



**LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH**

JONATHAN E. SHERIN, M.D., Ph.D., Director
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RODERICK SHANER, M.D., Medical Director

January 10, 2018

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Jonathan E. Sherin, M.D., Ph.D.
Director

SUBJECT: **ASSESSMENT OF GRAVE DISABILITY
(ITEM NO. 9, AGENDA OF OCTOBER 31, 2017)**

INTRODUCTION

On October 31, 2017, your Board approved a motion by Supervisor Kathryn Barger and Supervisor Hilda Solis that instructed the Director of Mental Health to work with County Counsel, the Chief Executive Office, mental health advocacy groups, civil rights organizations and other pertinent stakeholders to develop recommendations for legislative proposals that would consider an individual's inability to provide and/or access urgently needed medical care for him or herself due to a mental disorder as part of the criteria for grave disability and report back to the Board in 60 days.

BACKGROUND

In 1968, the Lanterman-Petris-Short Act (LPS) was enacted to provide guidelines for handling the involuntary civil commitment of individuals who - due to mental illness - pose a danger to self or to others, or who are gravely disabled. LPS entails California Welfare and Institutions Code (WIC) section 5000 et seq., and more specifically, WIC 5008(h)(1)(A) defines gravely disabled.

Under this statute, gravely disabled is defined as a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.

In recent years, the Legislature has considered various amendments related to gravely disabled. Attachment I shows some of the efforts being considered in the current legislative session. Additionally, prior year efforts included: Senate Bill (SB) 364 (Chapter 567, Statutes of 2013), which provided consistent standards for the protection of the personal rights of those who are involuntarily detained, provided services in the least restricted setting appropriate to the

needs of the person, and required procedures and training of the professionals who would be treating the detained; SB 82 (Chapter 34, Statutes of 2013) in which funding was appropriated to implement grant programs to support the development, capital, and equipment acquisition to increase capacity; and Assembly Bill (AB) 1194 (Chapter 570, Statutes of 2015), which requires individuals who are authorized to determine if a person should be involuntary committed, to take into consideration not only the danger of imminent harm, but also available relevant information about the historical course of the person's mental disorder.

OUTREACH EFFORTS

On November 29, 2017, a survey designed by the Department of Mental Health (DMH) to gauge interest in amending the current WIC section 5008(h)(l)(A),(2) to include physical health needs was disseminated. In this initial survey, 78 mental health leaders representing statewide organizations, as well as all California county behavioral health directors, were asked to respond to a series of questions. Each of the four yes or no questions posed by the survey included an option to provide comments. Information regarding the respondents' relationship to the state's mental health system was also collected. A total of 47 completed responses were received, resulting in a response rate of 60%.

On December 19, 2017, this same survey (with a slight change in wording to one question for greater clarity) was sent out to 121 stakeholders across Los Angeles County, including Service Area Advisory Council (SAAC) members, System Leadership Team (SLT) members, Los Angeles County National Alliance on Mental Illness (LAC NAMI), Mental Health America affiliates and others who had expressed interest in engaging with DMH on this and related issues. For this survey, the response rate was 27% (33 completed surveys).

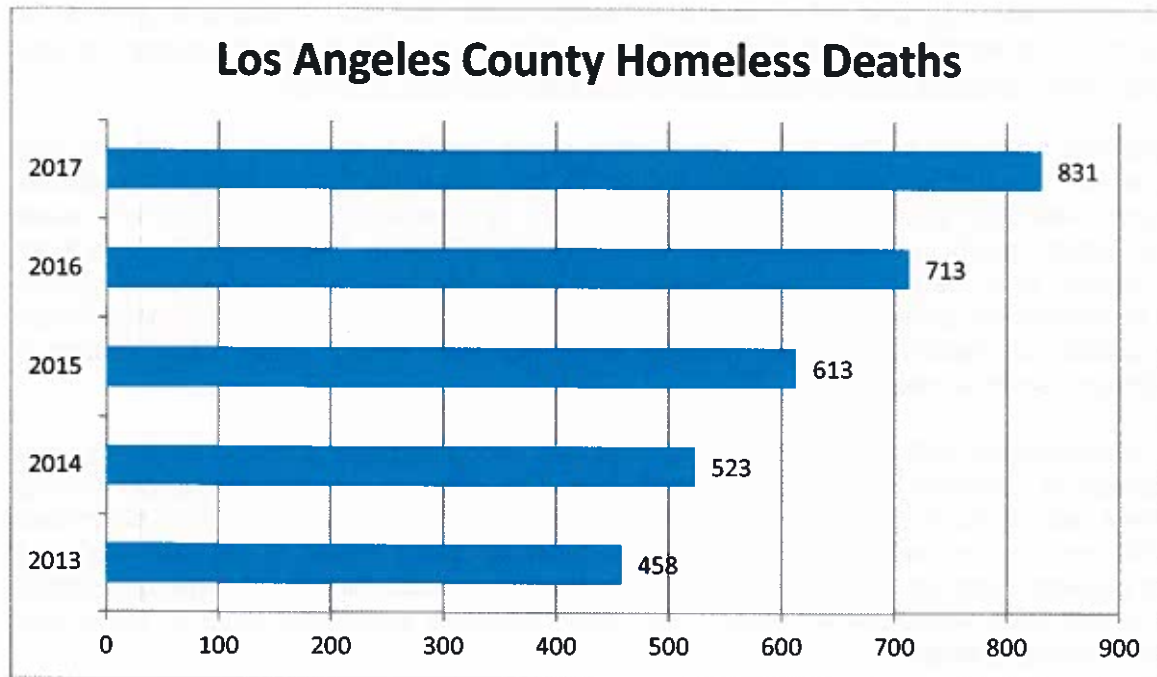
Overall for each cohort, responses were positive regarding the amendment of the definition of grave disability (83% for the first cohort and 88% for the second cohort). Beyond the definition, survey questions focused on the severity of physical health as well as the approach to making a formal assessment.

The data of each of the two survey cohorts is in Attachments II and III.

RECOMMENDATION

These initial survey results argue in favor of the need to ensure proper medical care for the homeless with mental illness who are suffering on the streets with serious physical ailments. Survey respondents recognize that this vulnerable population's lack of insight to their mental illness results in the failure to seek voluntary medical treatment for urgent medical conditions.

On a related note, the Los Angeles County Medical Examiner-Coroner's (MEC) data on the number of deaths among the homeless population in Los Angeles County reflects a consistent increase for the past five years as illustrated in the graph below:



While this data does not indicate whether or not the deceased individual suffered from a mental illness that impaired the ability to seek treatment, MEC data indicates that a significant number of these deaths were due to preventable and/or treatable medical conditions such as: arteriosclerotic cardiovascular disease, pneumonia, diabetes, cancer, cirrhosis, severe bacterial infections, and other treatable conditions.

At the same time that we are seeing increased death rates among the homeless population, we have seen an increase of homeless individuals suffering from a mental illness. According to data provided by the Los Angeles Homeless Services Authority (LAHSA), there has been a 28% increase in homeless individuals suffering from a mental illness from 2015 to 2017.

