SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2021-2022 Regular Session

AB 2242 (Santiago)
Version: June 27, 2022
Hearing Date: June 28, 2022
Fiscal: Yes
Urgency: No
ME

SUBJECT

Mental health services

DIGEST

This bill provides for better accountability of mental health services funding; requires persons who are involuntarily confined under the Lanterman-Petris-Short Act (LPS Act) to be provided with a coordination plan before release from an LPS hold, as specified; and makes a clarification regarding how specified mental health funds can be spent.

EXECUTIVE SUMMARY

The Auditor of the State of California (Auditor) released a report in July of 2020 entitled "Lanterman-Petris-Short Act, California Has Not Ensured That Individuals With Serious Mental Illnesses Receive Adequate Ongoing Care," (Report 2019-119). In this report, the Auditor explained that the state invests billions of dollars each year in county mental health services, yet policymakers and stakeholders remain unable to easily or fully understand the impacts of that spending on individuals with mental illnesses. In response, this bill requires the Mental Health Services Oversight and Accountability Commission (MHSOAC) to develop, implement, and oversee a public and comprehensive framework for tracking and reporting spending on mental health programs and services from all major fund sources.

The Auditor also indicated that LPS Act 72-hour holds are the most common holds, accounting for nearly 80 percent of the LPS Act holds that occurred in fiscal year 2018-19 in the three counties reviewed in the audit. The Auditor further noted that many individuals were subjected to repeated instances of involuntary treatment without being connected to ongoing care that could allow them to live safely. In response, this bill provides that when someone is released from a 72-hour hold or conservatorship on a voluntary basis they shall receive, prior to release, a coordination plan that includes a follow up appointment with an appropriate behavioral health professional.

This bill is author sponsored and supported by the Steinberg Institute, California Council of Community Behavioral Health Agencies, California Hospital Association, and the Association of Regional Center Agencies. The bill is opposed by Cal Voices,

California Behavioral Health Directors Association, California Association of Social Rehabilitation Agencies, and Disability Rights California.

This bill passed out of the Senate Health Committee with an 8-0 vote. If this bill passes out of this Committee, it will next be considered by the Senate Appropriations Committee.

PROPOSED CHANGES TO THE LAW

Existing law:

1) Authorizes, through the Lanterman-Petris-Short Act (LPS Act) the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody by a peace officer, a member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or another designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services at a facility for 72-hour treatment and evaluation. Authorizes a conservator of the person, of the estate, or of both, to be appointed for a person who is gravely disabled as a result of a mental health disorder. The LPS Act provides for a 72-hour hold, an extended hold, and a conservatorship for involuntary treatment. (Welf. & Inst. Code § 5000, et. seq.)[1]

2) Establishes the Mental Health Services Oversight and Accountability Commission (MHSOAC) to oversee the implementation of the Mental Health Services Act (MHSA), enacted by voters November 2, 2004 through Proposition 63, to provide funds to counties to expand services, develop innovative programs, and integrate service plans for mentally ill children, adults, and seniors through a 1 percent income tax on personal income above $1 million. (Welf. & Inst. Code § 5845.)

3) Requires each county mental health program to prepare and submit a three-year program and expenditure plan, and annual updates, as specified, to the MHSOAC and Department of Health Care Services (DHCS) within 30 days after adoption by the county board of supervisors, including the establishment and maintenance of a prudent reserve, not to exceed 33 percent of specified funds, to ensure the county mental health program will continue to be able to serve the populations that it is currently service. (Welf. & Inst. Code § 5847, § 5892.)

[1] For a detailed explanation of the LPS Act please see the Senate Committee on Judiciary analysis of SB 1338 (Umberg & Eggman, 2022), which analyzed the April 7, 2022 version of the bill and was released on April 22, 2022 (https://sjud.senate.ca.gov/).

