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Los Angeles County  
**DEPARTMENT OF MENTAL HEALTH**

JONATHAN E. SHERIN, M.D., Ph.D.  
DIRECTOR

July 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: **REPORT RESPONSE ON EXPANDING LANTERMAN-PETRIS-SHORT (LPS) AND PROBATE CONSERVATORSHIP CAPACITY IN LOS ANGELES COUNTY (ITEM 9, AGENDA OF AUGUST 8, 2017)**

On August 8, 2017, your Board directed the Department of Mental Health (DMH), in collaboration with the Health Agency and the Chief Executive Officer, to convene stakeholders including representatives of the Superior Court, mental health experts, consumers and consumer advocates and report back to the Board with recommendations for the following directives:

- 1) An evaluation of the current conservatorship process and means for improving it;
- 2) An evaluation of the current conservatorship process for minors and means for improving it;
- 3) A plan for how the conservatorship process can be improved to ensure that people who cannot care for themselves are referred to the Office of the Public Guardian (OPG), thorough and comprehensive investigations are carried out, all available information is provided to the court in a timely manner, efficiency for conservatorship hearings is optimized, success rates for conservatorship hearings are increased, and quality comprehensive services are provided to individuals placed on conservatorship as well as those released by court;
- 4) Recommendations for how to measure and improve outcomes for clients who need to be, or who will be conserved, including how to support psychiatric hospital staff who refer clients to the OPG, families of OPG clients, Superior Court staff, and an

evaluation of residential placement models and how they can be optimized and expanded to best serve conservatees;

- 5) Recommendations for a system approach to following clients who are either currently, or who have previously been, determined to be gravely disabled, including clients with a history of repeated 5150s and/or urgent care center/psychiatric emergency services and/or first responder/law enforcement engagements to ensure that high quality and consistent mental health treatment is provided throughout and following conservatorship;
- 6) An assessment of the current scope of work being carried out by frontline staff in the OPG, and specific recommendations for the ways in which care can be best provided to individuals who are conserved, including how clinical services can be further leveraged and organized to support conservatees;
- 7) An evaluation of the adequacy of existing staffing patterns, positions, classifications and salaries of frontline staff in the OPG to ensure that they are commensurate with their functions and levels of responsibility, with specific recommendations regarding optimal caseloads for staff and for improving the hiring and retention of staff who are trained and skilled at providing conservatorship services, especially those knowledgeable in specialties such as management of forensic status, working with correctional institutions, property or finance;
- 8) Recommendation on whether state legislation would be helpful to improve the conservatorship system;
- 9) Provision of annual reports to the Board including the number of clients placed on Probate and LPS conservatorship with OPG annually; the number of individuals referred for investigation for Probate and LPS conservatorship with the OPG, OPG caseloads, frequency of OPG Deputy contact with conservatees; the number of OPG clients who exit conservatorships and the reasons for clients exiting conservatorship; the number of OPG clients who exit conservatorship and then return to conservatorship within a one-year period; the number of OPG conserved clients waiting for a higher level of care, including locked facilities, lengths of wait time for higher levels of care for conserved clients; the number of OPG conserved clients in locked facilities, lengths of stay in locked facilities for OPG clients; the number of OPG clients who are receiving specialty mental health services and any other indicators that will inform the Board about the effectiveness of the conservatorship process in the County; and

Each Supervisor  
July 10, 2018  
Page 3

- 10) Recommendations for how to reduce cultural and linguistic barriers in the conservatorship process, including staff trainings to improve culturally responsible and sensitive services; increased bilingual staffing, particularly among Deputy Public Conservators/Administrators; accessible interpretation services.

The Expanding Conservatorship Capacity Report (attached) will provide you with detailed recommendations that collectively address the directives.

If you need additional information, please contact Curley Bonds, M.D., at (213) 738-4108.

JES:CD:JF:tld

Attachment

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





**COUNTY OF LOS ANGELES  
DEPARTMENT OF MENTAL HEALTH**

**EXPANDING CONSERVATORSHIP CAPACITY**

**JONATHAN E. SHERIN, M.D., PH.D.  
DIRECTOR**

# Report: Expanding Conservatorship Capacity

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## Table of Contents

- Executive Summary..... 2
- Introduction ..... 3
  - I. Staffing ..... 4
  - II. Training..... 5
  - III. Conservatorship Programs and Services ..... 6
  - IV. Clinical Programs and Services for Conservatees ..... 8
  - V. Referrals and Investigations..... 9
  - VI. Court Procedures ..... 10
  - VII. Care Environments..... 13
- VIII. Outcomes Measurement and Reporting ..... 14
- IX. Funding..... 15
- X. Legislation ..... 16

## Executive Summary

On August 8, 2017, the Department of Mental Health (DMH) was instructed to convene a broad set of stakeholders and report back with recommendations for improving both the capacity and the process for conservatorship in LA County. By engaging with multiple groups and perspectives, **our stakeholder process produced over one hundred recommendations that are distilled and combined in this report.**

In summary, DMH recommends that:

- Public Guardian (PG) staff retention and service capacity issues be addressed through the creation of a more sustainable classification structure and the addition of key staff positions.
- Significant knowledge gaps among providers and the public regarding the conservatorship process ought to be addressed through improved training from a dedicated unit.
- Conservatee services should be expanded to include improved liaison activities with private family conservators and improved medical services for probate conservatees.
- Clinical services for conservatees need to be greatly streamlined and improved so that all conservatees are guaranteed Full Service Partnership (FSP)-level clinical care, as needed, from a dedicated and coordinated treatment team during the course of their conservatorship. Furthermore, better programmatic linkages between conservators (public or private) and clinical care teams for conservatees need to be established to ensure that conservatees, who make up one of the most vulnerable populations in the County, are receiving the most coordinated, informed, and effective combination of clinical and surrogate decision-making services possible.
- The process of conservatorship referrals and investigations should be improved through the creation of both more consistent referral standards for acute inpatient facilities as well as a robust and appropriately-utilized mechanism for outpatient referrals.
- The court-related processes of conservatorship should be improved in several ways, including through the adoption of tele-testimony and electronic health records into court proceeding and reports, improvements to court hearing scheduling and throughput, and the addition of DMH psychiatrists at the court for improved assessment and testimony.
- Care environments for conservatees need to be significantly expanded and enriched to ensure that all conservatees have ample access to needed beds at an appropriate level of care.
- DMH must also focus on improving the tools and procedures it uses to track and report on outcomes for conservatees so that improvements can be measured and confirmed. DMH has begun to work on improvements to both the PG database (CAMS) used for tracking conservatee case information and outcomes as well as the link between this database and DMH's electronic health record, IBHIS, which will be critical for establishing better coordinated care for conservatees.
- Funding resources must be streamlined and better organized to support needed services for conservatees to the fullest extent allowed.
- Legislative policy must be refined to establish more clear guidelines on grave disability and to improve and better support the critical court-related processes of conservatorship.

## Introduction

On August 8, 2017, your board instructed the Department of Mental Health (DMH), in collaboration with the Health Agency and the Chief Executive Officer, to convene stakeholders including representatives of the Superior Court, mental health experts, consumers and consumer advocates and report back to the Board of Supervisors (Board) with recommendations.

Supervisor Kuehl's office held an initial kick off meeting for stakeholders to review the Board motion and to seek comment and participation in the stakeholder process. The Department of Mental Health (DMH) and the Office of the Public Guardian (OPG) held stakeholder meetings to review the current conservatorship process for Lanterman Petris Short (LPS) adults, LPS Minors and Probate adults. Stakeholders convened specific workgroups to address the referral process, the investigation/court process and the appointment of conservator/ongoing conservatorship process. The stakeholder process was robust and energized with in-person meetings, teleconference calls and electronic communication.

The LPS Adult conservatorship stakeholder group identified nearly 75 recommendations. Several of these recommendations address issues that were consistently identified in all workgroups and may have also been identified as issues in the Standard of Care for the Mentally Ill motion which was being worked on simultaneously. We will discuss specific recommendations that were themes in the workgroups and that should be addressed with priority.

The LPS Minor's conservatorship stakeholder group identified 25 recommendations. Consistent with stakeholders in the LPS adult workgroup, the minor's workgroup put forward many similar recommendations so this report includes recommendations specific to the minor conservatorship population.

The Probate conservatorship stakeholder group identified 15 recommendations. Several of the recommendations were consistent with staffing and training issues identified in the LPS workgroups so this report includes recommendations specific to the probate conservatorship population.

In sum these recommendations fall into several specific subject areas that collectively address the directives from the Board in the August 8 motion. These subject areas include:

- I. Staffing**
- II. Training**
- III. Conservatorship Programs and Services**
- IV. Clinical Programs and Services for Conservatees**
- V. Referrals and Investigations**
- VI. Court Procedures**
- VII. Care Environments**
- VIII. Outcomes Measurement and Reporting**
- IX. Funding**
- X. Legislation**

We have structured this report and its recommendations according to these subject areas.

In addition, the previously submitted reports for the Standard of Care for the Mentally Ill Motion (Item No.5 Agenda of April 4, 2017) dated September 18, 2017 and the Report Response to Recommendation Nos. 1 through 13 outlined in the Standard of Care For the Mentally Ill Report with the Exception of Recommendation No. 5 (Item 6, Agenda of October 17, 2017) dated March 2, 2018 address many of these subject areas as well, including: improving the guidelines for probable cause for involuntary detention; developing new guidelines to improve the consistency of referrals from designated acute facilities; establishment of the Conservatee Full Service Partnership (FSP) which will focus on committing clinical services to those conservatees who struggle to succeed in the community and are frequently hospitalized or arrested; establishment of the Peer FSP program and expansion of the Assisted Outpatient Treatment (AOT) program for individuals exiting the conservatorship system. We have reiterated the recommendations and plans from our Standard of Care Motion response where applicable throughout this report.

## I. Staffing

PG staffing needs to be increased and significant changes to PG staff classifications and salaries must be addressed to manage ongoing retention issues.

**RECOMMENDATION:** Improve the quality of service by the Public Guardian by addressing staffing and retention issues.

Throughout the stakeholder process concerns were raised regarding the constant turnover of OPG staff. This has resulted from the loss of Deputies who have the knowledge and experience to perform their job to the expectations of the community and the court. Stakeholders expressed specific concerns on the quality of service provided by OPG including our ability to respond timely and appropriately to even the most basic conservatorship functions such as authorizing placements, medications, establishing and maintaining benefits, and managing the finances of the conservatee.

**RECOMMENDATION:** Create a more logical and sustainable classification structure for Public Guardian deputies.

To reduce the ongoing loss of staff in the Deputy Public Conservator/Administrator (DPCA) series, several changes to the classification structure, scope of work, and compensation are necessary. OPG currently shares the Deputy classification with the Treasurer Tax Collector / Public Administrator office. While it has been argued that some estate related functions are similar, the surrogate decision making authority provided to Public Guardian makes their scope of work and classification distinct. To address these significant differences, the PG class series should be separated from the Public Administrator.

To address the staff retention issues, particularly in the higher level classifications (Senior Deputy and Supervising Deputy), an elevation in these classifications should be considered. Furthermore to recognize the unusual and specific authority granted Public Guardian and its deputies to investigate the need for conservatorships, make recommendations regarding conservatorship and provide the surrogate decision making to conserved individuals, compensation should be adjusted to be commensurate with these duties and to improve retention of deputized staff.

**RECOMMENDATION:** Hire an additional Senior DPCA to provide increased dedicated attention and focus on the minor's conservatorship cases by OPG.

OPG currently has one dedicated Senior Deputy assigned to the minor's investigations for conservatorship and to manage any appointed minor case. At any given time, this deputy is assigned 40 minors-related conservatorship cases. Due to staffing shortages, this Senior Deputy must also take on adult LPS cases. The addition of a Senior Deputy to manage the LPS adult conservatorships will allow the dedicated minor's deputy to focus only on those clients, allowing for additional time to participate in treatment team meetings and to attend mental health court.

## II. Training

Develop and deploy more robust training for conservatorship-related matters.

**RECOMMENDATION:** Deploy robust, uniform training on LPS law across LA County.

Grave disability is defined under Welfare and Institutions Code 5008 (h)(1)(A) as a condition in which a person, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter. Stakeholders reported disparities in the use of grave disability to detain and treat individuals with mental health disorders. Stakeholders, particularly family members, expressed concern that loved ones were not being involuntarily detained and that detention was often dependent on who responded to their calls for assistance or which hospital completed the assessment for detention. Beyond concerns regarding detention at acute psychiatric facilities, concerns were raised regarding the extent to which individuals were conserved, citing releases by the Mental Health Court for those with inappropriate plans to provide for their food, clothing or shelter.

The Standard of Care Motion also identified this issue and DMH made a recommendation to ensure accurate and consistent interpretation of the proper basis for finding probable cause for grave disability, danger to self, and danger to others for the purposes of detention and to establish a robust, consistent training for first responders and clinicians. In response to the Standard of Care Motion, DMH has developed more specific guidelines for the detention criteria and the guidelines will be integrated into departmental training of individuals authorized by DMH to detain. Additionally, as part of this motion, the Board directed that the County sponsor legislation to clarify the definition of grave disability.

DMH will also extend training to law enforcement and other first responders who by law either have the authority to detain or for those who respond to medical assistance calls. For those authorized by DMH to detain, departures from adherence to these guidelines will serve as a basis for revocation of such authorization. Additionally, the Office of the Public Guardian Deputy Public Conservator/Administrators, who are responsible for recommendations for and against conservatorship, will be trained in these new criteria and where appropriate and applicable will utilize these new guidelines when determining if a conservatorship is warranted when no other suitable alternative exists.

**RECOMMENDATION:** Establish a training unit to provide training and education on the conservatorship process particularly for designated acute psychiatric hospitals, the public and the Superior Court.

OPG currently utilizes managers, supervisors and a few senior deputy staff to address requests for education and presentations. OPG is currently unable to meet all requests due to a lack of staff with the knowledge and experience to perform training. A dedicated training unit would allow OPG to meet the current demand and expand to meet unmet needs including training and assistance to National Alliance on Mental Illness (NAMI) family members, designated facilities, and county and community partners. This training unit will actively perform outreach to engage the community to reduce confusion and misunderstanding related to the role and responsibility of OPG and the conservatorship process. When not performing outreach and training, the training unit will perform the deputy certification training required under state law and one-on-one mentoring of new deputies, meeting a significant need for the office due to chronic turnover of staff.

Establishment of a new training unit will require an investment in staff. To maximize efficiencies this new unit would also perform audit or review functions of current conservatorship cases, currently a deficiency not performed by OPG due to staffing shortages and constant turnover. Additional staff for training will require funding and DMH is exploring whether Departmental funds can be used to offset NCC for this work. At a minimum eight additional high level deputy items would be necessary to staff the training and audit unit

### **III. Conservatorship Programs and Services**

With regards to cultural and linguistic barriers for conservatees, the Office of the Public Guardian (OPG) has several Deputy Public Conservator/Administrators who are provided a bilingual bonus and perform their investigation and caseload activities in the language of the conservatee and family. If the necessary bilingual services are not available by the staff, interpretive services are utilized. Additionally OPG is currently working to create information pamphlets in the threshold languages to expand our outreach and education on conservatorship to the community.

In addition, conservatorship programs and services must expand to encompass new functionalities.

**RECOMMENDATION:** Expand the Private Conservator Liaison program.

The OPG currently utilizes one Senior Deputy Public Conservator/Administrator to liaise with family members who are appointed by the court. The need to assist family conservators is much greater and stakeholders made clear the need for more ongoing assistance for family members including assistance navigating the mental health system, assistance in identifying and locating placements, and assistance in establishing benefits and advocacy for conservators as they perform their court ordered duties.

While Superior Court is unable to provide an accurate number of conservatorships, it was verified that 4738 petitions for reappointment were filed in 2016. As the Public Guardian furnishes approximately 2500 of these conservatorships, there are approximately 2200 private conservators, including many

family members, who are left to managing conservatorships with little or no assistance. While not all conservators will need assistance, it is believed that once a robust system of support is made available, the demand for assistance will expand.

To provide this service and meet the demand, it is recommended that a robust Conservator Liaison unit be developed and staffed by individuals with the knowledge of LPS conservatorships and the ability to navigate the health care and other relevant systems in the county, including placement resources and transportation as well as general support to help conservators act most effectively and in the best interests of conservatees.

**RECOMMENDATION:** Expand medical support for the Probate Conservatorship program

OPG has a critical need of: 1) a physician specializing in geriatrics, who can provide consultation on difficult medical cases, complex medication issues, provide capacity assessments, complete capacity declarations and testify in court; 2) at least one nurse to check on the health of conservatees in their own home, provide basic medical care such as diabetic checks and insulin shots so conservatees can reside in the least restrictive setting; and 3) one social worker to provide in-home support service assessments so appropriate decisions can be made regarding safe placements and to provide evidence to the Probate Court to support the need to move a conservatee to a more restrictive setting when necessary.

