

Assembly Bill 1300

LANTERMAN-PETRIS-SHORT MODERNIZATION ACT

INTRODUCTION DATE 2.27.2016

Assemblyman Sebastian Ridley-Thomas 54th District

SUMMARY

AB 1300 makes clarifying changes to better define the various steps of a 5150 detention process to ensure consistent statewide application and that patients receive the most appropriate care in the least restrictive environment appropriate to their needs.

BACKGROUND

Established in 1967, the Lanterman-Petris-Short Act (LPS Act) governs the involuntary commitment of individuals for psychiatric treatment in California. In the 48 years since its passage, there have been significant changes in the mental health delivery system, adversely impacting a patient's ability to obtain prompt evaluation and treatment as required by current law. In addition, the fragmented and inconsistent application of the LPS Act by California's 58 counties has led to an increasing and often inappropriate dependence on hospital emergency departments to care for this population, without the necessary resources. This has resulted in individuals with mental illness languishing in hospital emergency rooms for hours, days and sometimes weeks, awaiting psychiatric assessment and treatment.

EXISTING LAW

California Welfare and Institutions Code, Section: 5001, 5008, 5013, 5150-5153, and 5270. Under existing law, when a person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer, member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or other designated professional person, and placed in a facility designated by the county

and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation.

THIS BILL

In summary, the primary objectives of this bill are to:

- Clearly articulate when a 5150 hold starts, stops, is discontinued, and who may perform these decision-making functions;
- Increase the emphasis on the prompt provision of services in both LPS-designated and non-LPS designated facilities;
- Clarify his or her involuntary 5150 hold status when receiving involuntary psychiatric treatment out of his or her county of residence, across county lines and when, admitted into a medical floor of a hospital;
- Incorporate the use of tele-health for involuntary treatment, assessment and evaluation purposes; and,
- Create optional county mental health "local or regional liaisons" to facilitate increased communication between hospitals and community services.

SUPPORT

California Hospital Association
California Chapter of the American College of
Emergency Physicians