4) Requires MHSA funding to be utilized to expand mental health services. Prohibits MHSA funds from being used to supplant existing state or county funds utilized to provide mental health services. (Welf. & Inst. Code § 5891.)

This bill:

1) Requires the DHCS, on or before July 1, 2023, to convene a stakeholder group, as specified, to create a model care coordination plan to be followed when discharging those held under LPS Act holds. Provides that the model care coordination require that an individual exiting a temporary hold or a conservatorship be provided with a detailed plan that includes a scheduled first appointment with a behavioral health professional. Declares the intent of the Legislature that counties and hospitals implement the care coordination plan by February 1, 2024.

2) Requires a care coordination plan to be developed and provided to a conservatee prior to their release. Requires the county behavioral health department, among others, to participate in designing an individual's care coordination plan.

3) Requires, for purposes of care coordination and scheduling a follow-up appointment, the health plan, mental health plan, primary care provider, or other appropriate provider to whom a person released from the hold or a conservatorship is referred for services, to make a good faith effort to contact the referred individual no less than three times, either by email, telephone, mail, or in-person outreach, as specified.

4) Provides that to the extent otherwise permitted under state and federal law and consistent with the MHSA, a person shall not be denied access to services funded by the MHSA based solely on the person's voluntary or involuntary legal status. The bill also provides, that to the extent otherwise permitted under state and federal law and consistent with the MHSA, counties may pay for the provision of services for those involuntarily confined pursuant to the LPS Act by using funds distributed to counties from the MHSA, when included in county plans, as specified.

5) Requires the MHSOAC to develop, implement, and oversee a public and comprehensive framework for tracking and reporting spending on mental health programs and services from all major fund sources and of program- and service-level and statewide outcome data, as specified.

6) Requires counties to report to the MHSOAC its expenses in specific categories, including, but not limited to, inpatient care or intensive outpatient services, as well as their unspent funding from all major funding sources.

COMMENTS

1. Stated need for the bill according to the authors and supporters

According to the authors:

> It is inhumane to be a bystander when we have the power to do something to save lives. It is agonizing to see the high number of individuals who are homeless and have a mental health illness that are dying on the streets. Many of these deaths could have been prevented with adequate care. AB 2242 improves how California provides care to individuals facing a mental illness by creating a more coordinated, accountable and comprehensive mental health system that ensures people receive the adequate care if placed on a hold.

The Steinberg Institute notes the following in support of this bill:

> The Treatment Advocacy Center estimates one third of all Californians experiencing homelessness also experience mental illness. 72% live without shelter. The state's homeless population is expected to continue to grow in the following years.
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> Decades of underfunding of mental health services have pushed Californians experiencing mental disorders into the streets with little to no resources to care for their urgent medial needs. These homeless individuals are the most at risk of dying on the streets. [. . .]
>
> Individuals often do not receive a continuum of care after being released from an involuntary hold and may continue to cycle through homelessness, incarceration, and hospitalization.
>
> Furthermore, the audit found stakeholders have no information to assess the effectiveness of county-based health services; public reporting remains disjointed and incomplete.
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> AB 2242 (Santiago and Friedman) requires DHCS, in conjunction with stakeholders, to create a model discharge plan as a template for local hospitals to use, requires local hospitals create a discharge plan to ensure outpatients are connected to community-bases services, and requires the Mental Health Oversight and Accountability Commission to establish a comprehensive reporting framework to record the spending of MHSA funds and outcomes of programs. These changes would increase the incidence of ongoing care, connect vulnerable individuals with life-saving resources, and establish a transparent reporting apparatus.