It is anticipated that some individuals referred for LPS conservatorship through the proposed outpatient conservatorship process may be more appropriate for a Probate conservatorship, particularly if the conservatee has dementia and significant medical issues. While projections on how many cases may be more appropriate for Probate conservatorship is difficult to estimate, a staffing plan with Net County Cost funding will need to be established to address any increased workload for the Probate program.

**RECOMMENDATION:** Expand the Probate Code 3200 workgroup to consider development of a panel of Professional Fiduciaries to serve as medical decision makers.

The Standard of Care for the Mentally Ill motion recommended a workgroup to expand the use of Probate Code section 3200 petitions in order to seek medical treatment authorization without the need for a conservatorship. Stakeholders in the Probate conservatorship workgroup discussed the use of Probate Code section 3200 for those hospitalized and some stakeholders expressed concerns regarding the hospital completing the petition being named by the court as the decision maker. Private Professional Fiduciaries are interested in filling this need, but many legal and financial aspects of the proposal would need to be worked out. It is recommended that the Probate Code section 3200 Workgroup in the Standard of Care motion be expanded to include Probate Court personnel and Private Professional Fiduciaries to discuss the possibility of creating a Section 3200 panel of California Licensed Professional Fiduciaries that could be appointed to make medical decisions in the event a hospital was reluctant to be named as the decision maker. The workgroup would need to address reimbursement of the private fiduciary in the absence of a conservatorship estate.



## IV. Clinical Programs and Services for Conservatees

There are significant needs for dedicated clinical programs/services delivering care to conservatees. To meet these needs, DMH plans to dedicate clinical services to LPS conservatees through the development of the “Conservatee FSP” program as well as a project to pilot intensive Peer Support services for the conservatorship system (through a recently approved MHSA-INNOVATION project).

**RECOMMENDATION:** Develop a “Conservatee FSP” program to ensure FSP-level services are available to conservatees so that conservators have access to a dedicated treatment team to work with over the course of conservatorship.

In the Standard of Care motion, DMH stated that it intends to develop a “PG FSP” program, and our goal is to build this program over the next calendar year and beyond. To make sure this program is accessible to those determined to be in need of conservatorship by the courts in LA County, DMH is setting up a clinical system that will deliver care directly to conservatees or, when care is delivered through another provider (i.e. VA), communicates with conservators to monitor the delivery of care; we have modified the name of the program from “PG FSP” to “Conservatee FSP” to recognize this expanded scope of clinical accountability beyond only those who are conserved by PG. Through this program, it is DMH’s intention to have processes in place to make sure that conservatees receive services from their dedicated care team across the care continuum. For example, the dedicated team will be expected to maintain contact with assigned conservatee and court-ordered conservator during hospitalizations, incarceration and during homeless episodes if/when they arise.

In summary, the Conservatee FSP program aims to provide the following elements:

- Conservators, whether public or private, will have access to a designated clinical care team including psychiatry services and peer support. Conservatees eligible for care through non-DMH providers will be monitored by DMH to ensure they receive FSP-equivalent services (monitoring of care for those with a private conservator will leverage support of the Conservator Liaison).
- Conservators (whether public or private) will retain all court-ordered surrogate decision-making authority and will participate in this context as part of the FSP team (patient-centered care).
- Conservatee FSP clinicians will be expected to work with conservators in providing care for conservatees across the care continuum; facilitating placement changes; leading crisis intervention; treatment adherence; helping with skill building in the areas of ADL’s.
- The goal of the Conservatee FSP program is to optimize access to treatment focus on restoring autonomy to the conservatee as the first step in Recovery, so that the conservatorship can be terminated once the client is making appropriate decisions and demonstrating adequate decision-making capacity.

**RECOMMENDATION:** Deploy DMH psychiatrists to provide treatment at board and care facilities.

One issue with conservatorship hearings is the absence of the treating doctor at the conservatorship hearing as many doctors currently providing services in board and care settings will not attend court. To

address this issue and overcome evidentiary challenges (especially for reappointments, when necessary), it would be beneficial to have county assigned psychiatrists treat conservatees at Board and Care facilities. Continuity of care, access to emergency treatment, quality control in relation to the need for hospitalization, and conservatorship proceedings would improve with this assignment.

## V. Referrals and Investigations

Stakeholders identified two significant areas where the conservatorship referral and investigation process could be improved.

**RECOMMENDATION:** Establish and maintain uniformity in the submission of LPS conservatorship referrals from designated acute psychiatric facilities

Stakeholders reported that there are significant disparities between designated acute psychiatric facilities regarding when and to what extent Applications for LPS Investigation are submitted to OPG. While there are 46 acute psychiatric facilities, including the jail, designated by DMH to send referrals for conservatorship, the majority are received from a quarter of these facilities. The lack of referrals or consistency in the submission of referrals from designated acute psychiatric facilities was also identified as an issue in the Standard of Care Motion. In response to that motion DMH developed a workgroup to develop consistency among LPS designated facilities and their medical staffs in submitting referrals for conservatorship. To address the problem of consistency, new and more specific LPS designation guidelines pertaining to referral of hospitalized individuals to OPG for investigation will be promulgated and discussed with all LPS designated facilities and associated hospital professional staff members. Additional information related to referrals to OPG will be compiled and will be used as part of the basis for continued LPS designation and continued membership of individual hospital professional staff members in the fee for service provider network.

**RECOMMENDATION:** Establish a workgroup to develop an outpatient LPS conservatorship process for adults.

Throughout the stakeholder process, a common theme was to establish a process by which referrals for LPS conservatorship could be initiated other than by involuntary detention in designated acute facilities. There is anecdotal evidence that one of the reasons that referrals are not submitted is due to the long length of stay in acute hospitals for conservatees who require an Institution for Mental Disease (IMD) or State Hospital bed. While the law permits the submission of referrals from outpatient settings that can lead to the establishment of a LPS conservatorship, efforts in the past have not been successful. The workgroup will develop the procedures for outpatient referrals, including: who will be designated to submit referrals; training OPG Deputies in conducting outpatient investigations; establishing protocols for transportation of non-detained proposed conservatees; establishing protocols for testimony at the initial hearings at mental health court; identifying any legal hurdles for proving beyond a reasonable doubt that an outpatient proposed conservatee is gravely disabled; identifying strategies for improving the success rate of establishing conservatorships at these hearings; identifying procedures to achieve involuntary placements if Mental Health Court orders this level of care and the conservatee is not

detained at the time of appointment; and identifying the number and type of additional placements or housing units that will be required for these new conservatees.

It is anticipated that at least 1000 additional referrals per year will be made on an outpatient basis. The number could be significantly higher when the Standard of Care Motion is considered because that motion is exploring additional conservatorships as a result of the Welfare and Institutions Code (WIC) sections 5200 and 5340. WIC section 5200 allows for a court ordered evaluation that may lead to an involuntary detention and possible referral for conservatorship. WIC section 5340 would allow for detentions and possible conservatorship for those determined to be gravely disabled due to a substance use disorder only. The number of outpatient referrals could be limited by design by the workgroup, but considering OPG receives nearly 1000 inpatient and jail referrals per year and the large support for outpatient referrals, a doubling of the referrals is realistic. To handle the increased referrals and manage the cases that OPG will be appointed, the addition of at least the following is needed: 9 investigative deputies; 20 case management deputies; 7 administrative support staff including court accounting staff; 5 psychiatric technicians and 5 clinic drivers for court transport; and 2 management staff. This staffing pattern would allow investigators to conduct 10 investigations per month and for case managers to handle 50 cases. It is important to note that, due to the long standing problem of Deputy staff promoting out of the OPG office, there will be extreme difficulty in filling these and any other additional staffing requests in this response unless employees who have left are willing to return. That would not only require the addition of high level positions, but compensation comparable to their current positions. This is a serious issue – in order for OPG to take on additional cases, the workforce must be addressed sufficiently to ensure not only that appropriate client services are performed, but also that mandated court ordered functions and the fiduciary responsibilities are met.

By expanding the number of conservatorships petitioned for in court, county personnel associated with these petitions will need to be expanded (e.g. County Counsel and Public Defender). When considering the impact on County Counsel, it is important to note that County Counsel also provides ongoing legal support to PG for each conservatorship case and any additional conservatorship cases will require additional legal support. Expansion of conservatorships will also impact the Mental Health Court. The extent to which the court can expand to take on additional conservatorship related matters will need to be addressed by Superior Court and the State re: any need for additional courtrooms, judges and court support staff.

## VI. Court Procedures

To improve the success rates for conservatorship hearings and to overcome hearsay rules brought about by the *Sanchez* ruling, the following recommendations are put forward.

**RECOMMENDATION:** Establish a workgroup with OPG, County Counsel, Public Defender and Mental Health Court representatives to modernize and improve the conservatorship court process by increasing the use of tele-testimony. Improving the court process to increase efficiency and reduce trauma to conservatees will also address the anticipated increase in conservatorship hearings as a result of the outpatient referral process.

The use of tele-testimony in the Mental Health Court is limited and primarily utilized for those individuals who have criminal court involvement and are placed at State Hospitals. Expansion of the use of tele-testimony has been difficult, even as DMH and OPG has had to seek placements outside of LA County and often at significant distances from the County.

Physicians who recommend a person for conservatorship are required to be available to testify at the court trial or jury trial for the establishment of the conservatorship and reappointment hearings. Physicians spend hours at the Mental Health Court waiting for cases to be called or for the hearings to be scheduled. There is little consistency as to which case is heard, no ability for the physician to be “on-call” for their testimony and as a result many facilities or physicians have contracted the testimony to forensic psychiatrists or evaluators. Use of forensic evaluators has recently become challenging due to a new evidentiary rules as a result of the *Sanchez* case. *People v Sanchez* prevents the use of hearsay testimony as the basis for granting a conservatorship. By facilitating the testimony of the treating doctors and other treatment staff via tele testimony, the *Sanchez* ruling may be minimized and the success rate of conservatorship hearings can be improved.

The current conservatorship court process is unable to manage the number of cases on calendar on a daily basis. The increase in petitions for conservatorship that will result from the new outpatient referral process and the introduction of additional witnesses to be utilized by County Counsel will increase the number of cases on the court calendar daily and will extend individual court matters on a daily basis. The Mental Health Court will need to expand the number of courtrooms and court personnel available to manage this increase in court hearings and extended court hearings. The use of tele-testimony when appropriate could aid in the efficiency of the court system.

**RECOMMENDATION:** Establish a workgroup to review technology at the Mental Health Court to improve efficiency including tele-testimony of physicians and youth and the ability to submit electronic health records.

As stated in the LPS Adult workgroup, there is a strong desire to modernize the Mental Health court to allow for the appropriate and increased use of tele-testimony for the minor’s physician. Beyond the physicians, there is also a request to consider use of tele-testimony for the minor, particularly when there is a verified clinical concern that transport will impact the child’s welfare and wellbeing.

In addition to the use of tele-testimony, the stakeholders recommended reviewing the capacity of the court to receive electronic health records, the standard mechanism for “charting” in a health care setting. Currently in order for a conservatorship hearing to proceed, the entire medical chart must be physically brought to the mental health court. As the health care profession moves increasingly to electronic documentation, it will be necessary for the mental health court to address this issue. A workgroup could begin to look at this issue to determine the feasibility of using electronic health records. This could also be beneficial for the LPS adult conservatorship hearings.

**RECOMMENDATION:** Create a workgroup consisting of the Probate Court personnel, Probate Volunteer Panel (PVP) attorneys, OPG, County Counsel and Private Professional Fiduciaries to

address common concerns related to Probate court hearing scheduling, processing of court orders and capacity declarations.

Stakeholders expressed concerns with the length of time necessary to establish a Probate conservatorship. It is not unusual for the process to take months and, even upon obtaining the conservatorship, the receipt of the conservatorship letters and orders necessary to act as conservator can take several additional weeks. A workgroup with all interested parties could discuss the feasibility of changes to the process to make it more efficient and meet the needs of frail and vulnerable older adults in need of a conservator. Additionally this workgroup could address another stakeholder recommendation to pursue changes in the Capacity Declaration form approved for statewide use in probate conservatorship hearings. Any person or organization may submit a proposal to the Judicial Council for a new or amended form and there are specific requirements for said proposal but a stakeholder workgroup could make the recommended changes for the Judicial Council to consider.

**RECOMMENDATION:** Placement of DMH psychiatrists at the Mental Health court for assessments and testimony.

OPG and County Counsel are often at a disadvantage when trying to prove beyond a reasonable doubt that a LPS conservatorship should be reappointed because the treating doctor refuses or is unable to attend court. While acute designated facilities are required to provide testimony at the initial court hearing in order to retain their designation, there is no similar requirement for contracted facilities (IMD, ERS) or board and cares as they are not designated facilities. While many IMD and ERS facilities will cooperate with sending a psychiatrist to testify because they are contracted with DMH to take conservatees, there is nothing in place to require a board and care doctor to appear. It is important to note that no physician attending court or testifying in court is reimbursed for those services through Medi-Cal, Medicare or private insurance. If a physician is paid for their services, it is because a hospital has determined it is more economical to hire a forensic evaluator than to use their treating doctors to spend inordinate amounts of time at the Mental Health Court. Available psychiatrists who can do on the spot assessments and testify may reduce the number of conservatorships that lapse due to lack of a doctor. This will reduce the number of former conservatees who become homeless or decompensate and require hospitalization. Overcoming the *Sanchez* hearsay ruling will still be a problem, but access to psychiatrists may improve the success rate of conservatorship hearings.

Recently a major change in the conservatorship process was enacted by the Mental Health Court. The court, in accordance with the statute, requires the conservatee to choose either a court trial or a jury trial, but can no longer have both. There has been a dramatic increase in the number of jury trials requested which has resulted in extended temporary conservatorships and temporary extension of the current conservatorship powers for reappointment cases. This will further impact the movement of conservatees to lower levels of care. OPG is also concerned whether facility and contracted doctors will continue to agree to testify given the increased burden of jury trials. The addition of DMH psychiatrists may help mitigate these challenges.

**RECOMMENDATION:** Establish a workgroup with Superior Court personnel, Public Defender, County Counsel and OPG to provide for a trauma informed/sensitive physical environment for children with high mental health and behavioral needs, including but not limited to a means to avoid the intermixing of adult and children populations at the conservatorship court and a waiting area for minor clients that is calm and quiet away from the normal noise and activity of the general waiting area.

The Welfare and Institutions Code requires that minors under age 16 are to be separated from adults during their treatment in an acute setting (Welf. & Inst. Code § 5355.55). Minors between the ages of 16 and 18 are similarly provided separate treatment settings. It is reasonable that these conditions continue to the mental health court when minors are required to attend and frequently must sit for hours waiting for their cases to be heard. While Superior Court intends to relocate the mental health court to a dedicated court at the Hollywood Courthouse, this relocation continues to be delayed and there is no anticipated move date. Even if relocation to Hollywood courthouse occurs in the future, concerns regarding the intermixing of minors and adults at the court needs to be addressed.

## VII. Care Environments

There are ongoing needs for improvements in care environments and related supporting infrastructure for conservatees.

**RECOMMENDATION:** Expand, enrich and broaden the Continuum of Environments available to candidates for conservatorship and conservatees and improve real-time access to available beds contracted by the DMH.

The need for additional facilities across the levels of care is well known. The lack of adequate B&C, residential treatment, sub-acute beds including Institution for Mental Disease (IMD) and State Hospital beds has resulted in a system that sees candidates for conservatorship and conservatees languishing in acute psychiatric facilities for months at great cost. The lack of adequate placements to meet the needs of candidates for conservatorship and conservatees is also well known to impact the number (lack) of referrals received from acute psychiatric facilities. Length of stay at acute hospitals negatively impacts conservatees who are not receiving appropriate treatment including access to the outdoors, lack of therapy groups and the ability to make progress in their treatment goals. Long lengths of stay negatively impact the ability for others to be monitored safely and treated in acute psychiatric facilities.

As stated in the Standard of Care Motion, 90 additional sub-acute beds were recently authorized for Sylmar Health and Rehabilitation and Crestwood Behavioral Health Center and placement in these facilities has begun. In addition, DMH is joining forces with other departments to power a Health Agency effort to grow and enrich the existing board and care network. This effort includes enhancing payments (patches) to board and cares within the county to expand this core piece of the continuum of living environments. DMH also continues to seek additional inpatient (subacute), residential treatment and board and care bed capacity outside the County as needed.