While no definitive conclusion can be drawn from these data sets, it is important to realize that individuals with co-occurring mental illness and homelessness, arguably the County's most vulnerable populations, may account disproportionately for the increased death rates.

In order to meet our ethical obligations to this population and our communities, it is our stance that the County should pursue legislation that would adjust the definition of gravely disabled to include individuals with serious physical health needs that – like food, clothing, and shelter – are fundamental to wellbeing. Many states that use a grave disability standard to involuntarily commit and administer mental health treatment include, in some form, physical health and/or medical treatment as part of the criteria in assessing an individual's condition to provide for his/her basic personal needs for survival due to a mental disorder. We recommend amending the LPS statute to be consistent with other states, by adding the underlined portion below:

"a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, shelter, or medical treatment where the lack or failure of such treatment may result in substantial physical harm or death."

As an example from one of the states that uses a grave disability standard, Washington has enacted a definition of gravely disabled similar to the recommendation suggested above. Washington's definition addresses the failure or inability to provide for essential human needs and safety which results in substantial risk of serious physical harm. Such needs include food, clothing, shelter, and medical treatment. We believe amending the current definition of gravely disabled to include the above language will promote humane care for people with mental illness who are unable or unwilling to obtain medical treatment even though such failure results in serious physical harm or death.

As with Washington's definition, we believe that the recommended addition to California's gravely disabled definition will withstand challenge. The addition will remain constitutionally precise as it will continue to require a causal link between the specifically defined diagnosed mental disorder and an inability to care for one's basic personal needs. It will also require a finding of physical harm so that the criteria cannot be misapplied. Finally, all legal protections provided under LPS would remain intact, and grave disability would still have to be proven beyond a reasonable doubt.

CONCLUSION

There is currently no Board-approved policy to support or sponsor legislation to amend the definition of gravely disabled; therefore, approval of the above recommendation is a matter of Board policy determination.

JES:tld

Attachments

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel

**LEGISLATION RELATED TO GRAVELY DISABLED
2017**

COUNTY ADVOCACY

County-sponsored AB 820 (Gipson), as amended on March 23, 2017, would establish a task force to develop a report evaluating alternative destinations to a general acute care hospital for first responders to transport a patient who may be a danger to himself or others or gravely disabled as result of a mental health disorder.

Support and Oppose: This bill was not heard in committee, and therefore, no committee analysis was issued. However, several key organizations expressed opposition or concerns with the bill: California Ambulance Association; California Chapter of the American College of Emergency Physicians; California Nurses Association; California Professional Firefighters; California Medical Association; and California Ambulance Association.

Status: Not heard in the Assembly Health Committee.

County-opposed AB 451 (Arambula), which as amended on July 5, 2017, would specify that a psychiatric unit within a general acute care hospital, a psychiatric health facility, or an acute psychiatric hospital is required to provide emergency services to care to treat a person with a psychiatric emergency medical condition who has been accepted by the facility if the facility has appropriate facilities and qualified personnel.

Support: California Chapter of the American College of Emergency Physicians (sponsor); American Academy of Pediatrics; California Medical Association; National Alliance on Mental Illness California, and Steinberg Institute. *Oppose:* California Association of Social Rehabilitation Agencies; California Hospital Association; County Behavioral Health Directors Association; SEIU California; and Tenet Healthcare.

Status: Held in the Senate Appropriations Committee.

ENACTED STATUTES

AB 191 (Wood, Chapter 184, Statutes of 2017), amends an existing law which provides that when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may be taken into custody and placed in a facility for evaluation and treatment. Includes a licensed marriage and family therapist and a licensed professional clinical counselor in the list of professionals who are authorized to sign a specified notice under specified circumstances. This statute is effective January 1, 2018.

Support: California Association of Marriage and Family Therapists (source); California Hospital Association; among others. *Oppose:* California Psychological Association

SB 565 (Portantino), Chapter 218, Statutes of 2017), requires a mental health facility to make reasonable attempts to notify family members or any other person designated by a patient at least a certain number of hours prior to a certification review hearing for an additional 30 days of treatment. This statute is effective January 1, 2018.

Support: California Council of Community Behavioral Health Agencies; Disability Rights California; and National Alliance on Mental Illness California. *Oppose:* None.

SB 684 (Bates, Chapter 246, Statutes of 2017), allows the initiation of conservatorship proceedings for a defendant on the basis of a grave mental health disorder. Allows, if the action is on a complaint charging a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person, the prosecuting attorney to request a determination of probable cause to believe the defendant committed the offenses, solely for the purpose of establishing that the defendant is gravely disabled. This statute is effective January 1, 2018.

Support: San Diego County District Attorney (source); National Alliance on Mental Illness California; and others. *Oppose:* None.

PENDING LEGISLATION

AB 1136 (Eggman), as amended on May 26, 2017, would require the State to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential substance use disorder treatment facilities.

Support: California Psychiatric Association (co-sponsor); Steinberg Institute (co-sponsor); California Access Coalition; California State Sheriffs' Association; National Association of Social Workers – California Chapter; and others. *Oppose:* California Hospital Association

Status: Pending confirmation from author's office whether or not this is a two year bill.

AB 1372 (Levine), as amended on June 13, 2017, would authorize a crisis stabilization unit designated by a mental health managed care plan to provide crisis stabilization services beyond a certain service time in cases in which a patient needs inpatient psychiatric care or outpatient care and other services are not reasonably available. Requires a person who is placed under an involuntary hold to be credited for time detained at a crisis stabilization unit.

Support: County Behavioral Health Directors Association of California (sponsor); California State Association of Counties; Urban Counties of California; National Alliance on Mental Illness – California, and several counties. *Oppose:* None.

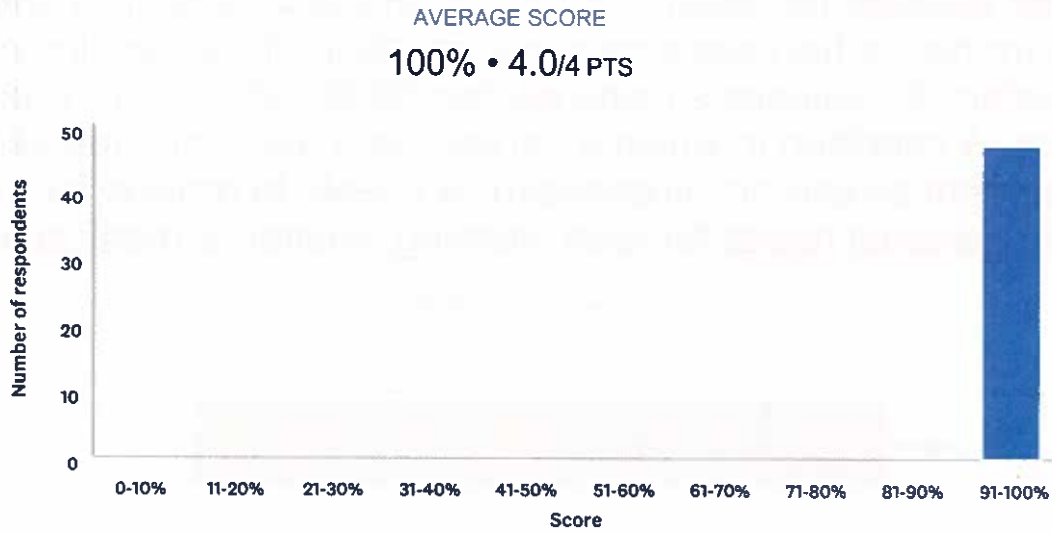
Status: Senate Inactive File.