2. The LPS Act Framework

Existing law provides for both evaluation and treatment through involuntary commitment—for varying lengths of time given certain conditions are met. In the 1960s, the Legislature enacted the LPS Act to develop a statutory process under which individuals could be involuntarily held and treated in a mental health facility in a manner that safeguarded their constitutional rights.[2] The goals of the LPS Act include "ending the inappropriate and indefinite commitment of the mentally ill, providing prompt evaluation and treatment of persons with serious mental disorders, guaranteeing and protecting public safety, safeguarding the rights of the involuntarily committed through judicial review, and providing individualized treatment, supervision and placement services for the gravely disabled by means of a conservatorship program."[3]

The LPS Act provides for involuntary commitment for varying lengths of time for the purpose of treatment and evaluation, provided certain requirements are met.[4] The LPS Act also authorizes the establishment of LPS conservatorships, which can result in involuntary commitment for the purposes of treatment, if an individual is found to meet the "grave disability" standard.[5] The common thread within the existing LPS Act framework is that the person must be found to have a "grave disability" that results in physical danger or harm to the person. This "grave disability" finding requires that the person presently be unable to provide for food, clothing, and shelter due to a mental disorder, or severe alcoholism, to the extent that this inability results in physical danger or harm to the person.[6] In making this determination, the trier of fact must consider whether the person would be able to provide for these needs with a family member, friend, or other third party's assistance if credible evidence of such assistance is produced at the LPS conservatorship hearing.[7]

Typically, a person is generally brought under the ambit of the LPS Act through what is commonly referred to as a "5150 hold." This allows an approved facility to involuntarily commit a person for 72 hours for evaluation and treatment if they are determined to be, as a result of a mental health disorder, a threat to themselves or others, or gravely disabled.[8] Following a 72-hour hold, the individual may be held for an additional 14 days without court review if the professional staff of the agency or

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[2] *See* Welf. & Inst. Code, div. 5, pt. 1, §§ 5000 et seq.
[3] *Id.*, § 5001.
[4] *Id.*, §§ 5150 et seq.
[5] *Id.*, §§ 5350 et seq.
[6] Welf. & Inst. Code, § 5008(h).
[7] *Id.*, §§ 5250(c), 5350(e); *Conservatorship of Benevuto* (1986) 180 Cal.App.3d 1030; *Conservatorship of Early* (1983) 35 Cal.App.3d 244; *Conservatorship of Jesse G.* (2016) 248 Cal.App.4th 453. SB 1416 (Eggman, 2022), expands the definition of "gravely disabled" within the LPS Act to include persons unable to provide for their basic needs for medical care, and defines a person unable to provide for those needs as a person at risk of substantial bodily harm, dangerous worsening of any concomitant physical illness, or serious psychiatric deterioration. SB 1416 is pending before the Assembly Judiciary Committee.
[8] Welf. & Inst. Code, § 5150.

facility evaluating the individual finds that the individual continues to be, as a result of a mental health disorder, a threat to themselves or others or gravely disabled.[9] The professional staff conducting the evaluation must also find that the individual has been advised of the need for, but has not been willing or able to accept, treatment on a voluntary basis.[10] The certification for the 14-day hold must be reviewed at a certification hearing before an appointed hearing officer, unless the individual seeks judicial review via a petition for habeas corpus.[11]

If professional staff finds that the person is still gravely disabled and unwilling or unable to accept voluntary treatment following their additional 14 days of intensive treatment, they may be certified for an additional period of not more than 30 days of intensive treatment.[12] Like the 14-day hold, the 30-day hold must be reviewed by a hearing officer or, at the request of the individual, in a habeas corpus proceeding.[13] For the duration of the 30-day treatment, the professional staff of the agency or facility providing the treatment must analyze the person's condition at intervals not to exceed 10 days, and determine whether the person continues to meet the criteria for continued confinement.[14] If the person is found to no longer meet the requirements for the 30-day hold before the 30 days is up, the certification must be terminated.[15]

"This series of temporary detentions may culminate in a proceeding to determine whether the person is so disabled that [they] should be involuntarily confined for up to one year."[16] 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 as a result of a mental health disorder or impairment by chronic alcoholism.[17] An LPS conservatorship is intended to provide individualized treatment, supervision, and placement for the gravely disabled individual.[18]

