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Lanterman-Petris-Short Act

California Has Not Ensured That Individuals With Serious Mental Illnesses Receive Adequate Ongoing Care

Background

Nearly two million Californians experience serious mental illnesses that substantially interfere with major life activities. California's largely county-based mental health care system provides both voluntary and involuntary care to those with mental illnesses. The Lanterman-Petris-Short Act (LPS Act) permits the involuntary treatment and allows county-designated treatment facilities to hold people involuntarily when, because of mental illness, individuals pose a risk of harm to themselves or others or cannot provide for their basic needs. These involuntary holds can be short-term—lasting hours or days—or can be one year in the form of a conservatorship in which courts appoint outside parties to assume responsibility for individuals' care. We audited the implementation of the LPS Act at three counties.

Key Recommendations

The Legislature should amend state law to do the following:

- Allow counties to access state-managed data about individuals placed on holds and require the Department of State Hospitals to report the costs of increasing its capacity to care for individuals treated under the LPS Act.
- Require counties to adopt assisted outpatient treatment programs that do not exclude people who have recently left conservatorship, and direct MHSA funds toward connecting individuals leaving involuntary holds to community-based services.
- Assign the Mental Health Services Oversight and Accountability Commission to oversee a comprehensive framework for reporting mental health spending and outcomes.

Counties should do the following:

- Adopt plans to develop the number and type of treatment beds that they need to provide adequate care to individuals receiving involuntary treatment.
- Identify and obtain information about individuals placed on multiple involuntary holds in their county-designated facilities to connect them to services for their ongoing mental health.

Key Findings

- Although the LPS Act's criteria for involuntary treatment allow counties sufficient authority to provide involuntary holds and conservatorships, we found significant issues with how people with serious mental illnesses are cared for.
 - » Individuals on conservatorship sometimes have limited treatment options due to the level of care they require, and many waited to receive specialized care in state hospital facilities for an average of one year.
 - » In two counties, over 90 percent of individuals who had multiple involuntary holds were not enrolled in intensive outpatient treatment. Counties cannot access state-managed data about individuals with prior involuntary holds that could better inform decisions about care.
 - » Though it is an effective community-based treatment option that may prevent individuals from cycling through holds and conservatorship, only 19 counties have adopted assisted outpatient treatment, which allows individuals to continue to receive critical care in their communities.
- Although the State invests billions of dollars each year in the county-based mental health system, stakeholders cannot assess the impact these funds make on people's lives.
 - » The State's public reporting related to mental health programs and services is disjointed and incomplete because there are multiple funding sources with different reporting requirements.
 - » The Mental Health Services Act (MHSA) has the most comprehensive reporting requirements of the key funding sources, but it is difficult to assess the balances of counties' unspent funds.
- The mental health reporting requirements need to be overhauled to capture spending information, outcomes for counties' specific programs, and the State's overarching mental health system.