AB 1539 (Chen), as amended on April 4, 2017, would expand the definition of gravely disabled to include the inability to provide for his or her medical care.

Support and Oppose: This bill was referred to the Assembly Health Committee, but was not heard; and therefore, no committee analysis was issued. However, our Sacramento advocates have learned that the Chair of the Assembly Health Committee and the California Behavioral Health Directors Association were strongly opposed to any changes to the definition of gravely disabled.

Status: In its current version, this bill will not be moving forward in 2018, and the author has noted that they will consider other approaches.

Quiz Summary



STATISTICS

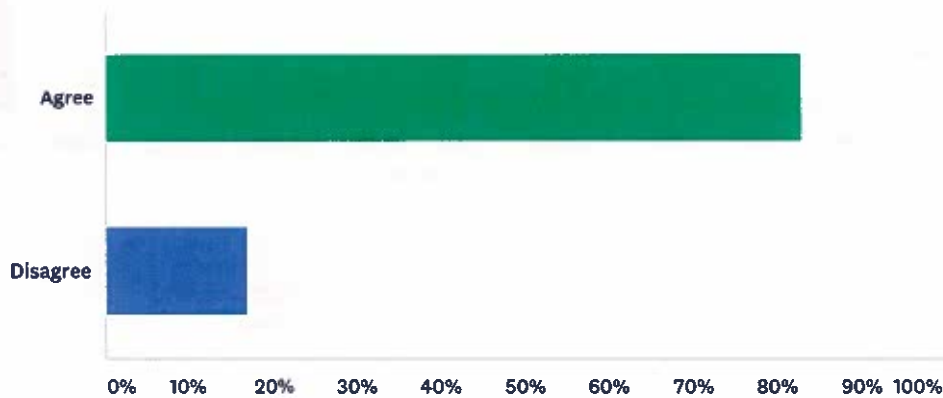
Lowest Score	Median	Highest Score
100%	100%	100%
Mean: 100%		
Standard Deviation: 0%		

Question Ranking

QUESTIONS (4)	DIFFICULTY	AVERAGE SCORE
Q1 Current Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing or shelter. (Welfare & Institutions Code section 5008(h)(1)(A),(2)) Proposed Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing, shelter or medical needs.	1	100%
Q2 Assessment of physical health needs under the proposed definition must be conducted by a licensed physician over a meaningful course of monitoring and attempting to engage in treatment.	1	100%
Q4 The physical health condition must be such that the individual is not capable of safely surviving in freedom with the help of willing and responsible family members, friends or third parties.	1	100%
Q3 The nature of the individual's physical health need(s) must be visibly apparent, progressing, and at predictable risk of becoming life/limb threatening.	1	100%

Q1 Current Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing or shelter. (Welfare & Institutions Code section 5008(h)(1)(A),(2))
Proposed Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing, shelter or medical needs.

Answered: 47 Skipped: 0



QUIZ STATISTICS

Percent Correct 100%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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ANSWER CHOICES

ANSWER CHOICES	SCORE	RESPONSES	
✓ Agree	1/1	82.98%	39
✓ Disagree	1/1	17.02%	8
TOTAL			47

#	COMMENT:	DATE
1	too broad, also where and how would all these folks be cared for with the serious shortage of facilities?	12/15/2017 5:53 PM
2	California policy is currently that "autonomy is king" with medical decisions. People are free to make their own medical decisions, even if their medical decisions are illogical or dangerous. We therefore should not be locking up people for making poor medical decisions – other California statutes and policies would need to be changed first.	12/7/2017 4:40 PM
3	Attending to medical needs of the severity necessary to meet the proposed standards would require the consent of the individual. If they are not consenting to the offering of care at this stage, what makes you think you will be able to secure their consent for medical procedures? Or, are you suggesting that placing someone on a LPS hold would negate the requirement that the person on the hold would have to consent to medical procedures - that would be a scary proposition.	12/7/2017 1:30 PM
4	This runs the risk of being used (even more than it already is now) to detain individuals who disagree with the doctor's proposed course of medical treatment, effectively turning a psychiatric hold into a medical hold, and further reducing the freedom of individuals (especially those with a psychiatric diagnosis) to self-determine their own medical care.	12/6/2017 7:38 PM

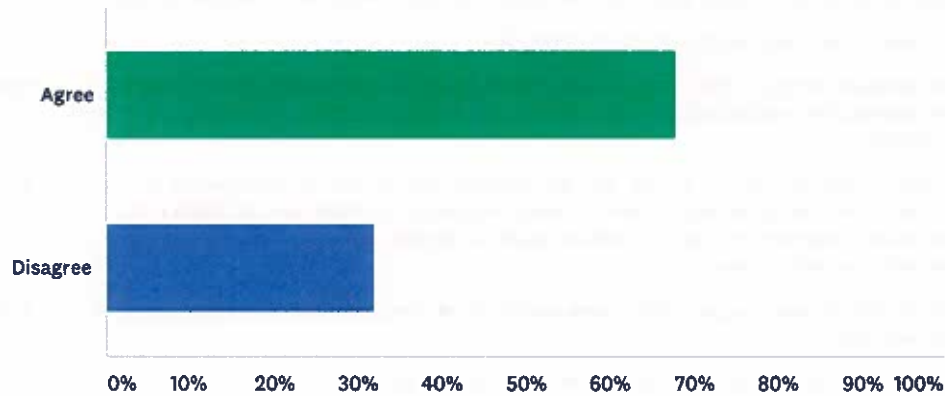
Grave Disability Definition

SurveyMonkey

5	The exclusion of medical needs in this definition makes no sense. Critically needed.	12/6/2017 1:28 PM
6	Most mentally ill homeless have no idea how ill they are and to what degree they need medical attention.	12/5/2017 7:40 PM
7	If all above are so would medical!	12/5/2017 5:32 PM
8	There should have been an option for "Not Sure." There are far too many questions regarding implementation and funding to give an answer.	12/4/2017 3:41 PM
9	I am hesitant to continue including alcoholism as there is no way to mandate someone to SUD tx	12/4/2017 1:36 PM
10	this may include a very large additional group of people	12/4/2017 1:34 PM
11	This makes sense as long as mental health departments are made responsible for ensuring that the person receives the needed medical care, thereby expanding the scope of services provided by mental health.	12/1/2017 6:34 PM
12	this would help us provide care for people who are generally able to care for themselves, but are delusional about their eating disorder, need for cancer treatment, or other serious health risks -- with mental health treatment the delusion beliefs could be properly dealt with and the person would then likely consent to care.	12/1/2017 2:02 PM
13	Lack of insight into the need to get medical care seems to be a large contributor to early death in consumers with SMI.	11/30/2017 2:05 PM
14	Could it say physical and/or mental health needs? Perhaps medical needs?	11/29/2017 10:44 PM

Q2 Assessment of physical health needs under the proposed definition must be conducted by a licensed physician over a meaningful course of monitoring and attempting to engage in treatment.

