2026 LANTERMAN-PETRIS-SHORT (LPS) ACT ANNUAL REPORT

Data reported for January 2024 – December 2024

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EXECUTIVE SUMMARY

The California Department of Health Care Services (DHCS) collects and reports Lanterman-Petris-Short (LPS) Act data under Welfare and Institutions (W&I) Code section 5402. This report summarizes DHCS' implementation of these requirements pursuant to Senate Bill (SB) 929 (Eggman, Chapter 539, Statutes of 2022), Assembly Bill (AB) 118 (Committee on Budget, Chapter 42, Statutes of 2023), SB 43 (Eggman, Chapter 637, Statutes of 2023), and SB 1184 (Eggman, Chapter 643, Statutes of 2024). It describes DHCS implementation activities and references data from January 2024 – December 2024.

DHCS has used a multi-phase approach to LPS Act data collection requirements that was originally developed to implement SB 929. DHCS has updated the approach over time to incorporate requirements from AB 118, SB 43, and SB 1184, and to make refinements based on county and behavioral health stakeholder feedback.

This document provides narrative updates on progress toward meeting reporting requirements and summarizes the types of data collected. For complete LPS Act data for this reporting period, including summaries of data elements reported via the Nintex platform for calendar year (CY) 2024, refer to the California Health and Human Services Open Data Portal.

LPS data reported for CY 2024 and prior years includes:

- Summary of Persons Admitted or Detained in LPS Designated and Approved Jail Inpatient Units
- Summary of Persons Admitted or Detained in LPS Designated and Approved Facilities
- Summary of Persons Detained by Other Entities

New data reported for CY 2024 includes:

- Expanded conditions to align with SB 43 definition of grave disability, beginning January 2024.
- Services provided and payer information as required by W&I Code section 5402(a)(7), beginning July 2024.

DHCS implemented system improvements in 2025 to address ongoing data quality issues. During and after the 2024 reporting period, counties continued to emphasize reporting challenges including staffing limitations, competing priorities, evolving reporting requirements, and varying technical infrastructure, which affected the quality

of 2024 data. In response, DHCS worked with counties to address incomplete data submissions through a data cleanup effort from October to December 2025. DHCS actions included targeted outreach, one-on-one technical assistance, corrective action, and reporting platform user training. As a result, submission rates improved over prior year, with 56 of 58 counties submitting data for at least one 2024 quarter by the end of 2025 compared to 32 of 58 counties for 2023. DHCS expects the 2027 publication of this report (which will include 2025 data) to again be relatively more complete. The Department also expects to begin including analysis and evaluation of LPS data in the annual report once each of the data elements can be reliably collected on a quarterly basis.

DHCS also launched the LPS Data Reporting (LPSDR) Platform on July 1, 2025; increased data transparency by transitioning LPS data to a public open data portal; and advanced SB 1184 implementation; Behavioral Health Information Notice (BHIN) 26-003 includes formal SB 1184 guidance and was published in January 2026.

In addition, this report includes data collected and reported by the Judicial Council of California (JCC). As of 2025, Superior Courts do not report data elements required by SB 929 at a level of aggregation required to fulfill the reporting requirement. The JCC continues to work with Superior Courts to collect available data. The tables that begin on page 25 of this report summarize the JCC data for this period.

BACKGROUND: OVERVIEW OF THE LPS ACT

The LPS Act was enacted in 1967 and went into effect on July 1, 1972, to achieve objectives including the following:[1]

- Ending the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism;
- Providing prompt evaluation and treatment of persons with mental health disorders and persons impaired by chronic alcoholism;
- Guaranteeing and protecting public safety;
- Safeguarding individual rights through judicial review;
- Providing individualized treatment, supervision, and placement services by a conservatorship program for persons who are gravely disabled;
- Encouraging the full use of all existing agencies, professional personnel, and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures; and
- Protecting persons with mental health disorders and developmental disabilities from criminal acts.

DHCS is responsible for approving county designation of facilities to provide evaluation and treatment pursuant to the LPS Act.[2]

Overview of California Senate Bill 929 and Assembly Bill 118

In September 2022, SB 929 amended section 5402 of the W&I Code to require DHCS to collect expanded quarterly data and publish it in an annual report by May 1 of each year. The new requirements addressed gaps in data collection regarding detentions under the LPS Act. Expanded data elements included demographic variables, clinical outcomes, waiting periods, and several data points from the Judicial Council.

In July 2023, AB 118 further amended section 5402 of the W&I Code to require facilities designated under the LPS Act and other entities involved in implementing section 5150 of the W&I Code to collect and provide LPS Act data to the county behavioral health

[1] Welf. & Inst. Code section 5001.
[2] Welf. & Inst. Code section 5404.

director. The county behavioral health director must report this data to DHCS to compile it into this annual report.

Subdivision (a) of section 5402 of the W&I Code requires DHCS to collect data quarterly and publish, on or before May 1 of each year, a report including quantitative, de-identified information concerning the number of persons detained or admitted and treated involuntarily pursuant to several provisions of the LPS Act. DHCS is also required to collect data on the number of persons transferred to mental health facilities pursuant to section 4011.6 of the Penal Code, the number of persons for whom temporary conservatorships are established, and the number of persons for whom permanent conservatorships are established in each county. Furthermore, the report must evaluate the effectiveness of achieving the legislative intent of W&I Code section 5001.

This report includes 2024 data elements. As described in detail below, DHCS has implemented a five-phase implementation plan for complete data collection and reporting. For the full text of W&I Code section 5402 listing all required data elements, visit: leginfo.legislature.ca.gov/5402.

