# CALIFORNIA LEGISLATURE

STATE CAPITOL
SACRAMENTO, CALIFORNIA
95814

June 3, 2019

JUN 0 3 2019

Honorable Rudy Salas
Chair, Joint Legislative Audit Committee
1020 N Street, Room 107
Sacramento, CA 95814

**RE: Audit on Implementation of Lanterman-Petris-Short Act**

Dear Chair Salas and Members of the Committee:

We are writing to respectfully request that the Joint Legislative Audit Committee approve an audit on the implementation of the Lanterman-Petris-Short (LPS) Act. The LPS Act provides guidelines for handling involuntary civil commitment of individuals living with a mental illness in the State of California. The goal of the audit will be to examine the application of the LPS laws throughout the state to determine if any updates, clarifications or improvements are needed to ensure the equal application of California's mental health commitment procedures.

**BACKGROUND**

The LPS Act provides guidelines for handling involuntary civil commitment of individuals living with a mental illness in the State of California. The act set the precedent for modern mental health commitment procedures in the United States and was designed to provide prompt, short-term, community-based intensive treatment, without stigma or loss of liberty, to individuals with mental disorders who are dangerous to themselves or to others, or who are gravely disabled.

The legislative intent of the 1967 LPS Act is to:

- End the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism, and to eliminate legal disabilities
- Provide prompt evaluation and treatment of persons with mental health disorders or impaired by chronic alcoholism
- Guarantee and protect public safety
- Safeguard individual rights through judicial review

- Provide individualized treatment, supervision, and placement services by a conservatorship program for persons who are gravely disabled.
- Encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures.
- Protect persons with mental health disorders and developmental disabilities from criminal acts.
- To provide consistent standards for protection of the personal rights of persons receiving services under the Act.
- To provide services in the least restrictive setting appropriate to the needs of each person receiving each person receiving services under the Act.

The LPS Act is part of the California Welfare and Institutions Code (WIC). It is covered under WIC Division 5, starting with Section 5000 and subsequent chapters and articles.

**NEED FOR AUDIT**

The LPS Act was designed to provide prompt, short-term, community-based intensive treatment, without stigma or minimize loss of liberty, to individuals with mental disorders who are dangerous to themselves or to others, or who are gravely disabled.

According to a recent report provided to the Los Angeles County Board of Supervisors by the Los Angeles County Department of Mental Health (LADMH), the criteria for making a determination that a person is considered "gravely disabled" has been subject to varying degrees of interpretations in jurisdictions across the state. These subjective interpretations have created unequal application of the law from county to county.

An audit is needed to determine if the LPS Act can be better utilized as California's last resort tool to prevent some of these tragic deaths. By better understanding how and when the LPS Act is applied by the counties we will come to understand how we might improve the LPS Act or other areas of the law to prevent these tragic deaths.

**SCOPE OF AUDIT**

I am requesting the California State Auditor to conduct an audit of a selection of three counties, including Los Angeles County and two counties chosen by the State Auditor, related to the Lanterman-Petris-Short (LPS) Act that will include, but not be limited to, the following:

1. Review and evaluate the laws, rules, and regulations significant to the audit objectives.
2. Review the statewide oversight of the implementation of the LPS Act.

3. By county for each of the most recent three years, determine the following:
    a. The number of individuals placed under involuntary holds, the referral sources for those holds, and the number of individuals placed under consecutive initial holds.
    b. The number of individuals placed under subsequent holds.
    c. The number of individuals placed into new and renewed conservatorships and the referral sources for those conservatorships.
    d. The average length of conservatorships.
    e. The number of terminated conservatorships and the reasons for the termination.

4. Assess the counties' implementation of the LPS Act for the last three years and compare the counties to one another by reviewing at least the following:
    a. The counties' definition of the criteria for involuntary treatment holds (probable cause, mental disorder, and danger to self or others, grave disability) and whether each county has consistently applied its definitions.
    b. The counties' criteria for placing individuals into conservatorship and making least restrictive environment determinations, whether the counties have consistently followed these criteria.

5. Assess whether any differences between county approaches to involuntary holds, conservatorships, or the associated care provided to individuals should be addressed through changes to state law or regulation.

6. Determine how the counties fund their implementation of the LPS Act and whether access to funding is a barrier to the implementation of the LPS Act.

7. Assess the availability of treatment resources in each county and to the extent possible determine whether there are barriers to achieving the intent of the LPS Act. In doing so, at a minimum, consider the number of LPS facilities in each county and the availability of rehabilitative programs during and after conservatorships.

8. Review and assess any other issues that are significant to the audit.

Each county has its own administrative infrastructure, budget, significantly different level and types of mental health services available. Ultimately, this audit should result in a better understanding of how California's involuntary patient population status is being determined and how are they receiving care.

We request that an audit take place to help inform future decision-making by the Legislature as it relates to the landscape of mental health treatment and care as it relates to processes involved in the Lanterman-Petris-Short Act and identify any problem areas in need of additional attention or investment.

Sincerely,

AD 43

SD 11