Answered: 47 Skipped: 0



QUIZ STATISTICS

Percent Correct 100%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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ANSWER CHOICES

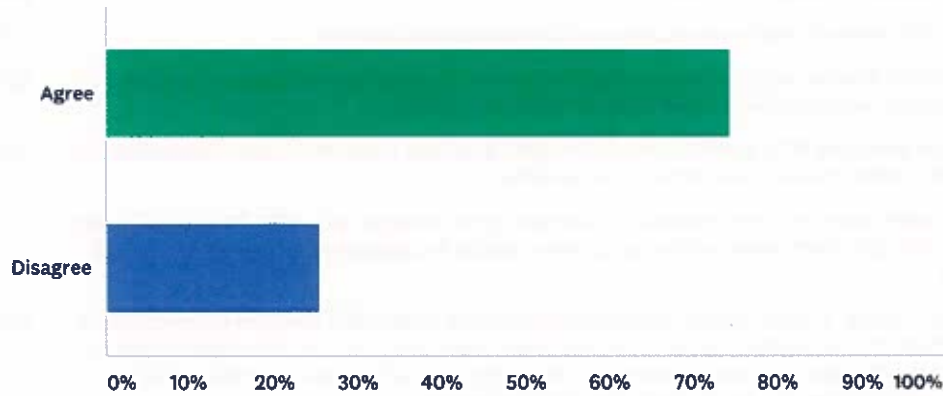
ANSWER CHOICES	SCORE	RESPONSES	
✓ Agree	1/1	68.09%	32
✓ Disagree	1/1	31.91%	15
TOTAL			47

#	COMMENT:	DATE
1	too intrusive in peoples rights with the fear this could venture into every private citizens lives,,, too much government in peoples lives	12/15/2017 5:53 PM
2	Doesn't seem practical - physicians won't go where they need to be.	12/7/2017 1:30 PM
3	I do not agree or disagree. This is too broad. See above for concerns about how this proposed definition would be used.	12/6/2017 7:38 PM
4	The "attempt to engage in treatment" is only valid if there are a range of choices for the individual so that the burden of engaging is placed on system of care to offer true alternatives.	12/6/2017 6:02 PM
5	I might be challenging for a licensed physician to conduct in timely fashion in all locations so suggest expanding to NP's and possibly RN's.	12/6/2017 1:28 PM
6	Other trained and educated health care professionals can make those assessments.	12/6/2017 9:29 AM
7	To get a clear understanding of actual needs globally	12/5/2017 5:32 PM
8	What about FNP's, for example working under a Physician license?	12/5/2017 12:11 PM
9	This language is ambiguous. Definition of "meaningful"?	12/5/2017 10:39 AM

10	Currently the LPS Act is mostly silent on the issue of medical consent for physical health care. When there is a need for intrusive medical treatment a separate court order is necessary. Will being gravely disabled lead to a finding that the person lacks the ability to give informed consent for physical health? On a one time basis or are we looking for that to be the finding for the entire conservatorship? Will the process be similar to the Probate Conservatorship process and a general finding that the conservatee lacks consent based on a capacity declaration?	12/4/2017 3:41 PM
11	*under reasonable circumstances	12/4/2017 3:20 PM
12	Would be needed if change was made	12/4/2017 1:34 PM
13	Needs to state Nurse Practitioners or other qualified medical professional.	12/2/2017 2:19 PM
14	May be difficult to determine over a course and the needs are more imminent. Also, sometimes a physical health need can be assessed by a non physician clinician.	12/1/2017 7:28 PM
15	do you want to include NP's and PA's here? (I'm thinking of rural areas and skilled nursing facilities where allied health providers are primary care providers)	12/1/2017 2:02 PM
16	Physical health needs are often obvious to a clinician, case manager, LPT, NP, PA who could also report the physical health need and the consumer's inability to understand or consent to medical treatment.	11/30/2017 2:05 PM
17	"meaningful course" implies multiple visits/encounters with a patient. this needs to be more clearly defined. Think of an emergency room doctor needing to treat an actively psychotic patient refusing treatment for a life saving physical ailment (lets say sepsis from a foot wound) because they feel the doctor works for the FBI and is implanting a tracking device.	11/30/2017 10:42 AM
18	Proposed language eliminates possibility of care by nurse practitioner or other professional. "Meaningful course of monitoring and attempting to engage in treatment" is too vague and could be interpreted to require too long a time period to meet. Many patients may need care sooner.	11/30/2017 4:02 AM
19	In order for this assessment to occur wouldn't it require some form of institutionalization or hospitalization? What if the person is simply homeless, but hasn't committed any offense are we proposing to forcibly detain them?	11/29/2017 9:10 PM

Q3 The nature of the individual's physical health need(s) must be visibly apparent, progressing, and at predictable risk of becoming life/limb threatening.

Answered: 47 Skipped: 0



QUIZ STATISTICS

Percent Correct 100%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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ANSWER CHOICES

ANSWER CHOICES	SCORE	RESPONSES	
✓ Agree	1/1	74.47%	35
✓ Disagree	1/1	25.53%	12

TOTAL

47

#	COMMENT:	DATE
1	depends on the beneficiary and their beliefs, not the physician or evaluator.	12/15/2017 5:53 PM
2	Not sure if an tool is needed for standardization - may be too vague	12/8/2017 5:13 PM
3	"Visibly apparent" seems too restricting. For example, atrial fibrillation is invisible but has a "predictable risk" of being life threatening. Also, "predictable risk" is quite vague. Uncontrolled diabetes has a predictable risk of causing amputation, but it could take decades to do so.	12/7/2017 4:40 PM
4	I disagree with the expansion of LPS criteria. The means already exist through LPS under LPS conservatorship - a better course of action would be to adequately fund the Public Guardian's office.	12/7/2017 1:30 PM
5	"Predictable risk" is too vague, and will encourage physicians to speculate/extrapolate otherwise non-emergent situations to fit this new definition. Suggest "imminent risk" instead of "predictable risk." (See above for concerns about how this proposed definition would be used.)	12/6/2017 7:38 PM
6	Why only visibly apparent? That would exclude many (likely most) life threatening conditions.	12/6/2017 1:28 PM
7	Not always visible!	12/5/2017 5:32 PM
8	I worry about the interpretation of visibly apparent. I think that could be omitted.	12/5/2017 11:26 AM
9	Not all physical health needs are visible.	12/2/2017 2:19 PM
10	This sounds good, but is it too vague? How do you define "progressing" if you don't know the person? That is, can you determine "grave disability" without knowing a history?	12/1/2017 6:22 PM

