May 24, 2021

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

The Honorable Philip Ting  
Chair, Assembly Budget Committee  
State Capitol Building, Room 6026  
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 Dr. Joaquin Arambula  
Chair, Assembly Budget Subcommittee  
#1 – Health and Human Services  
State Capitol Building, Room 5155  
Sacramento, CA  95814

SUBJECT:  
May Revision Proposal to Discontinue State Hospital Treatment for Lanterman-Petris-Short (LPS) Act Civil Commitments — OPPOSE

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

On behalf of the National Alliance on Mental Illness - California (NAMI-CA), we respectfully write in opposition to the Governor’s May Revision proposal to terminate LPS Act civil commitment treatment in state hospitals.

NAMI-CA is the statewide affiliate of the country’s largest mental health advocacy organization, the National Alliance on Mental Illness. Our over 110,000 active advocates and 62 affiliates include many people living with serious mental illnesses, their families, and supporters. NAMI-CA advocates on their behalf, providing education and support to its members and the broader community.

While serious mental illness affects 1 in 20 adults in the U.S., the incidence of symptoms so severe that treatment and confinement in a state hospital are necessary is extremely rare. The current population of individuals civilly committed under the LPS Act for state hospital treatment in California is under 800 individuals. By the time these individuals reached the state hospital level of care under a LPS Act commitment, courts have determined that they present a danger to self or others, or are unable to provide for their basic needs, due to mental illness. Additionally, the courts would have also determined that only the physically secure, 24-hour care offered by a state hospital is appropriate for the individual.

NAMI-CA is very concerned about the feasibility of the Governor’s proposal to move this high-risk population out of the state hospitals and into community settings over the next three years. As acknowledged by the Governor’s behavioral health infrastructure budget proposal, California already lacks adequate treatment facilities and housing for the broader population of people living with serious mental illness in the community. This population would certainly be served in local facilities instead of state hospitals if treatment facilities with the needed security, staffing, and clinical expertise existed today.
Given the security and safety risks combined with medical and mental health complexities of this population, an assessment of the risks or benefits of transferring this high-risk group to new facilities that do not currently exist deserves much more consideration and planning than are available between release of the May Revision on May 14 and the Legislature’s June 15 budget deadline.

Finally, NAMI-CA is dismayed the Governor’s proposal to transfer nearly 800 patients out of State Hospitals’ care is driven not by the best interests or clinical needs of the patient population, but rather, the state hospital system’s involvement in litigation requiring them to expand capacity for felony-charged Incompetent to Stand Trial individuals. While we acknowledge this legal pressure point for the state, it is unacceptable to put the lives and safety of other state hospital patients with serious mental illness on the line. Thankfully, California has been largely successful in reducing the proportion of people living with mental illness committed involuntarily to institutional settings. However, for the small number who need this most restrictive level of care, it is simply unreasonable to eliminate state hospitals as a treatment option in a state with no similar capacity at the local level.

For these reasons, NAMI-CA urges you to reject this May Revision proposal. I may be reached at jessica@namica.org or (916) 567-0163 with any questions you may have. Thank you.

Sincerely,

Jessica Cruz, MPA/HS
Chief Executive Officer

Cc: Dr. Mark Ghaly, Secretary, California Health and Human Services Agency (CHHSA)
Stephanie Clendendin, Director, California Department of State Hospitals (DSH)
Keely Martin Bosler, Finance Director, California Department of Finance (DOF)
Stephanie Welch, Deputy Secretary, CHHSA
Dr. Katherine Warburton, Medical Director, DSH
Christina Edens, Deputy Director, DSH
Richard Figueroa, Office of Governor Gavin Newsom
Tam Ma, Office of Governor Gavin Newsom
Adam Dorsey, Program Budget Manager, DOF
Nina Hoang, Principal Program Budget Analyst, DOF
Marjorie Swartz, Office of the Senate President Pro Tempore
Agnes Lee, Office of the Speaker of the Assembly
Chris Woods, Office of the Senate President Pro Tempore
Jason Sisney, Office of the Speaker of the Assembly
Scott Ogus, Senate Budget and Fiscal Review Subcommittee No. 3
Andrea Margolis, Assembly Committee on Budget Subcommittee No. 1
Anthony Archie, Senate Republican Caucus
Joe Parra, Senate Republican Caucus
Tim Conaghan, Senate Republican Caucus
Joe Shinstock, Assembly Republican Fiscal Office
Corey Hashida, Legislative Analyst’s Office
Scarlet D. Hughes, Executive Director, California Association of Public Administrators, Public Guardians, and Public Conservators
Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association
Kelly Brooks-Lindsey, Partner, Hurst Brooks Espinosa, Urban Counties of California
Sarah Dukett, Legislative Advocate, Rural County Representatives of California