Persons

5200. Any person alleged, as a result of mental disorder, to be a danger to others, or to himself, or to be gravely disabled, may be given an evaluation of his condition under a superior court order pursuant to this article. The provisions of this article shall be carried out with the utmost consideration for the privacy and dignity of the person for whom a court-ordered evaluation is requested.

5201. Any individual may apply to the person or agency designated by the county for a petition alleging that there is in the county a person who is, as a result of mental disorder a danger to others, or to himself, or is gravely disabled, and requesting that an evaluation of the person's condition be made.

5202. The person or agency designated by the county shall prepare the petition and all other forms required in the proceeding, and shall be responsible for filing the petition. Before filing the petition, the person or agency designated by the county shall request the person or agency designated by the county and approved by the State Department of Mental Hygiene to provide prepetition screening to determine whether there is probable cause to believe the allegations. The screening shall also determine whether the person will agree voluntarily to receive crisis intervention services or an evaluation in his own home or in a facility designated by the county and approved by the State Department of Mental Hygiene. Following prepetition screening, the person or agency designated by

the county shall file the petition if satisfied that there is probable cause to believe that the person is, as a result of mental disorder, a danger to others, or to himself, or gravely disabled, and that the person will not voluntarily receive evaluation or crisis intervention.

If the petition is filed, it shall be accompanied by a report containing the findings of the person or agency designated by the county to provide prepetition screening. The prepetition screening report submitted to the superior court shall be confidential and shall be subject to the provisions of Section 5328.

(Amended by Stats. 1968, Ch. 1374.)

5203. Any individual who seeks a petition for court-ordered evaluation knowing that the person for whom the petition is sought is not, as a result of mental disorder, a danger to himself, or to others, or gravely disabled is guilty of a misdemeanor, and may be held liable in civil damages by the person against whom the petition was sought.

(Amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5204. The petition for a court-ordered evaluation shall contain the following:

(a) The name and address of the petitioner and his interest in the case.

(b) The name of the person alleged, as a result of mental disorder, to be a danger to others, or to himself, or to be gravely disabled, and, if known to the petitioner, the address, age, sex, marital status, and occupation of the person.

(c) The facts upon which the allegations of the petition are based.

(d) The name of, as a respondent thereto, every person known or believed by the petitioner to be legally responsible for the care, support, and maintenance of the person alleged, as a result of mental disorder, to be a danger to others, or to himself, or to be gravely disabled, and the address of each such person, if known to the petitioner.

(e) Such other information as the court may require.

5205. The petition shall be in substantially the following form:

In the Superior Court of the State of California
for the County of _____

The People of the State of California
Concerning _____

No. _____
Petition for
Evaluation

and

Respondents

_____, residing at _____ (tel. _____), being duly sworn, alleges: That there is now in the county, in the City or Town of _____, a person named _____, who resides at _____, and who is, as a result of mental disorder:

(1) A danger to others.

(2) A danger to himself.

(3) Gravely disabled as defined in subdivision (h) of Section 5008 of the Welfare and Institutions Code (Strike out all inapplicable classifications).

That the person is _____ years of age; that -- he is _____ (sex); and that -- he is _____ (single, married, widowed, or divorced); and that _____ occupation is _____

That the facts upon which the allegations of the petition are based are as follows: That -- he, at _____ in the county, on the _____ day of _____, 19____,

That petitioner's interest in the case is _____

That the person responsible for the care, support, and maintenance of the person, and their relationship to the person are, so far as known to the petitioner, as follows: (Give names, addresses, and relationship of persons named as respondents)

Wherefore, petitioner prays that evaluation be made to determine the condition of _____, alleged, as a result of mental disorder, to be a danger to others, or to himself, or to be gravely disabled.

Petitioner

Subscribed and sworn to before me this _____ day of _____ 19____.

_____, County Clerk
By _____ Deputy

(Amended by Stats. 1968, Ch. 1374.)

5206. Whenever it appears, by petition pursuant to this article, to the satisfaction of a judge of a superior court that a person is, as a result of mental disorder, a danger to others, or to himself, or gravely disabled, and the person has refused or failed to accept evaluation voluntarily, the judge shall issue an order notifying the person to submit to an evaluation at such time and place as designated by the judge. The order for an evaluation shall be served as provided in Section 5208 by a peace officer, counselor in mental health, or a court-appointed official. The person shall be permitted to remain in his home or other place of his choosing prior to the time of evaluation, and shall be permitted to be accompanied by one or more of his relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. If the person to receive evaluation so requests, the individual or individuals who accompany him may be present during the evaluation.

If the person refuses or fails to appear for evaluation after having been properly notified, a peace officer, counselor in mental health, or a court-appointed official shall take the person into custody and place him in a facility designated by the county as a facility for treatment and evaluation. The person shall be evaluated as promptly as possible, and shall in no event be detained longer than 72 hours under the court order, excluding Saturdays, Sundays, and holidays if treatment and evaluation services are not available on those days.

Persons who have been detained for evaluation shall be released, referred for care and treatment on a voluntary basis, certified for intensive treatment, or recommended for conservatorship pursuant to this part, as required.

5207. The order for evaluation shall be in substantially the following form:

In the Superior Court of the State of California
for the County of _____

The People of the State of California
Concerning _____

No. _____
Order
for
Evaluation
or Detention

and

Respondents

The People of the State of California to _____

(Peace officer, counselor in mental health, or other official appointed by the court)

The petition of _____ has been presented this day to me, a Judge of the Superior Court for the County of _____, State of California, from which it appears that there is now in this county, at _____, a person by the name of _____, who is, as a result of mental disorder, a danger to others, or to himself, or gravely disabled.

Now, therefore, you are directed to notify _____ to submit to an evaluation at _____ on the _____ day of _____, 19____, at _____ o'clock _____ m.

_____ shall be permitted to be accompanied by one or more of his relatives, friends, an attorney, a personal physician, or other professional or religious advisor.

The individual or individuals who accompany _____ may be present during the evaluation if so requested by _____.

* Provision for Detention for Evaluation

If the person fails or refuses to appear for evaluation when notified by order of this court, you are hereby directed to detain said _____ or cause him to be detained at _____ for a period no longer than 72 hours, excluding Saturdays, Sundays, and holidays if evaluation services are not available on those days, for the purposes of evaluation.

I hereby direct that a copy of this order together with a copy of the petition be delivered to said person and his representative, if any, at the time of his notification; and I further authorize the service of this order at any hour of the day or night.

Witness my hand, this _____ day of _____, 19____

Judge of the Superior Court

* This paragraph is applicable only if the person to be evaluated fails or refuses to appear for evaluation after

having been properly notified.

Return of Order

I hereby certify that I received the above order for the evaluation of ----- and on the ----- day of -----, 19___, personally served a copy of the order and of the petition on ----- and the professional person in charge of the -----, a facility for treatment and evaluation, or his designee.

Dated: -----, 19___

Signature and Title

5208. As promptly as possible, a copy of the petition and the order for evaluation shall be personally served on the person to be evaluated and the professional person in charge of the facility for treatment and evaluation named in the order, or his designee.

If the person to be evaluated fails to appear for an evaluation at the time designated in the order, the professional person in charge, or his designee, shall notify the person who served the order to have the person to be evaluated detained pursuant to the order.

5210. At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him into custody shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211; except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him into custody for such property shall terminate.

As used in this section, "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the person, except that it does not include the person who applied for the petition under this article.

5211. The report of a patient's property required by Section 5210 to be made by the person taking him into custody for evaluation shall be in substantially the following form:

Report of Officer

I hereby report to the Superior Court for the County of ----- that the personal property of the person apprehended, described generally as ----- was preserved and safeguarded by ----- (Insert name of person taking him into custody, responsible relative, guardian, or conservator).

That property is now located at -----

Dated: -----19___

Signature and Title

5212. Whenever possible, persons charged with service of orders and apprehension of persons pursuant to this article shall dress in plain clothes and travel in unmarked vehicles.

(Amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5213. If, upon evaluation, the person is found to be in need of treatment because he is, as a result of mental disorder, a danger to others, or to himself, or is gravely disabled, he may be detained for treatment in a facility for 72-hour treatment and evaluation. In no event shall he be detained longer than 72 hours from the time of evaluation or detention for evaluation, excluding Saturdays, Sundays and holidays if treatment services are not available on those days.

Article 3. Court-Ordered Evaluation for Persons Impaired by Chronic Alcoholism or Drug Abuse

(Article 3 heading amended by Stats. 1970, Ch. 1129.)

5225. Whenever a criminal defendant who appears, as a result of chronic alcoholism or the use of narcotics or restricted dangerous drugs, to be a danger to others, to himself, or to be gravely disabled, is brought before any judge, the judge may order the defendant's evaluation under conditions set forth in this article, provided evaluation services designated in the

county plan pursuant to Section 5654.5 are available. If such a defendant is brought before the judge of a justice court, the judge may have the defendant transferred to the superior court for such an order.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1129.)

5226. Such a criminal defendant must be advised of his right to immediately continue with the criminal proceeding, and it is the duty of the judge to apprise the defendant fully of his option and of the consequences which will occur if the defendant chooses the evaluation procedures. The defendant shall have a right to legal counsel at the proceedings at which the choice is made.

5226.1. If a judge issues an order for evaluation under conditions set forth in this article, proceedings on the criminal charge then pending in the court from which the order for evaluation issued shall be dismissed or suspended until such time as the evaluation of the defendant and the subsequent detention of the defendant for involuntary treatment, if any, are completed. Upon completion of such evaluation and detention, if any, the defendant shall, if such criminal charge has not been dismissed, be returned by the sheriff of the county in which the order of evaluation was made, from the evaluation or intensive treatment facility to the custody of the sheriff who shall return the defendant to the court where the order for evaluation was made, and proceedings on the criminal charge shall be resumed or dismissed. If, during evaluation or detention for involuntary treatment, the defendant is recommended for conservatorship, and if the criminal charge has not previously been dismissed, the defendant shall be returned by the sheriff to the court in which such charge is pending for the disposition of the criminal charge prior to the initiation of the conservatorship proceedings. The judge of such court may order such defendant to be detained in the evaluation or treatment facility until the day set for the resumption of the proceedings on the criminal charge.

(Added by Stats. 1968, Ch. 1199; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5227. The order for evaluation shall be in substantially the following form:

In the ----- Court of the State of California for the County of -----

The People of the State of California No. ----- Concerning ----- and ----- Order for Evaluation Respondents

The People of the State of California to -----

(Professional person in charge of the facility providing evaluation)

----- has appeared before me and appears to be, as a result of ----- (chronic alcoholism, the use of narcotics, or the use of restricted dangerous drugs), a danger to himself, or others, or gravely disabled.

Now, therefore, you are directed to evaluate ----- at ----- on the ----- day of -----, 19___, at ----- o'clock -----m.

Witness my hand, this ----- day of -----, 19___

Judge of the ----- Court

Return of Order

I hereby certify that I received the above order for the evaluation of ----- and on the ----- day of -----, 19___, personally served a copy of the order and of the petition on the professional person in charge of the -----, a facility for treatment and evaluation, or his designee.

Dated: -----, 19___

Signature and title

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1970, Ch. 1129.)

5228. As promptly as possible, a copy of the order for

evaluation shall be personally served on the person to be evaluated and the professional person in charge of the facility for treatment and evaluation named in the order, or his designee.

5229. At the time a person is ordered to undergo evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person responsible for taking him to the evaluation facility shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211; except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person responsible for taking him to the evaluation facility for such property shall terminate.

As used in this section, "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the person.

5230. If, upon evaluation, the person is found to be in need of treatment because he is, as a result of impairment by chronic alcoholism or the use of narcotics or restricted dangerous drugs, a danger to others, or to himself, or is gravely disabled, he may be detained for treatment in a facility for 72-hour treatment and evaluation. Except as provided in this section, he shall in no event be detained longer than 72 hours from the time of evaluation or detention for evaluation, excluding Saturdays, Sundays and holidays if treatment services are not available on those days.

Persons who have been detained for evaluation and treatment shall be released if the criminal charge has been dismissed; released to the custody of the sheriff or continue to be detained pursuant to court order under Section 5226.1; referred for further care and treatment on a voluntary basis, subject to the disposition of the criminal action; certified for intensive treatment; or recommended for conservatorship pursuant to this part, subject to the disposition of the criminal charge; as required.

(Former Section 5230, as added by Stats. 1967, Ch. 1667, repealed by Stats. 1968, Ch. 1374. Present Section 5230 added by renumbering former Section 5231 by Stats. 1968, Ch. 1374; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1129.)

Article 4. Certification for Intensive Treatment

5250. If a person detained for 72 hours under the provisions of Article 1 (commencing with Section 5150) of this chapter, or under court order for evaluation pursuant to Article 2 (commencing with Section 5200) or Article 3 (commencing with Section 5225) of this chapter has received an evaluation, he may be certified for not more than 14 days of involuntary intensive treatment under the following conditions:

(a) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and has found the person is, as a result of mental disorder or impairment by chronic alcoholism, a danger to others, or to himself, or gravely disabled.

(b) The person has been advised of, but has not accepted, voluntary treatment.

(c) The facility providing intensive treatment is equipped and staffed to provide treatment, is designated by the county to provide intensive treatment, and agrees to admit the person.

5251. For a person to be certified under this article, a notice of certification must be signed by the professional person, or his designee, in charge of the agency or facility providing evaluation services and a physician, if possible a board-qualified psychiatrist, who participated in the evaluation. A designee of the professional person in charge of the agency or facility shall be a physician.

If the professional person in charge, or his designee, is the physician who performed the medical evaluation, the second person to sign may be another physician unless one is not available, in which case, a psychologist, a social worker, or a registered nurse who participated in the evaluation shall sign the notice of certification.

(Amended by Stats. 1970, Ch. 1627.)