Overview of California Senate Bill 43

Before the enactment of SB 43, grave disability in the LPS Act was limited to individuals unable to provide for themselves due to a mental health disorder. SB 43 expanded the definition of "gravely disabled" to include individuals unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care due to a severe substance use disorder (SUD) or a co-occurring mental health disorder and severe SUD.[3] Pursuant to SB 43, DHCS' annual reports must include the number of persons admitted or detained, as specified, for each of the following conditions: danger to self; danger to others; grave disability due to a mental health disorder; grave disability due solely to a severe SUD; and grave disability due to both a mental health disorder and severe SUD.[4]

Overview of California Senate Bill 1184

In 2024, SB 1184 (Eggman, Chapter 643) further impacted LPS Act data collection by requiring the Department to collect and report the data enumerated in W&I Code section 5336(b)(3) regarding exigent circumstances to continue court orders for involuntary administration of antipsychotic medication into a subsequent detention period under W&I Code section 5260, 5270.15, or 5270.70 (W&I Code section

[3] See Welf. & Inst. Code section 5008(h).
[4] Welf. & Inst. Code section 5402(a)(18).

5402(a)(19)). DHCS must collect exigent circumstances data at the individual level, unlike other LPS data, which is collected at the facility level. These requirements are described in Behavioral Health Information Notice 26-003. Since SB 1184 data collection and reporting requirements took effect in January 2026, this data will be included in the 2028 LPS Annual Report.

IMPLEMENTATION PLAN FOR DATA COLLECTION REQUIRED BY SB 929 AND SB 43

After SB 929 went into effect on January 1, 2023, DHCS developed an implementation plan for collecting new data requirements across the state's LPS designated facilities and other entities required by statute to provide data. This process included examining current data collection forms and procedures, identifying current data provided by the counties, and determining the necessary phases to bring LPS Act reporting into compliance. DHCS described these initial efforts in the 2024 LPS report. In response to the enactment of AB 118 and SB 43, DHCS updated its phased implementation plan for collecting data required by these laws. The updates to the implementation plan included input from county and other behavioral health stakeholders across the state, received from an October 5, 2023 Listening Session and stakeholder comments on implementation guidance.

Early Data Collection Efforts and Process Improvements

Prior to the implementation of SB 929, DHCS collected data related to LPS Act detentions and conservatorships through DHCS Forms 1008, 1009, and 1010. This data was collected by designated and approved facilities and submitted quarterly to their respective county behavioral health directors. County behavioral health agencies completed the above-mentioned forms and submitted them via email to DHCS on a quarterly basis. DHCS collected and tabulated the number of detentions from quarterly reports submitted by each county's behavioral health agency. This included data from public and private facilities and clients served in those facilities receiving services reimbursed by private or public funds.

To support county compliance with SB 929, DHCS determined that restructuring its data collection processes was necessary due to the increased data requirements in statute. DHCS transitioned to an online data collection platform, Nintex, to allow county behavioral health directors to submit data received from individual facilities directly to DHCS. DHCS utilized Nintex to collect data for January 2023 to December 2024. On July 1, 2025, DHCS released a third and final platform "LPS Data Reporting Platform" which

was created to surpass limitations encountered by Nintex. Data from January 2025 and after will be reported through the LPS Data Reporting Platform.

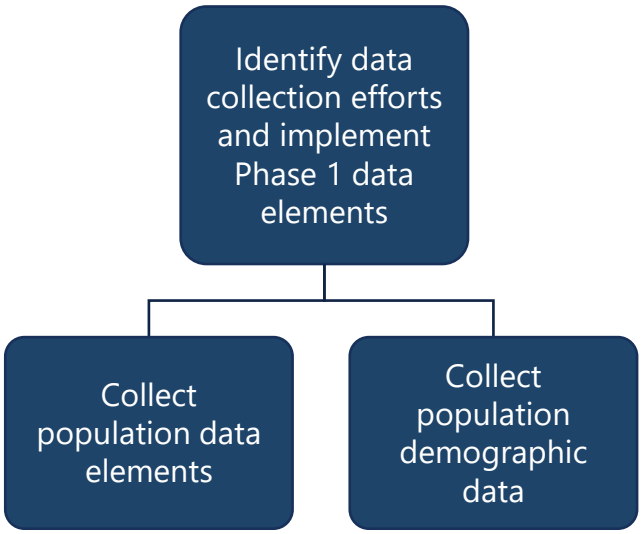
Implementation Timeline: Updates Since the 2025 Report

DHCS developed a phased implementation plan that includes regular stakeholder input and a stepwise process to add additional data elements over time. DHCS reviewed its implementation efforts after completing the first and second annual reports in 2024 and 2025 and soliciting stakeholder feedback. DHCS' review led to further refinements in the implementation plan to ensure that DHCS and stakeholders could collaborate in capturing high-quality data to assess and evaluate the services provided under LPS Act, and to effectively integrate SB 43 and SB 1184's required data elements. The implementation plan is comprised of five phases (Figure 1) and allows inter-departmental and county stakeholders to restructure LPS data reporting to meet the newly expanded requirements of SB 43 and SB 1184.

Figure 1: SB 929/SB 43/SB 1184 Implementation Plan

Phase 1: Identify Data Collection Efforts and Implementation of Data Elements 1-4 (Population Elements) And 10 (Population Demographic Data)

Figure 1: Phase 1



During Phase 1 (see Figure 2) from January to April 2023, DHCS assessed current data collection procedures to determine how many phases were necessary to collect all the new SB 929 data elements. During this assessment, DHCS determined that the new requirements necessitated a significant restructuring of data collection procedures. Previously, DHCS captured county LPS data through designated and approved facility-level reporting. This reporting only required designated and approved facilities to report total counts for each LPS activity. SB 929's new shift in focus required reporting activities and outcomes with more detailed information from each county behavioral health director, each designated facility, and other non-designated entities involved in providing evaluation and treatment under W&I Code section 5150.