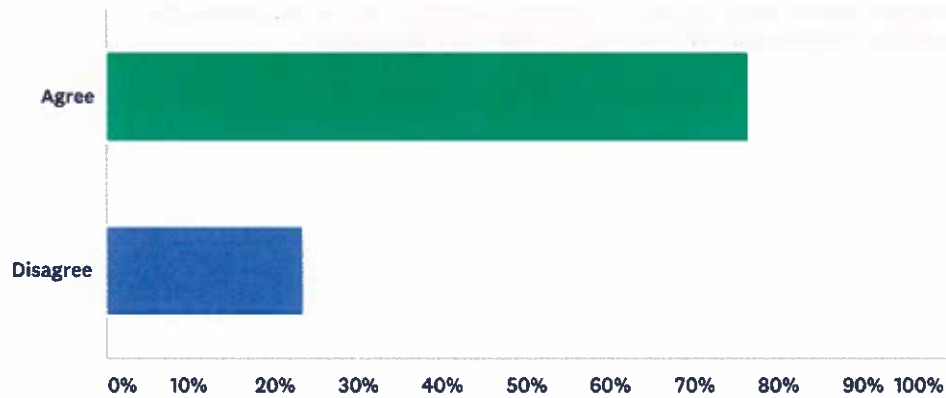
Grave Disability Definition

SurveyMonkey

11	brain cancer isn't visibly apparent, and neither are some other physical health needs, so I might want to remove the word "visibly" -- not sure why that is needed.	12/1/2017 2:02 PM
12	I would say "and/or" because not all are visible to the eye but may be known about such as untreated cancer.	11/30/2017 2:05 PM
13	"visibly apparent" implies can be seen - what about lab results - again lets says sepsis or a toxic lab value. needs to be better defined	11/30/2017 10:42 AM
14	Why "visibly apparent?" Diabetes, high blood pressure, and myriad other conditions that definitely require treatment are not visibly apparent. In addition, a condition may be very serious and damaging without "progressing" - why be forced to wait until it progresses.	11/30/2017 4:02 AM

Q4 The physical health condition must be such that the individual is not capable of safely surviving in freedom with the help of willing and responsible family members, friends or third parties.

Answered: 47 Skipped: 0



QUIZ STATISTICS

Percent Correct 100%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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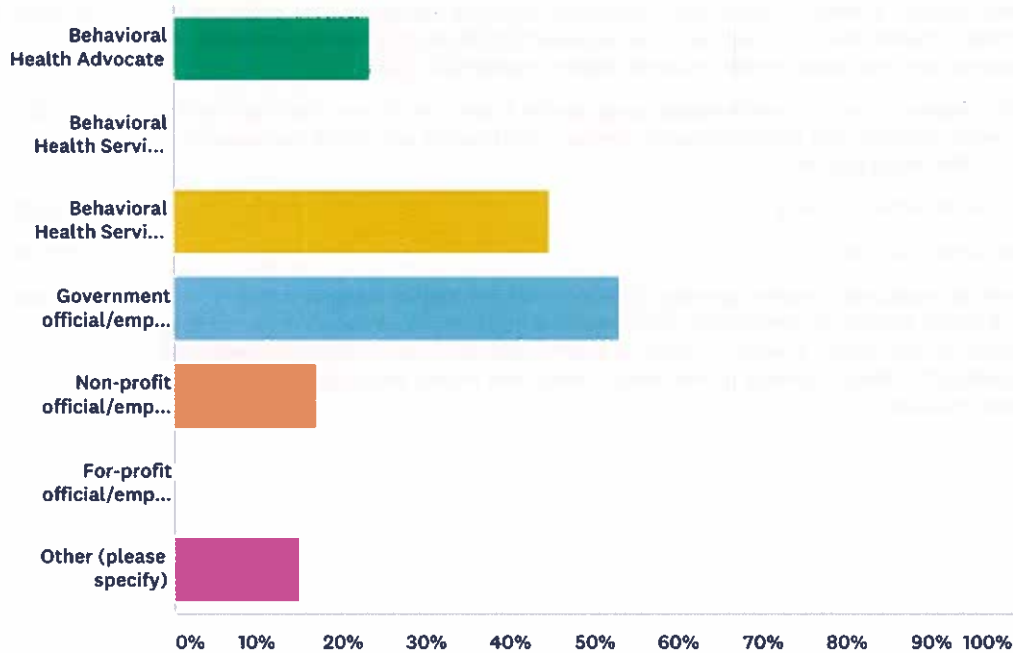
ANSWER CHOICES	SCORE	RESPONSES	
✓ Agree	1/1	76.60%	36
✓ Disagree	1/1	23.40%	11
TOTAL			47

#	COMMENT:	DATE
1	too much power in providers hands..	12/15/2017 5:53 PM
2	Too broad even though intent is good. Hard to measure.	12/8/2017 5:13 PM
3	I disagree with the expansion of LPS criteria. The means already exist through LPS under LPS conservatorship - a better course of action would be to adequately fund the Public Guardian's office.	12/7/2017 1:30 PM
4	This wording at least limits the proposed definition to situations where survival is at stake. Better, but still capable of overly-broad interpretation. A nexus between the mental disorder and the specific decision(s) surrounding the physical health condition should be required.	12/6/2017 7:38 PM
5	I am concerned about the subjectivity of this judgment. The availability of relevant service, support system assistance has a lot to do with whether an individual is perceived as capable of "surviving in freedom."	12/6/2017 6:02 PM
6	Except with the word "freedom "	12/5/2017 5:32 PM
7	Change "in freedom" to "independently".	12/5/2017 10:39 AM
8	I don't understand this statement	12/4/2017 6:19 PM
9	I disagree with the comment of safely surviving in "freedom." The Welfare and Institutions code allows for the release of an involuntary patient if they can survive safely but does not put it in the context of a person's constitutional right to self determination or the rights to be in the least restrictive environment which may mean an open setting. I find the reference to freedom concerning as we should not be considering grave disability in the context of a person's freedom.	12/4/2017 3:41 PM

10	I think the bolded section isn't clear in terms of intent? safely surviving in freedom...not clear.	12/4/2017 1:36 PM
11	Agree, although confusing here I feel (may be I am reading it incorrectly). It is usually that a person is not capable of safely surviving in freedom without the help, but would be, with the help of someone (provider, friend), and the goal is then to get the person urgently connected and all. But, yes, also there are times that with the help of willing person, it is not enough and the person is still in need of support for safely surviving due to the health condition.	12/1/2017 7:28 PM
12	The greatest concern is where to place these individuals. We have had clients with severe and chronic physical health disabilities that could not be placed anywhere because the available facilities did not have the ability to deal with both physical health and mental health conditions.	12/1/2017 6:34 PM
13	"in freedom" makes it sound like we're hoping to jail people. I don't like this and don't see why it is relevant. Health decisions are not left to family, friends or third parties and I think this takes the discussion in the wrong direction.	12/1/2017 2:02 PM
14	I'm a little unsure of this meaning.	11/30/2017 2:05 PM
15	not sure you need "in freedom"	11/30/2017 10:42 AM
16	Every individual is capable of safely surviving in freedom with the help of willing and able responsible family, friends, or third parties. The problem is that many don't have willing and able family, friends or third parties. If what you mean is that the individual will not be considered to be gravely disabled for failing to provide for necessary health care if he or she has a responsible third party to help, then say that. O	11/30/2017 4:02 AM

