



May 25, 2021

The Honorable Nancy Skinner
Chair, Senate Budget Committee
State Capitol Building, Room 5094
Sacramento, CA 95814

The Honorable Susan Eggman
Chair, Senate Budget Subcommittee #3
– Health and Human Services
State Capitol Building, Room 4052
Sacramento, CA 95814

The Honorable Philip Ting
Chair, Assembly Budget Committee
State Capitol Building, Room 6026
Sacramento, CA 95814

The Honorable Dr. Joaquin Arambula
Chair, Assembly Budget Subcommittee #1 –
Health and Human Services
State Capitol Building, Room 5155
Sacramento, CA 95814

RE: May Revision Proposal to Discontinue Lanterman-Petris-Short Department of State Hospital Contracts with Counties—OPPOSE

Dear Chair Skinner, Chair Ting, Chair Eggman, and Chair Arambula:

The County Behavioral Health Directors Association (CBHDA), California State Association of Counties (CSAC), Urban Counties of California (UCC), Rural County Representatives of California (RCRC), California State Association of Public Administrators, Public Guardians, and Public Conservators (CAPAGPC), County Welfare Directors Association (CWDA), and County of Los Angeles must respectfully oppose the May Revision proposal to discontinue State Hospital contracts with counties for Lanterman-Petris-Short (LPS) conservatees over three years. This proposal would effectively close the State Hospital to LPS conservatees in two months' time and put close to a thousand LPS conservatees throughout the state at risk. Such a consequential policy change needs adequate time for counties and the state to thoughtfully assess and plan for the population's needs and ensure safe, available, appropriate community-based alternatives exist prior to discharge. The population of LPS conservatees currently receiving treatment are among the most vulnerable and high-risk LPS

conservatees in the state. They are medically fragile, and in the case of Murphy Conservatees, likely pose a significant public safety risk. We urge the Administration to withdraw this late May Revision proposal and instead work collaboratively with counties and the Legislature to develop a joint proposal to assist with the state's growing Department of State Hospitals (DSH) census, inclusive of both individuals with felonies who have been found incompetent to stand trial (IST) and LPS conservatees.

In January, the state proposed to pilot the realignment of responsibility from the state to counties for the felony IST population through the Community Care Demonstration Project for Felony ISTs (CCDP-IST). CCDP-IST included funding to treat individuals at the local level rather than the state hospital and targeted serving 1,252 ISTs annually at the local level. While the Administration has withdrawn its CCDP-IST proposal in the May Revision, it has replaced it with an equally, if not more concerning, proposition for counties.

Counties have a long relationship with the Department of State Hospitals for the treatment of LPS conservatees, dating back to the establishment of the county-based community mental health system. Under current law, California counties are required to contract with DSH for LPS conservatees (WIC 4331), and the DSH is required in statute to, "consult, in advance, with the counties regarding any changes in state hospital facilities or operations which would significantly impact access to care or quality of care, or significantly increase costs" (WIC 4332). Due to the parallel requirement for counties to place individuals in the least restrictive level of care, including LPS conservatees, and the much higher rates charged for DSH facilities, the state hospitals are today a last resort placement for county behavioral health clients. A significant portion of the population counties contract with the State Hospitals to serve are Murphy Conservatees, who, in addition to being found mentally incompetent under the LPS Act, have been charged with felonies involving death, great bodily harm, or a serious threat to the physical well-being of another person. These individuals are among the most high-risk populations in the state. Often, due to the nature of their criminogenic risk, there are no suitable or willing local placement options for Murphy Conservatees.

The remaining LPS conservatee population is also high-risk and extremely vulnerable by virtue of the severity of their mental illness. DSH has a unique treatment capacity in the form of a specialized medical unit for individuals that are both medically and psychiatrically complex. Today, there are no local placement options for civilly committed LPS and Murphy conserved clients with significant medical and psychiatric co-morbidities. Because local treatment providers have the option to accept or deny mental health patients, it can be extremely challenging to identify willing providers at the local level to accept some of our most medically complex psychiatric patients. Building out additional parallel treatment capacity at the local level will take significant time and expenditure – well beyond the three years proposed by the Administration. The DSH has been an invaluable state placement option for these individuals, and counties highly value our partnership with the state hospitals, as well as the quality of care delivered by their teams.

Under this May Revision proposal, DSH would immediately halt any new admissions of LPS patients, beginning July 1, 2021, and seek to reduce the current LPS population of 778 individuals at DSH by a third each year, beginning in 2021-22. This proposal would mean that counties would need to identify over 250 local placement options for highly vulnerable populations with almost no time to adequately plan, let alone build out additional capacity, or face a penalty in the form of a 150% increase in the state hospital bed rate. County behavioral health capacity was significantly compromised during the

pandemic, which highlighted the challenges of creating surge capacity when limited by the constraints of the Institutes of Mental Disease (IMD) exclusion, which limits the capacity of providers and results in higher costs at the local level.

Without better forethought, planning, and dedicated resources, including cooperative state and local planning to ensure the availability of quality treatment providers at the local level willing to accept these individuals and serve their needs, counties are concerned that this change in policy will result in significant harm to our patients and local communities.

Counties urge the Legislature to view the proposed closure of the state hospitals to LPS conservatees as comparable in scale and importance to the closure of state-operated developmental centers under the Department of Developmental Services (DDS) in 2012. Following the decision to close state developmental centers, the state convened a taskforce that developed and released a robust plan for the future of developmental center residents which included: 1) a more gradual transition of individuals to the local level, 2) the availability of community services and supports to support their transition into community living, 3) strong consumer protections, and 4) state department accountability. We believe that individuals with serious mental illness on an LPS conservatorship deserve comparable levels of consideration and safety planning to ensure that any effort to phase out the use of the state hospitals for LPS conservatees ensures the success of the population at the local level post-transition.

For these reasons, counties must respectfully oppose the discontinuation of LPS contracts proposed in the 2021-2022 May Revision and urge the Legislature to reject the May Revision proposal. Counties are ready to partner with the state and the Legislature to develop viable and timely alternatives to address the state hospitals' capacity concerns in a way that ensures that individuals served at the local level have timely access to quality treatment while mitigating the potential risks to public safety. If you have any questions, please feel free to reach out to any of the organizations below.

Sincerely,



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Cc: Dr. Mark Ghaly, Secretary, Health and Human Services Agency (HHSA)
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