

Date of Hearing: August 10, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Chris Holden, Chair

SB 929 (Eggman) – As Amended June 6, 2022

Policy Committee: Health

Vote: 15 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: Yes

**SUMMARY:**

This bill expands the Department of Health Care Services' (DHCS) existing responsibility to collect and publish information about involuntary detentions under the Lanterman-Petris-Short (LPS) Act to include additional information, such as clinical outcomes, services provided, and availability of treatment beds, and requires DHCS to convene a stakeholder group with specified membership to make recommendations on the methods to be used for efficiently providing the department with this information. This bill additionally requires each entity involved in implementing provisions relating to detention, assessment, evaluation, or treatment, to provide data to DHCS upon its request. This bill also requires DHCS to annually report to the Legislature information concerning the operation of the LPS system, including an evaluation of the effectiveness of achieving the legislative intent of this bill.

**FISCAL EFFECT:**

- 1) DHCS estimates costs of \$1.45 million (\$725,000 General Funds (GF) and \$725,000 Federal Funds (FF)) in fiscal year (FY) 2023-24 and \$1.37 million (\$685,000 GF and \$685,000 FF) in FY 2024-25 and ongoing to hire seven permanent staff members to manage and interpret the data collected to implement this bill, and three contract staff for one year to provide technical leadership and specialized subject-matter expertise for planning and delivery of the technology components and all activities associated with building and implementing the new system and modifying existing systems within DHCS.
- 2) Costs to local entities of an unknown amount to provide new types of data to DHCS upon its request. These costs are potentially reimbursable by the state, subject to a determination by the Commission on State Mandates

**COMMENTS:**

- 1) **Purpose.** According to the author:

This bill is intended to address a data shortfall that exists on what services are provided to those under various LPS Act holds and related outcomes. Due to our fragmented mental health system, many different entities are involved in the identification, investigation, treatment, and follow-up for those with a severe mental illness experiencing grave disability, or dangerousness to self or others. Current data reporting requirements are inadequate to track the

disposition and outcomes for these individuals. Historically, changes to treatment law and service delivery system configurations at both the state and federal level followed the passage of LPS, resulting in the slashing of federal funding for community mental health, and shifting mental health program responsibility to the counties. Voters then passed the Mental Health Services Act in 2004 to provide dedicated funding for community supports and services, and prevention and early intervention. Shifting responsibility to the counties can provide for more nuanced decision-making around local needs, but it has also hindered our ability to fully understand how programs have worked across the state. The author concludes that throughout all of these changes, we have lacked crucial data about how the LPS Act has worked and some additional ways that services provided under involuntary detention treatment orders can be improved to ensure the best outcomes.

- 2) **LPS Act.** The LPS Act was signed into law in 1967 and provides for involuntary commitment of individuals for varying lengths of time for the purpose of treatment and evaluation or serious behavioral health disorders, provided certain requirements are met. Additionally, the LPS Act provides for LPS conservatorships, resulting in involuntary commitment for the purposes of treatment if an individual is found to meet the criteria of being a danger to themselves or others or is gravely disabled as defined. The LPS Act provides for a conservator of the person, of the estate, or of both the person and the estate for a person who is gravely disabled because of a mental health disorder or impairment by chronic alcoholism or use of controlled substances. The person for whom such a conservatorship is sought has the right to demand a court or jury trial on the issue of whether they meet the gravely disabled requirement. The purpose of an LPS conservatorship is to provide individualized treatment, supervision, and placement for the gravely disabled person. Current law also deems a person as not being gravely disabled for purposes of a conservatorship if they can survive safely without involuntary detention with the help of responsible family, friends, or others who indicate they are both willing and able to help.
- 3) **Assembly Joint Hearing on LPS Act.** On December 15, 2021, the Assembly Health and Judiciary Committees held a joint informational hearing entitled “The LPS Act: How Can it be Improved?” One concern expressed throughout the hearing was the lack of coordination among the treatment facilities, county mental health departments, courts, and the public conservators around the care and treatment provided to individuals detained on involuntary holds. Another key issue of discussion was the almost total lack of reliable data about the nature, types, and numbers of holds throughout the state in general, and more importantly, for patient care by individual counties. A little over half of the counties either do not have a reporting requirement because they do not have a “designated facility” within their county, do not report the requested data at all, or provide incomplete data.