5252. A notice of certification is required for all involuntary 14-day intensive treatment, and shall be in substantially the following form:

To the Superior Court of the State of California
for the County of _____

The authorized agency providing evaluation services in the County of _____ has evaluated the condition of:

Name _____
Address _____
Age _____
Sex _____
Marital status _____
Religious affiliation _____

We the undersigned allege that the above-named person is, as a result of mental disorder or impairment by chronic alcoholism:

(1) A danger to others.

(2) A danger to himself.

(3) Gravely disabled as defined in subdivision (h) of Section 5008 of the Welfare and Institutions Code.

[Strike out all inapplicable classifications.]

The above-named person has been informed of this evaluation, and has been advised of, but has not been able or willing to accept referral to, the following services:

We, therefore certify the above-named person to receive intensive treatment for no more than 14 days beginning this _____ day of _____, 19____, in the intensive treatment (Month)

facility herein named _____

We hereby state that a copy of this notice has been delivered this day to the above-named person and that he has been informed of his legal right to a judicial review by habeas corpus, and this term has been explained to him and that he has been informed of his right to counsel, including court-appointed counsel pursuant to Section 5276 of the Welfare and Institutions Code.

Date _____

Signed _____

Signed _____

Countersigned _____

Representing intensive treatment facility

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)
(Amended by Stats. 1971, Ch. 776.)

5252.1. The person delivering the copy of the notice of certification to the person certified shall, at the time of delivery, inform the person certified of his legal right to a judicial review by habeas corpus, and shall explain the term to him, and shall inform the person certified of his right to counsel, including court-appointed counsel pursuant to Section 5276.

(Added by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5253. A copy of the certification notice, as set forth in Section 5252, shall be personally delivered to the person certified. A copy of such notice shall be filed with the superior court on the same day as the date of the certification or, if the court is not open for business on that day, as soon thereafter as the court is open for business. A copy shall also be sent to the person's attorney, to the district attorney, to the public defender, if any, to the facility providing intensive treatment, and to the State Department of Mental Hygiene.

The person certified shall also be asked to designate any person whom he wishes informed regarding his certification. If he is incapable of making such a designation at the time of certification, he shall be asked to designate such person as soon as he is capable.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1970, Ch. 1627.)

5254. Certification shall be for no more than 14 days, and

shall terminate as soon as, in the opinion of the professional person in charge of the facility providing intensive treatment or his designee, the individual has improved sufficiently for him to leave, or is prepared to accept voluntary treatment on referral or to remain in the facility providing intensive treatment on a voluntary basis.

Persons who have been certified for 14 days of intensive treatment and to whom Section 5226.1 is not applicable, or with respect to whom the criminal charge has been dismissed under Section 5226.1, shall be released at the end of the 14 days unless any of the following applies:

(a) Patients who agree to receive further treatment on a voluntary basis.

(b) Patients for whom a temporary conservator is appointed pursuant to Chapter 3 (commencing with Section 5350) of this part.

(c) Patients to whom Article 4.5 (commencing with Section 5260) of this chapter is applicable.

(d) Patients to whom Article 6 (commencing with Section 5300) of this chapter is applicable.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722, Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627.)

5255. Any individual who is knowingly and willfully responsible for detaining a person for more than 14 days in violation of the provisions of Section 5254 is liable to that person in civil damages.

5256. Whenever a county designates two or more facilities to provide intensive treatment and the person to be treated, his family, conservator or guardian expresses a preference for one such facility, the professional person certifying the person to be treated shall attempt, if administratively possible, to comply with the preference.

5257. The professional person in charge of the facility providing intensive treatment, his designee, and the peace officer responsible for the detention of the person shall not be held civilly or criminally liable for any action by a person released at or before the end of 14 days pursuant to this article.

(Amended by Stats. 1968, Ch. 1374.)

5258. Nothing in this article shall prohibit the professional person in charge of an intensive treatment facility, or his designee, from permitting a person certified for intensive treatment to leave the facility for short periods during the person's involuntary intensive treatment.

Article 3.5. Additional Intensive Treatment of Suicidal Persons

(Article 3.5 added by Stats. 1968, Ch. 1170; repealed by Stats. 1969, Ch. 722, Operative on July 1, 1969. Effective August 8, 1969.)

5260-5268. (Added by Stats. 1968, Ch. 1170; repealed by Stats. 1969, Ch. 722, Operative on July 1, 1969. Effective August 8, 1969.)

Article 4.5. Additional Intensive Treatment of Suicidal Persons

(Formerly Article 3.5 as added by Stats. 1968, Ch. 1374; amended and renumbered Article 4.5 by Stats. 1969, Ch. 722, Operative on July 1, 1969. Effective August 8, 1969.)

5260. At the expiration of the 14-day period of intensive treatment any person who, as a result of mental disorder or impairment by chronic alcoholism, during the 14-day period or the 72-hour evaluation period, threatened or attempted to take his own life or who was detained for evaluation and treatment because he threatened or attempted to take his own life and who continues to present an imminent threat of taking his own life, may be confined for further intensive treatment pursuant to this article for an additional period not to exceed 14 days.

Such further intensive treatment may occur only under the following conditions:

(a) The professional staff of the agency or facility providing intensive treatment services has analyzed the person's condition and has found that the person presents an imminent threat of taking his own life.

(b) The person has been advised of, but has not accepted, voluntary treatment.

(c) The facility providing additional intensive treatment is equipped and staffed to provide treatment, is designated by the county to provide such intensive treatment, and agrees to admit the person.

(d) The person has, as a result of mental disorder or impairment by chronic alcoholism, threatened or attempted to

take his own life during the 14-day period of intensive treatment or the 72-hour evaluation period or was detained for evaluation and treatment because he threatened or attempted to take his own life.

(Added by Stats. 1968, Ch. 1374.)

5261. For a person to be certified under this article, a second notice of certification must be signed by the professional person in charge of the facility providing 14-day intensive treatment under Article 4 (commencing with Section 5250) to the person and by a physician, if possible a board-qualified psychiatrist, who participated in the analysis and finding referred to in subdivision (a) of Section 5260.

If the professional person in charge is the physician who performed the medical analysis and finding, the second person to sign may be another physician unless one is not available, in which case, a psychologist, a social worker, or a registered nurse who participated in such analysis and finding shall sign the notice of certification.

(Added by Stats. 1968, Ch. 1374; amended by Stats. 1969, Ch. 722, Operative on July 1, 1969. Effective August 8, 1969.)

5262. A second notice of certification for imminently suicidal persons is required for all involuntary 14-day intensive treatment, pursuant to this article, and shall be in substantially the following form:

To the Superior Court of the State of California
for the County of _____

The authorized agency providing 14-day intensive treatment, County of _____, has custody of: _____

Name _____

Address _____

Age _____

Sex _____

Marital status _____

Religious affiliation _____

The undersigned alleges that the above-named person presents an imminent threat of taking his own life.

This allegation is based upon the following facts:

This allegation is supported by the accompanying affidavits signed by _____

The above-named person has been informed of this allegation and has been advised of, but has not been able or willing to accept referral to, the following services:

We, therefore, certify the above-named person to receive additional intensive treatment for no more than 14 days beginning this ____ day of _____, 19____, in the intensive treatment facility herein named _____

We hereby state that a copy of this notice has been delivered this day to the above-named person and that he has been clearly advised of his continuing legal right to a judicial review by habeas corpus, and this term has been explained to him.

(Date) _____
Signed _____
Countersigned _____

Representing intensive treatment facility

(Added by Stats. 1968, Ch. 1374.)

5263. Copies of the second notice of certification for imminently suicidal persons, as set forth in Section 5262, shall be filed with the court and personally delivered to the person certified. A copy shall also be sent to the person's attorney, to the district attorney, to the public defender, if any, to the facility providing intensive treatment, and to the State Department of Mental Hygiene.

The person certified shall also be asked to designate any person whom he wishes informed regarding his certification. If he is incapable of making such a designation at the time of certification, he shall be asked to designate such person as soon as he is capable.

(Added by Stats. 1968, Ch. 1374.)

5264. A certification for imminently suicidal persons shall be for no more than 14 days of intensive treatment,

and shall terminate as soon as, in the opinion of the professional person in charge of the facility providing intensive treatment or his designee, the individual has improved sufficiently for him to leave, or is prepared to accept voluntary treatment on referral or to remain in the facility providing intensive treatment on a voluntary basis.

Persons who have been certified for 14 days of intensive treatment under this article and to whom Section 5226.1 is not applicable, or with respect to whom the criminal charge has been dismissed under Section 5226.1, shall be released at the end of the 14 days unless any of the following applies:

(a) Patients who agree to receive further treatment on a voluntary basis.

(b) Patients recommended for conservatorship pursuant to Chapter 3 (commencing with Section 5350) of this part.

(c) Patients to whom Article 6 (commencing with Section 5300) of this chapter is applicable.

(Added by Stats. 1968, Ch. 1374; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5265. Any individual who is knowingly and willfully responsible for detaining a person for more than 14 days in violation of the provisions of Section 5264 is liable to that person in civil damages.

(Added by Stats. 1968, Ch. 1374.)

5266. Whenever a county designates two or more facilities to provide intensive treatment and the person to be treated, his family, conservator or guardian expresses a preference for one such facility, the professional person certifying the person to be treated shall attempt, if administratively possible, to comply with the preference.

(Added by Stats. 1968, Ch. 1374.)

5267. Neither the professional person in charge of the facility providing intensive treatment, nor his designee, shall be held civilly or criminally liable for any action by a person released at or before the end of 14 days pursuant to this article.

(Added by Stats. 1968, Ch. 1374.)

5268. Nothing in this article shall prohibit the professional person in charge of an intensive treatment facility, or his designee, from permitting a person certified for intensive treatment to leave the facility for short periods during the person's involuntary intensive treatment.

(Added by Stats. 1968, Ch. 1374.)

Article 5. Judicial Review

(Former Article 4 heading amended Article 5 by Stats. 1968, Ch. 1374)

5275. Every person detained by certification for intensive treatment shall have a right to a hearing by writ of habeas corpus for his release after he or any person acting on his behalf has made a request for release to either (a) the person delivering the copy of the notice of certification to the person certified at the time of such delivery, or (b) to any member of the treatment staff of the facility providing intensive treatment, at any time during the 14 days of intensive treatment.

Any person delivering a copy of the certification notice or any member of the treatment staff to whom a request for release is made shall promptly provide the person making the request for his signature or mark a copy of the form set forth below. The person delivering the copy of the certification notice or the member of the treatment staff, as the case may be, shall fill in his own name and the date, and, if the person signs by mark, shall fill in the person's name, and shall then deliver the completed copy to the professional person in charge of the intensive treatment facility, or his designee, notifying him of the request. As soon as possible, the person notified shall inform the superior court for the county in which the facility is located of the request for release.

Any person who intentionally violates this section is guilty of a misdemeanor.

The form for a request for release shall be substantially as follows:

(Name of the facility) _____ day of _____ 19__

I, _____ (member of the treatment staff, or person delivering the copy of the certification notice), have today received a request for the release of _____ (name of patient) from the undersigned patient on his own behalf or from the undersigned person on behalf of the patient.

Signature or mark of patient making

Signature or mark of person making
request on behalf of patient

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5276. Judicial review shall be in the superior court for the county in which the facility providing intensive treatment is located or in the county in which the 72-hour evaluation was conducted if the patient or a person acting in his behalf informs the professional staff of the evaluation facility (in writing) that judicial review will be sought. No patient shall be transferred from the county providing evaluation services to a different county for intensive treatment if the staff of the evaluation facility has been informed in writing that a judicial review will be sought, until the completion of the judicial review. The person requesting to be released shall be informed of his right to counsel by the member of the treatment staff and by the court; and, if he so elects, the court shall immediately appoint the public defender or other attorney to assist him in preparation of a petition for the writ of habeas corpus and, if he so elects, to represent him in the proceedings. The person shall pay the costs of such legal service if he is able.

The court shall either release the person or order an evidentiary hearing to be held within two judicial days after the petition is filed. If the court finds, (a) that the person requesting release is not, as a result of mental disorder or impairment by chronic alcoholism, a danger to others, or to himself, or gravely disabled, (b) that he had not been advised of, or had accepted, voluntary treatment, or (c) that the facility providing intensive treatment is not equipped and staffed to provide treatment, or is not designated by the county to provide intensive treatment he shall be released immediately.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627. Amended by Stats. 1971, Ch. 776.)

5276.1. The person requesting release may, upon advice of counsel, waive the presence at the evidentiary hearing of the physician or other professional person who certified the petition under Section 5251 and of the physician providing intensive treatment. In the event of such a waiver, such physician or other professional person shall not be required to be present at the hearing if it is stipulated that the certification and records of such physicians concerning the mental condition and treatment of the person regarding release will be received in evidence.

(Added by Stats. 1971, Ch. 1162.)

5277. A finding under Section 5276 shall not be admissible in evidence in any civil or criminal proceeding without the consent of the person who was the subject of the finding.

(Amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5278. Individuals authorized under this part to detain a person for 72-hour treatment and evaluation pursuant to Article 1 (commencing with Section 5150) or Article 2 (commencing with Section 5200), to certify a person for intensive treatment pursuant to Article 4 (commencing with Section 5250) or Article 4.5 (commencing with Section 5260) or to file a petition for postcertification treatment for a person pursuant to Article 6 (commencing with Section 5300) shall not be held either criminally or civilly liable for exercising such authority in accordance with the law.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

Article 6. Postcertification Procedures for Imminently Dangerous Persons

5300. At the expiration of the 14-day period of intensive treatment, a person may be confined for further treatment pursuant to the provisions of this article for an additional period, not to exceed 90 days if he:

(a) Has threatened, attempted, or inflicted physical harm upon the person of another after having been taken into custody for evaluation and treatment, and who, as a result of mental disorder, presents an imminent threat of substantial physical harm to others, or

(b) Had attempted or inflicted physical harm upon the person of another, that act having resulted in his being taken into

custody and who presents, as a result of mental disorder, an imminent threat of substantial physical harm to others.

