
UNFINISHED BUSINESS

Bill No: SB 929
Author: Eggman (D), et al.
Amended: 8/25/22
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 3/23/22

AYES: Pan, Melendez, Eggman, Gonzalez, Grove, Hurtado, Leyva, Limón, Roth, Rubio, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/19/22

AYES: Portantino, Bates, Bradford, Jones, Kamlager, Laird, Wieckowski

SENATE FLOOR: 38-0, 5/26/22

AYES: Allen, Archuleta, Atkins, Bates, Becker, Borgeas, Bradford, Caballero, Cortese, Dahle, Dodd, Durazo, Eggman, Glazer, Gonzalez, Grove, Hueso, Hurtado, Kamlager, Laird, Leyva, Limón, McGuire, Melendez, Min, Newman, Nielsen, Ochoa Bogh, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener, Wilk

NO VOTE RECORDED: Hertzberg, Jones

ASSEMBLY FLOOR: Not available

SUBJECT: Community mental health services: data collection

SOURCE: Psychiatric Physicians Alliance of California

DIGEST: This bill expands the Department of Health Care Services' (DHCS) responsibility in current law to collect and publish information about involuntary detentions to include additional information, as specified.

Assembly Amendments :

- Require DHCS to collect data quarterly and to report to the Legislature on or before May 1 of each year;
- Add additional data points pertaining to involuntary detention information;

- Require an analysis and evaluation of the efficacy of mental health assessments, detentions, treatment, and supportive services, as specified;
- Require recommendations for improving mental health assessments, detentions, treatment, and supportive services;
- Require an assessment on the disproportionate use of detentions and conservatorships on various groups, as specified; and,
- Requires the Judicial Council, by October 1 of each year, to provide DHCS with data from each superior court in order to complete the required reporting related to involuntary detentions.

ANALYSIS:

Existing law:

- 1) Establishes the Lanterman-Petris-Short (LPS) Act to end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism, as well as to safeguard a person's rights, provide prompt evaluation and treatment, and provide services in the least restrictive setting appropriate to the needs of each person. Permits the involuntary detention of a person who is found to be a danger to self or others, or gravely disabled, for various periods of time for evaluation and treatment. [WIC §5000, et seq.]
- 2) Requires the Department of Health Care Services (DHCS) to collect and publish annually quantitative information concerning involuntary detentions and the operation of community mental health services, including:
 - a) The number of persons admitted for 72-hour evaluation and treatment, 14-day and 30-day periods of intensive treatment, and 180-day post certification intensive treatment;
 - b) The number of persons transferred to mental health facilities, as specified;
 - c) The number of persons for whom temporary conservatorships are established; and,
 - d) The number of persons for whom conservatorships are established in each county. [WIC §5402]

This bill:

- 1) Expands DHCS's responsibility in current law to collect and publish information about involuntary detentions to include the following additional information:

- a) The number of persons admitted or detained either once, between two and five times, between six and eight times, and greater than eight times for each type of detention, including 72-hour evaluation and treatment, 14-day and 30-day periods of intensive treatment, and 180-day postcertification intensive treatment;
 - b) The clinical outcomes for specified individuals, including the services provided or offered to them;
 - c) Waiting periods for individuals prior to receiving an evaluation in a designated and approved facility, and waiting periods for individuals prior to receiving treatment services in a designated facility, including the reasons for waiting periods. Requires waiting period to be calculated from the date and time when the hold began and end on the date and time when the individual received an evaluation or received evaluation and treatment services in a designated facility.
 - d) The date and time of service and release from emergency care, if the source of admission is an emergency department;
 - e) Demographic data of those receiving care;
 - f) The number of all county-contracted beds;
 - g) Analysis and evaluation of the efficacy of mental health assessments, detentions, treatments, and supportive services provided both under this part and subsequent to release, and recommendations for improvements;
 - h) An assessment of the disproportionate use of detentions and conservatorships on various groups; and,
 - i) The progress that has been made on implementing recommendations from prior reports, as specified.
- 2) Requires each county behavioral health director, each designated and approved facility providing services to persons pursuant to this division, and each other entity involved in implementing involuntary detentions to provide accurate and complete data in a form and manner, and in accordance with timelines, prescribed by DHCS. Prohibits information from containing data that may lead to the identification of patients receiving services.
- 3) Requires the Judicial Council, by October 1 of each year, to provide DHCS with data from each superior court to complete specified reports required in this bill.
- 4) Permits DHCS to impose a plan of correction against a facility that fails to submit data timely or as required by this bill.

