

December 14, 2021

California State Assembly, Committee on Health
Joint Hearing Health and Judiciary, December 15, 2021

Re: The Lanterman-Petris-Short Act: Can it be Improved?

Dear Committee Members,

Psynergy Programs is a community-based mental health program that provides housing, support, and supervision to person with SPMI (Serious Persistent Mental Illness) in a licensed residential care facility. Separately, Psynergy provides specialty mental health outpatient services for our residents from our MediCal Specialty Mental Health Outpatient clinic co-located, or adjacent, to their home.

Psynergy currently serves 235 clients in residence, of which 225 are LPS conserved. Most of our clients are admitted from IMD levels of care that are involuntary treatment facilities. We contract with 24 County Mental and/or Behavioral Health agencies throughout California and specifically support clients moving from higher levels of care.

Because of the nature of Psynergy clientele, we have the unique opportunity to see the disparity between counties and their understanding of LPS laws and statutes, county by county, Judge by Judge, and by the individual conservators themselves. Conservators who strengthen our clients' ability to live in the least restrictive setting, recover from their mental illness, and there are some who put clients at risk once more. In the last year, we have had 150+ Declaration for Reappointment of LPS Conservatorships.

Below are some of the differences of one county versus others, along with some general observations:

- Some counties ask for LPS declarations from two of our psychiatrists. Some ask for one Psynergy psychiatrist and one county psychiatrist. Some ask for a psychiatrist and a clinical psychologist, the latter is not always easy to find for reappointments.
- Some Public Defenders strongly represent the client and their wishes for a trial jury, and some do not contact their client at all. Others fall in between the two extremes.
- Some counties refer only LPS conserved clients to our program and/or move them as soon as LPS is discontinued. This is not always in the best interest of the client. At times, appropriate supports are not put in place prior to discharge as "it's their right to do whatever they want now."
- Some Judges listen to the joint recommendation of our psychiatrists and county case manager, and some completely dismiss our recommendation to continue LPS Conservatorship, and instead dismiss the LPS conservatorship. This has led to at least three re-hospitalizations in 2021.
- One county will not provide us LPS Letters of Conservatorship for their client. They send only a letter stating that they *are conserved* and that we should contact their office if we need more information. This has continued to cause challenges when a client needs to go to the hospital for a medical emergency and the ER staff is unable to treat someone without copies of Letters of Conservatorship.
- Some county conservators have the county case manager sign the Admission Agreement as "Authorized Representative" and *refuse* to sign the state required Admission Agreement. In effect, this makes the county the primary contact and authority. Legally, it is the Conservator's responsibility to approve placement by signing the admission agreement.

- Some county conservators ask for the client to sign a Release of Information to allow our staff to speak with family members, and some sign on their client's behalf, even if against the wishes of the client.
- Some county conservators give the client the ability to refuse medical treatment, and some do not. This was a logistical nightmare as CVS required a signature from Conservators to administer the COVID vaccine and boosters.
- Some counties will not provide the Investigator's Report with no real reason given. Others do provide this report, as they understand the background information is invaluable to the client's treatment and support. Some give the report and redact information from the report, mostly family contact information.
- Some counties visit their clients' every 30-60 days without fail, and some may visit every 6-12+ months.
- Conservators who are family members tend to be more reliable and responsive to requests, returning forms, returning calls, providing insurance information, participating in case conferences, etc. We would encourage consideration of allowing more family members to be appointed as conservator, with proper training and support.
- Caseloads seem to vary from 25 to 125, from county to county with no ratio that makes sense
- One County Conservator refused to sign our Release of Information that would allow Psynergy to share clinical information with the County BH Department, which we had a contractual agreement with to provide mental health services to said client. That was finally resolved but also very challenging for us.
- Some county Declarations of Reappointment are 6 pages of meaningful open-ended questions, and some are one page with check marks.
- Some county Declaration of Reappointment ask for a "medical record review" and some want a higher standard of an in-person evaluation and assessment.

We are a small enough organization that we can accommodate all these versions and variations of working with many Public Guardian Offices, but most cannot. We agree that most of the LPS law needs to begin from ground zero, specifically the definition and understanding of "gravely disabled." The term "grave disability" is very nuanced and Judges, county leadership, conservators need to have the same training and the same understanding of grave disability. Families need to be included every step of the way as they inherently know the history, care, and they love their family member more than any system or conservator.

Psynergy believes there is an opportunity to enact reform of the LPS law. This reform must include an expectation of consistency across all county Public Guardian Offices. The forms, the policies, the criteria, the caseloads, the training, should be consistent across all counties.

Do not let the magnitude of this issue discourage you from doing the right thing or let the logistics of the project get in the way of helping and supporting persons with severe mental illness in California.

Respectfully,

Lynda Kaufmann Rodriguez

Lynda Kaufmann Rodriguez
Director of Government and Public Affairs

18225 Hale Avenue • Morgan Hill, CA 95037 • 408-465-8280

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