For purposes of this article "custody" shall be construed to mean involuntary detainment under the provisions of this part uninterrupted by any period of unconditioned release from a facility providing involuntary care and treatment.

(Amended by Stats. 1968, Ch. 1374.)

5301. At any time during the 14-day intensive treatment period the professional person in charge of the facility, or his designee, may petition the superior court in the county in which the facility providing treatment is located for an order requiring such person to undergo an additional period of treatment on the grounds set forth in Section 5300. Such petition shall summarize the facts which support the contention that the person falls within the standard set forth in Section 5300. The petition shall be supported by affidavits describing in detail the behavior which indicates that the person falls within the standard set forth in Section 5300.

Copies of the petition for postcertification treatment and the affidavits in support thereof shall be served upon the person named in the petition on the same day as they are filed with the clerk of the superior court.

The petition shall be in the following form:

**Petition for Postcertification Treatment of
Imminently Dangerous Person**

I, _____, (the professional person in charge of the _____ intensive treatment facility) (the designee of _____ the professional person in charge of the _____ treatment facility) in which _____ has been under treatment pursuant to the certification by _____ and _____, hereby petition the court for an order requiring _____ to undergo an additional period of treatment, not to exceed 90 days, pursuant to the provisions of Article 6 (commencing with Section 5300) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code. Such petition is based upon my allegation that (a) _____ has threatened, attempted or actually inflicted physical harm upon the person of another after having been taken into custody for evaluation, and that, by reason of mental disorder, presents an imminent threat of substantial physical harm to others, or that (b) _____ had attempted or inflicted physical harm upon the person of another, that act having resulted in his being taken into custody, and that he presents, as a result of mental disorder, an imminent threat of substantial physical harm to others.

My allegation is based upon the following facts:

This allegation is supported by the accompanying affidavits signed by _____.

Signed _____

(Amended by Stats. 1968, Ch. 1374.)

5302. At the time of filing of a petition for postcertification treatment the court shall advise the person named in the petition of his right to be represented by an attorney and of his right to demand a jury trial. The court shall assist him in finding an attorney, or, if need be, appoint an attorney if the person is unable to obtain counsel. The court shall appoint the public defender or other attorney to represent the person named in the petition if the person is financially unable to provide his own attorney. The attorney shall advise the person of his rights in relation to the proceeding and shall represent him before the court.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722, Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627.)

5303. The court shall conduct the proceedings on the petition for postcertification treatment within four judicial days of the filing of the petition and in accordance with constitutional guarantees of due process of law and the procedures required under Section 13 of Article 1 of the Constitution of the State of California.

If at the time of the hearing the person named in the petition requests a jury trial, such trial shall commence within 10 judicial days of the filing of the petition for postcertification treatment unless the person's attorney requests a continuance,

which may be for a maximum of 10 additional judicial days. The decision of the jury must be unanimous in order to support the finding of facts required by Section 5304.

Until a final decision on the merits by the trial court the person named in the petition shall continue to be treated in the intensive treatment facility until released by order of the superior court having jurisdiction over the action, or unless the petition for postcertification treatment is withdrawn. If no decision has been made within 30 days after the filing of the petition, not including extensions of time requested by the person's attorney, the person shall be released.

(Amended by Stats. 1968, Ch. 1374.)

5303.1. The person named in the petition may, upon advice of counsel, waive the presence at the hearing or at the jury trial of the professional person or his designee who petitioned for the additional period of treatment and the physicians providing intensive treatment. In the event of such waiver, such professional person, his designee, or other physicians shall not be required to be present at the hearing if it is stipulated that the certification, supporting affidavit and records of such physicians concerning the mental condition of the person named in the petition will be received in evidence. (Added by Stats. 1971, Ch. 1162.)

5304. If the court or jury finds that the person named in the petition for postcertification treatment has (a) threatened, attempted, or actually inflicted physical harm upon the person of another after having been taken into custody for evaluation and treatment, and, as a result of mental disorder, presents an imminent threat of substantial physical harm to others, or (b) had attempted or inflicted physical harm upon the person of another, that act having resulted in his being taken into custody and who, as a result of mental disorder, presents an imminent threat of substantial physical harm to others, the court shall remand him to the custody of the Department of Mental Hygiene or to a facility designated by the county of residence for a further period of intensive treatment not to exceed 90 days from the date of court judgment. Said person shall be released from involuntary treatment at the expiration of 90 days unless the superintendent or professional person in charge of the hospital in which he is confined files a new petition for postcertification treatment on the grounds that he has threatened, attempted, or actually inflicted physical harm to another during his period of postcertification treatment, and he is a person who, by reason of mental disorder, presents an imminent threat of substantial physical harm to others. Such new petition for postcertification treatment shall be filed in the superior court wherein the original petition for postcertification treatment was filed.

The county from which the person is remanded shall bear any transportation costs incurred pursuant to this section.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1970, Ch. 1627.)

5305. Nothing in this article shall prohibit the superintendent or professional person in charge of the hospital in which the person is being involuntarily treated from releasing him from treatment prior to the expiration of 90 days when, in the opinion of the superintendent or professional person in charge, the person being involuntarily treated no longer constitutes an imminent threat of substantial physical harm to others.

Whenever the superintendent or professional person in charge of a hospital providing postcertification treatment pursuant to this article releases a person prior to the expiration of 90 days, the superintendent or professional person in charge shall notify the court which remanded the person for treatment.

(Amended by Stats. 1968, Ch. 1374.)

5306. Neither the superintendent nor the professional person in charge of the hospital providing 90-day involuntary treatment shall be held civilly or criminally liable for any action by a person released at or before the end of a 90-day period pursuant to this article.

(Amended by Stats. 1968, Ch. 1374.)

5307. (Added by Stats. 1968, Ch. 1374; repealed by Stats. 1969, Ch. 722, Operative on July 1, 1969. Effective August 8, 1969.)

**Article 7. Legal and Civil Rights of Persons
Involuntarily Detained**

5325. Each person involuntarily detained for evaluation or treatment under provisions of this part shall have the following rights, a list of which shall be prominently posted in

English and Spanish in all facilities providing such services and otherwise brought to his attention by such additional means as the Director of Mental Hygiene may designate by regulation:

(a) To wear his own clothes; to keep and use his own personal possessions including his toilet articles; and to keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases.

(b) To have access to individual storage space for his private use.

(c) To see visitors each day.

(d) To have reasonable access to telephones, both to make and receive confidential calls.

(e) To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.

(f) To refuse shock treatment.

(g) To refuse lobotomy.

(h) Other rights, as specified by regulation.

5325.5. For the purposes of subdivisions (f) and (g) of Section 5325, if the patient is a minor age 15 years or over, the right to refuse may be exercised either by the minor or his parent, guardian, conservator, or other person entitled to his custody.

(Added by Stats. 1970, Ch. 1627.)

5326. A person's rights under Section 5325 may be denied for good cause only by the professional person in charge of the facility or his designee. Denial of an involuntarily detained person's rights shall in all cases be entered into the person's treatment record.

Information pertaining to a denial of rights contained in the person's treatment record shall be made available, on request, to the person, his attorney, his conservator or guardian, or the State Department of Mental Hygiene, Members of the State Legislature, or a member of a county board of supervisors.

5327. Every person involuntarily detained under provisions of this part or under certification for intensive treatment or postcertification treatment in any public or private mental institution or hospital, including a conservatee placed in any medical, psychiatric or nursing facility, shall be entitled to all rights set forth in this part and shall retain all rights not specifically denied him under this part.

5328. All information and records obtained in the course of providing services under Division 5 (commencing with Section 5000), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7000), to either voluntary or involuntary recipients of services shall be confidential. Information and records may be disclosed only:

(a) In communications between qualified professional persons in the provision of services or appropriate referrals, or in the course of conservatorship proceedings. The consent of the patient, or his guardian or conservator must be obtained before information or records may be disclosed by a professional person employed by a facility to a professional person not employed by the facility who does not have the medical responsibility for the patient's care.

(b) When the physician in charge of the patient, with the approval of the patient, designates persons to whom information or records may be released, except that nothing in this article shall be construed to compel a physician, psychologist, social worker, nurse, attorney, or other professional person to reveal information which has been given to him in confidence by members of a patient's family;

(c) To the extent necessary for a recipient to make a claim, or for a claim to be made on behalf of a recipient for aid, insurance, or medical assistance to which he may be entitled;

(d) If the recipient of services is a minor, ward, or conservatee, and his parent, guardian, or conservator designates, in writing, persons to whom records or information may be disclosed, except that nothing in this article shall be construed to compel a physician, psychologist, social worker, nurse, attorney, or other professional person to reveal information which has been given to him in confidence by members of a patient's family;

(e) For research, provided that the Director of Mental Hygiene designates by regulation, rules for the conduct of research. Such rules shall include, but need not be limited to, the requirement that all researchers must sign an oath of confidentiality as follows:

Date

As a condition of doing research concerning persons who have received services from ----- (fill in the facility,

agency or person), I, -----, agree not to divulge any information obtained in the course of such research to unauthorized persons, and not to publish or otherwise make public any information regarding persons who have received services such that the person who received services is identifiable.

I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code.

Signed

(f) To the courts, as necessary to the administration of justice.

(g) To governmental law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

(h) To the Senate Rules Committee or the Assembly Rules Committee for the purposes of legislative investigation authorized by such committee.

(i) If the recipient of services who applies for life or disability insurance designates in writing the insurer to which records or information may be disclosed.

(j) To the attorney for the patient in any and all proceedings upon presentation of a release of information signed by the patient, except that when the patient is unable to sign such release, the staff of the facility, upon satisfying itself of the identity of said attorney, and of the fact that the attorney does represent the interests of the patient, may release all information and records relating to the patient except that nothing in this article shall be construed to compel a physician, psychologist, social worker, nurse, attorney, or other professional person to reveal information which has been given to him in confidence by members of a patient's family.

The amendment of subdivision (d) of this section enacted at the 1970 Regular Session of the Legislature does not constitute a change in, but is declaratory of, the preexisting law.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627. Sec. 21.1. Amended by Stats. 1971, Ch. 776.)

5328.1. Nothing in this chapter shall be construed to prohibit a public or private treatment facility from releasing to a member of the family of a patient the information that the patient is presently a patient in the facility or that the patient is seriously physically ill or dead if the professional person in charge of the facility determines that the release of such information is in the best interest of the patient.

(Added by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627.)

5328.2. Notwithstanding Section 5328, movement and identification information and records regarding a patient who is committed to the department or to a state hospital for observation or for an indeterminate period as a mentally disordered sex offender, or regarding a patient who is committed to the department or to a state hospital under Section 1026 or 1370 of the Penal Code, shall be forwarded immediately without prior request to the Bureau of Criminal Identification and Investigation. Except as otherwise provided by law, information automatically reported under this section shall be restricted to name, address, fingerprints, date of admission, date of discharge, date of escape or return from escape, date of any home leave, parole or leave of absence. The Chief of the Bureau of Criminal Identification and Investigation may in turn furnish information reported under this section pursuant to Section 11105 of the Penal Code. It shall be a misdemeanor for recipients furnished such information to in turn furnish such information to any person or agency other than those specified in Section 11105 of the Penal Code.

(Added by Stats. 1970, Ch. 1627.)

5328.3. When a voluntary patient would otherwise be subject to the provisions of Section 5150 of this part and disclosure is necessary for the protection of the patient or others due to the patient's disappearance from, without prior notice to, a designated facility and his whereabouts is unknown, notice of such disappearance may be made to relatives and governmental law enforcement agencies designated by the physician in charge of the patient or the professional person in charge of the facility or his designee.

(Added by Stats. 1970, Ch. 1627.)

5328.4. The physician in charge of the patient, or the professional person in charge of the facility or his designee, when he reasonably believes that a patient while hospitalized has committed, or has been the victim of, any crime defined by

Chapters 1 (commencing with Section 187), 2 (commencing with Section 203), 3 (commencing with Section 207), 4 (commencing with Section 211), 5 (commencing with Section 216), 6 (commencing with Section 220), or 9 (commencing with Section 240) of Title 8, or by Chapter 1 (commencing with Section 261) of Title 9 of Part 1 of the Penal Code may release information about the patient to government law enforcement agencies. This section shall be limited solely to information directly relating to the factual circumstances of the commission of the enumerated offenses and shall not include any information relating to the mental state of the patient or the circumstances of his voluntary or involuntary admission, commitment or treatment. This section shall not be construed as an exception to or in any other way affecting the provisions of Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code.

(Added by Stats. 1970, Ch. 1627.)

5328.5. For the purposes of subdivision (d) of Section 5328, "minor" includes a mentally retarded person of any age.

(Added by Stats. 1970, Ch. 1627.)

5328.6. When any disclosure of information or records are made as authorized by the provisions of subdivision (a) or (d) of Section 5328, Sections 5328.1, 5328.3, or 5328.4, the physician in charge of the patient or the professional person in charge of the facility shall promptly cause to be entered into the patient's medical record: the date and circumstances under which such disclosure was made; the names and relationships to the patient if any, of persons or agencies to whom such disclosure was made; and the specific information disclosed.

(Added by Stats. 1970, Ch. 1627.)

5329. Nothing in this chapter shall be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards set by the Director of Mental Hygiene.

(Amended by Stats. 1968, Ch. 1374.)

5330. Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning him in violation of the provisions of this chapter, for the greater of the following amounts:

(1) Five hundred dollars (\$500).

(2) Three times the amount of actual damages, if any, sustained by the plaintiff.

Any person may, in accordance with the provisions of Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, bring an action to enjoin the release of confidential information or records in violation of the provisions of this chapter, and may in the same action seek damages as provided in this section.

It is not a prerequisite to an action under this section that the plaintiff suffer or be threatened with actual damages.

5331. No person may be presumed to be incompetent because he or she has been evaluated or treated for mental disorder or chronic alcoholism, regardless of whether such evaluation or treatment was voluntarily or involuntarily received. Any person who leaves a public or private mental health facility following evaluation or treatment for mental disorder or chronic alcoholism, regardless of whether that evaluation or treatment was voluntarily or involuntarily received, shall be given a statement of California law as stated in this paragraph.