In April 2023, DHCS changed the methodology for collecting data from a manual process to an online platform called ArcGIS Survey 123. Previously, DHCS collected data via e-mail, in which counties would submit PDFs which DHCS transcribed into a Microsoft Excel document and summarized. DHCS informed the counties of the new reporting process through Behavioral Health Information Notice (BHIN) 23-015.

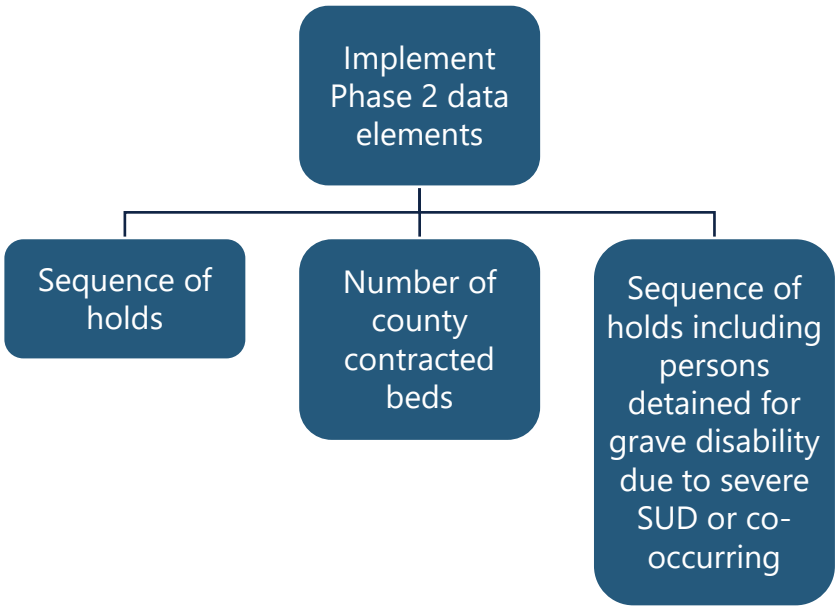
Due to issues related to Health Insurance Portability and Accountability Act (HIPAA) compliance, DHCS paused data collection in 2023 and focused its attention on the development of a new HIPAA compliant platform, Nintex. In April 2024, DHCS launched Nintex, instructing counties to submit their data through the new data collection platform. DHCS asked counties to retroactively submit data from January to December 2023. DHCS added the following demographic data elements to the Nintex platform:

- Age
- Sex
- Gender Identity

- Race
- Ethnicity
- Sexual Orientation
- Veteran Status
- Housing Status

Phase 2: Implementation of Data Elements 5 (Sequence of Holds), 11 (Number of County Contracted Beds), and 18 (Sequence of Holds Including Persons Detained for Grave Disability Due to Severe SUD and Co-Occurring Mental Health Disorder and Severe SUD)

Figure 2: Phase 2



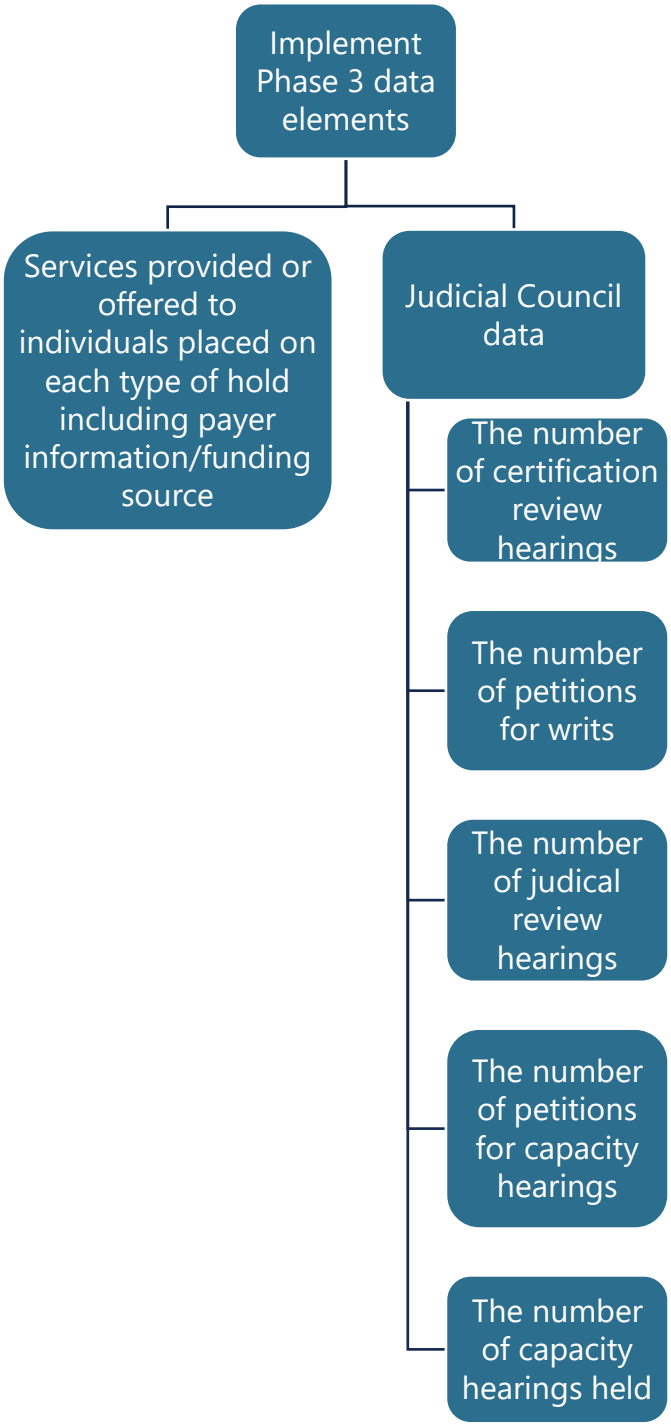
Phase 2 (see Figure 3) of the implementation plan moved the requirements of SB 929 and SB 43 into an actionable data collection plan. DHCS informed the counties of Phase 2 requirements in BHIN 23-015. During Phase 2, SB 43 went into effect, expanding the definition of gravely disabled to include the diagnoses of a severe SUD and a co-occurring mental health disorder and severe SUD. Phase 2 thus included data element 18: including persons detained for grave disability due to a severe SUD or a co-occurring mental health disorder and severe SUD. These data elements were included in the Nintex platform, and counties were asked to submit Phase 2 data starting in October 2023.