Q5 Please describe your relationship to the mental health service delivery system (please check all that apply):

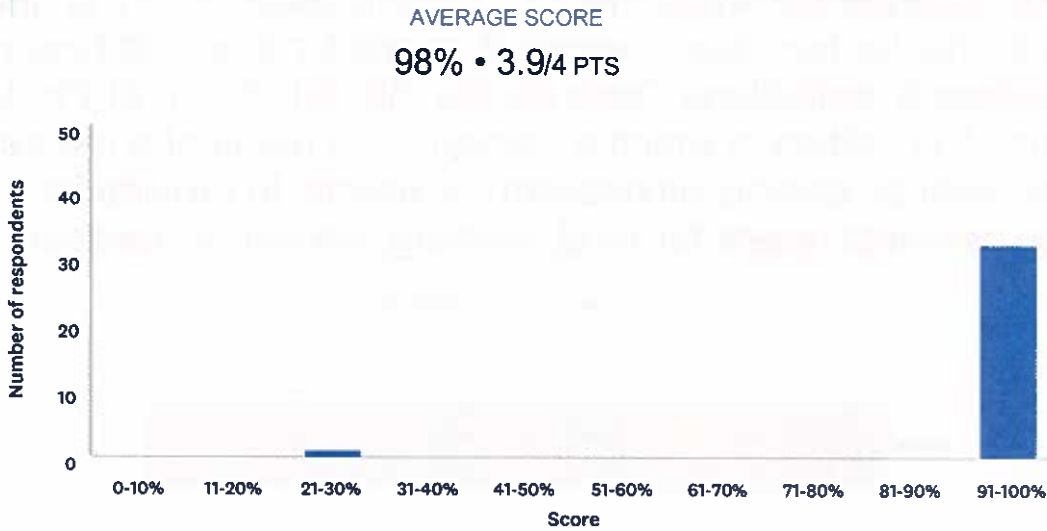
Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Behavioral Health Advocate	23.40%	11
Behavioral Health Services recipient	0.00%	0
Behavioral Health Services provider	44.68%	21
Government official/employee	53.19%	25
Non-profit official/employee	17.02%	8
For-profit official/employee	0.00%	0
Other (please specify)	14.89%	7
Total Respondents: 47		

#	OTHER (PLEASE SPECIFY)	DATE
1	law enforcement	12/5/2017 7:40 PM
2	Loss prevention/risk management consultant.	12/5/2017 7:23 PM
3	Parent of autistic adult with MH & behavior disorder & board member State Council for Devellano disabilities	12/5/2017 5:32 PM
4	Community BH Director	12/4/2017 10:18 PM
5	BH Provider who does policy work in the Department of Corrections	12/4/2017 1:34 PM
6	APS employee also	12/4/2017 11:29 AM
7	loss prevention specialist/risk manager	12/1/2017 2:02 PM

Quiz Summary



STATISTICS

Lowest Score	Median	Highest Score
25%	100%	100%

Mean: 98%

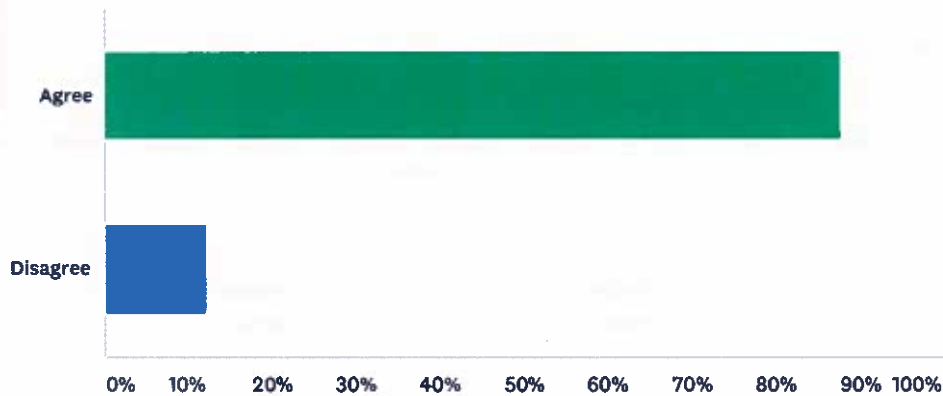
Standard Deviation: 13%

Question Ranking

QUESTIONS (4)	DIFFICULTY	AVERAGE SCORE
Q3 The nature of the individual's physical health need(s) must be apparent, progressing, and at predictable risk of becoming life/limb threatening.	1	100%
Q2 Assessment of physical health needs under the proposed definition must be conducted by a licensed physician over a meaningful course of monitoring and attempting to engage in treatment.	1	100%
Q4 Due to a mental illness, the individual is not capable of surviving safely without the help of immediate medical attention for a serious and active physical health condition.	1	100%
Q1 Current Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing or shelter. (Welfare & Institutions Code section 5008(h)(1)(A),(2)) Proposed Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing, shelter or medical needs.	1	100%

Q1 Current Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing or shelter. (Welfare & Institutions Code section 5008(h)(1)(A),(2))
Proposed Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing, shelter or medical needs.

Answered: 33 Skipped: 0



QUIZ STATISTICS

Percent Correct 100%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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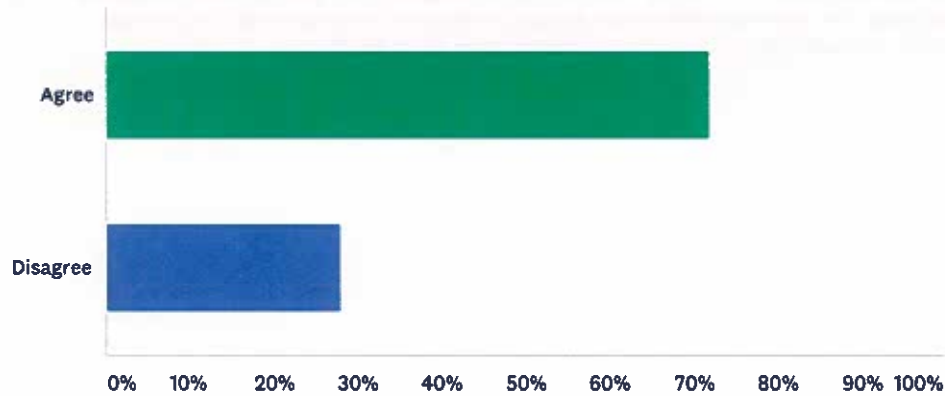
ANSWER CHOICES	SCORE	RESPONSES	
✓ Agree	1/1	87.88%	29
✓ Disagree	1/1	12.12%	4
TOTAL			33