Any person who has been, or is, discharged from a state hospital and received voluntary or involuntary treatment under former provisions of this code relating to inebriates or the mentally ill shall, upon request to the state hospital superintendent or the Department of Mental Hygiene, be given a statement of California law as stated in this section unless the person is found to be incompetent under proceedings for conservatorship or guardianship.

(Amended by Stats. 1968, Ch. 1374.)

Article 8. Community Drug and Narcotics Treatment Services

(Article 8 added by Stats. 1970, Ch. 1502.)

5340. It is the intention of the Legislature by enacting this article to provide legal procedures for the custody, evaluation, and treatment of users of narcotics and restricted dangerous drugs. The enactment of this article shall not be construed to be evidence that any person subject to its provisions is mentally disordered, or evidence that the Legislature considers

that such persons are mentally disordered.

(Added by Stats. 1970, Ch. 1502.)

5341. As used in this article:

(a) "Narcotics" has the same meaning given that term in Section 11001 of the Health and Safety Code.

(b) "Restricted dangerous drugs" has the same meaning given that term in Section 11901 of the Health and Safety Code.

(Added by Stats. 1970, Ch. 1502.)

5342. Where other applicable sections of this part contain the phrase "a danger to himself or others, or gravely disabled," such sections shall be deemed to refer to the condition of danger to self or others or grave disability as a result of the use of narcotics or restricted dangerous drugs, rather than by mental disorder, as such.

(Added by Stats. 1970, Ch. 1502.)

5343. Notwithstanding any other provision of law, if any person is a danger to others or to himself, or gravely disabled, as a result of the use of narcotics or restricted dangerous drugs, he shall be subject, insofar as possible, to the provisions of Articles 1 (commencing with Section 5150), 2 (commencing with Section 5200), 4 (commencing with Section 5250), 5 (commencing with Section 5275), and 7 (commencing with Section 5325) of this chapter, except that any custody, evaluation and treatment, or any procedure pursuant to such provisions shall only be related to and concerned with the problem of the person's use of narcotics or restricted dangerous drugs.

(Added by Stats. 1970, Ch. 1502.)

5344. Any expenditure for the custody, evaluation, treatment, or other procedures for services rendered a person pursuant to this article shall be considered an expenditure made under the provisions of Part 2 (commencing with Section 5600) of this division, and shall be paid as are other expenditures pursuant to that part. No person shall be admitted to a state hospital for care and treatment of his use of narcotics or dangerous restricted drugs prior to screening and referral by an agency designated in the county Short-Doyle plan to provide the services.

(Added by Stats. 1970, Ch. 1502.)

CHAPTER 3. CONSERVATORSHIP FOR GRAVELY DISABLED PERSONS

5350. A conservator of the person, of the estate, or of the person and the estate may be appointed for any person who is gravely disabled as a result of mental disorder or impairment by chronic alcoholism.

The procedure for establishing, administering and terminating conservatorship under this chapter shall be the same as that provided in Division 5 (commencing with Section 1701) of the Probate Code, except as follows:

(a) A conservator may be appointed for a gravely disabled minor.

(b) Appointment of a conservator under this part shall be subject to the list of priorities in Section 1753 of the Probate Code unless the officer providing conservatorship investigation recommends otherwise to the superior court.

(c) When a gravely disabled person already has a guardian or conservator, the superior court may appoint him or another person as conservator under the provisions of this chapter.

(d) The person for whom conservatorship is sought shall have the right to demand a court or jury trial on the issue whether he is gravely disabled. Demand for court or jury trial shall be made within 10 days of the hearing on the conservatorship petition.

Court or jury trial shall commence within 10 days of the date of the demand, except that the court shall continue the trial date for a period not to exceed 30 days upon the request of counsel for the proposed conservatee.

This right shall also apply in subsequent proceedings to reestablish conservatorship.

(e) As otherwise provided in this chapter.

(Amended by Stats. 1969, Ch. 722, Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627. Amended by Stats. 1971, Ch. 776.)

5351. In each county or counties acting jointly under the provisions of Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the governing board shall designate the agency or agencies to

provide conservatorship investigation as set forth in this chapter.

(Amended by Stats. 1968, Ch. 1374.)

5352. When the professional person in charge of an agency providing comprehensive evaluation or a facility providing intensive treatment determines that a person in his care is gravely disabled as a result of mental disorder or impairment by chronic alcoholism and is unwilling to accept, or incapable of accepting, treatment voluntarily, he may recommend conservatorship to the officer providing conservatorship investigation of the county of residence of the person prior to his admission as a patient in such facility.

If the officer providing conservatorship investigation concurs with the recommendation, he shall petition the superior court in the county of residence of the patient, pursuant to Probate Code Sections 1754 and 2051, to establish conservatorship.

Where temporary conservatorship is indicated, the fact shall be alternatively pleaded in the petition filed under Probate Code Section 1754. The officer providing conservatorship investigation or other county officer or employee designated by the county shall act as the temporary conservator.

The procedure for the establishment of conservatorship shall be pursuant to Probate Code Section 1751.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627.)

5352.1. The court may establish a temporary conservatorship for a period not to exceed 30 days and appoint a temporary conservator on the basis of the comprehensive report of the officer providing conservatorship investigation filed pursuant to Section 5354, or on the basis of an affidavit of the professional person who recommended conservatorship stating the reasons for his recommendation, if the court is satisfied that such comprehensive report or affidavit show the necessity for a temporary conservatorship.

All temporary conservatorships shall expire automatically at the conclusion of 30 days, unless prior to that date the court shall conduct a hearing on the issue of whether or not the proposed conservatee is greatly disabled as defined in subdivision (h) of Section 5008.

(Added by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1971, Ch. 776.)

5352.2. Where the duly designated officer providing conservatorship investigation is a public guardian, his official oath and bond as public guardian are in lieu of any other bond or oath on the grant of temporary letters of conservatorship to him.

(Added by Stats. 1970, Ch. 566.)

5352.3. If the professional person in charge of facility providing intensive treatment recommends conservatorship pursuant to Section 5352, the proposed conservatee may be held in that facility for a period not to exceed three days beyond the 14-day period for intensive treatment if such additional time period is necessary for a filing of the petition for temporary conservatorship and the establishment of such temporary conservatorship by the court.

(Added by Stats. 1970, Ch. 1627.)

5353. A temporary conservator under this chapter shall determine what arrangements are necessary to provide the person with food, shelter, and care pending the determination of conservatorship. He shall give preference to arrangements which allow the person to return to his home, family or friends. If necessary, the temporary conservator may require the person to be detained in a facility providing intensive treatment or in a facility specified in Section 5358 pending the determination of conservatorship. Any person so detained shall have the same right to judicial review set forth in Article 5 (commencing with Section 5275) of Chapter 2 of this part.

Temporary conservatorship shall continue pending a hearing to consider the appointment of a conservator, the trial, but in no event longer than six months. The powers of the temporary conservator shall be those granted in the decree, but in no event may they be broader than the powers which may be granted a conservator.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1971, Ch. 776.)

5354. The officer providing conservatorship investigation shall investigate all available alternatives to conservatorship

and shall recommend conservatorship to the court only if no suitable alternatives are available. The report to the court shall be comprehensive and shall contain all relevant aspects of the person's medical, psychological, financial, family, vocational and social condition, and shall contain all available information concerning the person's real and personal property. The facilities providing intensive treatment or comprehensive evaluation shall disclose any records or information which may facilitate the investigation. If the officer providing conservatorship investigation recommends against conservatorship, he shall set forth all alternatives available. A copy of the report shall be transmitted to the individual who originally recommended conservatorship, to the person or agency, if any, recommended to serve as conservator, and to the person recommended for conservatorship.

5354.5. The person recommended to serve as conservator shall promptly notify the officer providing conservatorship investigation whether he will accept the position if appointed. If notified that the person or agency recommended will not accept the position if appointed, the officer providing conservatorship investigation shall promptly recommend another person to serve as conservator.

5355. If the conservatorship investigation results in a recommendation for conservatorship, the recommendation shall designate the most suitable person or state or local agency or county officer or employee designated by the county to serve as conservator. No person, nor agency, shall be designated as conservator whose interests, activities, obligations or responsibilities are such as to compromise his or her ability to represent and safeguard the interests of the conservatee. Nothing in this section shall be construed to prevent the Department of Mental Hygiene from serving as guardian pursuant to Section 7284, or the function of the conservatorship investigator and conservator being exercised by the same public officer or employee.

When a public guardian is appointed conservator, his official bond and oath as public guardian are in lieu of the conservator's bond and oath on the grant of letters of conservatorship. No bond shall be required of any other public officer or employee appointed to serve as conservator.

(Amended by Stats. 1970, Ch. 566. Amended by Stats. 1971, Ch. 955.)

5356. The report of the officer providing conservatorship investigation shall contain his recommendations concerning the powers to be granted to, and the duties to be imposed upon the conservator, and the legal disabilities to be imposed upon the conservatee. The report to the court shall also contain an agreement signed by the person or agency recommended to serve as conservator certifying that the person or agency is able and willing to serve as conservator.

5357. All conservators shall have the general powers specified in Section 1852 of the Probate Code and such additional powers specified in Section 1853 of the Probate Code as the court may designate. The report shall set forth which, if any, of the additional powers it recommends. The report shall also recommend for or against the imposition of each of the following disabilities on the proposed conservatee:

(a) The privilege of possessing a license to operate a motor vehicle. If the report recommends against this right and if the court follows the recommendation, the agency providing conservatorship investigation shall, upon the appointment of the conservator, so notify the Department of Motor Vehicles.

(b) The right to enter into contracts. The officer may recommend against the person having the right to enter specified types of transactions or transactions in excess of specified money amounts.

(Amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5358. A conservator appointed pursuant to this chapter shall have the right, if specified in the court order, to place his conservatee in a medical, psychiatric, nursing, or other state-licensed facility, or a state hospital, county hospital, hospital operated by the Regents of the University of California, a United States government hospital, or other nonmedical facility approved by the State Department of Social Welfare or an agency accredited by the State Department of Social Welfare; or in addition to any of the foregoing, in cases of chronic alcoholism, to a county alcoholic treatment center. If the conservatee is not to be placed in his own home or the home of a relative, first priority shall be to placement in a suitable facility as close as possible to his home or the home of

a relative. Before doing so, the conservator shall inform the officer providing conservatorship investigation and shall, if requested by the officer, submit his conservatee to an evaluation pursuant to this part to determine whether such action is necessary.

(Amended by Stats. 1968, Ch. 1374.)

5358.5. (Added by Stats. 1968, Ch. 1374; repealed by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5359. A conservator appointed under this chapter shall find alternative placement for his conservator within seven days after he is notified by the person in charge of the facility serving the conservatee that the conservatee no longer needs the care or treatment offered by that facility.

If unusual conditions or circumstances preclude alternative placement of the conservatee within seven days, the conservator shall find such placement within 30 days.

If alternative placement cannot be found at the end of the 30-day period the conservator shall confer with the professional person in charge of the facility and they shall then determine the earliest practicable date when such alternative placement may be obtained.

(Amended by Stats. 1968, Ch. 1374.)

5360. The officer providing conservatorship investigation shall recommend, in his report to the court, for or against imposition of a disability set forth in Section 5357 on the basis of the determination of the professional person who recommended conservatorship pursuant to Section 5352.

The officer providing conservatorship investigation shall recommend in his report any of the additional powers of a conservator set forth in Section 1853 of the Probate Code if the needs of the individual patient or his estate require such powers. In making such determination, the officer providing conservatorship investigation shall consult with the professional person who recommended conservatorship pursuant to Section 5352.

(Amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5361. Conservatorship initiated pursuant to this chapter shall automatically terminate one year after the appointment of the conservator by the superior court. The period of service of a temporary conservator shall not be included in the one-year period. If upon the termination of an initial or a succeeding period of conservatorship the conservator determines that conservatorship is still required, he may petition the superior court for his reappointment as conservator for a succeeding one-year period. The petition must include the opinion of two physicians that the conservatee is still gravely disabled as a result of mental disorder or impairment by chronic alcoholism. In the event that the conservator is unable to obtain the opinion of two physicians, he shall request that the court appoint them.

Any facility in which a conservatee is placed must release the conservatee at his request when the conservatorship terminates. If the conservator has filed a petition for reappointment and transmits a copy thereof to the facility at least 30 days before the automatic termination date, the facility may detain the conservatee after the end of the termination date only if the proceedings for renewal of conservatorship have not been completed and the court orders the conservatee to be held until the proceedings have been completed.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5362. (a) The clerk of the superior court shall notify each conservator, his conservatee and the person in charge of the facility in which the person resides, and the conservatee's attorney, at least 60 days before the termination of the one-year period. Notification shall be by certified mail. The notification shall be in substantially the following form:

In the Superior Court of the State of California
for the County of _____

The people of the State of California _____ No. _____
Concerning _____ Notice of Termination
of Conservatorship

The people of the State of California to -----
: (conservatee, conservatee's attorney, conservator, and profes-
: sional person in charge of the facility in which the conserva-
: tee resides.)

The one-year conservatorship established for ---- pursuant
to Welfare and Institutions Code Section ---- on ---- will

terminate on ----. If the conservator, ----, wishes to reestablish conservatorship for another year he must petition the court by ----. Subject to a request for a court hearing or jury trial the judge may, on his own motion, accept or reject the conservator's petition.

If the conservator petitions to reestablish conservatorship the conservatee, the professional person in charge of the facility in which he resides, and the conservatee's attorney shall be notified. If any of them request it, there shall be a court hearing or a jury trial, whichever is requested, on the issue of whether the conservatee is still gravely disabled and in need of conservatorship.

(Signed, Judge of the Superior Court)

(b) Subject to a request for a court hearing or jury trial, the judge may, on his own motion, accept or reject the conservator's petition.

