



CALIFORNIA DEPARTMENT OF  
**Mental Health**



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July 9, 2010

Karen Baylor, Ph.D, MFT  
CMHDA Forensics Committee  
County of San Luis Obispo

James Waterman, Ph.D  
CMHDA Forensics Committee  
Kern County

San Luis Obispo, CA

Bakersfield, CA

**Re: Clarification on Expenditure of MHSA Funds for Non Revocable Parolees/MHSA Section 5813 (f)**

Dear Dr. Baylor and Dr. Waterman:

The expenditure of Mental Health Services Act funds on individuals with "non-revocable parolee" status is not prohibited by Welfare and Institutions Code section 5813 (f). This is because Non-Revocable Parole creates an altogether new class of parolee that was not contemplated when the MHSA was enacted.

Non-Revocable Parolees (NRPs) are parolees in name only, as the laws governing parole and parolees do not apply to them. Penal Code section 3000.03 provides that "Notwithstanding any other provision of law, the Department of Corrections and Rehabilitation shall not return to prison, place a parole hold on pursuant to Section 3056, or report any parole violation to the Board of Parole Hearings regarding any person" with NRP status. Parolees, unlike NRPs, may receive mental health services via parole outpatient clinics (POCs). A parolee, once referred, is required to attend a POC and a failure to do so can result in a parole revocation. NRPs, however, are not entitled or mandated to receive mental health care through POCs. NRPs are therefore at risk of not receiving necessary mental health services because neither the restrictions nor benefits of parole apply to them.

The MHSA Vision Statement explains that the MHSA will facilitate implementation of specific strategies to achieve more meaningful collaboration with local resources, including law enforcement and criminal justice systems, in order to promote creative

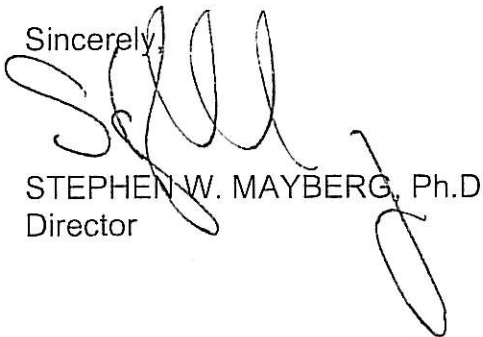
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and innovative ways to provide integrated services with the goals of adequate health care, independent living and self-sufficiency. Such a collaboration would "probably result in savings on state prison and county jail operations," according to the Legislative Analyst's Office. This evidences the intent of the Act to allow for service interventions that can assist individuals with mental illnesses to avoid incarceration. The Vision Statement explains that care must be "collaborative and integrated, not fragmented."

Counties should therefore provide mental health services for NRPs. Exclusion of NRPs from MHSA services would thwart the aim and intention of the MHSA by denying individuals in need of the services they require because they are "parolees" in name only.

Sincerely,



STEPHEN W. MAYBERG, Ph.D  
Director