

**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)

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 _____

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

SECTION B: (to be completed by treatment provider)

SUD or MH Treatment Program: _____ 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: _____

Medi-Cal Eligible? Yes No

If yes, county of coverage: _____