If the conservator does not petition to reestablish conservatorship at or before the termination of the one-year period, the court shall issue a decree terminating conservatorship. The decree shall be sent to the conservator and his conservatee by certified mail and shall be accompanied by a statement of California law as set forth in Section 5368.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5363. In the event the conservator continues in good faith to act within the powers granted him in the original decree of conservatorship beyond the one-year period, he may petition for and shall be granted a decree ratifying his acts as conservator beyond the one-year period. The decree shall provide for a retroactive appointment of the conservator to provide continuity of authority in those cases where the conservator did not apply in time for reappointment.

5364. At any time, but not to exceed more than once each six months, the conservatee may petition the superior court for a rehearing as to his status as a conservatee.

5365. All petitions under this chapter shall be heard within 30 days and the public defender or other attorney shall be appointed by the court for the conservatee or proposed conservatee.

(Amended by Stats. 1970, Ch. 1627. Amended by Stats. 1971, Ch. 776.)

5365.1. The conservatee or proposed conservatee may, upon advice of counsel, waive the presence at any hearing under this chapter of the physician or other professional person who recommended conservatorship pursuant to Section 5352 and of the physician providing evaluation or intensive treatment. In the event of such a waiver, such physician and professional persons shall not be required to be present at the hearing if it is stipulated that the recommendation and records of such physician or other professional person concerning the mental condition and treatment of the conservatee or proposed conservatee will be received in evidence.

(Added by Stats. 1971, Ch. 1162.)

5366. On or before June 30, 1970, the medical director of each state hospital for the mentally disordered shall compile a roster of those mentally disordered or chronic alcoholic patients within the institution who are gravely disabled. The roster shall indicate the county from which each such patient was admitted to the hospital or, if the hospital records indicate that the county of residence of the patient is a different county, the county of residence. The officer providing conservatorship investigation for each county shall be given a copy of the names and pertinent records of the patients from that county and shall investigate the need for conservatorship for such patients as provided in this chapter. After his investigation and on or before July 1, 1972, the county officer providing conservatorship shall file a petition of conservatorship for such patients that he determines may need conservatorship. Court commitments under the provisions of law in effect prior to July 1, 1969, of such patients for whom a petition of conservatorship is not filed shall terminate and the patient shall be released unless he agrees to accept treatment on a voluntary basis.

Each state hospital and the Department of Mental Hygiene shall make their records concerning such patients available to the officer providing conservatorship investigation.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627. Amended by Stats. 1971, Ch. 242, Effective June 30, 1971.)

5366.1. Any person detained as of June 30, 1969, under court commitment, in a private institution, a county psychiatric hospital, facility of the Veterans Administration, or other agency of the United States government, community mental health service, or detained in a state hospital or facility of the Veterans Administration upon application of a local health officer, pursuant to former Section 5567 or Section 6000 to 6019, inclusive, as they read immediately preceding July 1, 1969, may be detained, after January 1, 1972, for a period no longer than 180 days, except as provided in this section.

Any person detained pursuant to this section on the effective date of this section shall be evaluated by the facility designated by the county and approved by the State Department of Mental Hygiene pursuant to Section 5150 as a facility for 72-hour treatment and evaluation. Such evaluation shall be made at the request of the person in charge of the institution in which the person is detained. If in the opinion of the professional person in charge of the evaluation and treatment facility or his designee, the evaluation of the person can be made by such professional person or his designee at the institution in which the person is detained, the person shall not be required to be evaluated at the evaluation and treatment facility, but shall be evaluated at the institution where he is detained, or other place to determine if the person is a danger to others, himself, or gravely disabled as a result of mental disorder.

Any person evaluated under this section shall be released from the institution in which he is detained immediately upon completion of the evaluation if in the opinion of the professional person in charge of the evaluation and treatment facility, or his designee, the person evaluated is not a danger to others, or to himself, or gravely disabled as a result of mental disorder, unless the person agrees voluntarily to remain in the institution in which he has been detained.

If in the opinion of the professional person in charge of the facility or his designee, the person evaluated requires intensive treatment or recommendation for conservatorship, such professional person or his designee shall proceed under Article 4 (commencing with Section 5250) of Chapter 2, or under Chapter 3 (commencing with Section 5350), of Part 1 of Division 5.

If it is determined from the evaluation that the person is gravely disabled and a recommendation for conservatorship is made, and if the petition for conservatorship for such person is not filed by June 30, 1972, the court commitment or detention under a local health officer application for such person shall terminate and the patient shall be released unless he agrees to accept treatment on a voluntary basis.

(Added by Stats. 1971, Ch. 1459.)

5367. Conservatorship established under this chapter shall supersede any commitment under former provisions of this code relating to inebriates or the mentally ill.

(Amended by Stats. 1968, Ch. 1374.)

5368. A person who is no longer a conservatee shall not be presumed to be incompetent by virtue of his having been a conservatee under the provisions of this part.

CHAPTER 4. ADMINISTRATION

5400. The Director of Mental Hygiene shall administer this part and shall adopt rules, regulations and standards as necessary. In developing rules, regulations, and standards, the Director of Mental Hygiene shall consult with the California Conference of Local Mental Health Directors, the Citizens Advisory Committee, and the office of the Attorney General. Adoption of such standards, rules and regulations shall require approval by the California Conference of Local Mental Health Directors by majority vote of those present at an official session.

Wherever feasible and appropriate, rules, regulations and standards adopted under this part shall correspond to comparable rules, regulations, and standards adopted under the Short-Doyle Act. Such corresponding rules, regulations, and standards shall include qualifications for professional personnel.

Regulations adopted pursuant to this part may provide standards for services for chronic alcoholics which differ from the standards for services for the mentally disordered.

(Amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5401. The Department of Mental Hygiene may provide a county or combination of counties acting jointly, the evaluation, referral, intensive treatment, prepetition screening, crisis intervention, and other services described in this part.

No person shall receive treatment in a state hospital pursuant to this section unless the county, or combination of counties has utilized, insofar as practicable, the existing facilities in the county which are subject to reimbursement under the Short-Doyle Act.

A county or combination of counties receiving services from the Department of Mental Hygiene pursuant to this section shall pay for such services in an amount not to exceed the actual cost of services. Funds received by the Department of Mental Hygiene under this section shall constitute a reimbursement to the appropriation from which such cost is expendable and may be used for the purposes of the appropriation.

Any services provided pursuant to this section shall be included in the county Short-Doyle plan for the county or counties.

(Amended by Stats. 1968, Ch. 1374, and by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627.)

PART 2. THE SHORT-DOYLE ACT

(Part 2 repealed and added by Stats. 1968, Ch. 989)

CHAPTER 1. GENERAL PROVISIONS

(Chapter 1 repealed and added by Stats. 1968, Ch. 989)

5600. This part shall be known and may be cited as the Short-Doyle Act. This part is intended to organize and finance community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. It is furthermore intended to better utilize existing resources at both the state and local levels in order to improve the effectiveness of necessary mental health services; to integrate state-operated and community mental health programs into a unified mental health system; to ensure that all mental health professions be appropriately represented and utilized in such mental health programs; to provide a means for participation by local governments in the determination of the need for and the allocation of mental health resources; to establish a uniform ratio of local and state government responsibility for financing mental health services; and to provide a means of allocating state mental health funds according to community needs. It is furthermore intended to provide a means of reimbursing local governments for certain services to the mentally retarded and persons afflicted with alcoholism which counties may elect to provide.

(Repealed and added by Stats. 1968, Ch. 989.)

5600.1. Each county shall utilize available private mental health resources and facilities in the county prior to developing new county-operated resources or facilities when such private mental health resources or facilities are of at least equal quality and cost as compared with county-operated resources or facilities. All such available local public or private facilities shall be utilized before state hospitals are used.

Sec. 6. Section 5602 of the Welfare and Institutions Code is amended to read:

(Added by Stats. 1971, Ch. 1162.)

5601. As used in this part:

(a) "Governing body" means the county board of supervisors or boards of supervisors in the case of counties acting jointly; and in the case of a city, the city council or city councils acting jointly.

(b) "Conference" means the California Conference of Local Mental Health Directors as established under Section 5757.

(c) "County Short-Doyle Plan" means the mental health plan which must be adopted by each county, or combination of counties acting jointly, in accordance with Section 5650.

(d) "Part 1" refers to the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of this division).

(e) "Director of Mental Hygiene" means the Director of the Department of Mental Hygiene.

(Repealed and added by Stats. 1968, Ch. 989.)

5602. By July 1, 1969, the board of supervisors of every county, or the boards of supervisors of counties acting under the joint powers provisions of Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code shall establish a community mental health service to cover the entire area of the county or counties. Services to mentally disordered persons in the county or counties by county agencies and county institutions, by private agencies or facilities, and by the hospitals of the State Department of Mental Hygiene shall be provided in accordance with the

county Short-Doyle plan. Services of the State Department of Mental Hygiene shall be provided to the county, or counties acting jointly, pursuant to Section 5401, or, if both parties agree, the state facilities may, in whole or in part, be leased, rented or sold to the county or counties for county operation, subject to such terms and conditions as are approved by the Director of General Services.

(Repealed and added by Stats. 1968, Ch. 989. Amended by Stats. 1970, Ch. 1627. Amended by Stats. 1971, Ch. 1162.)

5603. Effective July 1, 1969, all state funds appropriated for mental health services shall be available for services provided under the county Short-Doyle plans pursuant to Section 5700, except for funds allocated for the mentally retarded, neuropsychiatric institutes, services to the judicially committed, central office functions, and research and training functions.

(Repealed and added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5604. Each community mental health service shall have an advisory board of 14 members appointed by the governing body. Three members of the advisory board shall be physicians and surgeons engaged in the private practice of medicine, one of whom, when available, shall be a specialist in psychiatry. One member shall be the chairman of the local governing body, and five members shall be persons representative of the public interest in mental health, mental retardation and alcoholism. The advisory board shall also contain a psychologist, a social worker, a nurse, a psychiatric technician, and a hospital administrator, preferably with psychiatric hospital experience. The term of each member of the board shall be for three years; provided, however, that of the members first appointed, five shall be appointed for one year, four for a term of two years, and four for a term of three years. If, however, prior to the expiration of such term a member ceases to retain the status which qualified him for appointment on the board, his membership on the board shall terminate and there shall be a vacancy on the board.

If two local agencies jointly establish a community health service under Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the advisory board for such community mental health service shall consist of an additional two members, one of whom shall be the chairman of the second governing body, such that the chairmen of both local agencies are members, and the second of whom shall be an additional person representative of the public interest in mental health, mental retardation, and alcoholism.

No member of the advisory board shall be a full-time or part-time county employee of the county mental health service, an employee of the State Departments of Mental Hygiene, Social Welfare, Rehabilitation, or Public Health, or an employee of a Short-Doyle contract facility.

The chairman of a governing body may designate a member of that body to serve in his stead as a member of the advisory board.

If it is not possible to secure membership as specified from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health, mental retardation, and alcoholism who are not full-time or part-time employees of the county mental health service, the State Department of Mental Hygiene, or on the staff of a Short-Doyle contract facility.

(Repealed and added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722, and Ch. 1120; amended by Stats. 1970, Ch. 1627.)

5605. Local mental health advisory boards shall be subject to the provisions of Chapter 9 (commencing with Section 4950) of Part 1 of Division 2 of Title 5 of the Government Code, relating to meetings of local agencies.

(Repealed and added by Stats. 1968, Ch. 989.)

5606. The local mental health advisory board shall:

(a) Review and evaluate the community's mental health needs, services, facilities, and special problems.

(b) Review the County Short-Doyle Plan.

(c) Advise and report directly to the governing body as to a program of community mental health services and facilities, submit an annual report to the governing body, and, when requested by such governing body may make recommendations regarding the appointment of a local director of mental health services.

(d) After adoption of a program, continue to act in an

advisory capacity to the governing body and to the local director of mental health services.

(Repealed and added by Stats. 1968, Ch. 989.)

5607. The local mental health services shall be administered by a local director of mental health services to be appointed by the governing body. He shall meet such standards of training and experience as the State Department of Mental Hygiene, by regulation, shall require. Applicants for such positions need not be residents of the city, county, or state, and may be employed on a full- or part-time basis. If a county is unable to secure the services of a person who meets the standards of the State Department of Mental Hygiene, the county may select an alternate administrator subject to the approval of the Director of Mental Hygiene.

(Repealed and added by Stats. 1968, Ch. 989.)

5608. The local director of mental health services shall have the following powers and duties:

(a) He shall serve as chief executive officer of the community mental health service responsible to the governing body through administrative channels designated by the governing body;

(b) He shall be responsible for the preparation of the County Short-Doyle Plan, as specified in Section 5650;

(c) He shall exercise general supervision over mental health services provided under the County Short-Doyle Plan;

(d) He shall recommend to the governing body, after consultation with the advisory board, the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division;

(e) He shall submit an annual report to the governing body reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year;

(f) He shall carry on such studies as may be appropriate for the discharge of his duties, including the control and prevention of psychiatric disorders.

(Repealed and added by Stats. 1968, Ch. 989.)

5609. Subject to the approval of the Director of Mental Hygiene any community mental health service may by contract furnish community mental health services to any other county.

(Repealed and added by Stats. 1968, Ch. 989.)

5610. The expenses incurred under the provisions of this division shall be a charge against the city or cities, county or counties, as the case may be, and shall be audited, levied, collected, and paid in the same manner as other charges.

(Repealed and added by Stats. 1968, Ch. 989.)

5611. Any agreement between two or more counties or cities for the establishment of a joint mental health service may provide that the treasurer of one participating county or city shall be the custodian of moneys made available for the purposes of such joint services, and that the treasurer may make payments from such moneys upon audit of the appropriate auditing officer or body of the county or city for which he is treasurer.

(Repealed and added by Stats. 1968, Ch. 989.)

