

San Mateo County Superior Court
Initial Referral for Screening for Proposition 36
(2024)

"CONFIDENTIAL PATIENT INFORMATION:
See California Welfare and
Institutions Code Section 5328"

Proposition 36 (2024) creates a new process for defendants charged with drug-related charges to connect to mental health and substance use treatment in lieu of jail time. If defendants agree to participate, they are referred for a mental health assessment, substance use assessment, and, if necessary, a Medi-Cal eligibility evaluation. The defendant must agree to participate and complete a treatment plan, which may include but is not limited to drug treatment, mental health treatment, job training and any other conditions the court finds appropriate.

The criterion for eligibility includes:

- The participant consents to treatment and agrees to complete their treatment plan
- They are charged with 2 or more prior drug-related offenses
- They are suitable for substance and/or mental health treatment

The court has ordered the individual listed below to connect to a local provider for assessment and development of a treatment plan. Please complete the appropriate initial placement screening and information in Section B and return it to the defendant and/or their attorney at the address listed below as soon as possible. Follow up to this process can be done by contacting the individual's attorney.

SECTION A: *(To be completed by defendant/defendant's attorney. Please email to hs_bhrrs_rtxteam@smcgov.org with "Prop36 Referral" in the subject line upon completion.)*

Defendant's Name

Defendant's Attorney

Defendant's Contact Information

Attorney's Contact Information

Court Case #'s

Court Case #'s

Date of Birth

In custody: Yes ☐ No ☐

Pending charges

Today's Date: _____

Next Court Date: _____

Referred by:

- ☐ Self-report
☐ Superior Court of _____
☐ AOD Program _____
☐ Probation _____
☐ Parole _____
☐ Defendant's Attorney _____
☐ Other _____

Has Medi-Cal? Yes ☐ No ☐

If yes, county of coverage: _____

If no, eligible? Yes ☐ No ☐

If no, privately insured? Yes ☐ No ☐

Copies to: Private Defender Panel or Defendant's Attorney Yes ☐ No ☐

Release of information attached:

Yes ☐ No ☐

Has/will client enter(ed) a plea:

Yes ☐ No ☐

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by accepting program.

SECTION B: *(To be completed by treatment provider. Email to PDP and hs_bhrrs_rtxteam@smcgov.org with "Prop 36 Referral" in the subject line upon completion.)*

SUD or MH Treatment Program: _____

Intake/enrollment Date: _____

Start Date: _____

Release of information attached: Yes ☐ No ☐

Assessment and/or Treatment Plan attached: Yes ☐ No ☐

Assessment Completed: Yes ☐ No ☐

If yes, date completed: _____

Treatment Plan Estimated Completion Date: _____