

The History of the Lanterman-Petris-Short (LPS) Act

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Slide 2

Disability Rights California (DRC)

California's Protection & Advocacy System

Mission Statement: Advocate, educate, investigate and litigate to advance and protect the rights of Californians with disabilities

Slide 3

DRC SERVICES

Intake & Referral

Self-Help Materials

Training

Public Policy & legislation advocacy

State Hospital patient rights advocacy

Clients' rights advocacy for clients of regional centers

Legal counsel

Represent people with disabilities in priority area

Systemic litigation

Slide 4

PEER SELF-ADVOCACY PROGRAM (PSA) SERVICES

Facilitate Self-Advocacy Groups in Mental Health Facilities & State Hospitals

Provide Trainings to People with Mental Health Disabilities, Family Members & Service Providers on Legal Rights & Access to Services

Help Participants Develop Self-Advocacy Skills & Strategies to Advocate for their Own Goals and Services.

Slide 5

DISCLAIMER

This training is not legal advice.

Nothing said during this training is confidential.

If you have a disability-related legal issue that you would like to discuss with Disability Rights California, please call our intake line at 800-776-5746

Slide 6

Greeks – 4TH Century B.C. - HIPPOCRATES

Slide 7

Roman Law

Slide 8

England – 1400's

Slide 9

UNITED STATES

1600'S - Late 1700'S

Late 1700's - Patrick Henry

1800s - Dorothea Dix

Slide 10

Commitment Hearings

1800's – 1969: Need for Treatment

Model was on 'need for treatment.' "The will of the people to act for the best interest and protection" of a client.

Slide 11

The criteria for a person to be involuntarily committed:

- 1.) "Who are of such mental condition that they are in need of supervision, treatment, care or restraint"
- 2.) "Who are of such mental condition that they are dangerous to themselves or to another person or the property of others, and in need of supervision, treatment, care or restraint."

Slide 12

1969 – Present: Dangerousness Model

Criteria under the LPS Act for involuntary commitment:

- 1.) Danger to self
- 2.) Danger to others
- 3.) Gravely disabled

Slide 13

THE ROAD TO DEINSTITUTIONALIZATION

1950's - Anti-psychotic medication

1957 - Short-Doyle Act

1960's - Medi-Care and Medi-Cal

1963 - Community Center Mental Health Act

Slide 14

State Hospital Population

1953 - 559,000 Nationwide
36,300 California
1968 - 18,800 California
1990 - 30,000 Nationwide
4,013 California

Slide 15

WHAT IS THE LANTERMAN-PETRIS-SHORT (LPS) ACT?

Named after state legislators:
Assemblyman Frank Lanterman
Senator Nicholas C. Petris
Senator Alan Short

Slide 16

1965

The California Medical Association released a report on the conditions in state hospitals. The report basically said state hospitals were not able to provide adequate treatment for those who were mentally ill.

Slide 17

1966

State Subcommittee on Mental Health Services investigated state hospitals and filed a report – The Dilemma of Mental Health Commitments in California.

Slide 18

The changes the subcommittee wanted to make in mental health law:

- 1.) End lifetime commitments
- 2.) Establish due process rights for patients
- 3.) Voluntary treatment
- 4.) Give psychiatrists, rather than the courts, the power to evaluate patients

Slide 19

Changes (continued)

- 5.) Establish specific criteria for psychiatric holds
- 6.) Provide services in the least restrictive setting appropriate to the person's needs
- 7.) Use agencies, professional personnel and public funds to accomplish the above objectives

Slide 20

Bill AB 1220 - Senator Petris and Assemblyman Lanterman

AKA - The Mental Health Act of 1967.

It passed the Assembly: 77 yes votes, 1 no and 2 abstentions.

It went to the state Senate's Governmental Efficiency and Economy Committee.

Slide 21

Senator Short and SB 677

Lanterman and Petris did not give up on their bill.

Before SB 677, counties paid 50% and the State paid 50%.

SB 677 would increase how much the state paid for Short-Doyle funding. Counties would pay 25% and the State would pay 75%. Senator Short agreed to the language of AB 1220 and put it into his bill. SB 677 went to the assembly, where it passed.

Slide 22

SB 677

Senator John Schmidt was the swing vote.

Slide 23

Content heading

On the last day of the legislative session, the senate passed SB 677. Governor Ronald Reagan signed the bill into law. LPS went into effect in 1969. This allowed time for implementation.

Slide 24

ADDITIONS TO THE LPS ACT

1968 - Due Process Rights: Doe vs. Gallinot – Certification Review Hearings

1975 – Reasonable Cause vs Probable Cause

“Reasonable” cause to suspect someone was a danger to self, others or gravely disabled.

Changed to “probable cause” to believe someone...

Slide 25

1987 - Riese v St. Mary’s Hospital and Medical Center

Right to informed consent about psychiatric medication.

Right to decide to take or not take psychiatric medications – except in an emergency.

Requires a court ruling that a person lacks capacity to make treatment decisions.
Movie 55 steps.

Slide 26

ADDITIONS TO LPS (Continued)

2002 – AB 1421: Laura’s Law – Outpatient commitment.

2002 – AB 1424: The history of the person’s mental health disorder shall be considered based on what family, friends say about the person.

Slide 27

RECENT ATTEMPTS TO CHANGE OR GET RID OF THE LPS ACT

2018 – AB 1971: Amend the term gravely disabled to include, ‘when a mental health illness impedes the ability to seek urgently needed medical treatment.’ This bill was not voted on. It was put in the inactive file.

2020 – SB 1250: Enact legislation to repeal and replace the LPS Act of 1967.

Slide 28

QUESTIONS ? . . . ? . . . ?

Slide 29

DRC Resources

For assistance, please contact the Disability Rights California confidential intake line at 1-800-776-5746, available 9:00 am - 4:00 pm, Monday through Friday, or for TTY call: 1-800-719-5798.

DRC Website: www.disabilityrightsca.org