5612. Any agreement between two or more counties or cities for the establishment of a joint mental health service may also provide:

(a) For the joint provision or operation of services and facilities or for the provision or operation of services and facilities by one participating county or city under contract for the other participating counties or cities.

(b) For appointments of members of the local mental health advisory board between or among participating counties or cities.

(c) That, for specified purposes, officers and employees of a joint mental health service shall be considered to be officers and employees of one participating county or city only.

(d) For such other matters as are necessary or proper to effectuate the purposes of this part.

(Repealed and added by Stats. 1968, Ch. 989.)

5613. Unless otherwise expressly provided or required by the context, the provisions of this part relating to community mental health service, and the appointment of local mental health advisory boards and directors shall apply to joint mental health services.

(Repealed and added by Stats. 1968, Ch. 989.)

5614. A community mental health service may contract for services and facilities with any hospital, clinic, laboratory or other similar institution. Any such contract may be entered into notwithstanding that the local director of mental health

service is a member of the medical or consultant staff of such hospital, clinic, laboratory or institution.

(Repealed and added by Stats. 1968, Ch. 989.)

5615. If they so elect, cities that were operating independent Short-Doyle programs on January 1, 1968, shall continue to receive state payment to maintain existing programs at the 1968-1969 program levels as to types of services offered and the quantity of such services after all payments have been made pursuant to subdivision (1) of Section 5704. Requests by cities for state payments shall be considered to be in the same priority as requests under County Short-Doyle Plans under subdivision (2) of Section 5704.

(Repealed and added by Stats. 1968, Ch. 989.)

5616. Nothing in this part shall prevent any city or combination of cities from owning, financing, and operating a mental health program, by entering into arrangements with the county to provide and be reimbursed for services provided as part of the County Short-Doyle Plan.

(Added by Stats. 1968, Ch. 989.)

5617. A county mental health service may include a program for the continuing treatment of narcotic addiction by methadone.

Such a program may be established only if the Research Advisory Panel approves thereof pursuant to Section 11655.7 of the Health and Safety Code.

The establishment of such a program is also subject to the approval of the Department of Mental Hygiene as a part of the County Short-Doyle Plan.

(Added by Stats. 1970, Ch. 1422. In effect September 18, 1970.)

5618. The Department of Mental Hygiene shall study and evaluate, on an ongoing basis, all methadone maintenance programs established pursuant to Section 5617, and provide any appropriate assistance and advice to such programs.

The department shall also establish guidelines for the arrangements between local mental health facilities and county probation departments enabling methadone maintenance to serve as an alternative to commitment to the California Rehabilitation Center at Corona.

(Added by Stats. 1970, Ch. 1422. In effect September 18, 1970.)

5619. A county mental health service may provide for the care and treatment of juveniles, including those who are determined by the juvenile court to be in need of care and treatment as a result of misuse of dangerous drugs or addiction to narcotics.

(Added by Stats. 1970, Ch. 1129.)

5620. The department shall each year transmit to the State Office of Narcotics and Drug Abuse the portion of each county Short-Doyle plan which relates to drug abuse and shall each year transmit to the Office of Alcohol Program Management the portion of the annual county Short-Doyle plan which relates to alcoholism.

The portion of the annual county Short-Doyle plan so transmitted to the State Office of Narcotics and Drug Abuse shall constitute the coordinated countywide community drug abuse control plan required by Section 1171 of the Health and Safety Code. The portion of the annual county Short-Doyle plan relating to drug abuse shall include the elements required by Section 1171 of the Health and Safety Code.

(Added by Stats. 1971, Ch. 1162.)

5620. Prior to the release of a voluntary or involuntary patient from a state hospital treated therein pursuant to a county Short-Doyle plan, the local mental health director of the patient's county of residence shall provide a written plan for such after-care services as the patient may need and agree to, upon release from the state hospital. The local mental health director may request the state hospital to prepare such a written plan.

(Added by Stats. 1971, Ch. 1609.)

CHAPTER 2. THE COUNTY SHORT-DOYLE PLAN

(Chapter 2 repealed and added by Stats. 1968, Ch. 989. Chapter 2 repealed by Stats. 1971, Ch. 1609.)

5650. On or before October 1 of each year, the board of supervisors of each county, or boards of supervisors of counties acting jointly, shall adopt, and submit to the Director of Mental Hygiene in the form and according to the procedures specified by the director, an annual county Short-Doyle plan for the next fiscal year for mental health services in the county or counties. The purpose of a county plan shall be to provide

the basis for reimbursement pursuant to the provisions of this division and to coordinate services as specified in this chapter in such a manner as to avoid duplication, fragmentation of services, and unnecessary expenditures.

To achieve this purpose, a county Short-Doyle plan shall provide for the most appropriate and economical use of all existing public and private agencies, licensed private institutions, and personnel. A county Short-Doyle plan shall include the fullest possible and most appropriate participation by existing city Short-Doyle programs, local public and private general and psychiatric hospitals, state hospitals, city, county, and state health and welfare agencies, public guardians, mental health counselors, alcoholism programs, probation departments, physicians, psychologists, social workers, public health nurses, psychiatric technicians, and all such other public and private agencies and personnel as are required to, or may agree to, participate in the county Short-Doyle plan.

(Added by Stats. 1971, Ch. 1609.)

5651. The county Short-Doyle plan shall include the following:

(a) A description of the persons to be served. This shall include the number of persons to be served in each of the following target groups: general mental disorder, children and adolescents, alcoholism, drug abuse, and mentally retarded. Each target group shall be further categorized by age groups.

(b) A description of all the comprehensive direct service programs to be provided to each target group. This shall include the state, county, and private resources providing the services, the cost of each comprehensive program, and the cost of each major program element within each comprehensive program.

(c) A description of the indirect and supportive services necessary for the operation of the county's mental health program. This shall include consultation and education services available to community agencies and professional personnel and information services to the general public, including drug counseling services offered in public schools, training research and evaluation. The plan shall also include the cost of each of these services.

(d) A five-year projection of county needs for each target group commencing with the fiscal year for which the plan is adopted. This projection shall include a priority listing of the resources required to meet the needs of each target group, and the estimated cost of developing and acquiring these resources.

(e) An estimate of the county's utilization of the state hospital by numbers of admissions and patient days for the succeeding fiscal year. This requirement shall not apply to patients for whom county expenditures for services are not reimbursable by the state under this part.

The State Department of Mental Hygiene shall provide the counties, to the extent possible, the information upon which to base this estimate.

No mentally disordered person or person afflicted with alcoholism shall be admitted to a state hospital prior to screening and referral by an agency designated by the county Short-Doyle plan to provide this service.

(f) A detailed presentation of all expected expenditures of county, state, and federal government funds and all anticipated public and private revenues.

(g) A detailed description of the methodology to be used by the county for evaluating the results of the programs and services being provided for each target group. This methodology shall permit program evaluation including the relative cost and effectiveness of alternative forms and patterns of services.

(h) A description of the procedures used to insure citizen and professional involvement in the county's mental health planning process at all stages of its development. Such procedures shall be reviewed and approved by the local mental health advisory board.

(Added by Stats. 1971, Ch. 1609.)

5652. When the county Short-Doyle plan is submitted to the Director of Mental Hygiene it shall be accompanied by a document indicating the plan has been reviewed by the local mental health advisory board.

(Added by Stats. 1971, Ch. 1609.)

5653. In developing the county Short-Doyle plan, optimum use shall be made of appropriate local public and private organizations, community professional personnel, and state agencies. Optimum use shall also be made of federal, state, county, and private funds which may be available for mental health planning.

In order that maximum utilization be made of federal and other funds made available to the State Department of Rehabilitation, the State Department of Rehabilitation may serve as a contractual provider under the provisions of a county Short-Doyle plan of vocational rehabilitation services for the mentally disordered, mentally retarded, and persons afflicted with alcoholism.

Facilities established pursuant to Article 10 (commencing with Section 427) of Chapter 2 of Part 1 of Division 1 of the Health and Safety Code shall be considered in the development of the county plan.

(Added by Stats. 1971, Ch. 1609.)

5653.1 In conducting evaluation, planning, and research activities to develop and implement the county Short-Doyle plan, counties may contract with public or private agencies.

(Added by Stats. 1971, Ch. 1801.)

5654. The county may elect to provide evaluation and treatment services for persons who are dangerous to themselves or others as a result of the use of narcotics or restricted dangerous drugs, or for persons who are impaired by chronic alcoholism, who are criminal defendants receiving services pursuant to Article 3 (commencing with Section 5225) of Chapter 2 of Part 1 of this division, or who are voluntary patients. The county Short-Doyle plan shall designate the specific facility or facilities for evaluation and treatment of such persons who are criminal defendants, or who are voluntary patients, and shall specify the maximum number of patients that can be served at one time by each such facility.

(Added by Stats. 1971, Ch. 1609.)

5655. All departments of state government and all local public agencies shall cooperate with county officials to assist them in mental health planning. The State Department of Mental Hygiene shall, upon request and with available staff, provide consultation services to the local mental health directors, local governing bodies and local mental health advisory boards.

(Added by Stats. 1971, Ch. 1609.)

5656. To enable the department to determine the relative cost-effectiveness of the programs and services included in the county plans, the department shall conduct a series of evaluations of the cost-effectiveness of the different types of programs and services being provided for each of the target groups. The department shall conduct these evaluations in at least five counties providing different types of programs and services for the same target group and shall conduct these evaluations in such a manner as to enable the department to compare the relative cost-effectiveness of the same or similar programs or services provided in different counties.

(Added by Stats. 1971, Ch. 1609.)

5657. Evaluation studies shall be designed to provide the department, the Legislature, and the counties with at least the following information:

- (a) Detailed description of the target group served;
- (b) Detailed description of the kind of programs or services provided and their cost;
- (c) Detailed description of the results of the programs or services—at six-month intervals—for at least 18 months after the programs or services have been initiated.

(Added by Stats. 1971, Ch. 1609.)

5658. After July 1, 1972, a primary responsibility of the department shall be to conduct such evaluation studies. In conducting evaluation studies, the department may contract for research and evaluation services with counties, state agencies, or other public or private agencies.

(Added by Stats. 1971, Ch. 1609.)

5660. On or before July 1, 1972, the department shall present to the Legislature detailed plans for conducting such evaluation studies—including the counties selected for evaluation studies, each of the target groups to be studied and the methods to be used in conducting the studies.

(Added by Stats. 1971, Ch. 1609.)

5661. For fiscal year 1974-75 and each succeeding year thereafter, the director shall use the information developed in the evaluation studies as guidelines for the allocation of funds for target group programs as present in the county Short-Doyle plans. Standards should be developed to assure maximum cost-effectiveness of all programs, based on the evaluation studies.

(Added by Stats. 1971, Ch. 1609.)

5662. After July 1, 1974, and each succeeding year thereafter, the department shall review and revise all standards for professional and other program requirements to assure that such standards conform to the findings of the evaluation studies.

(Added by Stats. 1971, Ch. 1609.)

5663. It is the intent of the Legislature that, to the extent feasible, new and expanded services requested in the county Short-Doyle plan shall provide alternatives to inpatient treatment. It is furthermore the intent of the Legislature that, to the extent feasible, counties that decrease their expenditures for inpatient treatment in any year below the costs of inpatient treatment in the previous year shall receive the amount of such decrease for new and expanded services requested in the county plan.

(Added by Stats. 1971, Ch. 1609.)

CHAPTER 8. FINANCIAL PROVISIONS

(Chapter 3 repealed and added by Stats. 1968, Ch. 989)

5700. Mental health expenditures made by counties and cities pursuant to this part shall be paid by the state pursuant to the provisions of this chapter.

(Repealed and added by Stats. 1968, Ch. 989.)

5700.1. (Repealed by Stats. 1968, Ch. 989.)

5701. There shall be a single state appropriation for services for mentally disordered persons. The single appropriation shall be made to the State Department of Mental Hygiene for mental health services and shall consolidate appropriations previously made to the department for mental health services under the Short-Doyle Act, and for the operation of the state hospitals for the mentally disordered, and other direct services of the department.

(Repealed and added by Stats. 1968, Ch. 989.)

5702. The department shall continue to receive separate appropriations for central office functions, neuropsychiatric institutes, research and training functions, and state hospital services for the mentally retarded and the judicially committed.

(Repealed and added by Stats. 1968, Ch. 989.)

5702.1. The Secretary of the Human Relations Agency, in the same manner and subject to the same conditions as other state agencies, shall submit a program budget annually to the Department of Finance, including not only expenditures proposed to be made under this division, but also expenditures proposed to be made under any related program or by any other state agency, designed to provide services incidental to the functions to which this division relates. The secretary may require state departments to contract with it for services to carry out the provisions of this division.

Notwithstanding any other provision of law, authorized services to eligible persons, as defined in this division, provided by all state agencies, including, but not limited to, the Departments of Education, Mental Hygiene, Public Health, Rehabilitation and Social Welfare shall, to the fullest extent permitted by federal law, by contract or otherwise, be made available upon request of the director, and the approval of the secretary, to the department for services to eligible persons.

The secretary shall consult with the departments involved in developing the program budget.

(Added by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5703. If after the review specified in Section 5752, the County Short-Doyle Plan is approved, the Director of Mental Hygiene shall determine the amount of state funds available for each county or city for specific services under the approved County Short-Doyle Plan, from the funds appropriated for mental health services.

(Repealed and added by Stats. 1968, Ch. 989.)

5703.1. On or before March 15, 1972, and on or before March 15 of each year thereafter, each county shall submit to the Department of Mental Hygiene a revised county plan for the next succeeding fiscal year which includes such revisions as are necessary or desirable to make the plan compatible with the budget for that fiscal year submitted by the Governor to the Legislature. Such revised plan shall include a revised estimate of the county's utilization of the state hospital by numbers of admissions and patient-days for the next succeeding fiscal year. By May 1, 1972, and by May 1 of each year thereafter, the Department of Mental Hygiene shall review and approve each county plan together with such revisions and revised estimates. Such approval shall be subject to the amount appropriated for the purposes of such plans in the Budget Act for such fiscal year as enacted into law.