Phase 3: Implementation of Data Element 7 (Services Provided or Offered and Payer Information)

For Phase 3 (see Figure 4), DHCS continued to expand the new data elements collected and follow the same data collection processes outlined in Phase 2. DHCS issued additional reporting guidance and clarification of terminology to counties and other reporting entities through the Phase 3 BHIN. DHCS also coordinated with the Judicial Council to establish an efficient data reporting process to collect the data which the Judicial Council is responsible for submitting (see Figure 4).

During this phase, DHCS began to prepare the annual report of 2023 LPS Act data for publication in 2025. In preparation, DHCS conducted outreach to reporting entities to obtain missing data and resolve data questions to improve data accuracy. Because SB 929 requires data elements that may not be currently collected by reporting entities, DHCS will continue to provide technical assistance so that required data is submitted to DHCS to include in the annual report.

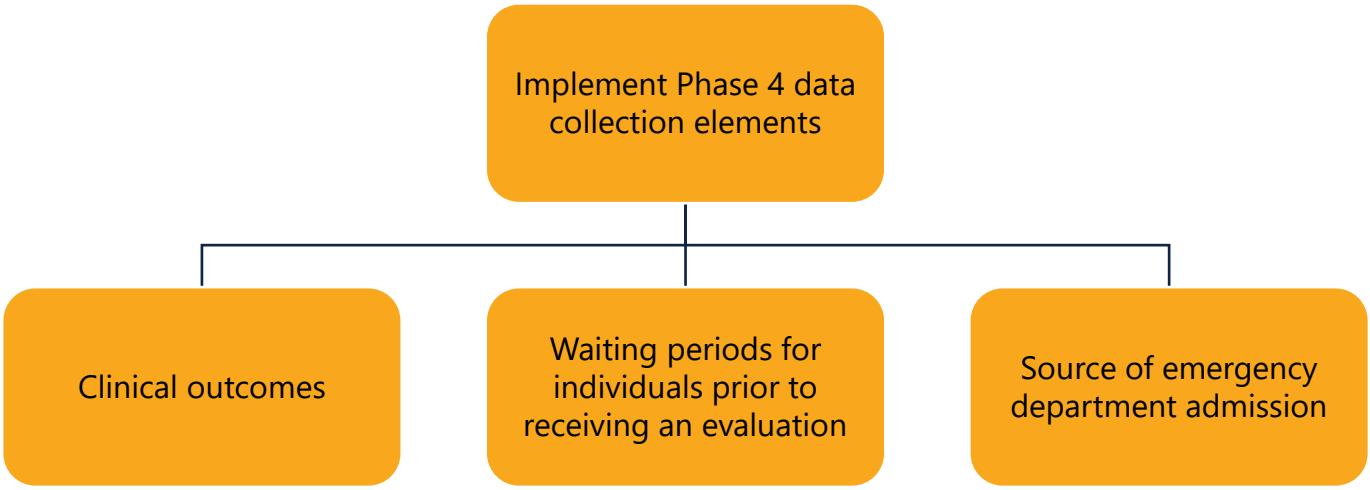
Figure 3: Phase 3



Phase 4: Implementation Of Data Elements 6 (Clinical Outcomes), 8 (Waiting Periods), and 9 (Source of Admission)

For Phase 4 (see Figure 5), DHCS continued to expand the new data elements by informing the counties of requirements in BHIN 25-030. DHCS began collecting clinical outcomes (W&I Code section 5402(a)(6)), waiting period (W&I Code section 5402(a)(8), and source of admission information (W&I Code section 5402(a)(9)).