For several years DMH has been working with other counties, CalMHSA and Correct Care Solutions (the provider selected through a state-wide competitive process) to identify sites for an Alternative to State Hospitals. A promising site in Paso Robles has been identified and LA County is exploring commitment to this project which would be operational in 2021. This alternative to the state hospital facilities would allow DMH to transfer 200 of its current 371 state hospital beds to this facility that would potentially add more than 100 IMD beds. The transfer of the state hospitals beds would be funded through the current budget but the addition of IMD beds would require an investment of NCC in the absence of a waiver at the federal level for the IMD exclusion.

Of additional note regarding bed capacity, the recently reinstated CHFFA administered SB82 Grant is being used to create a new Urgent Care Center (UCC) and 15 new Crisis Residential Treatment Programs (240 units total) on DHS campuses.

With regards to improving real-time access to bed availability and data sharing, DMH is developing a centralized Mental Health Resource Locator and Navigator (MHRLN) application that incorporates all County operated and contracted 24 hour mental health resources including acute psychiatric inpatient hospitals, subacute (IMD) beds, crisis residential treatment programs and board and cares. The MHRLN will help to coordinate bed-finding and client-placement across the county (and beyond).

**RECOMENDATION:** Youth in need of intensive mental health services from DMH will benefit from closer collaboration with DCFS and Probation departments, especially as relates to their placement issues.

Placement for youth, conserved or at risk of conservatorship, are limited. In addition to the departments collaborating to solve the placement issues, stakeholders further recommended exploring the possibility of duplicating the San Bernardino model of using SB 82 funding to develop transitional placements in facilities for high needs transition age youth (TAY) who do not meet criteria for more restricted settings in the adult mental health system. It is also suggested that a workgroup develop a plan to better utilize the Regional Center's Resource Developmental Project in locating appropriate placements for youth with a co-occurring diagnosis of developmental disability and mental illness.

## VIII. Outcomes Measurement and Reporting

OPG is preparing to provide annual reports to the Board of Supervisors beginning in August 2018 for FY 17/18 which will include to the fullest extent possible the outcomes information requested by the Board in the August 8, 2017 motion:

- The number of clients placed on Probate and LPS conservatorship with the OPG annually
- The number of individuals referred for investigation for Probate and LPS conservatorships with the OPG
- OPG caseloads
- Frequency of OPG Deputy contact with conservatees

- The number of OPG clients who exit conservatorship and the reasons for clients exiting conservatorship
- The number of OPG clients who exit conservatorship and then return to conservatorship within a one year period
- The number of OPG conserved clients waiting for a higher level of care, including locked facilities
- Lengths of wait time for higher levels of care for conserved clients
- The number of OPG conserved clients in locked facilities
- Lengths of stay in locked facilities for OPG clients
- The number of OPG clients who are receiving specialty mental health services
- Any other indicators that will inform the Board about the effectiveness of the conservatorship process in the County

Unfortunately the OPG database (CAMS) does not have a well-developed reporting mechanism and much of our data is compiled manually or by one time queries. The database is controlled by Treasurer – Tax Collector (TTC), but maintenance of the database is in the process of shifting from an outside vendor to ISD. Once this transition is finalized, DMH, TTC and ISD will work together to improve the reporting mechanisms through the CAMS database. Additionally, work is being finalized to transfer conservatorship data to Integrated Behavioral Health Information System (IBHIS) which will improve continuity of care (anyone with access to IBHIS will know if a client is currently conserved or was conserved in the past). This exchange of information will also improve data and outcome collection specifically for those clients served by DMH directly operated or legal entity contractors.

## IX. Funding

We believe there are several funding-related changes which would help to significantly improve services for conservatees.

**RECOMMENDATION:** Establish funding to contract for beds in Skilled Nursing Facilities (SNF) and Assisted Living Facilities for difficult to place and indigent conservatees.

The Probate conservatorship program is unique in that most Probate conservatorships are established by family members or Professional Fiduciaries. Only a small portion of Probate conservatorships are established with OPG. But the problems facing conservators, both private and public, are similar and the most significant concerns resonate around indigent conservatees and lack of placements for conservatees with behavior problems.

Contrary to the LPS system where DMH contracts for State Hospital, IMD and Enriched Residential Services (ERS) beds that are available to all LPS conservators, the OPG Probate program has no available source for beds. The ability to access a bed for a Probate conservatee is often based on the private resources of the conservatee. Access to Medi-Cal or indigent beds is nearly impossible, especially for conservatees with behavioral issues who require only custodial care.



Unless State funding can be located for the Probate conservatorship program, the funding necessary to contract with facilities for difficult or indigent conservatees will require an investment of NCC funding. If authorized to pursue this recommendation, OPG would develop a funding proposal.

**RECOMMENDATION:** Establish funding to support conservatorship clinic programs.

This recommendation seeks to fund entities such as Bet Tzedek in order to support conservatorship programs. It is estimated that Bet Tzedek, a non-profit entity, provides legal assistance to low income families for nearly 70% of the new probate conservatorship cases filed in Los Angeles County. There is a great need for such assistance and the waiting time can be months. The Board could determine that funding for these services serves a needed public purpose. With authorized funding, the conservatorship clinics could be expanded so that more families could be helped, especially as the Probate Code lists family with the highest priority to serve this role (and reduce the need for OPG to be involved in cases).

## X. Legislation

Stakeholder groups identified a few areas in which legislation could be considered, including a suggestion to redefine grave disability which is already being pursued. With respect to the other recommendations, County Counsel has opined on the viability of those proposed legislative options. Stakeholders proposed legislation to give OPG express investigative powers comparable to the Public Administrator (PA); however, existing law (Probate Code section 2910) already grants OPG the power to obtain information for investigative purposes. Additionally, as a statutorily designated member of a multidisciplinary team to prevent elder abuse, the OPG can receive and share medical and financial information with psychiatrists, psychologists, law enforcement agents and social workers.

Stakeholders suggested legislation allowing the Probate Court to issue orders authorizing probate conservators to authorize psychotropic medications for probate conservatees who need them but do not meet the definition of gravely disabled. For probate conservatees that suffer from a major neurocognitive disorder in addition to a mental illness, for which they require psychotropic medication, the Probate Code limits the probate conservator to treating the neurocognitive disorder. The statutory limitation substantially impairs the conservator's ability to meet all of the individual's needs under a probate conservatorship; therefore, a legislative change would be the only option to ameliorate this problem. Such a proposal will not be without its challenges, as opponents will be concerned about the potential abuse of this power. The legislature acknowledged potential for abuse when it created the exception for neurocognitive disorders but incorporated procedural safeguards if found appropriate to establish these powers. Similarly any new legislative change with an expansion of powers would need to establish additional safeguards to address the potential abuse of power.

Stakeholders recommended legislation to mandate that DCFS and minors counsel in dependency and delinquency courts be notified when conservatorship investigations are initiated and when court dates are set. A blanket order from the dependency court already exists which mandates that notice of conservatorship proceedings be given to minors counsel by DCFS. Generally, delays are often the result of insufficient time for DCFS to receive notice and in turn alert minor's counsel, which legislation would

not remedy. Additionally, this issue can be remedied through the establishment of point persons at key agencies and an interagency agreement.

**RECOMMENDATION:** It is recommended that the Board explore the feasibility of legislation related to *People v. Sanchez*, 63 Cal.4th 665.

Under *Sanchez*, a medical expert must limit the recitation of facts about a proposed conservatee to the facts that he or she has personally observed. Thus, the expert may no longer share with the court details from the patient's medical record observed by *other* doctors and facility staff. Accordingly, the Public Guardian may now need to bring the proposed conservatee's entire treatment team to court to ensure that the court receives a complete picture of the conservatee's medical history, rather than an incomplete picture limited to the personal observations of the doctor who happens to be testifying.




Los Angeles County  
**DEPARTMENT OF MENTAL HEALTH**

JONATHAN E. SHERIN, M.D., Ph.D.  
DIRECTOR

February 11, 2019

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

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

SUBJECT: **REPORT RESPONSE ON PROVISION OF ANNUAL REPORTS TO THE BOARD FOR EXPANDING LANTERMAN-PETRIS-SHORT (LPS) AND PROBATE CONSERVATORSHIP CAPACITY IN LOS ANGELES COUNTY (ITEM 9, AGENDA OF AUGUST 8, 2017)**

On August 8, 2017, your Board directed the Department of Mental Health (DMH) in collaboration with the Health Agency and the Chief Executive Officer (CEO) to convene stakeholders with representatives of the Superior Court, mental health experts, consumers and consumer advocates and to report back to the Board with recommendations on multiple directives.

This report addresses the directive to provide annual reports to the Board including the number of clients placed in Probate and LPS conservatorship with the Office of Public Guardian (OPG) annually; the number of individuals referred for investigation for Probate and LPS conservatorships with OPG, OPG caseloads, frequency of OPG Deputy contact with conservatees; the number of OPG clients who exit conservatorships and the reasons for the clients exiting conservatorship; the number of OPG clients who exit conservatorship and then return to conservatorship within a one year period; the number of OPG conserved clients waiting for a higher level of care, including locked facilities, lengths of wait time for higher levels of care for conserved clients; the number of OPG conserved clients in locked facilities, lengths of stay in locked facilities for OPG clients; the number of OPG clients who are receiving specialty mental health services and other indicators that will inform the Board about the effectiveness of the conservatorship process.

## **Data**

The OPG uses the Client and Asset Management System (CAMS), a database under the auspices of the Treasurer and Tax Collector for use by Public Administrator, Public Guardian, Coroner, and certain DMH Clinics for Representative Payee services to obtain data. Maintenance of the database was recently shifted from an outside vendor to the Internal Services Department (ISD). Unfortunately the CAMS database does not have a well-developed reporting mechanism and much of our data is compiled manually or with one time queries. Additionally, efforts to transfer conservatorship data to the Integrated Behavioral Health Information System (IBHIS) in order to match client populations served by specialty mental health providers and OPG remain a work in progress.

This report reflects OPG's efforts to gather as much data, often manually, to meet the data request for OPG conserved clients. Unless otherwise noted the conservatorship data is for Fiscal Year (FY) 2017-18. Efforts will continue to refine and further develop reporting mechanisms for better annual reporting.

**1. The number of clients placed in Probate and LPS conservatorship with OPG annually:**

OPG was initially appointed conservator for 126 Probate conservatees and 431 LPS conservatees and reappointed as conservator on 1,902 LPS conservatees.

**2. The number of individuals referred for investigation for Probate and LPS conservatorships with OPG, OPG caseloads and frequency of OPG Deputy contact with conservatees:**

OPG received a total of 908 LPS referrals from designated acute psychiatric facilities, Jail Mental Health and Superior Court (both Mental Health Court and outlying Criminal Courts). Ninety-seven percent (97%) of referrals were accepted and investigated by OPG. The primary reason for not investigating a case was non-resident status of the referred individual. Exhibits 1 and 1a provides details on the number of LPS referrals received monthly and the sources of those referrals.

OPG received a total of 1,386 Probate referrals from a variety of sources. One hundred percent (100%) of all referrals were accepted and investigated. See Exhibit 2 for details.

OPG designates Deputy Public Conservator/Administrators (DPCA) to perform functions of Investigator, Caseload Deputy/Case Manager and Closing Deputy.

The average caseload for these assignments is:

a	LPS Investigations	9 investigations per month
b	LPS Forensic Investigations	15 investigations per month
c	LPS Caseload	25-90 appointed cases depending on Classification (DPCA I, DPCA II and Senior DPCA)*
d	LPS Forensic Caseload	140 appointed cases
e	LPS Minors Investigation and Caseload	22 total referrals and average of 30 appointed cases
f	LPS Closing	37 cases per month
g	Probate Investigations	8-12 investigations per month **
h	Probate Caseload	25-65 appointed cases depending on Classification (DPCA I, DPCA II and Senior DPCA)*
i	Probate Closing	9 cases per month

DPCA's performed 10,751 periodic visits with conserved clients. OPG has an expectation that conserved clients in structured settings will be visited once per quarter, and those living in independent settings such as their own home will be visited monthly.

**3. The number of OPG clients who exit conservatorship and the reasons for clients exiting conservatorship:**

A total of 618 LPS temporary and permanent conservatorships were terminated during FY 2017-18. The reasons are varied, but the three most common reasons for a termination of a conservatorship were:

- Suitable Alternative to Conservatorship,
- A finding of Not Gravely Disabled, and
- No doctor available to testify at a contested hearing.

Please see Exhibit 3 for further details.

\*DPCA's on probation are limited to no more than 25 cases in the first 6 months due to classroom and hands on training.

Caseloads were impacted by an average of 21 vacancies per month in the Deputy series in FY 17/18

\*\* OPG has MOU's with outside entities to dedicate DPCA's to investigate their referrals (APS, County Hospitals, Conservatorship Access Network). OPG also provides a dedicated investigator to the Probate Court.

**4. The number of clients who exit and return within one year:**

As we are using FY 2017-18 as our baseline reporting year we will review cases terminated in that year to determine if any clients were referred and/or placed on conservatorship in FY 2018-19. This information will be reported in our next annual report.

**5. The number of OPG LPS conserved clients waiting for a higher level of care, including locked facilities and lengths of wait time for higher levels of care for conserved clients:**

The data provided is for a point in time, specifically December 6, 2018, as reported by DMH Countywide Resource Management (CRM). The number of clients waiting for a State Hospital is 11 with an average wait time of 197 days; the number waiting for a Subacute IMD is 57 with an average wait time of 117 days; the number waiting for an IMD is 49 with an average wait time of 70 days and the number waiting for ERS is 24 with an average wait time of 56 days. See Exhibit 4 for more details.

**6. The number of OPG LPS conserved clients in locked facilities and lengths of stay in locked facilities for OPG clients:**

The data provided is for a point in time, specifically December 6, 2018 as reported by DMH CRM. The number of OPG conserved clients in the State Hospital is 312; the number in Subacute IMD is 396; the number in IMD is 272, and the number in Enriched Residential Services (ERS) (an unlocked setting) is 198.

The average length of stay at the state hospital is not currently available but a review of OPG State Hospital cases in FY 2017-18 finds 22 conservatees who have averaged between 9 and 17 years at the state hospital. Many of these conservatees are on a Murphy conservatorship with active charges for a violent felony, remain incompetent to stand trial, and are deemed by Superior Court to pose a danger to the public.

Data shows that length of stay at Subacute IMD is 1.43 years; length of stay for IMD is 1.55 years, and length of stay for ERS is 1.09 years. See Exhibit 4 for more details.

**7. The number of OPG clients who are receiving specialty mental health services:**

As the data matching between the PG CAMS system and IBHIS system is a work in progress we are unable to determine how many conservatees are receiving specialty mental health services. But a recent manual review of enrolled FSP clients found approximately 100 OPG LPS conservatees living in board and care

Each Supervisor  
February 11, 2019  
Page 5

settings are enrolled in a directly operated or contracted FSP program. Efforts to increase the number of PG conservatees in FSP has begun with new enrollments starting in Service Area 4 directly operated clinics.

If you need additional information, please contact Dr. Curley Bonds, Chief Deputy Director, Clinical Operations, at (213) 738-4108 or [cbonds@dmh.lacounty.gov](mailto:cbonds@dmh.lacounty.gov).