If the amount appropriated in the Budget Act for such fiscal year as enacted into law differs from the amount in the budget submitted by the Governor for such fiscal year, each county shall submit an additional revised plan in the form and at the time required by the Department of Mental Hygiene.

(Added by Stats. 1971, Ch. 1609.)

5704. When allocating funds for new and expanded programs, the director shall fund direct services in the following order of priority:

- (a) Crisis intervention;
- (b) Outpatient and day treatment, and aftercare services;
- (c) Partial hospitalization;
- (d) Residential treatment;
- (e) Inpatient.

(Repealed and added by Stats. 1968, Ch. 989. Amended by Stats. 1970, Ch. 1627. Repealed and added by Stats. 1971, Ch. 1609.)

5704.1. In requesting funds for new and expanded programs, counties shall indicate priorities by target group as described in subdivision (a) of Section 5651.

(Added by Stats. 1971, Ch. 1609.)

5704.2. The director, by August 1 of each year, shall distribute to the counties a report indicating the statewide average of inpatient costs in all counties participating in the Short-Doyle program. Such figure shall be calculated by identifying that portion of the total mental health program in each county which is devoted to inpatient services as a percentage of the total mental health program of the county. Inpatient services shall include services in the state hospital, county hospital, and local contract facilities.

(Added by Stats. 1971, Ch. 1609.)

5704.3. Each county Short-Doyle plan which includes a request for funding continuing, existing or new and expanded inpatient services shall stipulate the percentage of the total request for funds the request for inpatient services represents. If this percentage is greater than the statewide average for inpatient services in the preceding fiscal year as determined in Section 5704.2, the plan shall separately indicate the amount exceeding the statewide average and shall include a separate justification for such excess based upon cost-effective criteria.

(Added by Stats. 1971, Ch. 1609.)

5704.5. It is the intent of the Legislature that special consideration be given to children's services in funding county Short-Doyle plans to expand existing programs or to establish new programs.

(Added by Stats. 1970, Ch. 958.)

5705. To continue the approximate 1968-1969 ratio of state-county mental health expenditures, the net cost of all services specified in the approved County Short-Doyle Plans shall be financed on a basis of 90 percent state funds and 10 percent county funds, irrespective of where or by whom the services are provided, except for services to be financed from other public or private sources as indicated in the County Short-Doyle Plan.

(Repealed and added by Stats. 1968, Ch. 989.)

5705.5. It is the intent of the Legislature to encourage counties to contract with nonprofit community organizations in order to provide innovative, noninpatient treatment services for persons specified in this part. Such services should be consistent with program priorities developed by the Director of the Department of Mental Hygiene after consultation with the Citizens Advisory Council and the Conference of Local Mental Health Directors. Such contracts shall provide for at least one of the following: (a) outpatient services, including indigenous, self-help services, (b) rehabilitative services, (c) precare and aftercare services, including residential facilities and halfway houses. Each contract shall also provide methods for evaluating the effectiveness of the services provided.

Contracts entered into under this section shall be financed within an approved Short-Doyle Plan. For the purposes of this section the cost-sharing formula of such contracts shall be 85 percent state funds, 5 percent county funds and 10 percent funding from the contracting organization which shall not include state or federal funds.

The total amount of state funds for contracts under this section shall not exceed 5 percent of the total General Fund appropriation for services specified under this part. No single contract shall continue to be funded under the provisions of this section for more than three years.

(Added by Stats. 1970, Ch. 330.)

5706. In order to maintain its effort in the mental health field the Legislature should appropriate a sum to pay County Short-Doyle Plans which is at least equal to the appropriation for mental health services during fiscal year 1968-1969 reduced by an amount equal to the fees collected by the state during that fiscal year adjusted for price changes unless additional increases are specifically appropriated by the Legislature. Funds allocated for the mentally retarded, the neuropsychiatric institutes, services to the judicially committed, central office functions, research and training functions shall not be included in the determination of such amount.

(Repealed and added by Stats. 1968, Ch. 989.)

5707. Subject to the provisions of Section 5714.1, services specified in the approved County Short-Doyle Plans shall be financed within the fixed amounts appropriated each year by the state and the counties except for services that are to be financed from other public or private sources.

Upon approval by both parties, the County Short-Doyle Plan shall be deemed to be a contractual arrangement between the state and county.

(Added by Stats. 1968, Ch. 989.)

5708. During the course of each fiscal year, a county may reallocate funds initially allocated for the approved County Short-Doyle Plan between state-operated and other approved services with the approval of the Director of Mental Hygiene.

The director shall approve such requests for reallocation if the services to be provided by a county requesting the reallocation are in accordance with the priorities in the County Short-Doyle and state plans.

The Director of Mental Hygiene may reallocate among County Short-Doyle Plans the state share of any savings occurring during the year in services provided under the County Short-Doyle Plans. Reallocations shall be to counties desiring to provide services supplementary to services specified in approved County Short-Doyle Plans in accordance with county and state mental health priorities.

(Added by Stats. 1968, Ch. 989.)

5709. Nothing in Sections 5705 to 5708, inclusive, shall prevent a county, or counties acting jointly, from appropriating additional funds for mental health services. In no event shall counties be required to appropriate more than the minimum amount required to finance 10 percent of the legally required services specified in Section 5652, including diagnostic screening for voluntary state hospital patients and aftercare services, and for the provision of care for mentally disordered residents of the state hospital as of July 1, 1969, as specified in Section 5654.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627.)

5709.5. No county shall be required to increase its expenditure for mental health services by more than an amount equal to one cent (\$.01) for each one hundred dollars (\$100) in assessed value of taxable property in the county in any one fiscal year in order to implement the provisions of this division.

For any county for which the county share of the expenditures under an approved county Short-Doyle plan for a fiscal year would exceed the sum of the amount which the county during the immediately preceding fiscal year expended as the county share under the Short-Doyle Act plus an amount equal to one cent (\$.01) for each one hundred dollars (\$100) of assessed value of taxable property in the county during the fiscal year to which the plan applies, the state share of the 90-percent-10-percent reimbursement provided for in Section 5705 shall be adjusted so that the state in addition to the 90-percent reimbursement to the county shall also reimburse the county for the amount of the difference between (1) the county share of expenditure under the approved plan for the fiscal year to which the plan applies, and (2) the sum of the county share amount for the immediately preceding fiscal year plus such one cent (\$.01) for each one hundred dollars (\$100) of assessed value amount. The 10 percent county funds required by Section 5705 shall be reduced by the amount of such difference.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5709.6. A county with a population of under 100,000 may elect to participate financially in the providing of services under this division by the adoption of a resolution to such effect. Each county adopting such a resolution shall adopt a

county Short-Doyle plan for the fiscal year following that in which the resolution is adopted and for each fiscal year thereafter as required by Section 5650 and the provisions of this division, including those relating to financial participation by a county, shall be applicable to the county during the fiscal year for which the initial county Short-Doyle plan of the county is adopted and for each fiscal year thereafter. Any county with a population of under 100,000 which did not elect to participate financially during the 1968-69 fiscal year may elect to do so thereafter by the adoption of a resolution pursuant to this section. If a county with a population under 100,000 does not elect to participate financially in the providing of services under this division, the state shall provide voluntary care and services pursuant to Part 1 (commencing with Section 5000) of this division, in state hospitals for the residents of the county; and the cost of such care, except to the extent a patient or his responsible relatives are able to pay, shall be paid by the state, but the county shall be responsible for the costs and services specified in subdivisions (a) through (f), inclusive, of Section 5719.

For the purposes of this section the population of a county shall be that determined by the Department of Finance in accordance with the July 1 provisional estimates of county population for the fiscal year in which the county plan is to be adopted.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5710. City-operated Short-Doyle programs paid by the state under the provisions of Section 5615 shall be directly funded on the basis of a 90 percent state—10 percent city cost-sharing formula.

(Added by Stats. 1968, Ch. 989.)

5711. A city Short-Doyle program may also serve as a contractual provider of services under the provisions of a County Short-Doyle Plan.

(Added by Stats. 1968, Ch. 989.)

5712. Expenditures incurred for the items specified in Section 5704, shall, in accordance with the regulations of the Director of Mental Hygiene, be subject to payment whether incurred by direct or joint operation of such facilities and services, by provisions therefor through contract, or by other arrangement pursuant to the provisions of this division. The Director of Mental Hygiene may make investigations and audits of such expenditures as he may deem necessary.

(Added by Stats. 1968, Ch. 989.)

5713. In determining the amounts which may be paid, fees paid by persons receiving services or fees paid on behalf of such persons by the federal government, by the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9, and by other public or private sources, shall be deducted from the costs of providing services. Whenever feasible, mentally disordered persons who are eligible for mental health services under the California Medical Assistance Program shall be treated in a facility approved for reimbursement in that program.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5713.1. Each local public or private facility or agency providing local mental health services pursuant to a county Short-Doyle plan must make a written certification within 30 days after a patient is admitted to the facility as a patient or first given services by such a facility or agency, to the local mental health director of the county, stating whether or not each such patient is eligible for mental health services under the California Medical Assistance Program.

(Added by Stats. 1971, Ch. 1609.)

5714. Of the funds allocated to each county in accordance with Sections 5704 to 5708, inclusive, there shall be reimbursed to each county 90 percent of the amount required by that county to carry out its local mental health activity in accordance with the approved County Short-Doyle Plan required by Chapter 2 (commencing with Section 5650) of this part. So much of each county allocation as is required to care for patients in state hospitals shall be retained by the state and used to support such hospitals. During fiscal year 1969-70 such reimbursement shall be for three-month periods, commencing with the July, August, and September of that year. During fiscal year 1970-71, such reimbursement shall be for two-month periods commencing with the July-August period of that year. During fiscal year 1971-72, and thereafter, such reimbursement shall be for one-month periods.

Claims for reimbursement shall be presented within 60 days

after the close of the period for which such reimbursement is sought.

(Added by Stats. 1968, Ch. 989.)

5714.1. Claims for state reimbursement shall be made in such form and in such manner as the Director of Mental Hygiene shall determine. When certified by the Director of Mental Hygiene, claims for state reimbursement shall be presented to the State Controller for payment. The State Controller shall make such audit as he deems necessary, before or after disbursement, for the purpose of determining that such reimbursement is for expenditures made for the purposes and under the conditions authorized under this part.

Each claim for state reimbursement shall be payable from the appropriation made for the fiscal year in which the expenses upon which the claim is based are incurred, except that each claim for reimbursement for the last three-month period of the 1969-1970 fiscal year, for the last two-month period of the 1970-1971 fiscal year, and for the last one-month period of the 1971-1972 fiscal year, shall be payable from the appropriation made for the fiscal year next succeeding that in which the expenses upon which the claim is based are incurred.

(Added by Stats. 1968, Ch. 989.)

5714.2. Each claim for state reimbursement by a city or county for the fourth quarter of the 1968-1969 fiscal year under Division 8 (commencing with Section 9000) of this code, as it read immediately prior to the operative date of the repeal of that division enacted at the 1967 Regular Session of the Legislature, shall be made, paid, and audited pursuant to that division and the regulations promulgated thereunder, and such provisions shall remain in effect for the purpose of this section until such claims are made, paid, and audited.

(Added by Stats. 1968, Ch. 989.)

5715. Expenditures subject to payment shall include expenditures for the items specified in Sections 5401 and 5704; salaries of personnel; approved facilities and services provided through contract; operation, maintenance and service costs; depreciation of county facilities as established in the state's uniform accounting manual, disregarding depreciation on such a facility to the extent it was financed by state funds under this part; expenses incurred under this act by members of the Conference of Local Mental Health Directors for attendance at regular meetings of such conferences; and such other expenditures as may be approved by the Director of Mental Hygiene. It shall not include expenditures for initial capital improvements; the purchase or construction of buildings except for such equipment items and remodeling expense as may be provided for in regulation of the Department of Mental Hygiene; compensation to members of a local mental health advisory board (except actual and necessary expenses incurred in the performance of official duties); or expenditures for a purpose for which state reimbursement is claimed under any other provision of law.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969. Amended by Stats. 1970, Ch. 1627.)

5716. The provisions of subdivision (c) of Section 14000 shall not be construed to prevent providers of mental health services pursuant to this part from also being providers of medical assistance mental health services for the purposes of Chapter 7 (commencing with Section 14000) of Part 3 of Division 9. Clinics providing mental health services pursuant to this part shall not be required to be licensed as a condition to reimbursement for providing such medical assistance mental health services.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5717. Fees shall be charged in accordance with the ability to pay for mental health services rendered but not in excess of actual cost.

(Added by Stats. 1968, Ch. 989.)

5718. Charges shall be made for services rendered to each person under a county Short-Doyle plan in accordance with this section. Charges for the care and treatment of each such patient receiving service under a county Short-Doyle plan shall not exceed the actual cost thereof as determined by the Director of Mental Hygiene in accordance with standard accounting practices. The director is not prohibited from including the amount of expenditures for capital outlay or the interest thereon, or both, in his determination of actual cost. The responsibility of a patient, his estate, or his responsible relatives to pay such charges and the powers of the director with respect thereto shall be determined in accordance with

Article 4 (commencing with Section 7275) of Chapter 3 of Division 7.

The director may delegate to each county all or part of the responsibility for determining the liability of patients rendered services under a county Short-Doyle plan other than in a state hospital, and of their estates or responsible relatives to pay such charges, and all or part of the responsibility for collecting such charges. If such responsibility is delegated by the director, he shall establish and maintain the policies and procedures for making such determinations and collections, and each county to which the responsibility is delegated shall comply with such policy and procedures.

Each county shall furnish the Director of Mental Hygiene with such information as he shall require to enable him to establish and maintain a cost reporting system of the costs of mental health services in the county, except state hospitals, funded in whole or in part by state funds. Each county shall maintain records containing such information and in such form as the director shall require for the purposes of this section.