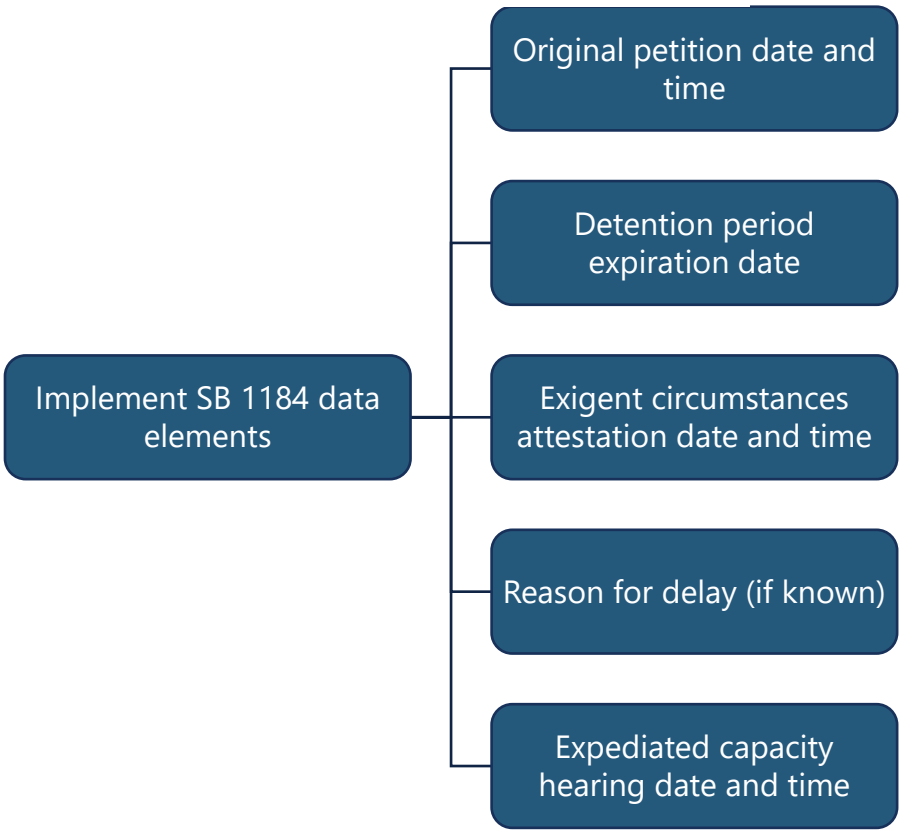
Figure 4: Phase 4



These data elements were included in the new LPS Data Reporting Platform, and counties were asked to submit Phase 4 data starting in October 2025. During this phase, DHCS updated the LPS Data Reporting Platform to support statute requirements to collect date and times necessary to establish waiting periods pursuant to W&I Code section 5402 (a)(8). DHCS will report on these data variables in the 2027 annual report.

SB 1184: Implementation Of Data Element 19 (Exigent Circumstances)

Figure 6: SB 1184 Implementation



SB 1184, set to be implemented in 2026, will expand on the data requirements in the W&I Code section 5402(a)(19) on the data enumerated in W&I Code section 5336(b)(3):

(3) In any case where an attestation of exigent circumstances is documented in the person's medical record pursuant to this subdivision and an order for treatment with antipsychotic medication made pursuant to section 5332 remains in effect, the facility where the person is receiving treatment shall report all of the following to the county behavioral health director in the county in which they operate, in a form and manner and in accordance with timelines prescribed by the county behavioral health director:

> (A) The date and time when the physician or facility originally filed a petition with the superior court to request a hearing to determine a person's capacity to refuse treatment with antipsychotic medication under this section.

(B) The date when the applicable detention period described in paragraph (1) was scheduled to expire prior to the attestation described in subparagraph (C) of paragraph (6) being documented in the person's medical record.

(C) The date and time when the attestation of exigent circumstances was documented in the person's medical record, as described in subparagraph (C) of paragraph (6).

(D) The reason for the delay of the originally requested capacity hearing, if known, including, but not limited to, the lack of timely scheduling of the hearing, the unavailability of a hearing officer, the unavailability of an attorney or patients' rights advocate to represent the person subject to the petition, court closure, the unavailability of remote hearing technology, the unavailability of the person subject to the petition, or the unavailability of facility staff to present the reasons for the petition.

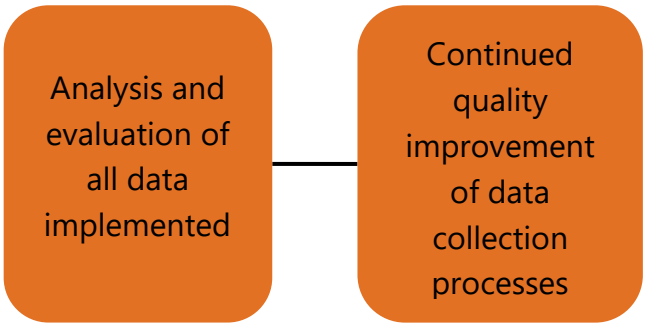
(E) The date and time when the capacity hearing was held on an expedited basis.

For data element 19, DHCS will collect and report all of the information reported by facilities that document an attestation of exigent circumstances to continue a court order for treatment with involuntary antipsychotic medication (W&I Code section 5336(b)(3)(A)-(E)).

Phase 5: Analysis and Evaluation of all Phased Implementation Data.

By Phase 5, the implementation of all new data elements for collection will be complete. Phase 5 will turn towards analyzing and evaluating that data, as required by SB 929, to make recommendations regarding the improvement of LPS services. Further, DHCS will continue to monitor and assess the data collection process and make improvements to enhance data quality.

Figure 5: Phase 5



2025 IMPLEMENTATION EFFORTS

In 2025, DHCS made significant progress in strengthening data infrastructure, improving data quality, and engaging with stakeholders to ensure statutory compliance with LPS Act data reporting and collection efforts.

Improvements to Data Reporting Systems

A major accomplishment was the launch of the LPS Data Reporting (LPSDR) Platform. This third data reporting system was launched on July 1, 2025, across all counties, marking the transition away from the earlier reporting systems, Nintex and the initial ArcGIS survey platform. As part of this work, DHCS completed implementation of SB 929 reporting requirements (all SB 929 data elements are now being collected).