#	COMMENT:	DATE
1	Medical needs provides whole person care / I think they need to get rid the word alcoholism and put substance abuse_addiction or something broader than alcohol.	12/26/2017 7:56 PM
2	Does this specifically include other substance abuse impairment as well?	12/23/2017 12:22 PM
3	The proposed definition meet the needs of those that are currently facing many more conditions that are brought on by today's society. The old definition is so outdated that it does not help those that are in dire need today.	12/22/2017 4:26 PM
4	short & sweet.....	12/21/2017 10:42 PM
5	medical needs is too broad, should be narrowed to physical health needs resulting in putting the person in danger of serious harm	12/19/2017 8:18 PM
6	We need to add the degenerative impact drug use on the mental stability of some users.	12/19/2017 7:05 PM
7	Would this include medication or medication management?	12/19/2017 6:38 PM
8	What about impairment resulting from drug addiction?	12/19/2017 6:37 PM

9	I would suggest some language around personal safety issues. Many are women whose behaviors put them at risk for violence and sexual assault.	12/19/2017 1:31 PM
10	The ability to comment is made difficult by this format. I have observed a pattern of Court 95 A not considering chronic alcoholism or drug addiction as a reason to grant Conservatorship. First, I recommend that chronic alcoholism and other drug dependent disorders be in this definition. Also, I recommend that there be training for judges, PDs, Psychiatrists and all involved to understand this inclusion.	12/19/2017 10:50 AM
11	I have seen this deterioration of a family member and has frequently not been deemed to meet the current definition. The proposed definition would much more useful in trying to help him with his mental illness, particularly as he is currently homeless because of the illness.	12/19/2017 9:57 AM

Q2 Assessment of physical health needs under the proposed definition must be conducted by a licensed physician over a meaningful course of monitoring and attempting to engage in treatment.

Answered: 32 Skipped: 1



QUIZ STATISTICS

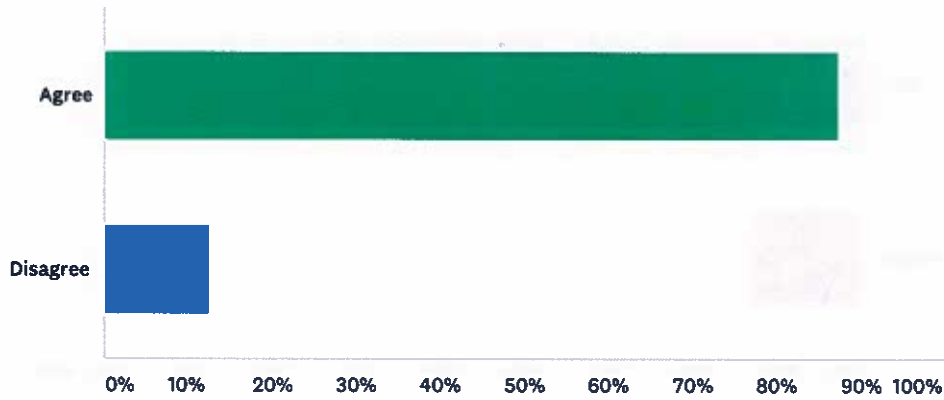
Percent Correct 97%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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ANSWER CHOICES	SCORE	RESPONSES	
✓ Agree	1/1	71.88%	23
✓ Disagree	1/1	28.13%	9
TOTAL			32

#	COMMENT:	DATE
1	Why not include other licensed medical professionals? Seems would need to for this to work.	12/22/2017 9:10 PM
2	Should not be limited to licensed physician, but expanded to include other licensed health care providers (ex. licensed nurse practitioner), who may be more readily accessible to a more transient (ex. homeless) community.	12/22/2017 6:36 PM
3	Physicians are not out in the field so this will block the majority of efforts to get a person on 5150 status. Some of these people are dying on the street.	12/22/2017 5:36 PM
4	There are MANY times when it is obvious to a non medical staff member that there is an urgent medical need that will not be addressed without intervention, and slowing the process down is dangerous.	12/22/2017 1:51 PM
5	good oversight.....	12/21/2017 10:42 PM
6	You must add a license psychiatrist to determine mental stability to address normal human needs.	12/19/2017 7:05 PM
7	"Over a meaningful course of monitoring" lacks clarity of measurable decision making.	12/19/2017 6:38 PM
8	Would this also include Nurse Practitioners?	12/19/2017 1:31 PM
9	Also, the family's historical information must be considered.	12/19/2017 10:50 AM
10	Yes I totally agree with this.	12/19/2017 9:57 AM

Q3 The nature of the individual's physical health need(s) must be apparent, progressing, and at predictable risk of becoming life/limb threatening.

Answered: 32 Skipped: 1



QUIZ STATISTICS

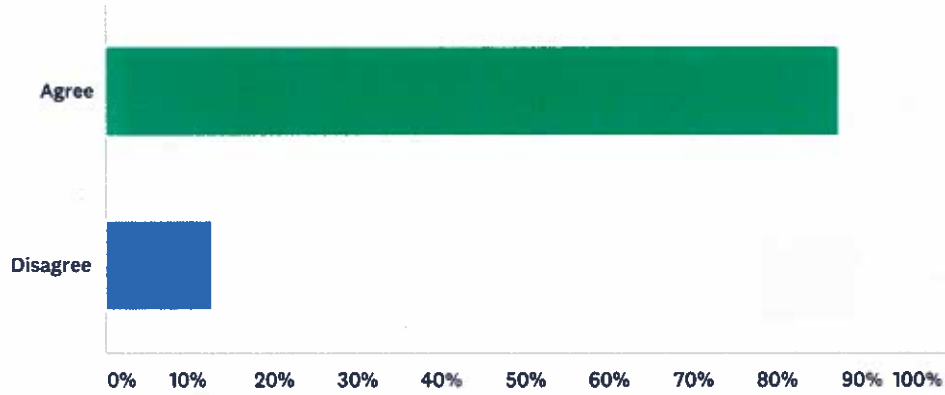
Percent Correct 97%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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ANSWER CHOICES	SCORE	RESPONSES	
✓ Agree	1/1	87.50%	28
✓ Disagree	1/1	12.50%	4
TOTAL			32

#	COMMENT:	DATE
1	Cancer? Diabetes? Not so apparent but life threatening.	12/22/2017 9:10 PM
2	well said....	12/21/2017 10:42 PM
3	Would suggest use of word "deteriorating" as opposed to "progressing".	12/19/2017 6:38 PM
4	What if it's not progressive disease or disorder? Does it have to include all of the above factors?	12/19/2017 6:37 PM
5	I object to must be apparent. Also, to whom must it be apparent?	12/19/2017 1:31 PM
6	Again, include family's documentation.	12/19/2017 10:50 AM
7	However, it is not always easy to witness the above if an individual is homeless. How can you see this if they do not live somewhere where they can be observed ?	12/19/2017 9:57 AM

Q4 Due to a mental illness, the individual is not capable of surviving safely without the help of immediate medical attention for a serious and active physical health condition.