JES:CD

Attachments

c: Executive Office, Board of Supervisors  
Chief Executive Office  
Health Agency

# EXHIBIT 1

## LPS INVESTIGATION UNITS FY 2017 - 2018 UNIT 1 - INVESTIGATION (HOSPITAL AND MENTAL HEALTH COURT) REFERRAL SOURCES

	Adventist Health Glendale	Adventist Health White Memorial	Antelope Valley Hospital	Aurora Charter Oak Hospital	Aurora Las Encinas	BHIC Alhambra Hospital	Citrus Valley Medical Center	College Hospital	College Medical Center Hawthorne	Community Hospital of Long Beach	Correctional Treatment Center	CRDF	Del Amo Hospital	Dept. 95 A	Dignity Health Northridge Hospital	Enrico Hospital Medical Center	Exodus Recovery Psychiatric Gateway	Glendale Memorial Hospital & Health Ctr	Genora Community Hospital	Harbor-UCLA Medical Center	Henry Mayo Newhall Hospital	Huntington Hospital	Della Martin Cr.	Kaiser Permanente	Keystone Acute Psychiatric Hosp	LAC+USC Healthcare (A. F. Hawkins Inst)	La Casa Psychiatric	Out of County (Los Alamitos)	Los Angeles Jewish Home for The Aging	Mission Community Hospital	Milton Picture & Telelab Hosp of the Valley	Penn Mar Therapeutic Ctr	Providence Little Comp. of Mary Med. Ctr	Resnick Neuro-psychiatric Institute Hospital	San Gabriel Valley Med. Ctr	Sherran Oaks Hospital	Silver Lake Medical Center	Southern California Hosp. @ Culver City	Star View Behavioral Health UCC	St. Francis Medical Ctr	USC Verdugo Cr. Hospital	Valley Care Olive View-UCLA Med. Ctr	Veterans Administration VA Long Beach	TOTAL			
July				2			5	1									3	1		9	1		2			11		1						1	1	1	2				1	5		47			
August		1		3			7	1						1			5	1	1	7						13		1										1				3	3		52		
September	1			1			2					2		1		2	2		4		2	1				5	1	1													2	3		34			
October	1		1	2			3	1						1			3		4							9	2	1							3				1	3	5		43				
November	2			1			2	4				2		1			1		4	1	1	1				7												2		2	6		40				
December	1		1	1			3	2	1			2					2		5	2					1	6	1													1	1	5		39			
January	3			1			1	4	1			4		1		1	5		5		2	1	1			5	3														4		44				
February	1		1	2			1	6				3					5					1	1			7															2	4		38			
March	1		2				1	1				5					3		7			1	1			12	2	1													1	2	2	45			
April	2		2				7	1									2		6							11	2														1	2	4	1	45		
May			1	1			7	4				2		1		2	3		3		3	2				9	2													2	1	3		53			
June			1	1			5	4	2					1		2	3		3		3	2				9	2														1	2	3	1	51		
TOTAL:	12	1	3	7	14	0	0	44	29	4	0	0	20	0	7	0	7	37	2	1	57	4	11	11	4	104	15	5	0	0	0	0	1	8	6	9	8	2	16	0	0	5	4	25	43	5	531



# EXHIBIT 1A

## LPS INVESTIGATION UNITS FY 2017 - 2018 UNIT 16 - INVESTIGATION (FORENSIC AND MINORS) REFERRAL SOURCES

	Dept. 95 A/ Dept. 95 B/ Dept. 95 C/ Dept. 95 D	Outlying Criminal Courts	Atascadero	Metro	Patton	TTCF	Central Juvenile Hall	College Hospital	LAC/USC	Augustus/ Hawkins	Gateway	Starview	CRDF	TOTAL
July	18			1	5			1				2		27
August	22			1	2		2	1				1		29
September	14				8		2					1		25
October	19				5			2				1		27
November	21				5	1					1	2		30
December	23				5			1				3		32
January	24				9									33
February	18			1	8						9	1		37
March	27				10	1	1		2			2		43
April	6		1	6	11				1			1		26
May	24			1	10									35
June	24			1	11		2							38
<b>TOTAL:</b>	<b>240</b>	<b>0</b>	<b>1</b>	<b>11</b>	<b>89</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>10</b>	<b>14</b>	<b>14</b>	<b>382</b>	

# EXHIBIT 2

## PROBATE INVESTIGATION UNITS FY 2017 - 2018 UNIT 8, 9, & 10 - INVESTIGATION (HOSPITAL AND PROBATE COURT) REFERRAL SOURCES

	Adult Protective Services (APS)	Attorney (ATT)	Conservator Access Network (GAN)	County Hospital (CHO)	Community (COM)	Court (CRT)	Referral Rejected (DEC)	Family Referrals (FAM)	Other (OTH)	Public Administrator/Public Guardian (PA/PAG)	Private Citizen (PRC)	Private Hospital (PHO)	Skilled Nursing Facilities (SNF)	Trust (TRT)	Veterans Affairs (VA)	Forensic (FOR)	Genesis (GEN)	TOTAL
July	5	0	11	4	0	5	0	3	0	0	26	54	0	2	2	0	0	112
August	5	1	11	5	0	5	0	5	0	0	37	110	0	2	2	0	0	183
September	5	0	13	7	0	3	0	5	0	2	23	45	0	3	0	0	0	106
October	4	0	12	6	0	2	0	5	0	0	33	51	0	0	4	1	0	118
November	1	1	8	3	0	1	0	3	1	1	18	64	1	2	2	1	0	107
December	2	1	8	4	0	3	0	2	0	0	24	45	0	7	1	0	0	97
January	6	2	7	4	0	2	0	1	3	1	25	44	0	4	3	0	0	102
February	4	3	7	5	0	6	0	1	0	0	22	54	3	4	3	0	0	112
March	8	0	14	3	0	5	0	2	0	0	28	67	3	4	4	0	0	138
April	6	0	5	3	0	2	0	3	0	1	33	47	1	2	6	0	0	109
May	11	1	7	2	0	5	0	3	0	3	24	50	2	3	2	0	0	113
June	2	0	5	6	0	6	0	1	1	1	18	47	1	3	5	1	0	97
<b>TOTAL:</b>	<b>59</b>	<b>9</b>	<b>108</b>	<b>52</b>	<b>0</b>	<b>45</b>	<b>0</b>	<b>34</b>	<b>5</b>	<b>9</b>	<b>311</b>	<b>678</b>	<b>11</b>	<b>36</b>	<b>34</b>	<b>3</b>	<b>0</b>	<b>1394</b>



# EXHIBIT 3

## LPS CONSERVATORSHIP TERMINATIONS FY 2017 - 2018 TOTAL ALL UNITS

	Term. By Law Not Filed	Commitment to State Prison	Alternative	AWOL	Re-Hearing Granted	NGD	Not Trnsp./No Video conf.	Last Day/Contested/No Doctor	Death	Voluntary	Successor Appointed	TOTAL
July	2		15	2		15	1	9	2	1	5	52
August	1		19	10		9	6	6	6		7	64
September	1		14	5		7	3	9	4		6	49
October	1	1	15	9		5		10	4		5	50
November	4		14	9	1	6		10	4		10	58
December	1		14	1	2	5		11	1		6	41
January			15	4		5	1	8	4		10	47
February	3	1	17	5	1	8	1	4	7	1	6	54
March	1		8	4		7		6	10		9	45
April	3		12	4	1	10	1	10	5		3	49
May	2		14	3		14	2	15	3	1	4	58
June			1	5		11	2	8	12		12	51
<b>TOTAL:</b>	<b>19</b>	<b>2</b>	<b>158</b>	<b>61</b>	<b>5</b>	<b>102</b>	<b>17</b>	<b>106</b>	<b>62</b>	<b>3</b>	<b>83</b>	<b>618</b>



Exhibit 4  
LAPG Data 12.6.18

# OF CONSERVED CLIENTS	FACILITIES	TOTAL # OF DAYS	AVG Length of Stay (Years)	# OF LAPG CLIENTS WAITING FOR HIGHER LOC	AVG Length Of Wait Time (Days)
<b>SUBACUTE</b>					
99	LA CASA MHRC	41571	1.15		
102	LA PAZ	51842	1.39		
67	SIERRA VISTA	45623	1.87		
45	OLIVE VISTA CENTER	23539	1.43		
30	SHANDIN HILLS	18855	1.72		
31	ALPINE CENTER	14670	1.30		
22	HARBOR VIEW BHC	9079	1.13		
396		205179	9.99	57	
56.57		29311.29	1.43		1.17
<b>SUBTOTAL</b>					
<b>AVERAGE</b>					

<b>IMD</b>					
44	COMMUNITY CARE CENTER	29280	1.82		
25	LANDMARK MEDICAL CENTER	16246	1.78		
30	LAUREL PARK CENTER	16164	1.48		
41	MEADOWBROOK MANOR	36160	2.42		
100	VIEW HEIGHTS CONVALESCENT	55851	1.53		
32	Penn Mar	2985	0.26		
272		156686	9.28	49	
45.33		26114.33	1.55		70
<b>SUBTOTAL</b>					
<b>AVERAGE</b>					

<b>ERS</b>					
19	ANNE SIPPI CLINIC	8290	1.10		
6	BRIDGES - CASITAS ESPERANZA	1808	0.80		
5	CEDAR STREET HOMES	895	0.40		
70	PERCY VILLAGE	37597	1.40		
23	NORMANDIE VILLAGE EAST	3838	0.40		
7	GATEWAYS SATELLITE	2506	0.90		
17	SPECIAL SERVICES OF GROUPS	7130	1.10		
28	SPECIAL SERVICES OF GROUPS - SPECIAL NEEDS	16063	1.50		
23	TELECARE 7	19137	2.20		
198		97264	9.80	24	
22		10807.11	1.09		56
<b>SUBTOTAL</b>					
<b>AVERAGE</b>					



**DEPARTMENT OF MENTAL HEALTH**  
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**JONATHAN E. SHERIN, M.D., Ph.D.**  
Director

**Gregory C. Polk, M.P.A.**  
Chief Deputy Director

**Curley L. Bonds, M.D.**  
Chief Medical Officer

**Lisa H. Wong, Psy.D.**  
Senior Deputy Director

January 26, 2021

TO: Supervisor Hilda L. Solis, Chair  
Supervisor Holly J. Mitchell  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

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

SUBJECT: **ANNUAL REPORT TO THE BOARD FOR EXPANDING LANTERMAN-PETRIS-SHORT (LPS) AND PROBATE CONSERVATORSHIP CAPACITY IN LOS ANGELES COUNTY (ITEM 9, AGENDA OF AUGUST 8, 2017)**

On August 8, 2017, your Board directed the Department of Mental Health (DMH) in collaboration with the Health Agency and the Chief Executive Officer to convene stakeholders with representatives of the Superior Court, mental health experts, consumers and consumer advocates and to report back to the Board with recommendations on multiple directives.

This is the third annual report addressing the directive to provide annual reports regarding conservatorships.

**Data**

The Office of the Public Guardian (OPG) uses the Client and Asset Management System (CAMS), a database under the auspices of the Treasurer and Tax Collector (TTC) for use by Public Administrator, Public Guardian, Medical Examiner-Coroner, and certain DMH Clinics for Representative Payee services. Data is compiled manually or with one-time queries from the CAMS database. The data exchange between CAMS and the DMH Integrated Behavioral Health Information System (IBHIS) has continued for over a year,



resulting in our first report of information on conservatees receiving mental health services. This information is detailed below.

This report reflects OPG’s efforts to gather as much data to meet the data request for OPG conserved clients. Unless otherwise noted the conservatorship data is for Fiscal Year (FY) 2019-20.

**1. The number of clients placed in Probate and LPS conservatorship with OPG annually:**

OPG was initially appointed conservator for 103 Probate conservatees and 375 LPS conservatees and reappointed as conservator on 1,915 LPS conservatees.

**2. The number of individuals referred for investigation for Probate and LPS conservatorships with OPG, OPG caseloads and frequency of OPG Deputy contact with conservatees:**

The Public Guardian received a total of 816 LPS referrals from designated acute psychiatric facilities, Jail Mental Health and Superior Court (Mental Health Court, Criminal Courts and Probate Court). Ninety-eight percent of referrals were accepted and investigated by OPG. Residency issues were the primary reason a referral was rejected. Exhibits 1 and 1A provide details on the number of LPS referrals received monthly and the sources of those referrals.

The Public Guardian received 1,878 Probate referrals from a variety of sources. Ninety-five percent of all referrals were accepted and investigated. The primary reasons a case was not investigated were residency issues, inappropriate diagnosis or incomplete referrals. See Exhibit 2 for details.

OPG currently designates Deputy Public Conservator/Administrators (DPCA) to perform functions of Investigator, Caseload Deputy/Case Manager and Closing Deputy. The average monthly caseload per Deputy for these assignments is:

a	LPS Investigations	10 investigations per month
b	LPS Forensic Investigations	14 investigations per month
c	LPS Caseload	48-71 appointed cases depending on Classification (DPCA I, DPCA II, and Senior DPCA)*
d	LPS Forensic Caseload	96 appointed cases
e	LPS Minors Investigation and Caseload	20 total referrals and average of 30 appointed cases
f	LPS Closing	9.5 cases per month
g	Probate Investigations	8-13 investigations per month**
h	Probate Caseloads	45-55 appointed cases depending on Classification (DPCA I, DPCA II, and Senior DPCA)*
i	Probate Closing	8.5 cases per month

\*Caseloads were impacted by an average of 11.5 vacancies per month in the Deputy series in FY 2019-20. This is nearly equal to the vacancy rate for FY 2018-19 which was an average of 12 monthly vacancies.

\*\* OPG has MOUs with outside entities to dedicate DPCAs to investigate their referrals (APS, County Hospitals, Conservatorship Access Network). OPG also provides a dedicated investigator to the Probate Court.

During the first 9 months of the fiscal year, DPCAs conducted in-person investigation and client visits. Due to COVID-19, DPCAs pivoted to visits done by phone or virtually. Since COVID, only in rare circumstances were in-person visits conducted, such as when clients were facing end of life or were residing in their own residences. 9,068 client visits were performed during FY 2019-20.

Due to staffing and caseload size, OPG has an expectation that conserved clients in structured settings are visited once per quarter and those living in independent settings such as their own home are visited monthly. OPG met the visitation standard approximately 73% during the fiscal year.

**3. The number of OPG clients who exit conservatorship and the reasons for clients exiting conservatorship:**

A total of 528 LPS temporary and permanent conservatorships were terminated. The reasons are varied, but the most common reasons for a termination of a conservatorship were a finding of Not Gravely Disabled, finding a Suitable Alternative to Conservatorship and Death. Unfortunately, COVID-19 has had a significant impact on lives of conservatees. As of January 3, 2021, COVID-19 has been a contributing factor in 24 LPS conservatee deaths and 48 Probate conservatee deaths.

It is important to note that the number of conservatorships terminated due to a lack of a doctor decreased during this reporting period by nearly 50%. It is believed that the switch to tele-testimony in March 2020 because of COVID-19 Superior Court protocols had some impact on these results.

OPG is also pleased to report that based on our recommendations, the Court appointed 113 private conservators on initial cases and 56 private successor conservators. Please see Exhibit 3 for further details.

**4. The number of clients who exit and return within one year:**

In FY 2018-19, 577 LPS conservatorships were terminated for various reasons. Twenty-three of these individuals were referred again for conservatorship in FY 2019-20, and 17 were placed on conservatorship in FY 2019-20.

**5. The number of OPG LPS conserved clients waiting for a higher level of care, including locked facilities and lengths of wait time for higher levels of care for conserved clients:**

According to DMH's Intensive Care Division, the number of conservatees waiting for Metropolitan State Hospital is 26 with an average wait time of 394 days, and the number of conservatees waiting for Napa is 3 with an average wait time of 506 days, the number waiting for a Specialized or General Subacute is 203 and the length of wait time is 141 days, and the number waiting for Enriched Residential



Services (ERS) is 214 with an average wait time of 96 days. See Exhibit 4 for more details.

**6. The number of OPG LPS conserved clients in locked facilities and lengths of stay in locked facilities for OPG clients:**

According to DMH's Intensive Care Division, the number of OPG conserved clients in Specialized Subacute is 367; the number in General Subacute is 380; and the number in ERS, an unlocked setting, is 201.

Data shows that length of stay at Specialized Subacute is 1.88 years, length of stay for General Subacute is 1.83 years, and length of stay for ERS is 1.21 years. See Exhibit 4 for more details.

A review of OPG's database finds there are 358 OPG conserved clients in the following state hospitals: Patton, Metropolitan, Napa, Atascadero, and Coalinga. The average length of stay at the state hospital varies from state hospital to state hospital, but the average ranges between 1.6 years to 5.5 years. There are a few conservatees with extraordinary stays of more than 15 years. The longer length of stay at state hospitals is impacted by conservatees on a Murphy conservatorship with active charges for a violent felony, who remain incompetent to stand trial, and are deemed by Superior Court to pose a danger to the public. As a result, the least restrictive level of care appropriate is the state hospital and few suitable alternative levels of care currently exist.

**7. The number of OPG clients who are receiving specialty mental health services:**

In July 2019, DMH and TTC successfully completed the process to exchange conservatorship data with the IBHIS system. The data exchange includes both LPS and Probate conservatees, and for FY 2019-20 the data match found 39.8% of conservatees received at least one billable outpatient service with DMH directly operated, legal entity, or DMH Fee-For-Service providers: mental health services, targeted case management, medication support services, crisis intervention, crisis stabilization, day treatment/rehab services, or therapeutic behavioral services (TBS). Conservatees receiving services in state hospitals, IMDs or with private insurance would not be captured in our data match, but conservatees in state hospitals and IMDs are technically receiving services under the Local Mental Health Plan.

A manual review of conservatorship data determined we had a slight increase in the number of OPG conservatees enrolled in Full Service Partnership (FSP) programs. We now have 258 conservatees enrolled in directly operated or contracted FSP programs as compared to 242 FSP clients documented in our previous annual report.