The LPSDR Platform represents a significant infrastructure modernization effort. While Nintex relied on form-based submissions and lacked certain security features, the LPSDR Platform offers a customizable portal experience, enhanced data security measures, ADA compliance, and increased storage capabilities. Additionally, the LPSDR Platform is a web-based model which allows both counties and DHCS to view submissions concurrently, facilitating simultaneous review and data clean-up. Implementation of the LPSDR Platform was a necessary step to improve user experience and long-term data integrity.

Improvements to Data Quality and Transparency

Throughout 2025, DHCS implemented extensive data clean-up efforts to improve the quality of reported data. This included a focused review of 2023 and 2024 data, which involved frequent outreach and direct technical assistance and training for counties. These efforts contributed to increased county submission rates and improvements in data accuracy.

DHCS also conducted an internal analysis of high “unknown” reporting rates in response to demographic data elements that resulted in limited meaningful comparisons across counties. As data completeness and quality improved, the focus has increasingly shifted towards data analysis and the establishment of routine data quality monitoring protocols.

Finally, to further expand data transparency, DHCS transitioned LPS data to a public open portal, where data is readily available to stakeholders[5].

Stakeholder Engagement and Technical Assistance

Since data quality was a primary focus while new data elements were simultaneously being implemented, DHCS conducted extensive engagement and technical assistance to support counties. To support data quality improvement efforts, DHCS provided one-on-one technical assistance to counties to address data corrections and to improve data completeness. DHCS conducted trainings for counties on how to use the new LPSDR Platform including a dedicated webinar to support the rollout of updated reporting requirements.

Implementing SB 1184

In parallel to completing the implementation of SB 929 data elements, DHCS worked to implement SB 1184 requirements. This included collaborating internally to develop data definitions aligned with the legislative intent of the statue and drafting a Behavioral Health Information Notice (BHIN) and relevant attachments to guide counties. The draft BHIN was released for stakeholder feedback, and DHCS collected and incorporated comments to refine the guidance which was published as BHIN 26-003 in January 2026. SB 1184 data elements will be incorporated into the LPSDR Platform and are on track to go live in 2026 for inclusion in future reports.

LPS DATA REPORT FOR JANUARY 1, 2024 – DECEMBER 31, 2024

W&I Code section 5402(a) requires DHCS to collect data quarterly and publish, on or before May 1 of each year, a report including quantitative, de-identified information concerning the operation of the LPS Act. This includes the number of persons detained or admitted and treated pursuant to several provisions of the LPS Act. DHCS must also collect data on the number of persons transferred to mental health facilities pursuant to section 4011.6 of the Penal Code, the number of persons for whom temporary conservatorships are established, and the number of persons for whom permanent conservatorships are established in each county.

[5] LPS Data is available on the California Health & Human Services Open Data Portal: https://data.chhs.ca.gov/dataset/lanterman-petris-short-act-data.

This narrative portion of the report does not include complete 2024 data tables, but 2024 and past data can now be found on the "California Health and Human Services Open Data Portal".

Counties utilized the Nintex platform to submit 2024 data. Certain data cells were suppressed to protect health information and personal information in accordance with DHCS's Data De-identification Guidelines.

Data Reported

DHCS collected and tabulated data from quarterly reports of LPS Act detentions compiled and reported by each county behavioral health agency, inclusive of data on designated and approved facilities that provide evaluation and treatment and other entities involved in implementing W&I Code section 5150 within each county. This includes data from both publicly operated and privately owned facilities, and for clients in those facilities receiving services reimbursed by either private or public funds (i.e., the reporting applies to all instances of detainment or admission under the LPS Act regardless of funding source).

Three surveys are used to summarize and report the involuntary detention data:

- Summary of Persons Admitted or Detained in LPS Designated and Approved Jail Inpatient Units
- Summary of Persons Admitted or Detained in LPS Designated and Approved Facilities
- Summary of Persons Detained by Other Entities

Data collected on different involuntary hold types include 72-hour admission, 72-hour detainment, 14-day intensive treatment, additional 14-day intensive treatment, 30-day intensive treatment, additional 30-day intensive treatment, 180-day post-certification treatment, transfer pursuant to Penal Code section 4011.6, and both temporary and permanent conservatorships.

The data elements collected include the conditions for which individuals were admitted or detained for each hold type, where available. The conditions reported here include danger to self, danger to others, and grave disability due to a mental health disorder. In January 2024, grave disability due to a severe substance use disorder and grave disability due to both a mental health disorder and a severe substance use disorder were added pursuant to SB 43. Beginning in April 2024, counties that had implemented SB 43 were able to submit SB 43 data to the Department. Demographic information, including age group, gender identity, race, ethnicity, and sexual orientation, sex, primary

language, veteran status and housing status as well as the frequency of sequential holds (as required by section 5402(a)(5)), where available, is detailed for each county. In addition, the number of county-contracted beds is summarized across counties. Starting in July 2024, collection expanded to include data on services provided and payer information (as required by section 5402(a)(7M)).

Data Methodology

DHCS uses the Facility-Based Reporting (FBR) method to ensure more accurate reporting. The FBR method places the responsibility upon the county where the treatment facility, jail, or court is located to report the number of persons admitted and detained under the LPS Act. For example, if client "A" is taken to county "B" under W&I Code section 5150, then the facility in county "B" is required to report that client as one 5150 admission. County "B" obtains data from all facilities within their county. Next, county "B" is responsible for submitting a single report based on information from every reporting facility on a quarterly basis.