Comments

- 1) *Author's statement.* 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. 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 involuntary detentions.* The LPS Act provides for involuntary detentions for varying lengths of time for the purpose of evaluation and treatment, provided certain requirements are met, such as that an individual is taken to a county-designated facility. Typically, one first interacts with the LPS Act through a 5150 hold initiated by a peace officer or other person authorized by a county, who must determine and document that the individual meets the standard for a 5150 hold. A county-designated facility is authorized to then involuntarily detain an individual for up to 72 hours for evaluation and treatment if they are determined to be, as a result of a mental health disorder, a danger to self or others, or gravely disabled. The professional person in charge of the county-designated facility is required to assess an individual to determine the appropriateness of the involuntary detention prior to admitting the individual. Subject to various conditions, a person who is found to be a danger to self or others, or gravely disabled, can be subsequently involuntarily detained for an initial up-to 14 days for intensive treatment, an additional 14 or 30 days, and ultimately a conservatorship, which is typically for up to a year. Throughout this process, existing law requires specified entities to notify family

members or others identified by the detained individual of various hearings, where it is determined whether a person will be further detained or released, unless the detained person requests that this information is not provided.

3) *California State Auditor (CSA) audit on the LPS Act.* The CSA released *LPS Act: California Has Not Ensured That Individuals with Serious Mental Illnesses Receive Adequate Ongoing Care* on July 28, 2020. The audit focused on the following issues in three counties (Los Angeles, San Francisco, and Shasta):

- a) Criteria for involuntary detention for those who are a danger to self or others or gravely disabled, due to a mental health condition, and criteria for conservatorship, and whether the counties have consistently followed those criteria;
- b) Differences in approaches among the counties in implementing the LPS Act, if any;
- c) Funding sources, and whether funding is a barrier to implementing the LPS Act; and,
- d) Availability of treatment resources in each county.

The CSA found, among other things, that the LPS Act's current criteria for involuntary treatment allows counties sufficient authority to provide short-term involuntary treatment to people and that expanding the LPS Act's criteria to include additional situations in which individuals may be involuntarily treated could potentially infringe upon people's liberties, finding no evidence to justify such a change. That finding was related to previous attempts in the Legislature to expand the definition of "gravely disabled," as some have argued that the LPS Act does not adequately contemplate a person's inability to recognize either their mental or physical deterioration. The CSA further stated that perhaps most troublingly was that many individuals were subjected to repeated instances of involuntary detention without being connected to ongoing care that could help them live safely in their communities. The CSA also concluded that a dearth of community-based mental health treatment services, and the inability for specific individuals to access intensive treatment like assisted outpatient treatment (known as "Laura's Law"), are the major reasons that individuals with mental health challenges deteriorate or relapse into a condition that necessitates a conservatorship. The CSA highly cautioned against the Legislature expanding LPS Act criteria or the definition of "gravely disabled." This bill, while it does not expand the definition of gravely disabled, as past Legislative efforts have, it requires DHCS to collect and publish extensive data for the purpose of helping to improve the LPS Act process and treatment of those with a mental health disorder.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Assembly Appropriations Committee:

- 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

SUPPORT: (Verified 8/30/22)

Psychiatric Physicians Alliance of California (source)
 Alameda County Families Advocating for the Seriously Mentally Ill
 Big City Mayors Coalition
 California State Association of Psychiatrists
 City of Oakland
 City of Pasadena
 City of Riverside
 Depression and Bipolar Support Alliance
 Govern for California
 Inland Empire Coalition of Mayors
 League of California Cities
 San Diego Regional Chamber of Commerce

OPPOSITION: (Verified 8/30/22)

None received

ARGUMENTS IN SUPPORT: The Psychiatric Physicians Alliance of California, sponsor of this bill, states that this bill is intended to address a data shortfall that exists for services provided to those under various LPS Act holds by quantifying outcomes and quality measures. Current law limits reporting to raw numbers of individuals placed on each type of involuntary hold. The purposes of transparency and oversight for these services, as well as identifying barriers in access to and

quality of care, require more than the raw data currently reported. More comprehensive data would tell us what is working well and help us identify best practices. It would also identify what is not working well. The Big City Mayors Coalition states that they have seen firsthand how our communities have struggled to provide appropriate and timely care to those experiencing severe mental illness. The Coalition does not typically sponsor bills, but we feel that the level of crisis we are facing is a top priority that we must all commit to solving. The Coalition argues that this bill will help us better understand the current state of our LPS system and how it cares for thousands of vulnerable Californians, as well as provide information that will help evaluate the services and strategies currently utilized and allow the state to improve outcomes for those who are served. The Depression and Bipolar Support Alliance (DBSA) states that we clearly lack crucial and appropriate data about how the LPS Act has worked and some additional ways that services provided under involuntary treatment orders can be improved to ensure the best outcomes. DBSA argues DHCS is currently required to collect and publish data on the numbers of holds under the LPS Act, but there are numerous challenges to getting a complete picture of what is provided and how it impacts outcomes.

Yes

Prepared by: Reyes Diaz / HEALTH / (916) 651-4111
8/31/22 16:37:16

**** END ****