Each Supervisor  
January 26, 2021  
Page 5

If you need additional information, please contact Dr. Curley Bonds, Chief Medical Officer, Clinical Operations Division, at (213) 738-4108 or [cbonds@dmh.lacounty.gov](mailto:cbonds@dmh.lacounty.gov)

JES:CB:CD:lm

#### Attachments

c: Executive Office, Board of Supervisors  
Chief Executive Office  
Alliance for Health Integration (formerly the Health Agency)

# EXHIBIT 1

## LPS INVESTIGATION UNITS FY 2019-2020

### UNIT 1 - INVESTIGATION (HOSPITAL AND MENTAL HEALTH COURT) REFERRAL SOURCES

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Adventist Health Glendale						2	1		1				4
Adventist Health White Memorial													0
Antelope Valley Hospital			1			1	1	1	1				5
Aurora Charter Oak Hospital			1	3		1		1	1				7
Aurora Las Encinas	1	1			1				1	2	3	3	12
BHC Alhambra Hospital													0
Citrus Valley Medical Center								1					1
College Hospital Cerritos	1	2	1		1		3	3	1	2	1	2	17
College Medical Center Long Beach	1	1	1	5	1	1	1	1					12
Community Hospital of Long Beach													0
Del Amo Hospital					1			1	2				4
Dignity Health Northridge Hospital			1										1
Encino Hospital Medical Center								1					1
Exodus Recovery Psychiatric	1	1		1								2	5
Gateways Hospital & Medical Center	5	5	3	3	6	3	1	1	4	5	4	1	41
Glendale Memorial Hospital & Health Center	1	1											2
Glendora Community Hospital													0
Harbor-UCLA Medical Center	6	6	5	7	7	2	3	3	3	3	3	3	51
Henry Mayo Newhall Hospital													0
Huntington Hospital Della Martin Center	1	1		1	2	2			1	1			9
Kaiser Permanente Mental Health Clinic	1	1		1		3	1	2	3		1		13
Kedren Acute Psychiatric Hospital			2	1		1							4
LAC+USC Healthcare /A. F. Hawkins /Keck	4	7	5	6	5	8	9	4	6	6	8	11	79
La Casa Psychiatric	1	1	1	1	1			1	1				7
LA Downtown Ctr - Hellman/Temple	2	2	3	1	2	2		5		1		1	19
Out of County			1	3		2			4	1	3	1	15
Out Patient Referral													0
Los Angeles Jewish Home for The Aging													0
Mission Community Hospital													0
Motion Picture & Television Fund Hospital													0
Pacific Hospital of the Valley													0
Penn Mar Therapeutic Center	1	1	6		1			1	2				12
Providence Little Company of Mary Medical Center	1	1	1	1	2				2	1	1		10
Resnick Neuropsychiatric Ronald Reagan	2	2			1	1	2	1		1			10
San Gabriel Valley Medical Center													0
Sherman Oaks Hospital													0
Silver Lake Medical Center													0
Southern California Hospital @ Culver City													0
St. Francis Medical Center	1	1											2
USC Verdugo Hills Hospital													0
Valley Care Olive View-UCLA Medical Center	2	2	3		4	1	1	1					14
Veterans Administration Veterans Affairs Los Angeles	6	6	5	7	8	5	3	4	6	2	14	3	69
Veterans Administration Veterans Affairs Long Beach	2	2		1				2					7
Rejected	1	1	2	2		1		2	2	3	1		15
<b>TOTAL:</b>	<b>41</b>	<b>45</b>	<b>42</b>	<b>44</b>	<b>43</b>	<b>36</b>	<b>26</b>	<b>36</b>	<b>41</b>	<b>28</b>	<b>39</b>	<b>27</b>	<b>448</b>



# EXHIBIT 1A

## LPS INVESTIGATION UNITS FY 2019-2020 UNIT 16 - INVESTIGATION (FORENSIC AND MINORS) REFERRAL SOURCES

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Dept. 95 A/ Dept. 95 B/ Dept. 95 C/ Dept. 95 D	16	16	12	11	13	8	5	5	10	12	5	9	122
Outlying Criminal Courts						2	5	4	1		2	3	17
Atascadero				1		1		1	2				5
Metro	3	3	2	2		5	3	1	5		3	1	28
Patton	7	7	3	5	5	2		3	4	1	2	2	41
Napa State Hospital											1		1
Coalinga State Hospital			1		1	1							3
Twin Tower Correctional Facility (TTCF)	16	16	6	7	3	15	10	12	9	9	7	3	113
Juvenile Hall				1						1			2
College Hospital	1					1		2					4
LAC/USC Augustus/ Hawkins	3					3			2	1	1		10
Gateways								1		1			2
Starview	1	1											2
Century Regional Detention Facility (CRDF)				5		1	3	4	1	2	2		18
<b>TOTAL:</b>	<b>47</b>	<b>43</b>	<b>24</b>	<b>32</b>	<b>22</b>	<b>39</b>	<b>26</b>	<b>33</b>	<b>34</b>	<b>27</b>	<b>23</b>	<b>18</b>	<b>368</b>



# EXHIBIT 2

## PROBATE INVESTIGATION UNITS FY 2019-2020

### UNIT 8, 9, & 10 - INVESTIGATION (HOSPITAL AND PROBATE COURT) REFERRAL SOURCES

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Adult Protective Services (APS)	2	4	3	4	6	2	5	5	5	2		1	39
Attorney (ATT)	0	0	0	0	1	1	1			1		1	5
Conservator Access Network (CAN)	6	4	10	10	6	10	11	13	14	4	6	7	101
County Hospital (CHO)	4	9	5	5	2	4	5	12	12	6	9	4	77
Community (COM)						3	3	3	2				11
Court (CRT)	11	13	6	10	8	2	4	2	2	1		1	60
Referral Rejected (RJ)	18	39	9	7	2	1	2	4	7				89
Family Referrals (FAM)	6	1	4	7		3	7	4	4	3	2	2	43
Other (OTH)	12	12	13	7	3	4	7	3	3	8	3	12	87
Public Administrator/Public Guardian/Public Conservator (PA/PG/PC)		1			1	2		1		1	2		8
Private Citizen (PRC)				2	3								5
Private Hospital (PHO)	23	19	11	18	22	15	16	16	14	16	11	21	202
Skilled Nursing Facilities (SNF)	69	71	84	64	98	69	102	73	50	78	68	49	875
Trust (TRT)	2	2	2			1	2	3	1	5	1	3	22
Veterans Affairs (VA)	3	7	5		1	3	1	7	2	4	1	3	37
Forensic Center (FOR)	5	4	3	4		4	4	2	3	4	4	2	39
Genesis (GEN)		1	2	1		1	2		1				8
Department of Social Services (DPSS)	21	10	20	26	10	16	18	5	10	9	9	10	164
Private Professional Fiduciary (PPF)										2	1		3
Residential Facilities (RES)						2		1					3
<b>TOTAL:</b>	<b>182</b>	<b>197</b>	<b>177</b>	<b>165</b>	<b>163</b>	<b>138</b>	<b>192</b>	<b>153</b>	<b>132</b>	<b>146</b>	<b>117</b>	<b>116</b>	<b>1878</b>

# EXHIBIT 3

## LPS CONSERVATORSHIP TERMINATIONS FY 2019-2020 TOTAL ALL UNITS

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Term. By Law Not Filed		1		1	1	2	2					2	9
Commitment to State Prison		1		1		1							3
Alternative	24	19	12	8	3	6	7	4	1	6	4	3	97
AWOL	4	5	3	2	3	1	2	3		1	1	1	26
Re-Hearing Granted	1	1				1	1						4
NGD	7	21	10	16	8	11	9	5	6	4	4	6	107
Not Trnsp./No Video conf.				1		1	3	1					6
Last Day/Contested/ No Doctor	1	1	5	5	5	7	6	1	1			4	36
Death	3	8	7	8	3	6	7	3	2	8	7	7	69
Voluntary				1	1								2
Successor Appointed	7	10	6	10	3	3	4	4	2	1	3	3	56
Private Conservator	12	11	12	7	12	14	12	11	4	10	1	7	113
<b>TOTAL:</b>	<b>59</b>	<b>78</b>	<b>55</b>	<b>58</b>	<b>40</b>	<b>51</b>	<b>54</b>	<b>34</b>	<b>16</b>	<b>30</b>	<b>20</b>	<b>33</b>	<b>528</b>



# EXHIBIT 4

## ICD LAPG DATA FY 2019-2020

No. of LAPG clients currently in the facilities	FACILITIES	TOTAL # OF DAYS	AVG YEARS	# Of LAPG CLIENTS ON Referred List	Length Of Wait Time
<b>SPECIALIZED SUBACUTE</b>					
138	LA PAZ	118908	2.36		
68	OLIVE VISTA CENTER	39550	1.59		
46	SHANDIN HILLS	27881	1.66		
80	SIERRA VISTA	76696	2.63		
26	FALLBROOK	10917	1.15		
<b>SUBTOTAL</b>		<b>273952</b>	<b>9.39</b>		
<b>AVERAGE</b>		<b>54790.40</b>	<b>1.88</b>	<b>230*</b>	<b>141.49*</b>

\*The number represents both generalized and specialized Subacute facilities.

Referrals can be made to both generalized and specialized subacute at the same time.

<b>GENERALIZED SUBACUTE</b>					
51	ALPINE	30518	1.64		
43	COMMUNITY CARE CENTER	49733	3.17		
34	HARBOR VIEW BHC	14228	1.15		
136	LA CASA	84578	1.70		
29	LANDMARK MEDICAL CENTER	26692	2.52		
36	LAUREL PARK CENTER	29109	2.22		
32	MEADOWBROOK MANOR	32466	2.78		
113	VIEW HEIGHTS CONVALESCENT	97835	2.37		
32	PENN MAR	6385	0.55		
<b>SUBTOTAL</b>		<b>341026</b>	<b>16.45</b>		
<b>AVERAGE</b>		<b>37891.78</b>	<b>1.83</b>	<b>230*</b>	<b>141.49*</b>

<b>ENRICHED RESIDENTIAL SERVICES</b>					
15	ANNE SIPPI CLINIC	5116	0.93		
10	BRIDGES - CASITAS ESPERANZA	2960	0.81		
19	CEDAR STREET HOMES	5383	0.78		
96	PERCY VILLAGE	63278	1.81		
41	NORMANDIE VILLAGE EAST	9827	0.66		
38	SPECIAL SERVICES OF GROUPS	11419	0.82		
57	SPECIAL SERVICES OF GROUPS - SPECIAL NE	33725	1.62		
34	TELECARE 7	27687	2.23		
<b>SUBTOTAL</b>		<b>159395</b>	<b>9.66</b>		
<b>AVERAGE</b>		<b>19924.38</b>	<b>1.21</b>	<b>214</b>	<b>96.47^</b>

^ The average LOS is higher because of the clients with legal and/or medical issues.



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Senior Deputy Director

February 14, 2022

TO: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

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

SUBJECT: **ANNUAL REPORT TO THE BOARD FOR EXPANDING LANTERMAN-PETRIS-SHORT (LPS) AND PROBATE CONSERVATORSHIP CAPACITY IN LOS ANGELES COUNTY (ITEM 9, AGENDA OF AUGUST 8, 2017)**

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This is the fourth annual report addressing the directive to provide annual reports regarding conservatorships.

**Data**

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information on the amount of mental health services provided to conservatees served by OPG. This information is detailed below.

This report reflects OPG's efforts to gather as much data to meet the data request for OPG conserved clients. Unless otherwise noted the conservatorship data is for Fiscal Year (FY) 2020-21.

**1. The number of clients placed in Probate and LPS conservatorship with OPG annually:**

OPG was initially appointed conservator for 100 Probate conservatees and 311 LPS conservatees and reappointed as conservator on 1,546 LPS conservatees.

**2. The number of individuals referred for investigation for Probate and LPS conservatorships with OPG, OPG caseloads and frequency of OPG Deputy contact with conservatees:**

OPG received a total of 746 LPS referrals from designated acute psychiatric facilities, Jail Mental Health and Superior Court (Mental Health Court, Criminal Courts, and Probate Court). Ninety-seven percent of referrals were accepted and investigated by OPG. Residency issues were the primary reason a referral was rejected. Exhibits 1 and 1A provide details on the number of LPS referrals received monthly and the sources of those referrals.

During this reporting period, OPG and the Homeless Outreach Mobile Engagement (HOME) Team began the Outpatient Conservatorship Pilot. This pilot, which is now a fully implemented but small program, resulted in 35 cases referred for conservatorship investigation and 30 cases that were placed on conservatorship. See Exhibit 2 for details.

OPG received 1,547 Probate referrals from a variety of sources. Ninety-four percent of all referrals were accepted and investigated. The primary reasons a case was not investigated were residency issues, inappropriate diagnosis, or incomplete referrals. See Exhibit 3 for details.

OPG currently designates Deputy Public Conservator/Administrators (DPCA) or Deputy Public Guardians (DPG) to perform functions of Investigator, Caseload Deputy/Case Manager and Closing Deputy. The average monthly caseload per Deputy for these assignments is:



a.	LPS Investigations	7 investigations per month
b.	LPS Forensic Investigations	13 investigations per month
c.	LPS Caseload	65-80 appointed cases depending on Classification*
d.	LPS Forensic Caseload	109 appointed cases
e.	LPS Minors Investigation and Caseload	23 total referrals and average of 50 appointed cases
f.	LPS Closing	10.5 cases per month
g.	Probate Investigations	11 investigations per month**
h.	Probate Caseloads	40-50 appointed cases depending on Classification*
i.	Probate Closing	16 cases per month

During the reporting period, Deputies conducted client visits in a combination of in-person, telephonic, or video visits due to the impacts of COVID-19 and public health or facility restrictions on visitation. 10,413 client visits were performed during FY 2020-21.

Due to staffing and caseload size, OPG has an expectation that conserved clients in structured settings are visited once per quarter and those living in independent settings such as their own home are visited monthly. OPG met the visitation standard approximately 90 percent during the fiscal year.

**3. The number of OPG clients who exit conservatorship and the reasons for clients exiting conservatorship:**

A total of 638 LPS temporary and permanent conservatorships were terminated. The reasons are varied, but the most common reasons for a termination of a conservatorship were a finding of Not Gravely Disabled and Death. Unfortunately, COVID-19 continued to have an impact on our conservatee population.

Unfortunately during this reporting period OPG saw an increase in the number of cases terminated due to a lack of a doctor to testify. In FY 2019-20, the number of cases terminated for this reason was 36 and in FY 2020-21, the number increased to 65. While tele-testimony was still heavily used in the Mental Health Court there was some return to in-person hearings which may have impacted this result.

OPG is also pleased to report that based on our recommendations, the Court appointed 173 private conservators as the initial or successor conservator. Please see Exhibit 4 for further details.

\*Caseloads were impacted by an average of 13.25 vacancies per month in the Deputy series in FY 2020-21. This is was an increase in our vacancy rate for FY 2019-20 which averaged 11.5 monthly vacancies.

\*\*OPG has MOUs with outside entities to dedicate DPGs to investigate their referrals (APS, County Hospitals, Conservatorship Access Network). OPG also provides a dedicated investigator to the Probate Court.

**4. The number of clients who exit and return within one year:**

In FY 2019-20, 528 LPS conservatorships were terminated for various reasons. 52 of these individuals were referred again for conservatorship in FY 2020-21 and 17 were placed on conservatorship.

**5. The number of OPG LPS conserved clients waiting for a higher level of care, including locked facilities and lengths of wait time for higher levels of care for conserved clients:**

According to DMH's Intensive Care Division (ICD), the number of conservatees waiting for state hospital beds is 17 and the average wait time is 2.5 years. The wait times for state hospital level beds has been directly impacted by the Department of State Hospitals (DSH) closing admissions due to COVID-19, the impact of the Felony Incompetent to Stand Trial (FIST) statewide waitlist and counties being over census limits permitted by the contract negotiated between DSH and CalMHSA.

The number of conservatees waiting for a Specialized or General Subacute is 176, and the length of wait time is 182 days; and the number waiting for Enriched Residential Services (ERS) is 127 with an average wait time of 136 days. See Exhibit 5 for more details.

**6. The number of OPG LPS conserved clients in locked facilities and lengths of stay in locked facilities for OPG clients:**

According to DMH's Intensive Care Division, the number of OPG conserved clients in Specialized Subacute is 373; the number in General Subacute is 590; and the number in ERS, an unlocked setting, is 250.

Data shows that average length of stay at Specialized Subacute is 2.33 years; average length of stay for General Subacute is 1.74 years; and average length of stay for ERS is 1.23 years. See Exhibit 5 for more details.