Because an LPS conservator's powers often include the power to confine a person in a treatment facility, courts have recognized that the liberty, property, and reputational interests at stake are comparable to those in criminal proceedings; consequently, the party seeking imposition of the conservatorship must prove the proposed conservatee's grave disability beyond a reasonable doubt and the finding must be made by the court or a unanimous jury.[19] The proposed conservatee has the right to counsel at their

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[9] Welf. & Inst. Code, § 5250.
[10] *Id.*, § 5250(c).
[11] *Id.*, §§ 5256, 5256.1, 5262, 5270.15, 5275, 5276.
[12] *Id.*, § 5270.15.
[13] *Id.*, § 5270.15(b).
[14] *Id.*, § 5270.15(b)(2).
[15] *Ibid.*
[16] *Conservatorship of Ben C.*, *supra*, 40 Cal.4th at p. 541. SB 1227 (Eggman, 2022) would authorize staff to commence a second 30-day hold on top of the existing 30-day hold rather than commence a petition for conservatorship. SB 1227 is pending before the Assembly Judiciary Committee.
[17] Welf. & Inst. Code, § 5350.
[18] *Id.*, § 5350.1.
[19] *Conservatorship of Roulet* (1979) 23 Cal.3d 219, 235; *Conservatorship of Ben C.*, *supra*, 40 Cal.4th at pp. 537-538

proceeding—appointed for them, if necessary—and is entitled to demand a jury trial on the issue of their grave disability.[20] A conservatee may twice petition for rehearing during the one-year conservatorship.[21] At a rehearing, a conservatee need only prove by a preponderance of the evidence that they are no longer gravely disabled.[22]

3. Addresses findings by the Auditor of the State of California regarding the LPS Act

The Auditor of the State of California released a report in July of 2020 entitled "Lanterman-Petris-Short Act, California Has Not Ensured That Individuals With Serious Mental Illnesses Receive Adequate Ongoing Care," (Report 2019-119). In this report, the State Auditor explained:

> California invests billions of dollars each year in county mental health services, yet policymakers and other stakeholders remain unable to easily or fully understand the impacts of that spending on individuals with mental illnesses. Counties can use any of the major mental health funding sources to provide a range of programs and services that may ultimately reduce the need for LPS Act holds. However, despite the wide variety of services counties can provide, the State's current public reporting for mental health funds relies on disjointed and incomplete tools --- a result of multiple funding sources with different requirements and levels of transparency.

The State Auditor also noted that, "[b]ecause the State's current public reporting related to mental health services relies on disjointed and incomplete tools, policymakers and other stakeholders do not have the information they need to assess the effect of the billions of dollars California invests in its mental health system each year." The State Auditor further explained that "[a]n overhaul of mental health reporting requirements is necessary to bring greater accountability to this system." In response to this portion of the report, this bill requires the MHSOAC to develop, implement, and oversee a public and comprehensive framework for tracking and reporting spending on mental health programs and services from all major fund sources and of program and service-level and statewide outcome data. The bill also requires that in developing the framework the MHSOAC shall, among other things, consult with state and local mental health authorities to develop and implement the framework. The bill further requires each county to report to the MHSOAC its expenses in specific categories as well as their unspent funding from all major funding sources.

The Auditor noted that LPS Act 72-hour holds are the most common and accounted for nearly 80 percent of the LPS Act holds that occurred in fiscal year 2018-19 in the three counties reviewed in their audit. (p. 11) "Perhaps most troublingly," the Auditor explained, "many individuals were subjected to repeated instances of involuntary

[20] Welf. & Inst. Code, § 5350, 5365.
[21] *Id.*, § 5364.
[22] *Conservatorship of Everette M.* (1990) 219 Cal. App. 3d 1567, 1573.

