

Major Milestones: 43 Years of Care and Treatment Of the Mentally Ill

The past 43 years in California have seen significant changes in the care and treatment of the mentally ill. During that period there also have been major changes in the fiscal relationship between state and local governments. The timeline on the following pages highlights the major events that have altered the administration and funding of the programs for the mentally ill since 1957. The milestones illustrate some key themes that have emerged over the past 43 years.

Shift to Community Care and Depopulation of State Hospitals

Prior to 1957, the State of California had the sole responsibility for the care and hospitalization of the mentally ill and the developmentally disabled in a network of 14 hospitals located throughout the state. By 1957 the mentally ill population had grown to 36,300 (see Figure 2, page 4). As the hospital population grew in the late 1940s and early 1950s, some California communities recognized the need to establish outpatient facilities for people not in need of 24-hour hospitalization, and established locally funded clinics. The Legislature enacted the Short-Doyle Act in 1957 which provided state funds to local programs on a 50 percent sharing basis. The state share was increased to 75 percent in 1963. By 1967-68 there were 41 local programs and the hospi-

tal population had decreased to 18,800. The state's share of funding was increased to 90 percent in 1968.

Change in Involuntary Hospital Commitment Process

In 1968, the Lanterman-Petris-Short Act (LPS) significantly changed the law relating to the involuntary hospitalization of individuals by establishing the due process rights of individuals for whom commitment was being sought. The standards set forth in the 1968 statutes are basically still in effect today.

Funding Shortfalls and Inequity of Funding Among Counties

Throughout the 1970s and 1980s counties contended that the state was not providing adequate funds for community mental health programs. In addition, several counties were receiving less funds on a population basis than other counties. This disparity was addressed, with varying levels of success, in both the 1970s and the 1980s with the allocation of "equity funds" to certain counties. Realignment enacted in 1991 has made new revenues available to local governments for mental health programs, but, according to local mental health administrators, funding has lagged behind demand.