A review of OPG's database finds there are 357 OPG conserved clients in the following state hospitals: Patton, Metropolitan, Napa, Atascadero, and Coalinga. The average length of stay at the state hospital varies from state hospital to state hospital, but it is usually five years or less. There are less than 25 conservatees with extraordinary stays of more than ten years. The longer length of stay at state hospitals is impacted by conservatees on a Murphy conservatorship with active charges for a violent felony, who remain incompetent to stand trial, and are deemed by Superior Court to pose a danger to the public. As a result, the least restrictive level of care appropriate is the state hospital and few suitable alternative levels of care currently exist.

During calendar year 2021, DMH put intensive effort into moving 66 conserved (both OPG and privately conserved) clients from the state hospitals to lower levels of care.

**7. The number of OPG clients who are receiving specialty mental health services:**

In FY 2020-21 the data match found forty-one percent of conservatees received at least one billable outpatient service with DMH directly operated, legal entity or DMH Fee-For-Service providers: mental health services, targeted case management, medication support services, crisis intervention, crisis stabilization, day treatment/rehab services or therapeutic behavioral services (TBS). This was a slight increase from the previous report of 39.8 percent of conservatees receiving specialty mental health services. Conservatees receiving services in state hospitals, Institute for Mental Disease (IMD), or with private insurance would not be captured in our data match, but these conservatees are receiving mental health services.

A manual review of conservatorship data determined we had a slight decrease in the number of OPG conservatees enrolled in Full Service Partnership (FSP) programs. We now have 238 conservatees enrolled in directly operated or contracted FSP programs as compared to 252 FSP clients documented in our previous annual report. This decrease is likely associated with the FSP 2.0 redesign in which acuity level is a determination for receiving FSP services.

If you need additional information, please contact me or Connie D. Draxler, Deputy Director, at (213) 974-0407 or [cdraxler@dmh.lacounty.gov](mailto:cdraxler@dmh.lacounty.gov)

JES:CD:lm

**Attachments**

c: Executive Office, Board of Supervisors  
Chief Executive Office  
Alliance for Health Integration

# EXHIBIT 1

## LPS INVESTIGATION UNITS FY 2020 - 2021

### UNIT 1 - INVESTIGATION (HOSPITAL AND MENTAL HEALTH COURT) REFERRAL SOURCES

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Adventist Health Glendale	1	1			4	1	1					3	11
Adventist Health White Memorial													0
Antelope Valley Hospital													0
Aurora Charter Oak Hospital													0
Aurora Las Encinas	4	4	4		1	2	2	4	3	3	5	2	34
BHC Alhambra Hospital													0
Citrus Valley Medical Center													0
College Hospital Cerritos	3	3	1	10	2	1	3	1		1		1	26
College Hospital Long Beach	1			1		1	3		2	1	1	4	14
College Medical Center South Campus (Hawthorne)									1	1	1		3
Del Amo Hospital	1	1		1	1	1	1						6
Dignity Health Northridge Hospital	1					2				1			4
Exodus Recovery (Eastside/Westside)	1	1			1	1		1		1	1		7
Exodus Recovery Psychiatric					1	1	1				1		4
Gateways Hospital & Medical Center	4	2	3	8	4	1	1	6	10	4		3	46
Glendale Memorial Hospital & Health Center												1	1
Glendora Community Hospital													0
Harbor-UCLA Medical Center	4	3	7	4	4	2	2	7	5	1	1	4	44
Henry Mayo Newhall Hospital						2							2
Huntington Hospital Della Martin Center	2		2		1	1						1	7
Kaiser Permanente Mental Health Clinic		2				1			1			1	5
Kedren Acute Psychiatric Hospital													0
LAC+USC / A. F. Hawkins /Keck	4	8	5	7	4	4	4	6	5	3	7	5	62
La Casa Psychiatric		1	1			1			1				4
LA Downtown Ctr - Hellman/Temple			2	3		1		2			3		11
Out of County	1	2	2	11	4	1	2			2	1	1	27
Out Patient Referral		2	2	1		2	1		1		3	2	14
Los Angeles Jewish Home for The Aging										1			1
Mission Community Hospital					1								1
Motion Picture & Television Fund Hospital													0
Pacific Hospital of the Valley													0
Penn Mar Therapeutic Center													0
Providence Little Company of Mary Medical Center		2		2					1		2	1	8
Resnick Neuropsychiatric Ronald Reagan			1			1	1				1		4
San Gabriel Valley Medical Center													0
Sherman Oaks Hospital													0
Silver Lake Medical Center													0
Southern California Hospital @ Culver City													0
St. Francis Medical Center													0
USC Verdugo Hills Hospital									1		2	1	4
Valley Care Olive View-UCLA Medical Center		2					2	2	1				7
Veterans Administration Veterans Affair Los Angeles	4	3	4	9	5	2	6	5	5	6	6	2	57
Veterans Administration Veterans Affair Long Beach	2	1				1	2	3				1	10
Rejected		1					1	1	1	3	3		10
<b>TOTAL:</b>	<b>33</b>	<b>39</b>	<b>34</b>	<b>57</b>	<b>33</b>	<b>30</b>	<b>33</b>	<b>38</b>	<b>38</b>	<b>28</b>	<b>38</b>	<b>33</b>	<b>434</b>

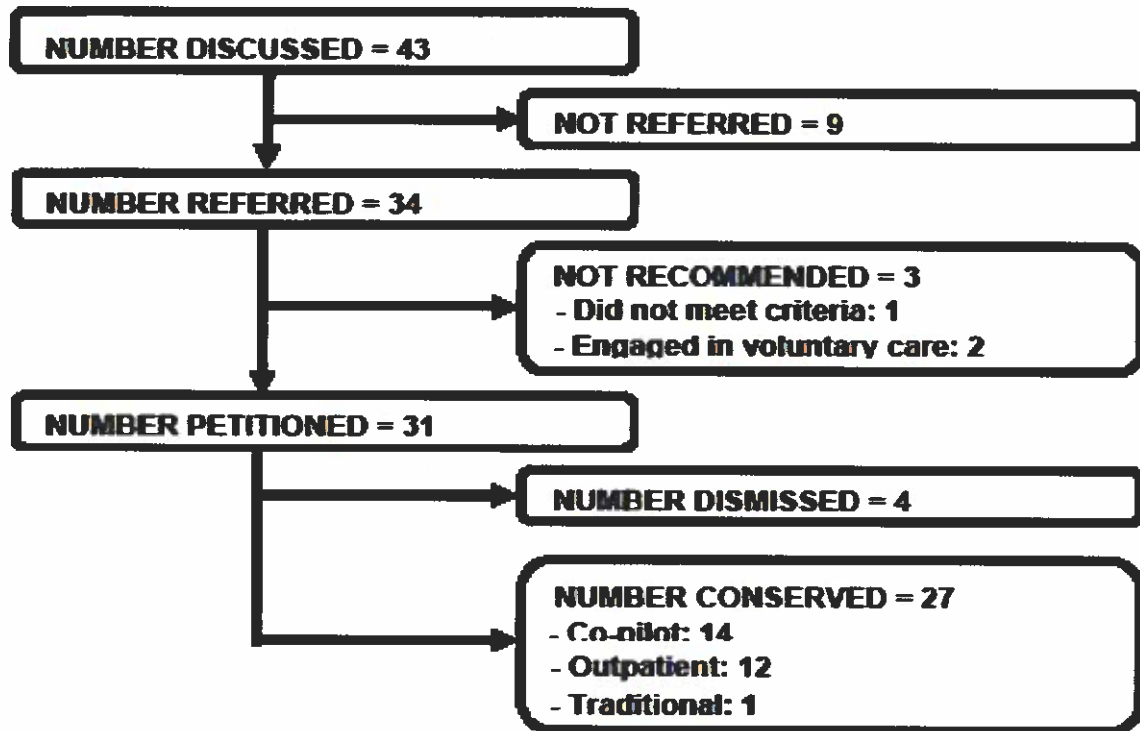
# EXHIBIT 1A

## LPS INVESTIGATION UNITS FY 2020 - 2021

### UNIT 16 - INVESTIGATION (FORENSIC AND MINORS) REFERRAL SOURCES

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Dept. 95 A/ Dept. 95 B/ Dept. 95 C/ Dept. 95 D	24	16	15	9	13	10	10	15	27	20	22	12	193
Outlying Criminal Courts	4	5	6	7	5	2	4	8	3	3	9	5	61
Atascadero State Hospital													0
Metro State Hospital						1							1
Patton State Hospital	1						1						2
Napa State Hospital													0
Coalinga State Hospital													0
Twin Tower Correctional Facility (TTCF)	4	1	3	4	3	1	1	3	3	1	4	7	35
Juvenile Hall		1										2	3
College Hospital			1				1			1	1		4
LAC/USC Augustus/Hawkins							1			1			2
Gateways													0
Starview	1		1							1			3
Century Regional Detention Facility (CRDF)	1	1		1			1	2	2				8
<b>TOTAL:</b>	<b>35</b>	<b>24</b>	<b>26</b>	<b>20</b>	<b>22</b>	<b>13</b>	<b>16</b>	<b>30</b>	<b>35</b>	<b>26</b>	<b>38</b>	<b>27</b>	<b>312</b>

# EXHIBIT 2





# EXHIBIT 3

## PROBATE INVESTIGATION UNITS FY 2020 - 2021

### UNIT 8, 9, & 10 - INVESTIGATION (HOSPITAL AND PROBATE COURT) REFERRAL SOURCES

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Adult Protective Services (APS)	1	3	5	1	2	6	2	4	4		1		29
Attorney (ATT)	1	2	1	2	2	1	1		1	1	1		14
Conservator Access Network (CAN)	8	3	5	7	4	8	7	8	3	2	7	7	69
County Hospital (CHO)	5	2	6	3	2	2	1	2	9	2	4	6	44
Community (COM)		2	1			5	5	6	6	2		3	30
Court (CRT)	2	5	5	2	5	4	7	5	7	9	1	2	54
Referral Rejected (RJ)		1	1					12	9	10	16	19	68
Family Referrals (FAM)	2	2	2	3	1	6	10	2	3	2	2	2	37
Other (OTH)	16	20	25	21	21	10	1			3	3	2	122
Public Administrator/Public Guardian/Public Conservator (PAPG/PC)		1		1	3	2					1		8
Private Citizen (PRC)													0
Private Hospital (PHO)							10	13	8	9	5	17	62
Skilled Nursing Facilities (SNF)	66	42	69	60	103	62	59	82	98	65	65	64	835
Trust (TRT)			1			3	2		1	3	4	2	16
Veterans Affairs (VA)	5	2	8	2	4	3	4	4	5	4	2	6	49
Forensic Center (FOR)	2	3	1	3	5	2	1	3	3	2		2	27
Genesis (GEN)	1	1		1								3	6
Department of Health Services (DHS)	1	1		1		3	2		3	4	3	2	20
Department of Social Services (DPSS)	12	14	12	11	8	12	4	12	16	11	15	13	140
Private Professional Fiduciary (PPF)				1			1	1	1				4
Residential Facilities (RES)	1	1		1	1		1	1	5	6		1	18
<b>TOTAL:</b>	<b>123</b>	<b>105</b>	<b>142</b>	<b>119</b>	<b>162</b>	<b>129</b>	<b>116</b>	<b>154</b>	<b>181</b>	<b>140</b>	<b>129</b>	<b>153</b>	<b>1652</b>

# EXHIBIT 4

## LPS CONSERVATORSHIP TERMINATIONS FY 2020 - 2021 TOTAL ALL UNITS

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Term. By Law Not Filed	1				1								2
Commitment to State Prison					1								1
Alternative	5	7	6	6	2	3	6	5	8	5	5	6	64
AWOL	4	6	2	2	1		2	2	6	1	1	1	28
Re-Hearing Granted	2	1	1	2	1		3						10
NGD	19	13	15	13	10	12	12	8	12	19	11	5	149
Not Trnsp./No Video conf.													
Last Day/Contested/ No Doctor	13	6	2	6	9	6	7	2	2	6	3	1	63
Death	14	7	4	19	6	5	10	4	8	6	6	2	91
Voluntary	1			3	1		1	1	1			1	9
Successor Appointed	4	3	8	6	4	6	5	1	4	5	1	1	48
Private Conservator	18	16	19	11	15	15	10	26	8	7	16	12	173
<b>TOTAL:</b>	<b>81</b>	<b>59</b>	<b>57</b>	<b>68</b>	<b>49</b>	<b>49</b>	<b>56</b>	<b>49</b>	<b>49</b>	<b>49</b>	<b>43</b>	<b>29</b>	<b>638</b>



# EXHIBIT 5

## ICD LAPG DATA FY 2020 - 2021

No. of LAPG clients currently in the facilities      FACILITIES      TOTAL # OF DAYS      AVG YEARS      # Of LAPG CLIENTS ON Referred List      Length Of Wait Time

### SPECIALIZED SUBACUTE

134	LA PAZ	175018	3.58		
45	OLIVE VISTA CENTER	28333	1.72		
49	SHANDIN HILLS	24085	1.35		
121	SIERRA VISTA	124682	2.82		
24	FALLBROOK	19091	2.18		
<b>SUBTOTAL</b>		<b>371209</b>	<b>11.65</b>		
<b>AVERAGE</b>		<b>74241.80</b>	<b>2.33</b>	<b>176*</b>	<b>182.23</b>

\*The number represents both generalized and specialized Subacute facilities.

Referrals can be made to both generalized and specialized subacute at the same time.

### GENERALIZED SUBACUTE

54	ALPINE	28495	1.45		
44	COMMUNITY CARE CENTER	59378	3.70		
41	HARBOR VIEW BHC	21877	1.46		
123	LA CASA	90363	2.01		
36	LANDMARK MEDICAL CENTER	30255	2.30		
52	LAUREL PARK CENTER	49208	2.59		
47	MEADOWBROOK MANOR	47969	2.80		
81	VIEW HEIGHTS CONVALESCENT	130756	4.42		
28	PENN MAR	2598	0.25		
66	AURORA LAS ENCINAS	10653	0.44		
10	CALIFORNIA PSYCHIATRIC TRANSITIONS	1454	0.40		
8	STONE POINT HEALTH CARE	1128	0.39		
0	SYLMAR HEALTH & REHABILITATION	0	0.00		
<b>SUBTOTAL</b>		<b>474134</b>	<b>22.21</b>		
<b>AVERAGE</b>		<b>49515.44</b>	<b>2.31</b>	<b>176*</b>	<b>182.23</b>

### ENRICHED RESIDENTIAL SERVICES

16	ANNE SIPPI CLINIC	5874	1.01		
6	BRIDGES - CASITAS ESPERANZA	1414	0.65		
24	CEDAR STREET HOMES	7652	0.87		
44	PERCY VILLAGE	31727	1.98		
35	NORMANDIE VILLAGE EAST	8288	0.65		
31	SPECIAL SERVICES OF GROUPS	9764	0.86		
55	SPECIAL SERVICES OF GROUPS - SPECIAL NEEDS	29781	1.48		
39	TELECARE 7	33100	2.33		
<b>SUBTOTAL</b>		<b>127600</b>	<b>9.82</b>		
<b>AVERAGE</b>		<b>15950.00</b>	<b>1.23</b>	<b>127</b>	<b>*136.87</b>

^ The average LOS is higher because of the clients with legal and/or medical issues.



# DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.  
Interim Director

Curley L. Bonds, M.D.  
Chief Medical Officer

Connie D. Draxler, MPA  
Acting Chief Deputy Director

February 13, 2023

TO: Supervisor Janice Hahn, Chair  
Supervisor Hilda L. Solis  
Supervisor Holly J. Mitchell  
Supervisor Lindsey P. Horvath  
Supervisor Kathryn Barger

FROM: Lisa H. Wong, Psy.D.  
Interim Director *LHW, Psy.D.*

SUBJECT: **ANNUAL REPORT TO THE BOARD FOR EXPANDING LANTERMAN-PETRIS-SHORT (LPS) AND PROBATE CONSERVATORSHIP CAPACITY IN LOS ANGELES COUNTY (ITEM 9, AGENDA OF AUGUST 8, 2017)**

On August 8, 2017, your Board directed the Department of Mental Health (DMH) in collaboration with the Health Agency and the Chief Executive Officer to convene stakeholders with representatives of the Superior Court, mental health experts, consumers and consumer advocates and to report back to the Board with recommendations on multiple directives.

This is the fourth annual report addressing the directive to provide annual reports regarding conservatorships.

## **Data**

The Office of the Public Guardian (OPG) uses the Client and Asset Management System (CAMS), a database under the auspices of the Treasurer and Tax Collector (TTC) for use by Public Administrator, Public Guardian, Medical Examiner-Coroner and certain DMH Clinics for Representative Payee services. Data is compiled manually or with one-time queries from the CAMS database.