treatment without being connected to ongoing care that could help them live safely in their communities." Accordingly, in an effort to address this criticism, this bill provides that when someone is released from a 72-hour hold or conservatorship on a voluntary basis, they shall receive, prior to release, a coordination plan. This coordination plan is to be developed by the individual, county behavioral health department, health care payer, and other appropriate individuals, with input and recommendations from the facility they are released from. The plan must include, pursuant to this bill, a first follow up appointment with behavioral health professionals. This plan must be given to the person before their release. However, the bill makes clear that "[in] no event may the person be detained based on the requirements of this subdivision beyond when they would otherwise qualify for release." The bill also specifies that all care and treatment after release shall be voluntary. This legislation requires the DHCS, on or before July 1, 2023, to convene a stakeholder group to create a model care coordination plan, and declares that it is the intent of the Legislature that the counties and hospitals shall implement the model care coordination plan on or before February 1, 2024.

4. <u>Clarifies existing law regarding how Mental Health Services Act funds can be spent</u>

The Mental Health Services Act (MHSA) became law in 2004 after the voters passed Proposition 63 to provide funds for counties for mental health services. The MHSA requires each county mental health program to prepare and submit a three-year plan to DHCS that must be updated each year and approved by DHCS after review and comment by the MHSOAC. DHCS is required to provide guidelines to counties related to each component of the MHSA. In the three-year plans, county mental health programs are required to include a list of all programs for which MHSA funding is being requested and that identifies how the funds will be spent and which populations will be served. MHSA regulations require programs and services funded by the MHSA generally to be designed for voluntary participation; however, regulations also prohibit persons from being denied access to services based solely on their voluntary or involuntary legal status. A key requirement in the MHSA is that funds are required to supplement but not supplant other available funds for the provision of mental health services. The MHSA provides funding for programs generally within these five components, as is described in the Senate Health Committee analysis for this bill:

a) *CSS*: Provides direct mental health services to the severely and seriously mentally ill, such as mental health treatment, cost of health care treatment, and housing supports for children and youth, transition-age youth, adults, and older adults;
b) *PEI*: Provides services to mental health clients in order to help prevent mental illness from becoming severe and disabling;
c) *INN*: Provides services and approaches that are creative in an effort to address mental health clients' persistent issues, such as improving services for underserved or unserved populations within the community;

d) *CFTN*: Creates additional county infrastructure, such as additional clinics and facilities and/or development of a technological infrastructure for the mental health system, such as electronic health records for mental health services;
e) *WET*: Provides training for existing county mental health employees, outreach and recruitment to increase employment in the mental health system, and financial incentives to recruit or retain employees within the public mental health system; and
f) *NPLH*: Permits the California Health Facilities Financing Authority (CHHFA) and the Department of Housing and Community Development (HCD) to enter into contracts to provide permanent supportive housing for those eligible to receive MHSA-funded services. CHFFA is authorized to issue taxable or tax-exempt revenue bonds in an amount not to exceed $2,000,000,000 for permanent supportive housing and to make secured or unsecured loans to HCD in connection with financing permanent supportive housing.

The bill provides that to the extent otherwise permitted under state and federal law and consistent with the MHSA, a person shall not be denied access to services funded by the MHSA based solely on the person's voluntary or involuntary legal status. The bill also provides, that to the extent otherwise permitted under state and federal law and consistent with the MHSA, counties may pay for the provision of services for those involuntarily confined pursuant to the LPS Act by using funds distributed to counties from the MHSA, when included in county plans pursuant to Welfare and Institutions Code Section 5847.

In opposition to these provisions, the California Association of Social Rehabilitation Agencies writes:

> Current law, specifically WIC § 5813.5(d), requires services funded by the MHSA to be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers, including promoting recovery concepts such as hope, personal empowerment, respect, self-responsibility and self-determination. Involuntary services are entirely inconsistent with the principles of recovery and self-determination, and therefore inconsistent with the MHSA. Moreover, the provisions contained in AB 2242 would divert significant funds from an already underfunded community behavioral system of care which is intended to keep people out of involuntary treatment.