Major Milestones in California's Mental Health System

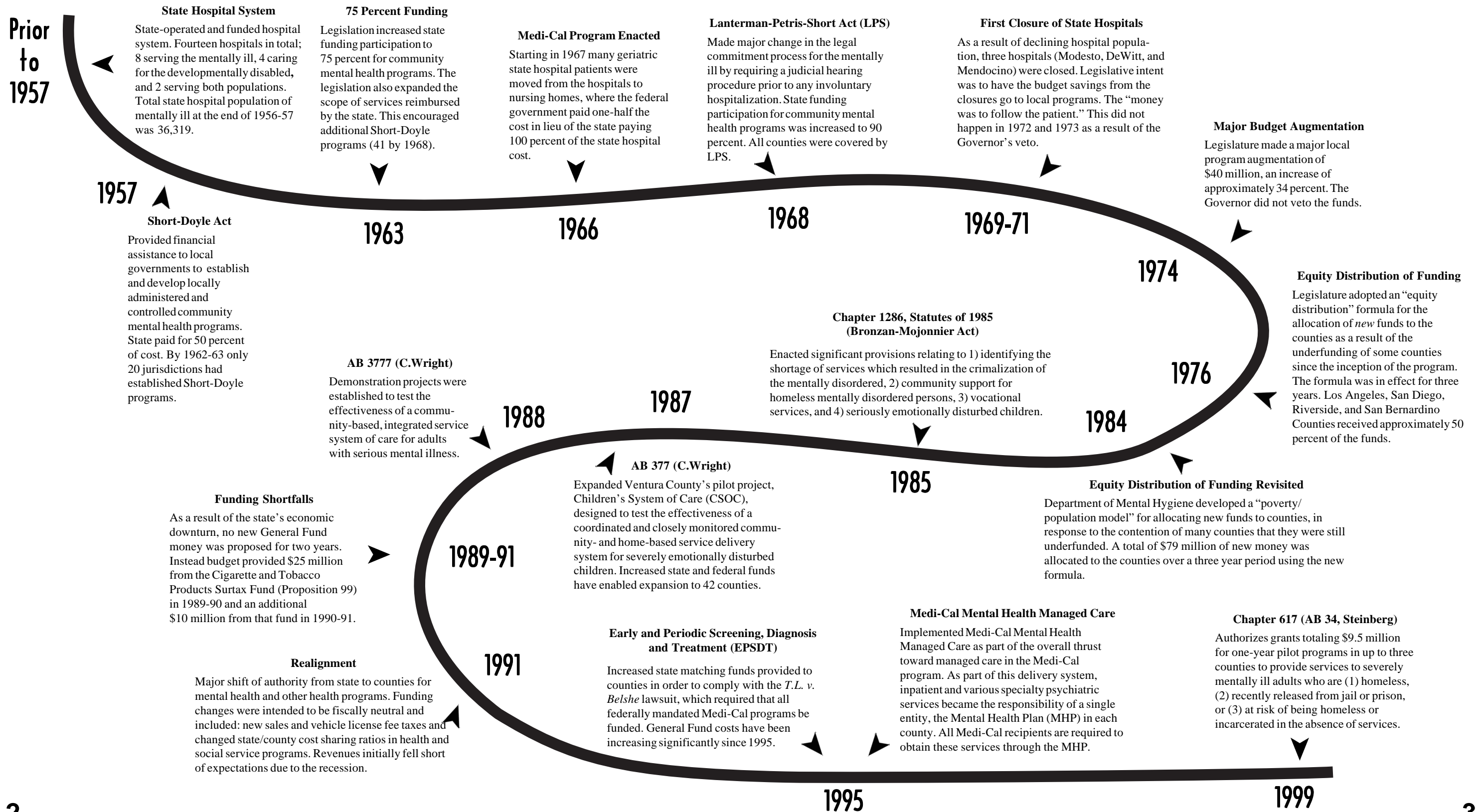




Figure 1

**County Mental Health Expenditures
Compared to State Health and Welfare Expenditures
All Funding Sources**

1989-90 Through 1996-97 (Dollars in Millions)

Year	County Mental Health Expenditures				State Health and Welfare Expenditures	
	Current Dollars	Percent Change	1989-90 Dollars	Percent Change	1989-90 Dollars	Percent Change
1989-90	\$1,133	—	\$1,133	—	\$24,295	—
1990-91	1,202	6.1%	1,149	1.5%	26,436	8.8%
1991-92	1,293	7.6	1,210	5.2	32,073	21.3
1992-93	1,404	8.5	1,282	6.0	33,013	2.9
1993-94	1,423	1.4	1,271	-0.8	34,418	4.3
1994-95	1,473	3.6	1,279	0.7	32,373	-5.9
1995-96	1,519	3.1	1,286	0.5	31,660	-2.2
1996-97	1,613	6.2	1,335	3.9	31,977	1.0
1989-90 through 1996-97	—	42.4%	—	17.9%	—	31.6%

Source: County cost reports. Based on most recent data, as of February 2000.

Figure 2

**State Hospital Population
Selected Years 1956-57 Through 1999-00^a**

Year	Total	LPS Patients ^b	Penal Code/Other Commitments ^c
1956-57	36,319	—	—
1959-60	36,006	—	—
1962-63	34,087	—	—
1965-66	25,674	—	—
1968-69	16,116	—	—
1971-72	8,198	6,075	2,123
1974-75	6,299	4,622	1,677
1977-78	5,124	3,314	1,810
1982-83	4,886	2,578	2,308
1987-88	4,533	2,469	2,064
1992-93	4,013	1,869	2,144
1997-98	3,961	1,063	2,898
1999-00 (est.)	4,095	878	3,217

^a Last day of fiscal year.

^b Lanterman-Petris-Short became effective July 1, 1969.

^c Commitments pursuant to Sections 1026, 1370, 1370.1, 1372(e), 1610, 2684, 2690, 2962, 2964(a), and 2974 of the Penal Code.

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