

Summary of LPS Task Force II Recommendations

Following is a brief summary of recommendations contained in this report. Discussion is included in associated Problem Statements and Recommendations in the following sections of this report.

Recommendation #1: Define “Grave Disability” to address the individuals’ capacity to make informed consent to treatment and assess their ability to care for their health and safety.

Recommendation #2: Adopt concurrent legal processes to determine probable cause for hospitalization and capacity to refuse medication in one hearing.

Recommendation #3: Conform initial acute care hospital certification periods to 28 days, renewable for 28 days. Consider less restrictive alternatives to hospitalization at each hearing or upon renewal of holds.

Recommendation #4: Establish criteria for an LPS conservatorship to be “grave disability” as defined under Recommendation # 1 of this report. Establish conservatorships by clear and convincing evidence. Revise procedures to allow for efficient application and due process for conservatorships applied for from community settings.

Recommendation #5: Authorize an additional 90 day certification to continue acute care hospitalization for individuals who meet the demonstrated dangerousness standard in WIC 5300, with a right of appeal. Provide notice of application for impending post certification commitment under WIC 5300 to County District Attorneys and Public Defenders 30 days before expiration of the 90 day certification. Commitment should be for one year, renewable, with the relevant historical course of the individual’s illness considered during the trial, and demonstrated danger established by clear and convincing evidence.

Recommendation #6: Adopt a statewide standardized form to record the historical course of a person’s illness.

Recommendation #7: Develop local systems of interagency coordination to ensure timely transportation and placement in facilities appropriate to the person’s needed level of care.

Recommendation #8: Ensure Medi-Cal definitions for voluntary and involuntary hospitalization are consistently defined, monitored and applied. Appeals should be conducted by a neutral third party.

Recommendation #9: Prioritize services to the most seriously disabled adults with a mental illness whether those services are needed on a voluntary or involuntary basis in the community or a hospital setting.

Recommendation #10: Implement Assisted Outpatient Treatment (Laura’s Law) statewide.

Recommendation #11: Expand mental health courts in all jurisdictions and increase the capacity and utilization of current mental health calendars statewide.

Recommendation #12: Conform local emergency response capability in each county under a legislative framework that requires standardized training for all designated response entities.

Recommendation # 13: Set uniform state custodial standards for who can generate a 5150 hold and clarify who can enforce, release or continue that hold.

Recommendation # 14: Ensure statewide uniform application of the Lanterman Petris Short Act to achieve equity and equal protection for all consumers statewide.