Cal Voices, also in opposition, contends that the provision in this bill related to using MHSA funds for those who are involuntarily confined is contrary to the intent and provisions of Proposition 63 as it was never intended to fund services for those involuntarily confined. Moreover, opposition highlights that using MHSA funds for involuntary services will mean there is less funding for voluntary treatment.

Pursuant to this bill, the ability for MHSA funds to be used for services for those who are involuntarily confined is contingent on the specific use of the funds otherwise being permitted under state and federal law and consistent with the MHSA. Current law does allow for the MHSA funds to pay for services of those involuntarily confined and services of those who are not involuntary confined as long as those services are otherwise consistent with the Mental Health Services Act. There is nothing in state law that specifies that MHSA funds cannot be used to help those in involuntary confinement. That requirement that MHSA funds need to be used for the permitted purposes in the MHSA applies regardless of whether the person has been confined involuntarily or not.

SUPPORT

Association of Regional Center Agencies
California Council of Community Behavioral Health Agencies
California Emergency Nurses Association
California Hospital Association
Steinberg Institute

OPPOSITION

California Association of Social Rehabilitation Agencies
California Behavioral Health Directors Association
Cal Voices
Disability Rights California

RELATED LEGISLATION

Pending Legislation:

SB 516 (Eggman and Stern, 2021) provides that a person's medical condition may be considered in determining their mental condition for purposes of certifying them for a 14- or 30-day involuntary detention for treatment and evaluation under the LPS Act. SB 516 is pending in the Assembly Health Committee.

SB 929 (Eggman, 2021) requires DHCS to collect and publish additional information about involuntary detentions and to include information such as clinical outcomes, services provided, and availability of treatment beds. SB 929 is pending in the Assembly Health Committee.

SB 965 (Eggman, 2022) creates, in a proceeding under the LPS Act, an exception to the rule against hearsay that allows an expert witness to rely on the out-of-court statements of medical professionals, as defined, who have treated the person who is the subject of the conservatorship petition. SB 965 is pending in the Assembly Committee on Judiciary.

SB 970 (Eggman, 2022) requires the California Health and Human Services Agency to establish the MHSA Outcomes and Accountability Review, with a dedicated workgroup, to establish three specified components for the purpose of assisting county mental health programs in improving MHSA-funded programs. SB 970 is pending in the Assembly Appropriations Committee.

SB 1227 (Eggman, 2022) permits an additional intensive treatment period of up to 30-days, in a county where an initial up to 30-day period of intensive treatment has been authorized by the board of supervisors, as specified, for a person who is gravely disabled and meets the criteria for the purpose of avoiding assignment of a temporary conservator or court petition and proceedings for placement in a conservatorship. SB 1227 is pending in the Assembly Judiciary Committee.

SB 1338 (Umberg and Eggman, 2022) creates the CARE court program, which authorizes specified persons to petition a civil court to create a CARE plan and implement services for individuals suffering from specified mental health disorders; if the court determines the individual is eligible for the CARE Court Program, the court will order the implementation of a CARE plan, as devised by the relevant county behavioral services agency, and oversee the individual's participation in the plan. SB 1338 is pending in the Assembly Health Committee.

SB 1394 (Eggman, 2022) authorizes the court to extend the temporary conservatorship until the date of the disposition of the issue by the court or jury trial if that extension does not exceed 180 days. SB 1394 is pending on the Assembly Floor.

SB 1416 (Eggman, 2022) expands the definition of "gravely disabled" to include a person's inability to provide for their personal or medical care, or self-protection and safety. SB 1416 is pending in the Assembly Judiciary Committee.

AB 2275 (Wood and Stone, 2022) increases oversight and accountability of involuntary detentions for those with mental illness through enhanced data collection, reporting, and analysis, and ensures that due process protections for involuntary detentions comply with federal requirements. AB 2275 is pending in the Senate Judiciary Committee.

