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Overview of Funding for the Lanterman-Petris-Short Act

PRESENTED TO:

Assembly Committee on Judiciary
Hon. Mark Stone, Chair

Assembly Committee on Health
Hon. Jim Wood, Chair



LEGISLATIVE ANALYST'S OFFICE

Order of Presentation

Key Takeaways

Lanterman-Petris-Short (LPS) Act Touch Points:

Preventive (Pre-LPS Hold) Outreach and Engagement

Direct Mental Health Services Provided by County Behavioral Health to Individuals on LPS Holds

County Public Guardians and Public Conservators

Court System and Other Touch Points



Key Takeaways

Assessing Funding for Implementation of the Lanterman-Petris-Short (LPS) Act Is Complex.

- The LPS Act does not enact a specific program, rather the law establishes a system for involuntary commitment for mental health services. As such, LPS Act implementation is best considered as systems of care comprised of multiple government entities using several available funding sources that support services for individuals affected by the LPS Act. This support is given both by providing direct services and by undertaking administrative activities related to the act.
- As there are no funding streams expressly dedicated to supporting the act, it is not easy to identify the overall level of funding support for LPS Act implementation. Funding for, and spending on, LPS Act implementation are not tracked directly. Notably, local governments play a major role in providing funding for the act, using a variety of available fund sources that can generally also be used for purposes other than LPS Act implementation.

Implementation of the LPS Act Involves a Variety of Activities.

- These include for example, (1) direct mental health services for individuals on a current LPS hold, (2) outreach and engagement activities to connect individuals at elevated risk of being placed on an LPS hold with appropriate wraparound services, (3) other supportive services such as housing, and (4) administrative activities associated with managing the case of an individual on an LPS hold.



Key Takeaways

(Continued)

A Variety of Fund Sources Support Implementation of the LPS Act at Various “Touch Points.”

- There are a variety of entities, each engaging in distinct activities (such as those described above) intended to support the LPS Act at various touch points. These touch points include the county behavioral health and public guardianship/conservator systems, as well as the judicial and other systems.
- Each of these entities uses distinct fund sources to pay for these activities. Several of these entities have access to sources of funding that are broad in nature, for example county funding that can be used for mental health services generally, but are not earmarked for the LPS Act. They have discretion to use these fund sources to meet their LPS needs. In the next section, we discuss the activities conducted and the potential funding sources to support them at some of the key touch points of the LPS Act.



LPS Act Touch Point: Preventive (Pre-LPS Hold) Outreach and Engagement

Activities Conducted. These include efforts by county behavioral health departments to find individuals who might not have insight into their severe mental illness and voluntarily connect them with behavioral health-related programs—such as Assisted Outpatient Treatment and Full-Service Partnerships—to help them. These efforts include providing outreach to individuals whose mental illness place them at risk of ultimately being placed on an involuntary LPS hold.

Funding Sources. These include 1991 realignment funds, Mental Health Services Fund (MHSF), federal mental health block grants, and county general funds. Generally, these outreach activities are not Medicaid-reimbursable.



LPS Act Touch Point: Direct Mental Health Services Provided by County Behavioral Health to Individuals on LPS Holds

Activities Conducted. Direct mental health services provided by county behavioral health departments to individuals on LPS holds include mental health evaluations, therapeutic counseling in individual or group sessions, or the administration of psychotropic medications. Some individuals on LPS holds receive direct mental health services in a state hospital facility overseen by the Department of State Hospitals (DSH). In these situations, county behavioral health departments reimburse DSH for treatment costs.

Funding Sources. Notably, county behavioral health departments receive dedicated revenues to provide mental health services generally, but do not have a specific fund source dedicated to the LPS Act. They can draw on these broader fund sources—which include 1991 realignment funds, 2011 realignment funds, MHSF, federal Medicaid funds, and federal mental health block grants—to support the treatment of individuals with severe mental illness at their discretion. These funding sources are supplemented with county general funds. County behavioral health departments are able to draw on these fund sources to provide direct mental health services to individuals on LPS holds with one notable exception: MHSF cannot be used to pay for involuntary mental health treatment (and accordingly is not used to pay for the mental health treatment of individuals on an LPS hold). Counties have shared that they predominantly use 1991 realignment funding and federal grants to pay for direct mental health services for individuals on LPS holds.



LPS Act Touch Point: County Public Guardians and Public Conservators

Activities Conducted. While the exact structure of these offices varies by counties, public guardians and public conservators provide conservatorship services, meaning that they are generally responsible for administratively directing the mental health treatment and placement of their clients (which include individuals on LPS holds). Accordingly, they arrange for services (such as mental health treatment and housing) for individuals on LPS holds.

Funding Sources. The administrative activities of public guardians and public conservators are 100 percent county funded. The services that they arrange for individuals on LPS holds may be paid for by a variety of fund sources. For example, (1) funding streams available to county behavioral health departments may pay for board and care and (2) health insurance (including Medi-Cal) may pay for certain treatment services. Notably, the vast majority of LPS clients of public guardians and public conservators are indigent.



Court System and Other Touch Points

Activities Conducted. Individuals engage with the court system when it is being determined whether they will be on an LPS hold, and for possible additional court proceedings while they are on a hold. Other more minor touch points of the LPS Act include hospitals, public defender's offices, and law enforcement, among others.

Funding Sources. The court system receives support from several funding sources including state General Fund, civil filing fees, criminal penalties and fines, county maintenance-of-effort payments, and federal grants, with the specific funding amount for LPS Act-related activities unknown.