Answered: 32 Skipped: 1



QUIZ STATISTICS

Percent Correct 97%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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ANSWER CHOICES

ANSWER CHOICES	SCORE	RESPONSES	
✓ Agree	1/1	87.50%	28
✓ Disagree	1/1	12.50%	4

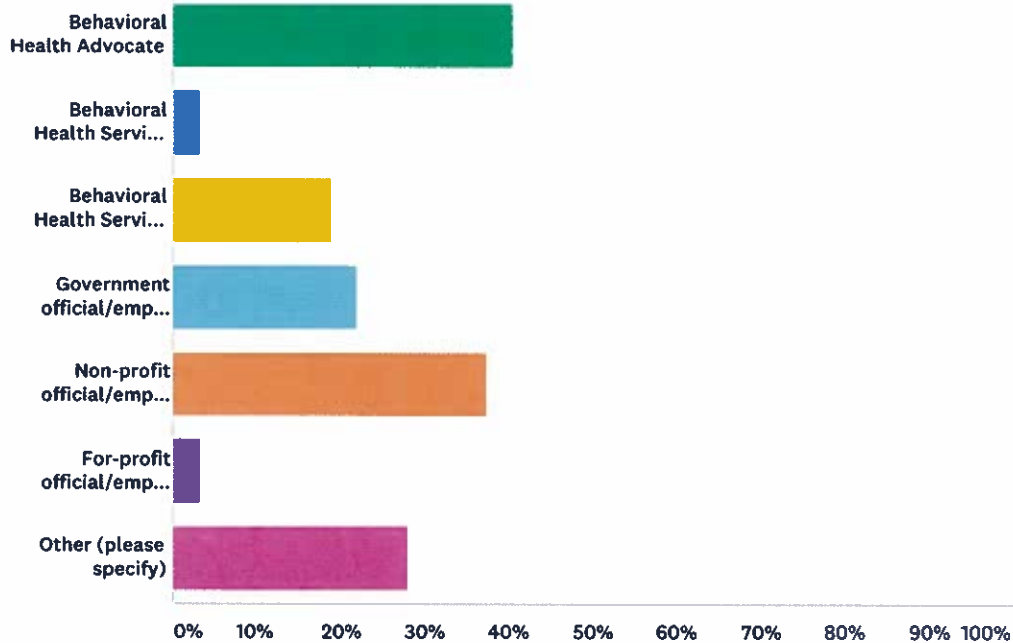
TOTAL

32

#	COMMENT:	DATE
1	State law should be expanded to include medical needs. For example: Someone was so impaired that they were unable to go to dialysis and ended up dying because of untreated medical needs.	12/26/2017 7:56 PM
2	and medical emergency attention ASAP....	12/21/2017 10:42 PM
3	I'm wondering about the word "attention", thinking "intervention" might be more appropriate.	12/19/2017 6:38 PM
4	Due to a mental illness, including chronic alcoholism and drug dependence.	12/19/2017 10:50 AM

Q5 Please describe your relationship to the mental health service delivery system (please check all that apply):

Answered: 32 Skipped: 1



ANSWER CHOICES	RESPONSES	
Behavioral Health Advocate	40.63%	13
Behavioral Health Services recipient	3.13%	1
Behavioral Health Services provider	18.75%	6
Government official/employee	21.88%	7
Non-profit official/employee	37.50%	12
For-profit official/employee	3.13%	1
Other (please specify)	28.13%	9

Total Respondents: 32

#	OTHER (PLEASE SPECIFY)	DATE
1	Volunteer	12/26/2017 10:52 PM
2	Los Angeles County, Health Agency - Mental Health current consumer	12/26/2017 7:56 PM
3	Former client, presently a volunteer with LACDMH, Peer Advocate, etc.	12/22/2017 4:26 PM
4	MH community advocate & organizer	12/21/2017 10:42 PM
5	Community and client advocate	12/19/2017 7:05 PM
6	Volunteer LACDMH	12/19/2017 6:38 PM
7	Retired CEO of a mental health contract agency.	12/19/2017 6:37 PM
8	Chair of the Executive Board - Faith Based Advocacy Council	12/19/2017 9:57 AM

Q6 Any additional comments? And thanks so much for your time and input on this vital topic!

Answered: 14 Skipped: 19

#	RESPONSES	DATE
1	When, How, and Where will these results be publicly available? Thank you for your time and consideration on this topic and being open-minded to include feedback from others who are also interested. National Consumer Motto: "Nothing About Us Without Us"	12/26/2017 10:52 PM
2	Thank you, for the opportunity as an end user of service to participate. Reba Stevens	12/26/2017 7:56 PM
3	Sometimes people are danger to self because they don't have insight into their need for help. The physical need may not be obvious or they may not have one. But the psychiatric need is great and the person is blocked by his illness (say paranoia) from accepting help. As a result they do not eat properly and are exposed to the elements for extended periods of time, greatly deteriorating their health.	12/22/2017 5:36 PM
4	Change with service deliverance in the Black & Brown Community is so much needed to keep up with times.	12/22/2017 4:26 PM
5	Although persons with physical health issues are entitled to health care at times may lead to a permanent or temporary disability. If alcoholism is addictive how does it compare to mental illness, a disorder in some circumstances can not be changed. In some aspects this survey puts mental illness and alcoholism in the same category. A decision to stop drinking can suspend the addiction to alcoholism but some mental disorders are not capable of suspending the effects of mental illness. I am just curious about the connection between addiction and disorder.	12/22/2017 2:55 PM
6	I think this would be a very helpful and relevant change to the code.	12/22/2017 1:51 PM
7	I believe assessing and adding the health risk, will assist in those individuals, who have a lack of insight into their condition	12/22/2017 1:49 PM
8	Gracias, Ricardo Pulido Nami/LAC Ed. Coord. 310-567-0748 rick@namilaccc.org contact me f you need more insight!.....rp	12/21/2017 10:42 PM
9	This is an important issue and we need to get it Wright.	12/19/2017 7:05 PM
10	I believe the junction between mental health and physical health must be addressed concurrently in order to achieve the best overall outcomes.	12/19/2017 6:38 PM
11	Sometimes the more specific you are in the definition of what qualifies as a mental health disorder and a need for care the more different areas are identified as missing in the definition.	12/19/2017 6:37 PM
12	Review requirements for court appearance by attending physician form Psychiatric Hospital.	12/19/2017 1:31 PM
13	Co-occurring Disorders must be addressed in all the above. Research, training and treatment are critical.	12/19/2017 10:50 AM
14	It should be easier for family members of someone with a mental illness to get help for their family member. There are many wonderful services offered, but not enough people to provide them, and also not easy to know where to find them. It should be easier for law enforcement to connect with Dept of Mental Health. The jails should not be filled with people who have a mental illness - as this is the only recourse that law enforcement has. Can there not be a better solution found for people who are not a danger to the public but nevertheless can be annoying - other than arresting or giving citations for them to show up in court? Most people don't even know that they have to show up, and then have a bench warrant issued for their arrest. I wonder if there could be a better way of attending these issues - all connected to Section 5008	12/19/2017 9:57 AM