Data Limitations

DHCS notes the following limitations applicable to the data in this report:

- W&I Code section 5402(a)(10) requires DHCS to collect and report demographic data of persons on LPS Act holds, including age, sex, gender identity, race, ethnicity, primary language, sexual orientation, veteran status, housing status and payer information. DHCS must also collect, and publish, de-identified data. When stratified by demographic categories, many counties' data included very small cell sizes. For the data to be deemed de-identified in this public-facing report, small cells must be suppressed; therefore, some data may not be usable.
- SB 929 requires reporting on clinical outcomes, including data pertaining to services provided or offered to individuals placed on each type of LPS Act hold. These data elements are impacted by the same issues with data collection, small cell sizes, and de-identification described above.
- Data on services provided and payer information were collected for only two quarters, beginning in July 2024. As a result, they provide a partial view of service utilization and payer distribution during this period. Caution should be exercised when comparing future data to the 2024 baseline, as the partial-year information may not be directly comparable to full-year results.

- Data quality varied across counties due to differences in reporting practices, system capabilities, and levels of completeness. Some submissions were missing, incomplete and others contained conflicting data or inconsistent values across quarters. In addition, variations in how counties interpret and document certain fields may affect the accuracy and comparability of the data across jurisdictions. While data quality and completeness generally improved for 2024 in comparison to 2023, these factors, along with differences in completeness, underscore the need for continued data cleanup efforts to enhance the quality and reliability of the data.

Ongoing Efforts to Improve Data Quality

A data cleanup effort was undertaken to strengthen the accuracy, consistency, and completeness of quarterly submissions for LPS Designated and Approved Facilities, Jail Inpatient Units, and Other Entities. This initiative focused on identifying discrepancies, validating reported values, addressing missing or conflicting data, and examining considerable quarter-to-quarter fluctuations that could indicate reporting irregularities. Between October 2025 and February 2026, DHCS engaged with the counties in two cleanup periods for 2023–2024 data intended to address outstanding data quality issues as well as issues identified from newly submitted data. This review provided a clearer understanding of reporting patterns, data gaps, and areas in which additional support or guidance is needed.

Technical assistance meetings were held with counties throughout the cleanup period to support their reporting responsibilities and to better understand the challenges they experience in collecting and compiling required data. Counties described a range of barriers including staffing limitations, competing operational priorities, limited access to past information, and varying levels of technical infrastructure.

Some counties noted that their data was not aligned with the updated reporting requirements; for example, transferring data from paper form to a reporting system resulted in formatting inconsistencies and contributed to data quality issues at the beginning of the transition. Also, several reporting challenges were associated with operational factors such as facility closures, program start dates, or changes in LPS designation, as well as missing or late submissions, incorrect or third-party reports, and delays in implementing new data elements. DHCS and counties will continue to partner in ongoing efforts to strengthen data completeness, accuracy, and support for county reporting processes.

Data Completeness

DHCS may impose a plan of correction and/or assess civil money penalties to counties and/or facilities for non-compliance with reporting requirements. While DHCS did not immediately apply penalties during these first phases of implementation, the Department issued notices of non-compliance to counties that failed to report data and as needed in the future will penalize counties and/or facilities that fail to comply with reporting requirements (W&I Code section 5402 (f)(1-3)).

During the initial data submission periods, counties demonstrated notable improvements in reporting from 2023 to 2024. The number of counties with complete submission for at least one quarter increased from 15 in 2023 to 33 in 2024. A complete submission is defined as a county providing all required reports for each LPS-designated facility and any other applicable entities within the county. Counties without any LPS-designated or approved facilities are still required to submit. Prior to the data cleanup efforts, the number of counties with no submissions for all four quarters declined, from 26 in 2023 to 3 in 2024.

Following the data cleanup process, 56 counties reported data for the 2024 reporting period. The number of counties with complete submission for at least one quarter increased from 33 to 47 after the data cleanup efforts. Counties with missing submissions for one or more quarters decreased from 24 to 8 after the data cleanup efforts. These improvements reflect the combined efforts of DHCS and counties. The coordinated cleanup activities contributed to greater reporting compliance and enhanced the overall availability of the data for 2024.

Individuals from a county that does not have LPS designated facilities may be treated in another county with an LPS designated facility. As noted above, it is the responsibility of the county in which a treatment facility is located to include all the information about the facility in its data submission. Persons are to be counted in the unit or facility where each specific detention was initiated to avoid duplicate reporting.

Among the 56 counties that submitted data, 20 counties reported having no LPS designated facilities and submitted "No Facility" data in 2024, which is in compliance with LPS reporting requirements. Of the remaining 36 counties with LPS designated facilities, all of them submitted data for 72-hour admission. For 72-hour detainment, 25 counties submitted data. In addition, 34 counties reported data for 14-day intensive treatment, and 24 counties provided data for the additional 14-day intensive treatment period. For 30-day intensive treatment, 30 counties submitted data, with 13 counties also reporting on the additional 30-day intensive treatment. For 180-day

post-certification, 12 counties provided data. Furthermore, 19 counties submitted data for Transfers pursuant to section 4011.6 of the Penal Code. In addition, 34 counties reported data for temporary conservatorship and 35 counties reported data for permanent conservatorship.

For other entities (non LPS designated facilities), 33 counties submitted data for 72-hour detainment, and 13 counties provided data for Transfer pursuant to section 4011.6 of the Penal Code.

Looking Ahead

Due to limitations with the data submitted for this reporting period and lack of longitudinal data, DHCS is unable to meaningfully evaluate the data included in this report. DHCS will include analysis and evaluation in a future report (following Phase 5 of the Department's phased implementation plan) and is currently implementing multiple strategies to address data quality issues and improve the utility of future reports.