Pending the development of a cost reporting system, the director shall prepare and adopt a uniform patient fee schedule to be used in all mental health agencies for services rendered to each patient. In preparing such uniform patient fee schedule, the director shall take into account the existing charges for state hospital services and those for Short-Doyle Act community mental health program services. If the director determines that it is not practicable to devise a single uniform patient fee schedule applicable to both state hospital services and services of other mental health agencies, he may adopt a separate fee schedule for state hospital services which differs from the uniform patient fee schedule applicable to other mental health agencies. Such patient fee schedules shall not be used after the development and implementation of the cost reporting system provided for in this section or after December 31, 1971, whichever occurs first.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5719. To continue county expenditures for legal proceedings involving mentally disordered people and persons with alcoholism, the following costs incurred in carrying out Part 1 (commencing with Section 5000) of this division shall be non-state-reimbursable charges:

- (a) The costs involved in bringing a person in for 72-hour treatment and evaluation;
- (b) The costs of court proceedings for court-ordered evaluation, including the service of the court order and the apprehension of the person ordered to evaluation when necessary;
- (c) The costs of court proceedings in cases of appeal from 14-day intensive treatment;
- (d) The cost of legal proceedings in conservatorship other than the costs of conservatorship investigation as defined by regulations of the Department of Mental Hygiene;
- (e) The court costs in postcertification proceedings;
- (f) The cost of providing a public defender or other court-appointed attorneys in proceedings for those unable to pay.

(Added by Stats. 1968, Ch. 989. Amended by Stats. 1970, Ch. 1561. Operative on January 1, 1971.)

5719.1. Notwithstanding the provisions of Section 5705, the net costs of conservatorship investigation, as defined by regulations of the Department of Mental Hygiene, shall be reimbursed on a basis of 60 percent state funds and 40 percent county funds for conservatorship investigation services provided in fiscal year 1970-71, on a basis of 65 percent state funds and 35 percent county funds for conservatorship investigation services provided in fiscal year 1971-72, on a basis of 75 percent state funds and 25 percent county funds for conservatorship investigation services provided in fiscal year 1972-73, and on a basis of 90 percent state funds and 10 percent county funds for conservatorship investigation services provided in fiscal year 1973-74 and in each fiscal year thereafter.

(Added by Stats. 1968, Ch. 989. Amended by Stats. 1970, Ch. 1561. Operative on January 1, 1971.)

5720. For three years following discharge of any person from a state hospital for the mentally ill, the county of residence at the time of admission to the hospital shall be responsible for payment of nonstate costs of all treatment and services rendered to such person under Division 5 (commencing with Section 5000) of this code in the county where such hospital is located, provided the county rendering such treatment and services shall have complied with the following require-

ments:

(a) Notify the county responsible for payment within 15 days of commencement of treatment of the name and address of the patient, the date of commencement of treatment, the type of treatment and the projected length of treatment; and

(b) Submit a bill to the county responsible for payment not later than 30 days following completion of such treatment or the end of the month during which treatment is rendered, whichever is later. Where the treatment period covers more than one month, a monthly bill shall be required.

(Added by Stats. 1971, Ch. 192.)

CHAPTER 4. OPERATION AND ADMINISTRATION

(Chapter 4 added by Stats. 1968, Ch. 989)

5750. The State Department of Mental Hygiene shall administer this part and shall adopt standards for approval of mental health services, and rules and regulations necessary thereto; provided, however, that such standards, rules and regulations shall be adopted only after consultation with both the citizens advisory council and the California Conference of Local Mental Health Directors. Adoption of such standards, rules and regulations shall require approval by the California Conference of Local Mental Health Directors by majority vote of those present at an official session.

If the conference refuses or fails to approve standards, rules, or regulations submitted to it by the department for its approval, the department may submit such standards, rules, or regulations to the conference at its next meeting, and if the conference again refuses to approve them, the matter shall be referred for decision to a committee composed of the Secretary of the Human Relations Agency, the Director of Mental Hygiene, the President of the California Conference of Local Mental Health Directors, the Chairman of the Citizens Advisory Council, and a member designated by the State Health Planning Council.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5751. The State Director of Mental Hygiene, after approval by the California Conference of Local Mental Health Directors, shall by regulation establish standards of education and experience for professional and technical personnel employed in mental health services and for the organization and operation of mental health services. Regulations pertaining to the qualifications of directors of local mental health services shall be administered in accordance with Section 5607. In regulations pertaining to the position of director of local mental health services the person, where the local director is other than the local health officer or medical administrator of the county hospitals, shall be a psychiatrist, psychologist, or clinical social worker, hospital administrator, who meets the standards of education and experience established by the State Director of Mental Hygiene. Where the duties of the director include direct medical care of patients, the supervision of medical care or the provision of medical consultation concerning patients, he shall be a psychiatrist licensed to practice medicine in this state.

Where the director of the local program is not a psychiatrist, the program shall have a medically qualified person whose duties shall include the provision of supervision and consultation concerning patients with regard to all medical services within the county program and who shall be a psychiatrist licensed to practice medicine in this state and meet the standard of education and experience established by the Director of Mental Hygiene. Such standards may include the maintenance of records of services, finances and expenditures, which shall be reported to the State Department of Mental Hygiene in a manner and at such times as it may specify.

The regulations shall be adopted in accordance with the Administrative Procedure Act, Chapter 4 (commencing with Section 11370) of Part 1 of Division 3 of the Government Code.

(Added by Stats. 1968, Ch. 989. Amended by Stats. 1971, Ch. 1115.)

5752. The director shall review each County Short-Doyle Plan to determine that:

(a) It complies with the requirements of this division and with the standards adopted under this division;

(b) That the most effective and economical use will be made of available public and private mental health resources in the county or counties;

(c) The five-year plan for community mental health services has been adequately prepared. The director shall insure

that careful consideration is given to the most effective and economical alternative forms and patterns of services;

(d) Adequate provisions have been made for review and evaluation of the services provided in the county or counties. (Added by Stats. 1968, Ch. 989.)

5753. The director shall allocate funds to pay approved County Short-Doyle Plans, and to finance services in state hospitals according to the provisions of this part.

(Added by Stats. 1968, Ch. 989.)

5754. The director shall require modifications in the County Short-Doyle Plan which he deems necessary to bring the plan into conformance with the provisions of this division.

(Added by Stats. 1968, Ch. 989.)

5755. By March 15, 1971, the State Department of Mental Hygiene shall adopt a five-year state plan for community mental health services. The state plan shall consider the community mental health needs set forth in the county plans and shall include a system of priorities for allocating state mental health funds to the counties. The director shall consult with the California Conference of Local Mental Health Directors and the Citizens Advisory Council in developing the state plan. The state plan shall be reviewed and revised as necessary to provide a basis for allocating mental health funds throughout the state. The state plan and the system of priorities shall encourage innovations by county mental health programs.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5756. The director shall submit to the Legislature, no later than January 1, 1969, a statement of goals to be achieved in California's mental health system and proposals as to how the system can be evaluated to determine the relative effectiveness of the various services in accomplishing the desired goals.

(Added by Stats. 1968, Ch. 989.)

5757. There is hereby established the California Conference of Local Mental Health Directors, with which the Director of Mental Hygiene shall consult in establishing standards, rules, and regulations pursuant to this division.

(Added by Stats. 1968, Ch. 989.)

5758. The California Conference of Local Mental Health Directors shall consist of all regularly appointed directors of community mental health services and program chiefs as defined by regulation. It shall organize and shall annually elect a president, a vice president, and a secretary, who shall serve as the executive committee of the conference. The president of the conference, after consultation with the Director of Mental Hygiene, may appoint, for the purpose of advising the director, such other committees of the conference as may from time to time be necessary.

(Added by Stats. 1968, Ch. 989.)

5759. Meetings of the conference for the purposes of this division shall be called by the Director of Mental Hygiene, who shall give the members at least 10 days' notice of such meetings. At official sessions of meetings of the conference the president of the conference shall preside; provided, however, that the conference may hold additional sessions as may be determined by the executive committee of the conference at which the president or other members of the conference shall preside. Each community mental health service shall have one vote cast by the director or his designee.

(Added by Stats. 1968, Ch. 989.)

5760. Actual and necessary expenses incurred by a member as incident to his attendance at meetings of the conference shall be a legal charge against the local government unit which he represents. Actual and necessary expense incurred by members of the conference incident to attendance at special meetings of the committees of the conference called by the Director of Mental Hygiene shall be a legal charge against any funds available for the administration of this division.

(Added by Stats. 1968, Ch. 989.)

5761. The State Department of Mental Hygiene, after approval by the California Conference of Local Mental Health Directors, may provide for consultant and advisory services and for the training of technical and professional personnel in educational institutions and field training centers approved by the department and for the establishment and maintenance of field training centers.

(Added by Stats. 1968, Ch. 989.)

5762. The President of the California Conference of Local Mental Health Directors, for the purposes of this division, may, after consultation with the Director of Mental Hygiene, appoint such psychiatric and such other consultants as may be deemed necessary who shall serve without pay but who shall

receive actual and necessary travel and other expenses incurred.

(Added by Stats. 1968, Ch. 989.)

5763. There is a Citizens Advisory Council to advise and assist the Director of Mental Hygiene in carrying out the provisions of this division.

The council shall consist of fifteen (15) appointed voting members. Each of the following professions shall be represented by one member: general medicine, general psychiatry, child psychiatry, psychology, social work, sociology, law, and nursing. Two members shall be county supervisors; one member shall be an administrator of a private hospital providing psychiatric services; one member shall be a member of the California Conference of Local Mental Health Directors who is appointed under this part; and three members shall represent the general public.

The Governor shall appoint the following nine (9) members of the council: representatives of the professions of general medicine (1), psychiatry (1), child psychiatry (1), psychology (1), social work (1), and nursing (1); an administrator of a private hospital providing psychiatric services; a county supervisor; and a representative of the general public. The Chairman of the Senate Rules Committee shall appoint the following three (3) members of the council: a representative of the profession of law; a county supervisor; and a representative of the general public. The Speaker of the Assembly shall appoint the following three (3) members of the council: a representative of the profession of sociology; a member of the California Conference of Local Mental Health Directors; and a representative of the general public.

Of the members first appointed by the Governor, three shall hold office for three years, three shall hold office for two years, and three shall hold office for one year. Of the members first appointed by the Speaker of the Assembly, one shall hold office for three years, one shall hold office for two years, and one shall hold office for one year. Of the members first appointed by the Chairman of the Senate Rules Committee, one shall hold office for three years, one shall hold office for two years, and one shall hold office for one year. Thereafter, each member shall hold office for three years. If, however, prior to the expiration of such term a member ceases to retain the status which qualified him for appointment on the council, his membership on the council shall terminate and there shall be a vacancy on the council.

The members of the Citizens Advisory Council shall serve without compensation but shall be reimbursed for any actual and necessary expenses incurred in connection with the performance of their duties under this chapter.

The Citizens Advisory Council shall meet at least quarterly, and on call of the council chairman as often as necessary to fulfill its duties. All meetings and records of the Citizens Advisory Council shall be open to the public.

The Citizens Advisory Council shall, by majority vote of the voting members, elect its own chairman from among the 15 appointed members, and shall establish such committees as it deems necessary or desirable. The council chairman shall appoint all members of committees of the Citizens Advisory Council.

(Added by Stats. 1968, Ch. 989. Amended by Stats. 1970, Ch. 1627.)

5764. The Citizens Advisory Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter including, but not limited to the following:

(a) To advise the Director of Mental Hygiene on the development of the state five-year mental health plan and the system of priorities contained in that plan.

(b) To periodically review all mental health services in California, conducting independent investigations and studies as necessary. The Citizens Advisory Council may prepare such reports as necessary to the Governor, the Legislature, the Director of Mental Hygiene, and the State Health Planning Council.

(c) To suggest rules, regulations and standards for the administration of this division.

(d) To encourage, whenever necessary and possible the coordination on a regional basis of community mental health resources, with the purpose of avoiding duplication and fragmentation of services.

(e) To mediate disputes between counties and the state arising under this part.

(f) To employ such administrative, technical and other personnel as may be necessary for the performance of its powers

and duties, subject to the approval of the Department of Finance.

(g) To fix the salaries of the personnel employed pursuant to this section which salaries shall be fixed as nearly as possible to conform to salaries established by the State Personnel Board for classes of positions in the state civil service involving comparable duties and responsibilities.

(h) To accept any federal fund granted, by act of Congress or by executive order, for purposes within the purview of the Citizens Advisory Council, subject to the approval of the Department of Finance.

(i) To accept any gift, donation, bequest, or grants of funds from private and public agencies for all or any of the purposes within the purview of the Citizens Advisory Council, subject to the approval of the Department of Finance.

(Added by Stats. 1968, Ch. 989. Amended by Stats. 1971, Ch. 1650.)

5765. The state five-year mental health plan shall be submitted to the Health Planning Council for review and recommendations as to conformance with California's comprehensive statewide health plan. The state five-year mental health plan shall be submitted on an annual basis or as often as there are

amendments or changes thereto.

It is the intent of the Legislature to carefully review the state five-year mental health plan prior to the adoption of the budget in the 1971-1972 fiscal year. To this end, the Department of Mental Hygiene shall report to the Legislature on the plan and any changes therein no later than March 15, 1971, and March 15 each subsequent year.

(Added by Stats. 1968, Ch. 989; amended by Stats. 1969, Ch. 722. Operative on July 1, 1969. Effective August 8, 1969.)

5766. The Citizens Advisory Council may utilize such staff of the central and regional offices of the Department of Mental Hygiene as are available, and such staff of all other public or private agencies which have an interest in the mental health of the public and which are able and willing to provide such services.

(Added by Stats. 1968, Ch. 989.)

5767. All departments of state government, as well as each facility named in the County Short-Doyle Plan, are encouraged to cooperate with, and provide such information, records, documents, and studies as the Citizens Advisory Council may request.

(Added by Stats. 1968, Ch. 989.)