There is also a data exchange between CAMS and the DMH Integrated Behavioral Health Information System (IBHIS) that provides information on the amount of mental health services provided to conservatees served by OPG. This information is detailed below.

This report reflects OPG's efforts to gather as much data to meet the data request for OPG conserved clients. Unless otherwise noted the conservatorship data is for Fiscal Year (FY) 2021-22.

**1. The number of clients placed in Probate and LPS conservatorship with OPG annually:**

OPG was initially appointed conservator for 107 Probate conservatees and 284 LPS conservatees and reappointed as conservator on 2,012 LPS conservatees.

**2. The number of individuals referred for investigation for Probate and LPS conservatorships with OPG, OPG caseloads and frequency of OPG Deputy contact with conservatees:**

OPG received a total of 742 LPS referrals from designated acute psychiatric facilities, Jail Mental Health and Superior Court (Mental Health Court, Criminal Courts and Probate Court). Ninety-six percent of referrals were accepted and investigated by OPG. Residency issues continue to be the primary reason a referral is rejected. Exhibits 1 and 1A provide details on the number of LPS referrals received monthly and the sources of those referrals.

OPG and the Homeless Outreach Mobile Engagement (HOME) Team continued the Outpatient Conservatorship program. Ninety-three cases were referred resulting in 86 petitions for conservatorship and 70 of those cases were placed on conservatorship. See Exhibit 2 for more details.

OPG received 1,558 Probate referrals from a variety of sources. Ninety-six percent of all referrals were accepted and investigated. The primary reasons a case was not investigated were residency issues, inappropriate diagnosis, or incomplete referrals. See Exhibit 2 for more details.

OPG currently designates Deputy Public Guardians (DPG) to perform functions of Investigator, Caseload Deputy/Case Manager and Training/Audit Deputy. OPG successfully completed the reclassification of the Deputy series during the reporting period. The average monthly caseload per Deputy for these assignments are:

a	LPS Investigations	8 investigations per month
b	LPS Forensic Investigations	14 investigations per month
c	LPS Caseload	50-85 appointed cases depending on Classification*
d	LPS Forensic Caseload	113 appointed cases
e	LPS Minors Investigation and Caseload	24 total referrals and average of 30 appointed cases
f	LPS Audit	7 cases per month
g	Probate Investigations	5-18 investigations per month**
h	Probate Caseloads	40-60 appointed cases depending on Classification *
i	Probate Audit	8 cases per month

During the reporting period, Deputies conducted client visits primarily in-person unless a facility closed visits due to a COVID-19 outbreak. A total of 10,769 client visits were performed during FY 2021-22.

Due to staffing and caseload size, OPG has an expectation that conserved clients in structured settings are visited once per quarter and those living in independent settings such as their own home are visited monthly. OPG met the visitation standard approximately 90 percent during the fiscal year.

**3. The number of OPG clients who exit conservatorship and the reasons for clients exiting conservatorship:**

A total of 541 LPS temporary and permanent conservatorships were terminated. The reasons are varied, but the most common reasons for a termination of a conservatorship were a finding of Not Gravely Disabled, Suitable Alternative to Conservatorship and Death. Unfortunately, COVID-19 continued to have an impact on our conservatees.

There was a slight increase in the number of conservatorship cases terminated due to a lack of a doctor to testify in a court trial or jury trial: 70 in FY 2021-22 as compared to 65 in the previous year.

OPG is also pleased to report that based on our recommendations, the Court appointed 166 private conservators as the initial or successor conservator. See Exhibit 3 for more details.

**4. The number of clients who exit and return within one year:**

In FY 2020-21, 638 LPS conservatorships were terminated for various reasons. Eight of these individuals were referred again for conservatorship in FY 2020-21 and two were placed on conservatorship.

\*Caseloads were impacted by an average of 17.33 vacancies per month in the Deputy series in FY 2021-22. This was an increase in our vacancy rate for FY 2020-21 which averaged 13.25 monthly vacancies.

\*\* OPG has MOUs with outside entities to dedicate DPGs to investigate their referrals (APS, County Hospitals, Conservatorship Access Network). OPG also provides a dedicated investigator to the Probate Court.

**5. The number of OPG LPS conserved clients waiting for a higher level of care, including locked facilities and lengths of wait time for higher levels of care for conserved clients:**

According to DMH's Intensive Care Division, the number of conservatees waiting for Metropolitan State Hospital is 26 with an average wait time of 394 days and the number of conservatees waiting for Napa is three with an average wait time of 506 days; the number waiting for a Specialized or General Subacute is 203 and the length of wait time is 141 days; and the number waiting for Enriched Residential Services (ERS) is 214 with an average wait time of 96 days. See Exhibit 4 for more details.

Due to the Felony Incompetent to Stand Trial (FIST) waitlist, admission of LPS conserved to the state hospitals is severely restricted. DMH was only able to admit four conserved clients during the annual reporting period.

**6. The number of OPG LPS conserved clients in locked facilities and lengths of stay in locked facilities for OPG clients:**

According to DMH's Intensive Care Division, the number of OPG conserved clients in Specialized Subacute is 379; the number in General Subacute is 702; and the number in ERS, an unlocked setting, is 329.

Data shows that length of stay at Specialized Subacute is 2.26 years; length of stay for General Subacute is 1.96 years; and length of stay for ERS is 1.28 years. See Exhibit 4 for more details.

A review of OPG's database finds there are 326 OPG conserved clients in the following state hospitals: Patton, Metropolitan, Napa, Atascadero, and Coalinga. The average length of stay at the state hospital varies from state hospital to state hospital, but the average ranges between 1.5 to 5.5 years. There are a few conservatees with extraordinary stays of more than 15 years. The longer length of stay at state hospitals is impacted by conservatees on a Murphy conservatorship with active charges for a violent felony, who remain incompetent to stand trial, and are deemed by Superior Court to pose a danger to the public. As a result, the least restrictive level of care appropriate is the state hospital and few suitable alternative levels of care currently exist.

**7. The number of OPG clients who are receiving specialty mental health services:**

In FY 2021-22 the data match found 39.8 percent of conservatees received at least one billable outpatient service with DMH directly operated, legal entity or DMH Fee For Service providers: mental health services, targeted case management, medication support services, crisis intervention, crisis stabilization, day treatment/rehab services or therapeutic behavioral services (TBS). This was a slight decrease from the previous report of 41 percent. Conservatees receiving

Each Supervisor  
February 13, 2023  
Page 5

services in state hospitals, IMD's or with private insurance would not be captured in our data match but these conservatees are technically receiving specialty mental health services under the Local Mental Health Plan (MHP).

A manual review of conservatorship data determined there was a slight decrease in the number of OPG conservatees enrolled in Full-Service Partnership (FSP) programs. There are 225 conservatees enrolled in directly operated or contracted FSP programs as compared to 258 FSP clients documented in our previous annual report.

If you need additional information, please contact Luis Leyva, Acting Deputy Director, at (213) 974-0407 or [Lleyva@dmh.lacounty.gov](mailto:Lleyva@dmh.lacounty.gov) or Connie D. Draxler, Acting Chief Deputy Director, at (213) 738-4926 or [Cdraxler@dmh.lacounty.gov](mailto:Cdraxler@dmh.lacounty.gov).

LHW:CDD:LL:lm

Attachments

c: Executive Office, Board of Supervisors  
Chief Executive Office  
Alliance for Health Integration

# EXHIBIT 1

## LPS INVESTIGATION UNITS FY 2021 - 2022

### UNIT 1 - INVESTIGATION (HOSPITAL AND MENTAL HEALTH COURT) REFERRAL SOURCES

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Adventist Health Glendale				1		1	1						3
Antelope Valley Hospital	1												1
Aurora Charter Oak Hospital	1												1
Aurora Las Encinas	1	2		1	1					1		1	7
Citrus Valley Medical Center		1						1					2
College Hospital Cerritos	2	2	2	1	1	2	1	2	1	4	2	2	22
College Hospital Long Beach	1	1		1				2	1		3	1	10
College Medical Center South Campus (Hawthorne)								1					1
Del Amo Hospital	1												1
Dignity Health Northridge Hospital	1												1
Exodus Recovery Psychiatric	3				1		1	1				1	7
Gateways Hospital & Medical Center	6	6	8	2	1	2		1	1	3	7	3	40
Glendale Memorial Hospital & Health Center						1			1				2
Glendora Community Hospital				1							1		2
Harbor-UCLA Medical Center	3	4	3	1	8	5	1		5	7	4	3	44
Huntington Hospital Della Martin Center	1	1		1		1	1	2					7
Kaiser Permanente Mental Health Clinic			1							1			2
LAC+USC / A. F. Hawkins /Keck	5	7	4	7	2	8	5	4	4	10	1	9	66
La Casa Psychiatric		1	2				1		1	1	2		8
LA Downtown Ctr - Hellman/Temple		1				1	1	1	1				5
Long Beach MC & South Campus											1		1
Olive View-UCLA Medical Center	1	1		1		1		1	1	2	1	1	10
Out of County	3	3	1	3		1		2	3	4	4	3	27
Out Patient Referral		2	4	2	4	3	2	3	4	4	2	2	32
Mission Community Hospital	1	1											2
Pacific Hospital of Sun Valley								1					1
Penn Mar Therapeutic Center			1					1					2
Providence Little Company of Mary Medical Center				2				2	1	1	1		7
Resnick Neuropsychiatric Ronald Reagan				1	1	1		1	1				5
Sherman Oaks Hospital												1	1
St. Francis Medical Center											1		1
USC Verdugo Hills Hospital						1				1	1		3
Veterans Administration Veterans Affairs Los Angeles	6	4	1		1	9	3	6	4		1	5	40
Veterans Administration Veterans Affairs Long Beach			2	1	1	1	1	1	1	1			9
Rejected	1		1	2	1	3	1	2		1	1	2	15
<b>TOTAL:</b>	<b>38</b>	<b>37</b>	<b>30</b>	<b>28</b>	<b>22</b>	<b>41</b>	<b>19</b>	<b>35</b>	<b>30</b>	<b>41</b>	<b>33</b>	<b>34</b>	<b>388</b>

\*Note: The following facilities did not send any referrals for FY 2021-22

- Adventist Health White Memorial
- BHC Alhambra Hospital
- Exodus Recovery (Eastside/ Westside)
- Henry Mayo Newhall Hospital
- Kedren Acute Psychiatric Hospital

- Los Angeles Jewish Home for The Aging
- Motion Picture & Television Fund Hospital
- San Gabriel Valley Medical Center
- Silver Lake Medical Center
- Southern California Hospital @ Culver City

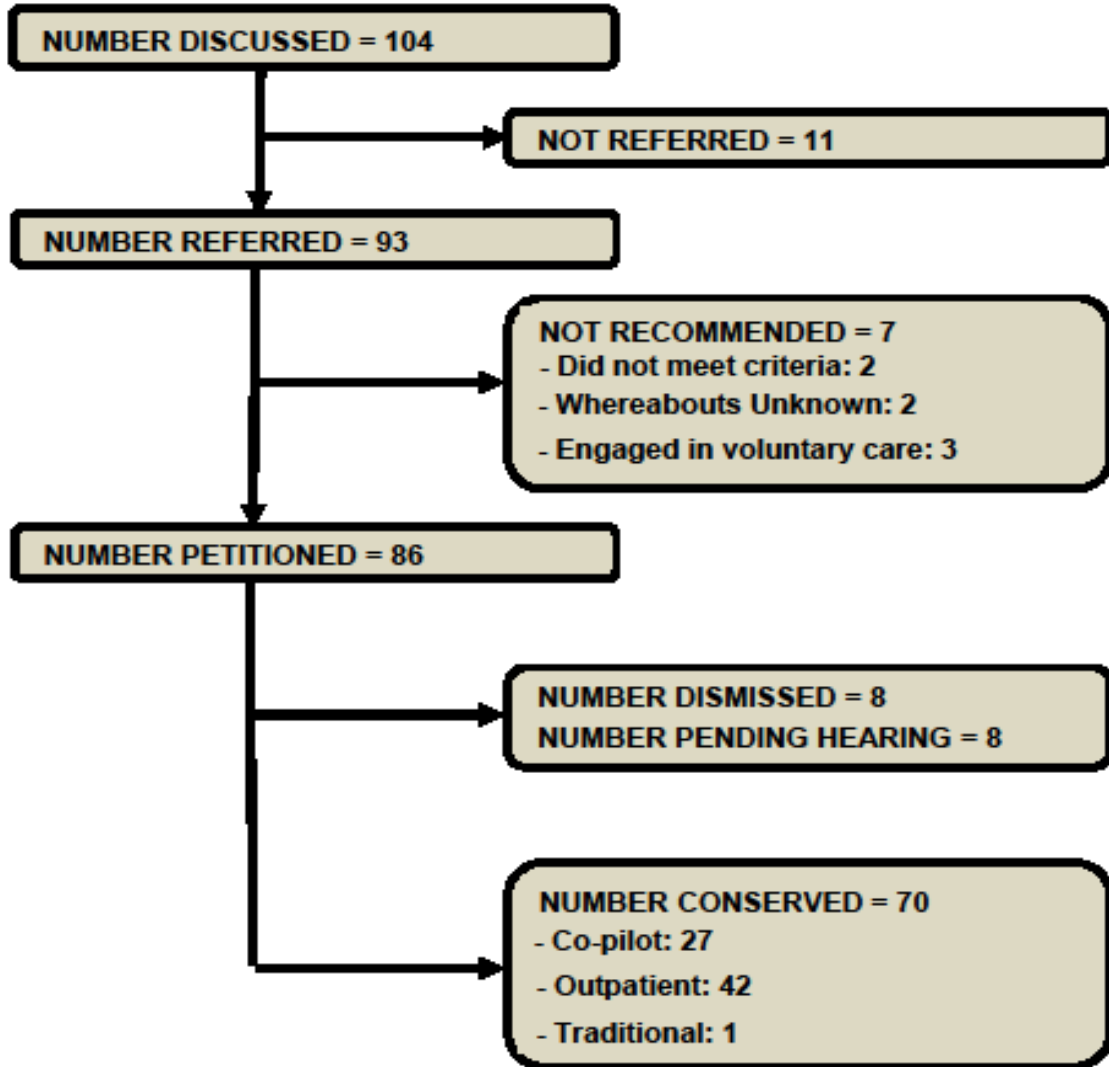
# EXHIBIT 1A

## LPS INVESTIGATION UNITS FY 2021 - 2022 UNIT 16 - INVESTIGATION (FORENSIC AND MINORS) REFERRAL SOURCES

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Dept. 95 A/ Dept. 95 B/ Dept. 95 C/ Dept. 95 D	11	22	23	16	19	23	22	30	28	22	15	20	251
Outlying Criminal Courts	6	4	9	9	3	3	3	3	6	4	2	1	53
Atascadero State Hospital	1												1
Metro State Hospital					1							1	2
Patton State Hospital													0
Napa State Hospital				1									1
Coalinga State Hospital													0
Twin Tower Correctional Facility (TTCF)	6	3	1	2	1	9	6	2	1	2	5	4	42
Juvenile Hall		1											1
College Hospital													0
LAC/USC Augustus/Hawkins													0
Gateways													0
Starview		1											1
Century Regional Detention Facility (CRDF)			1										1
Trust							1						1
<b>TOTAL:</b>	<b>24</b>	<b>31</b>	<b>34</b>	<b>28</b>	<b>23</b>	<b>36</b>	<b>31</b>	<b>36</b>	<b>35</b>	<b>28</b>	<b>22</b>	<b>26</b>	<b>354</b>



# EXHIBIT 2



# EXHIBIT 3

## PROBATE INVESTIGATION UNITS FY 2021 - 2022

### UNIT 8, 9, & 10 - INVESTIGATION (HOSPITAL AND PROBATE COURT) REFERRAL SOURCES

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Adult Protective Services (APS)		1	1		2	4		6	1	4	6	1	26
Attorney (ATT)		1		1	1	1						2	6
Conservator Access Network (CAN)	9	5	4	6	1	3	11	9	4	3	3	7	65
County Hospital (CHO)	3	4	3	3	6	4	4	3	5	3	9	4	51
Community (COM)	1	1	3	5	8	4	7	2	3	2	6	5	47
Court (CRT)	1	5	2	2	3	8	8	7	5	2	4	1	48
Referral Rejected (RJ)	14	5	20	6	11	12	3						71
Family Referrals (FAM)	2	2	3	2	2	1	2	1	1	4	4	1	25
Other (OTH)	1	5	4	2		1	4	2	4		1	4	28
Public Administrator/Public Guardian/Public Conservator (PA/PG/PC)			3						2	2	1		8
Private Citizen (PRC)													0
Private Hospital (PHO)	11	8	10	12	10	12	9	16	19	10	7	10	134
Skilled Nursing Facilities (SNF)	97	87	68	49	64	52	65	75	83	63	31	80	814
Trust (TRT)	2	1		1		1	4	2		2			13
Veterans Affairs (VA)	3	3	4	5	2	6	2	4	4	3	5	3	44
Forensic Center (FOR)				1							2		3
Genesis (GEN)	1					1							2
Department of Health Services (DHS)	2			1						1		1	5
Department of Social Services (DPSS)	22	10	11	9	15	10	9	15	23	10	15	16	165
Private Professional Fiduciary (PPF)													0
Residential Facilities (RES)	2											1	3
<b>TOTAL:</b>	<b>171</b>	<b>138</b>	<b>136</b>	<b>105</b>	<b>125</b>	<b>120</b>	<b>128</b>	<b>142</b>	<b>154</b>	<b>109</b>	<b>94</b>	<b>136</b>	<b>1558</b>