Prior Legislation:

SB 782 (Glazer, 2021) as heard by this Committee, would have implemented a State Auditor recommendation to ensure former LPS Act conservatees are eligible for AOT. SB 782 was held in the Assembly Rules Committee after it was significantly amended.

SB 507 (Eggman, Ch. 426, Stats. 2021) broadened the criteria to permit AOT for a person who is in need of AOT services, as specified, without also requiring the person's condition to be substantially deteriorating; permitted specified individuals to testify at

an AOT hearing via videoconferencing, as specified; and permitted a court to order AOT for eligible conservatees, as specified, when certain criteria are met.

SB 1251 (Moorlach, 2020) would have expanded the housing conservatorship pilot program to all counties in the state on an opt-in basis. SB 1251 died in the Senate Judiciary Committee.

AB 2679 (Gallagher, 2020) would have expanded the housing conservatorship pilot program to allow the County of Butte to opt in. AB 2679 died in the Assembly Health Committee.

AB 2015 (Eggman, 2020), which was substantially similar to SB 516 (Eggman, 2021), would have expanded on the type of information that could be admitted at a hearing on the certification of a person for a 14-day or 30-day detention for intensive treatment, to include matters relating to the historical course of the person's mental illness and treatment compliance. AB 2015 died in the Senate Judiciary Committee.

AB 1976 (Eggman, Ch. 140, Stats. 2020) implemented Laura's Law statewide, effective July 1, 2021, and permits counties to opt out of providing AOT services, as specified; and deleted the sunset date for Laura's Law.

SB 40 (Wiener, Ch. 467, Stats. 2019) modified the housing conservatorship pilot program enacted in SB 1045 (Wiener, Ch. 845, Stats. 2018) by, among other things, shortening the maximum duration of a housing conservatorship to six months and tying eligibility to eight 5150 holds in a 12-month period.

SB 1045 (Wiener, Ch. 845, Stats. 2018) authorized the Counties of Los Angeles and San Diego, and the City and County of San Francisco, to establish a procedure for the appointment of a conservator for a person who is incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder, as specified, in order to provide the least restrictive and most clinically appropriate alternative needed for the protection of the person; and establishes a working group to evaluate the effectiveness of the program. The bill is set to sunset on January 1, 2024.

AB 2156 (Chen, 2018) would have changed the definition of "gravely disabled" for LPS purposes to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, his or her own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs that could result in bodily harm. This bill died in the Assembly Health Committee

AB 1971 (Santiago, 2018) would have expand the definition of "gravely disabled" in the LPS Act as implemented in the County of Los Angeles, until January 1, 2024, to also include a condition in which a person, as a result of a mental health disorder or chronic alcoholism, is unable to provide for his or her medical treatment if the failure to receive medical treatment results in a deteriorating physical condition or death; and defined "medical treatment" to mean the administration or application of remedies for a mental health condition, as identified by a licensed mental health professional, or a physical health condition, as identified by a licensed medical professional. AB 1971 died on the Senate Floor.

SB 565 (Portantino, Ch. 218, Stats. 2017) required a mental health facility holding a person under a section 5270.15 30-day hold to make reasonable attempts to notify family members or any other person designated by the patient at least 36 hours prior to the certification review hearing for the additional 30 days of treatment, except as specified.

AB 1539 (Chen, 2017) would have expanded the definition of "gravely disabled" similar to AB 1971 (Santiago, 2018). This bill died without a hearing in Assembly Health Committee.

PRIOR VOTES:

Senate Health Committee (Ayes 8, Noes 0)
Assembly Floor (Ayes 63, Noes 1)
Assembly Appropriations Committee (Ayes 12, Noes 1)
Assembly Judiciary Committee (Ayes 9, Noes 0)
Assembly Health Committee (Ayes 12, Noes 1)

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