In summary, over the past few years the Department has worked on developing and implementing the new data requirements from SB 929, SB 43 and SB 1184. During this time period, the Department has made enhancements to the data reporting platform and begun to make additional data available to the public via the Health and Human Services Agency Open Data Portal. In the next phase of implementation, the Department will continue working with counties and providers to strengthen data quality, refine processes, and support consistent statewide data reporting. This year's report demonstrates meaningful progress in the collection of complete and accurate data that will improve transparency and provide insights into LPS system activity and outcomes.

JUDICIAL COUNCIL OF CALIFORNIA (JCC)

Overview

Per Senate Bill 929, the JCC "shall provide the department (State Department of Health Care Services), by October 1 of each year, with data from each superior court to complete the report described in this section, including the number and outcomes of certification review hearings held pursuant to section 5256, petitions for writs of habeas corpus filed pursuant to section 5275, judicial review hearings held pursuant to section 5276, petitions for capacity hearings filed pursuant to section 5332, and capacity hearings held pursuant to section 5334 in each Superior Court. The department shall not have access to any patient name identifiers."

Collection Method

The data elements requested in SB 929 are not currently reported to the JCC at the level of aggregation needed to fulfill the reporting requirement. In April, the JCC asked all 58 Superior Courts about which data elements in the "Data Definitions" section that they collect. If an element was not collected, they provided a reason, such as hearings not conducted by a judge or court-employed personnel. Then, in two quarterly collection events, the JCC asked the 58 Superior Courts to fill out an Excel template for the data elements they collect. The JCC asked the courts for data from January 2024 to June 2024 and provided this data to DHCS on October 1, 2024. Subsequently, the JCC asked the courts for data from July 2024 to December 2024 and provided this data to DCHS on March 14, 2025.

Data Definitions

Section	Item	Data Element	Description
5256	Certification review hearings[1]	Total hearings held	Total number of certification review hearings held pursuant to Welfare and Institutions Code (W&I) section 5256.
		Probable cause	Number of certification review hearings concluding there is probable cause to believe that the persons certified are a danger to others or themselves, or gravely disabled.
		Not probable cause	Number of certification review hearings concluding there is not probable cause to believe that the persons certified are danger to others or themselves, or gravely disabled.

Section	Item	Data Element	Description
5275	Petitions for writs of habeas corpus	Total petitions filed	Total number of petitions for writs of habeas corpus filed pursuant to W&I section 5275.
		Petition granted without hearing	Number of petitions for writs of habeas corpus granted without hearing
5276	Judicial review hearings	Total hearings held	Total number of judicial review hearings held pursuant to W&I Code section 5276.
		Petition granted after hearing	Number of judicial review hearings concluding with order for petitioner's release.
		Petition denied after hearing	Number of judicial review hearings concluding with petitioner remaining involuntarily detained.
5332	Petitions for capacity hearings	Total petitions filed	Total number of petitions for capacity hearings filed pursuant to W&I Code section 5332.
5334	Capacity hearings	Total hearings held	Total number of capacity hearings held pursuant to W&I Code section 5334.
		Incapacity to refuse treatment	Number of capacity hearings concluding with a determination of the person's incapacity to refuse treatment.
		Capacity to refuse treatment	Number of capacity hearings concluding with a determination of the person's capacity to refuse treatment.

[1]Many superior courts do not conduct certification hearings in-house; rather, the County contracts with hearing officers. Only courts that conduct certification hearings in-house provided data.

Note: Many Superior Courts do not conduct hearings in-house by a judge, subordinate judicial officer (SJO), mental health hearing officer of the court, or other court-employed personnel. Often, *the county* contracts with individuals to serve as hearing officers, which are *not counted*. Hearings conducted by judges, subordinate judicial officers (SJO), mental health hearing officers of the court, or other court-employed personnel, including *contractors employed by the court*, are *counted*.

Data Summary and Limitations

The table below summarizes the completeness of data provided by the courts for each data element (out of 58 courts):

January 2024 – June 2024

Section/Item	Data Element	Number of Courts Able to Report this Data	Number of Courts that Submitted Data January-March 2024	Number of Courts that Submitted Data April-June 2024
5256-Certification review hearings	Total hearings held	16	12	14
	Probable cause	15	11	13
	Not probable cause	15	11	13
5275-Petitions for writs of habeas corpus	Total petitions filed	46	42	43
	Petition granted without hearing	42	38	39
5276-Judicial review hearings	Total hearings held	43	40	41
	Petition granted after hearing	42	39	40
	Petition denied after hearing	42	39	40
5332-Petitions for capacity hearings	Total petitions filed	44	40	41

Section/Item	Data Element	Number of Courts Able to Report this Data	Number of Courts that Submitted Data January-March 2024	Number of Courts that Submitted Data April-June 2024
5334-Capacity hearings	Total petitions filed	36	33	34
	Incapacity to refuse treatment	34	31	32
	Capacity to refuse treatment	33	30	31

July 2024 – December 2024

Section/Item	Data Element	Number of Courts Able to Report this Data	Number of Courts that Submitted Data January-March 2024	Number of Courts that Submitted Data April-June 2024
5256-Certification review hearings	Total hearings held	16	14	16
	Probable cause	15	13	15
	Not probable cause	15	13	15
5275-Petitions for writs of habeas corpus	Total petitions filed	46	43	45
	Petition granted without hearing	42	38	41
5276-Judicial review hearings	Total hearings held	43	39	42
	Petition granted after hearing	42	39	42
	Petition denied after hearing	42	39	42
5332-Petitions for capacity hearings	Total petitions filed	44	41	43
5334-Capacity hearings	Total petitions filed	36	32	35
	Incapacity to refuse treatment	34	31	34
	Capacity to refuse treatment	33	30	33