

December 9, 2021

The Honorable Jim Wood
Chair, Assembly Health Committee
State Capitol, Room 6005
Sacramento, CA 95814

The Honorable Mark Stone
Chair, Assembly Judiciary Committee
State Capitol, Room 2187
Sacramento, CA 95814

RE: Statement on The Lanterman-Petris-Short (LPS) Act & Hearing Joint Hearing: The Lanterman Petris-Short Act: How Can It Be Improved?

Esteemed Committee Chairs,

My name is Héctor Manuel Ramírez (them/they) and I am Apache & Mexican Two Spirits person occupying space in Yaanga, Tongva (Los Angeles, California) the unceded ancestral lands of the Fernandefño Tataviam Band of Mission Indians.

I am currently on the board of directors with Disability Rights California & the National Disability Rights Network where I provide oversight & accountability of the nation's only legally based advocacy organization established by Congress to protect the rights of all individuals with disabilities in every state and U.S. territories. I have worked with all of the Protection & Advocacy programs in all of the 50 states & territories to improve the lives of people with disabilities by guarding against abuse, advocating for basic rights, & ensuring access & accountability in health care, education, employment, housing, transportation, voting, and within the juvenile, criminal justice system, natural disaster response, climate change, immigration detention facilities, and COVID-19 responses.

I am an Autistic person who is hard of hearing & has a psychiatric disability. For over 20 years I have been a continual consumer of services with the Los Angeles County Department of Mental Health (LACDMH). I am grateful for the opportunity to share the perspective of peers, consumers, and family members served by the Public Mental Health System in relation to the topic of The Lanterman Petris-Short Act

In 2020 LACDMH provided services to over 237, 351 individuals, and Hispanic individuals made up the majority of the largest ethnic group that received services from LACDMH. With an annual budget of almost 3 billion dollars, the astronomic level of disparities in access to services for the residents of Los Angeles County who has a population of almost 10 million people has created a racialized system of care where the quality, outcomes, and safety of the services degrade based on an individual's racial & ethnic background. For most of this COVID-19 pandemic, my peers and I have not been able to obtain information and services in Spanish, disability accommodations to access necessary mental services, and patients rights to help protect and affirm the rights of the people receiving services from LACDMH. These factors have resulted in the interruption, discontinuation, and termination of services for numerous people who tried to obtain timely and responsive services to help deal with mental health challenges.

For Queer, Disabled, Black, Indigenous, and Other People of Color (QDBIPOC) there are additional barriers in place to obtaining services that meet our intersectional needs. Lack of representative staff, culturally appropriate services, person-centered services, safety, and trauma-informed practices have resulted in a significant mental health crisis for children, TAY, young adults, adults, and older adults. The significant lack of access to these services, the continued criminalization of our peers for not being able to access these services are the primary reason for the over-representation of our QDBIPOD peers in prisons/jails and unhoused/unsheltered.

I understand that the focal point of this hearing is to explore redefining and updating the term “grave disability” and potentially making other changes to the Lanterman Petris-Short Act to expand conservatorship authority. To that end, my fellow LACDMH consumers and I stand with our fellow peer advocates at Mental Health America of California (MHAC), Disability Rights California, and other mental health organizations, stakeholders, and individuals across the state in affirming that expanding the authority of the LPS Act is not the solution to better serve the growing population of Californians with severe mental health needs.

LPS stands as a threat to rapidly growing California’s homeless and unhoused, and in some cases is utilized as a vehicle to force this vulnerable population off the streets into locked facilities instead of providing appropriate services and supports. Initially, The Mental Health Services Act (MHSA) of 2004 was designed to “expand and transform California’s behavioral health system to better serve individuals with, and at risk of, serious mental health issues,” specifically across the homeless demographic. The reality of MHSA implementation however has not matched its original intent. Where “innovative programs” like app-based mental health have absorbed millions of these earmarked dollars, the seriously mentally ill remain untreated and unable to benefit from the very funds allocated to help them.

In the case of LACDMH this lack of regulatory and compliance oversight has created mental health disparities for QDBIPOD because beneficiaries voices have been allowed to be replaced by contractors, consultants, and nonprofit agencies that have become dependent on MHSA funding to advance the priorities of their local, state, and national membership members rather than focusing on the voices of those individuals with the most needs and those from highly marginalized populations.

Even worse, counties across the state continue to “sit on” billions of dollars of reserves in unspent MHSA funding. An ongoing report by the State Auditor first estimated that “MHSA reserves have accumulated \$2.5 billion in unspent funds of the fiscal year 2015-16, of which they should have returned over \$230 million to be redistributed to agencies.” Since the passage of the MHSA in 2004, the total number of mental health patients served across counties has even decreased overtime – an alarming trend given that available funding has simultaneously increased exponentially. For example, in 2006, 411,207 adults and 218,679 children were served by county mental health programs. Four years later in 2010, 355,243 adults and 205,412 children were served.

Consequently, where California seeks to solve the problem of underserved individuals suffering from severe mental illness with stricter LPS laws, we should be shifting our attention to MHSA programs and services intended to serve this exact population, but fail to do so.

Rather than doubling down on MHSA programs and evaluating their overall inability to reach the severely mentally ill homeless population, mental health politics across the state have shifted towards state hospitals, involuntary treatment, and LPS reform with little evidence of efficacy and success—particularly for California’s QDBIPOC residents.

In 2017-2018, the CA Department of State Hospitals reported, “In 2017-2018, we cared for almost 12,000 patients with serious mental health challenges—far more than any other state hospital system statewide.” Similarly, outcomes data on Assisted Outpatient Treatment (AOT) mirrors the growing movement to place individuals with severe mental illness into involuntary treatment, without it being an appropriate level of care for them.

A DHCS report from 2018-2019 found that while 2,352 individuals were referred to AOT across the 20 implementing counties, most were found ineligible, impossible to locate, or voluntarily entered services on their own. In all, out of the 2,352 referrals, only 218 individuals entered AOT as a result of court orders and settlements.

Persons with mental health conditions deserve the same degree of personal autonomy as other citizens with disabilities when it comes to receiving services. This has not always been the case. For years, persons with mental health conditions have been combating the centuries-old stereotype that they are not competent enough to make their decisions or to be in charge of their own mental health care. Today, we know otherwise, that persons with mental health conditions are not only capable of making their own decisions regarding their care, but that mental health treatment and services can only be effective when the consumer embraces it, not when it is coercive and involuntary.

I urge you to recommend the increase of home and community-based services which are able to better meet the needs of individuals struggling with severe mental illness, and are often more trauma-informed and culturally competent.

As someone who has had to be conserved, and as someone who has advocated and helped hundreds of conserved individuals in the state of California I know first hand that LPS Conservatorship does not work. Only a very small percentage of individuals referred to involuntary treatment qualify for services, and those who do often receive inappropriate or ineffective treatment, and are not connected to resources and supports when they return to their communities.

As persons with mental health conditions (psychiatric disabilities), we are capable of making our own decisions regarding our care. Mental health treatment and services can only be effective when a client embraces it, not when it is coercive and involuntary.

Finally, please know that all current and future discussions about involuntary treatment must do a better job of including clients within the Public Mental Health System. It is critical to dismantle existing power dynamics in public policy and center authentic peer and client's voices.

Please feel free to contact me with additional questions or concerns at (818) 835-0383 or hector.m.ramirez@gmail.com

In Solidarity,

Hector M. Ramirez