# EXHIBIT 4

## LPS CONSERVATORSHIP TERMINATIONS FY 2021 - 2022 TOTAL ALL UNITS

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Term. By Law Not Filed				2			2			1			5
Commitment to State Prison	1												1
Alternative	4	4	4	1	3	6	5	6	9	5	3	11	61
AWOL	6	1	3	2	7	2	4	1	3	2	2	2	35
Re-Hearing Granted	2			2			2		1	1			8
NGD	9	14	8	6	11	11	11	9	14	8	8	15	124
Not Trnsp./No Video conf.		1				1							2
Last Day/Contested/ No Doctor	3	8	6	2	7	7	8	10	9	3	5	2	70
Death	2	7	7	6	10	9	7		10	6	2		66
Voluntary			1	1			1						3
Successor Appointed	6	2	8	6	6	6	5	6	6	6		2	59
Private Conservator	3	10	9	7	12	6	13	4	15	4	10	14	107
<b>TOTAL:</b>	<b>36</b>	<b>47</b>	<b>46</b>	<b>31</b>	<b>60</b>	<b>47</b>	<b>54</b>	<b>41</b>	<b>66</b>	<b>35</b>	<b>32</b>	<b>46</b>	<b>541</b>

# EXHIBIT 5

## INTENSIVE CARE DIVISION LOS ANGELES PUBLIC GUARDIAN DATA FY 2021 - 2022

	No. of LAPG clients currently in the facilities	FACILITIES	TOTAL # OF DAYS	AVG YEARS	# of LAPG CLIENTS ON Referred List	Length Of Wait Time
<b>SPECIALIZED SUBACUTE</b>						
	89	SIERRA VISTA	99023	3.05		
	149	LA PAZ	150936	2.78		
	24	CRESTWOOD FALLBROOK	20505	2.34		
	56	OLIVE VISTA CENTER	34955	1.71		
	61	SHANDIN HILLS	31652	1.42		
<b>SUBTOTAL</b>	<b>379</b>		<b>337071</b>			
<b>AVERAGE</b>	<b>76</b>		<b>67414</b>	<b>2.26</b>	<b>407*</b>	<b>^ 146.20</b>
<b>GENERALIZED SUBACUTE</b>						
	83	VIEW HEIGHTS CONVALESCENT	133061	4.39		
	48	COMMUNITY CARE CENTER	66466	3.79		
	52	MEADOWBROOK MANOR	54250	2.86		
	40	LAUREL PARK CENTER	38337	2.63		
	43	LANDMARK MEDICAL CENTER	36013	2.29		
	4	SYLMAR HEALTH & REHABILITATION**	2999	2.05		
	51	ALPINE	36468	1.96		
	151	LA CASA	106730	1.94		
	44	HARBOR VIEW BHC	27453	1.71		
	57	PENN MAR	14910	0.72		
	76	AURORA LAS ENCINAS	14636	0.53		
	18	CALIFORNIA PSYCHIATRIC TRANSITIONS	2830	0.43		
	35	STONE POINT HEALTH CARE	1966	0.15		
<b>SUBTOTAL</b>	<b>702</b>		<b>536119</b>			
<b>AVERAGE</b>	<b>54</b>		<b>41240</b>	<b>1.96</b>	<b>407*</b>	<b>^ 146.20</b>
<b>ENRICHED RESIDENTIAL SERVICES</b>						
	41	TELECARE 7	38936	2.60		
	65	PERCY VILLAGE	51909	2.19		
	75	NEEDS	36583	1.34		
	21	ANNE SIPPI CLINIC	8511	1.11		
	31	CEDAR STREET HOMES	9738	0.86		
	40	NORMANDIE VILLAGE EAST	11469	0.79		
	49	SPECIAL SERVICES OF GROUPS	12625	0.71		
	7	BRIDGES - CASITAS ESPERANZA	1576	0.62		
<b>SUBTOTAL</b>	<b>329</b>		<b>171347</b>			
<b>AVERAGE</b>	<b>41</b>		<b>21418</b>	<b>1.28</b>	<b>436</b>	<b>^ 87.58</b>

^ While client legal and/or medical issues can increase the average length of stay, the number of clients serviced in FY 21-22 has actually increased and average length of stay has decreased as compared to that in FY 20-21.

Potential attributing factors - Improved management and adaptation to Covid, increased vaccination in clients, etc.

\*The total number of referrals represent both generalized and specialized Subacute facilities. Referrals can also be made to both generalized and specialized subacute at the same time.

\*\*DMH's contract with Sylmar Health & Rehabilitation was terminated 3/16/22.



# DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.  
Director

Curley L. Bonds, M.D.  
Chief Medical Officer

Connie D. Draxler, MPA  
Acting Chief Deputy Director

February 26, 2024

TO: Supervisor Lindsey P. Horvath, Chair  
Supervisor Hilda L. Solis  
Supervisor Holly J. Mitchell  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Lisa H. Wong, Psy.D. *Connie D. Draxler*  
Director

SUBJECT: **ANNUAL REPORT TO THE BOARD FOR EXPANDING LANTERMAN-PETRIS-SHORT (LPS) AND PROBATE CONSERVATORSHIP CAPACITY IN LOS ANGELES COUNTY (ITEM 9, AGENDA OF AUGUST 8, 2017)**

On August 8, 2017, your Board directed the Department of Mental Health (DMH) in collaboration with the Health Agency and the Chief Executive Officer to convene stakeholders with representatives of the Superior Court, mental health experts, consumers, and consumer advocates and to report back to the Board with recommendations on multiple directives.

This is the fifth annual report addressing the directive to provide annual reports regarding conservatorships.

## **Data**

The Office of the Public Guardian (OPG) uses the Client and Asset Management System (CAMS), a database under the auspices of the Treasurer and Tax Collector (TTC) for use by Public Administrator, Public Guardian, Medical Examiner-Coroner and certain DMH Clinics for Representative Payee services. Data is compiled manually or with one-time queries from the CAMS database.



There is also a data exchange between CAMS and the DMH Integrated Behavioral Health Information System (IBHIS) that provides information on the amount of mental health services provided to conservatees served by OPG. This information is detailed below.

This report reflects OPG's efforts to gather as much data to meet the data request for OPG conserved clients. Unless otherwise noted the conservatorship data is for Fiscal Year (FY) 2022-23.

**1. The number of clients placed in Probate and LPS conservatorship with OPG annually:**

OPG was initially appointed conservator for 74 Probate conservatees and 327 LPS conservatees and reappointed as conservator on 2,120 LPS conservatees.

**2. The number of individuals referred for investigation for Probate and LPS conservatorships with OPG, OPG caseloads, and frequency of OPG Deputy contact with conservatees:**

OPG received a total of 896 LPS referrals from designated acute psychiatric facilities, Jail Mental Health, and Superior Court (Mental Health Court, Criminal Courts, and Probate Court). Ninety- eight percent of referrals were accepted and investigated by OPG. Residency issues continue to be the primary reason a referral is rejected. Exhibits 1 and 1A provide details on the number of LPS referrals received monthly and the sources of those referrals.

OPG and the Homeless Outreach Mobile Engagement (HOME) Team continued the Outpatient Conservatorship program. Fifty-one cases were referred for conservatorship.

OPG received 1,567 Probate referrals from a variety of sources. One hundred percent of the referrals were accepted and investigated. See Exhibit 2 for details.

OPG designates Deputy Public Guardians (DPG) to perform functions of Investigator, Caseload Deputy/Case Manager and Training/Audit Deputy. The average monthly caseload per Deputy for these assignments are:

a	LPS Investigations	8 investigations per month
b	LPS Forensic Investigations	39 investigations per month
c	LPS Caseload	61-88 appointed cases depending on Classification*
d	LPS Forensic Caseload	83 appointed cases
e	LPS Minors Investigation and Caseload	16 total referrals and average of 20 appointed cases
g	Probate Investigations	5-18 investigations per month**
h	Probate Caseloads	45-55 appointed cases depending on Classification *
i	LPS and Probate Audit	7 cases per month

\*Caseloads were impacted by an average of 17.33 vacancies per month in the Deputy series in FY 2022-23. This was an increase in our vacancy rate for FY 2021-22 which averaged 13.25 monthly vacancies.

\*\* OPG has MOUs with outside entities to dedicate DPGs to investigate their referrals (APS, County Hospitals, Conservatorship Access Network). OPG also provides a dedicated investigator to the Probate Court.

During the reporting period, Deputies conducted client visits primarily in-person unless a facility closed visits due to a COVID-19 outbreak. A total of 11,010 client visits were performed during FY 2022-23.

Due to staffing and caseload size, OPG has an expectation that conserved clients in structured settings are visited once per quarter and those living in independent settings such as their own home are visited monthly. OPG met the visitation standard approximately 90 percent during the fiscal year.

**3. The number of OPG clients who exit conservatorship and the reasons for clients exiting conservatorship:**

A total of 445 LPS temporary and permanent conservatorships were terminated. The reasons are varied, but the most common reasons for a termination of a conservatorship were a finding of Not Gravely Disabled, Suitable Alternative to Conservatorship and Death.

There was a slight increase in the number of conservatorship cases terminated due to a lack of a doctor to testify in a court trial or jury trial: 70 in FY 2022-23 as compared to 65 in the previous year.

OPG is also pleased to report that based on our recommendations, the Court appointed 166 private conservators as the initial or successor conservator. See Exhibit 3 for more details.

**4. The number of clients who exit and return within one year:**

In FY 2021-22, 541 LPS conservatorships were terminated for various reasons. None of these individuals were referred again for conservatorship in FY 2022-23.

**5. The number of OPG LPS conserved clients waiting for a higher level of care, including locked facilities and lengths of wait time for higher levels of care for conserved clients:**

According to DMHs Intensive Care Division, the average number of conservatees waiting for state hospital admission was 18 and the number waiting for Enriched Residential Services (ERS) was 213.

Due to the Felony Incompetent to Stand Trial (FIST) wait list, admission of LPS conserved to the state hospitals is severely restricted. DMH was only able to admit four conserved clients during the annual reporting period. As a result of the restricted admissions, the wait list for a state hospital bed can be many years.

DMH continued their efforts to reduce the population at the state hospitals. During FY 2022-23 DMH was able to discharge 71 conservatees with the majority (62) being admitted to subacute.

**6. The number of OPG LPS conserved clients in locked facilities and lengths of stay in locked facilities for OPG clients:**

According to DMHs Intensive Care Division, the number of OPG conserved clients in Specialized Subacute was 354; the number in General Subacute was 568; and the number in ERS, an unlocked setting, was 293.

Data shows that length of stay at Specialized Subacute was 2.79 years; length of stay for General Subacute was 2.70 years; and length of stay for ERS was 1.49 years.

The number of Public Guardian conservatees in the following state hospitals: Patton, Metropolitan, Napa, Atascadero, and Coalinga were 288 as of December 31, 2023. The average length of stay at the state hospital varies from state hospital to state hospital, but ranges between 4.5 and 7 years. See Exhibit 4 for more details.

**7. The number of OPG clients who are receiving specialty mental health services:**

In FY 2022-23 the data match found 43.7 percent of conservatees received at least one billable outpatient service with DMH directly operated, legal entity or DMH Fee For Service providers: mental health services, targeted case management, medication support services, crisis intervention, crisis stabilization, day treatment/rehab services or therapeutic behavioral services (TBS). This was an increase from the previous report of nearly 40 percent. Conservatees receiving services in state hospitals, IMD's, or with private insurance would not be captured in our data match but these conservatees are technically receiving specialty mental health services under the Local Mental Health Plan (MHP).

A manual review of conservatorship data determined there was a large increase in the number of OPG conservatees enrolled in Full-Service Partnership (FSP) programs. The primary reason for this was conservatorships managed by the HOME team. There are 342 conservatees enrolled in directly operated or contracted FSP programs as compared to 225 FSP clients documented in our previous annual report.

If you need additional information, please contact Connie D. Draxler, Acting Chief Deputy Director at (213) 738-4926 or [Cdraxler@dmh.lacounty.gov](mailto:Cdraxler@dmh.lacounty.gov).

LHW:CDD:lm

Attachments

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

# EXHIBIT 1

## LPS INVESTIGATION UNITS FY 2022 - 2023

### UNIT 1 - INVESTIGATION (HOSPITAL AND MENTAL HEALTH COURT) REFERRAL SOURCES

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Adventist Health Glendale	1				1	3			3		3	3	14
Aurora Las Encinas	1	1	1		1		2	3	2			1	12
College Hospital Cerritos	1	1	2	3	2	3		5	2	2	2		23
College Hospital Long Beach		2	4	3	1	1	3	1	1		4	4	24
College Medical Center South Campus (Hawthorne)				1			1						2
Del Amo Hospital								1	1		1		3
East Valley Hospital (Glendora)									1				1
Exodus Recovery Psychiatric	1	1		1				1	1				5
Gateways Hospital & Medical Center	3		3	1	3	3	2	5	2				22
Glendale Memorial Hospital											1		1
Harbor-UCLA Medical Center	6	7	7	4	2	2	5	2	7	3	4	3	52
Huntington Hospital Della Martin Center			2		2		1	1	2		1		9
Kaiser Permanente Mental Health Clinic				1	1								2
Kedren Acute Psychiatric Hospital						1							1
LAC+USC / A. F. Hawkins /Keck	4	4	2	3	4	9	4	3	7	5	6	3	54
La Casa Psychiatric			1	1	2		1		1			3	9
LA Downtown Ctr - Hellman/Temple		1		1									2
Mission Community Hospital			1										1
Motion Picture Tele Fund Center			1							1			2
Olive View-UCLA Medical Center	1							1		1			3
Out of County	1	1	4	3	3	1	2		2	2	1	1	21
Out Patient Referral	2	5	4	4	5	4	6	5	4	4	4	4	51
Pacific Hospital of Sun Valley				1						1			2
Providence Little Company of Mary Medical Center	1	1		1				2		1			6
Resnick Neuropsychiatric Ronald Reagan		1					1	1				1	4
San Gabriell Valley Medical Center					1		1						2
St. Francis Medical Center			1	1			1		1	1			5
USC Verdugo Hills Hospital				1	1								2
Veterans Administration Veterans Affair Los Angeles	4	3	2	4	1	4	6	5	5	3	2	3	42
Veterans Administration Veterans Affair Long Beach			1	1	1	1				1		1	6
Rejected	1	3	3	2	1	3	1		1	1	1	2	19
<b>TOTAL:</b>	<b>27</b>	<b>31</b>	<b>39</b>	<b>37</b>	<b>32</b>	<b>35</b>	<b>37</b>	<b>36</b>	<b>43</b>	<b>26</b>	<b>30</b>	<b>29</b>	<b>402</b>

\*Note: The following facilities did not send any referrals for FY 2022-23

- Antelope Valley Hospital
- Aurora Charter Oak
- BHC Alhambra Hospital
- Community Hospital
- Emanate/Citrys/Iner-Community
- Encino Hospital
- Exodus Recovery (Eastside & Westside)
- Harbor View Adolescent Center
- Henry May Newhall Hospital
- Joyce Eisenberg Keefer Med. Center

- Keck Hospital of USC
- LAC DMH Assisted Outpatient
- LA Downtown Med Ctr Temple
- LA Jewish Home for the Aging
- Loma Linda Univ. Behav. Med. Ctr
- Long Beach MC (Pacific Ave. & South Campus)
- Los Alamitos Med Ctr
- Northridge Med Ctr
- Penn Mar TRC
- Rosewood Assisted Living Facility

- Sherman Oaks Hospital
- Silver Lake Med Ctr Ingleside
- Silver Lake Med Ctr LA
- Southern Ca. Hospital @ Culver City
- St. Joseph's Hospital
- V.A. J.L. Pettis (Loma Linda)
- Vista Del Mar
- White Memorial

# EXHIBIT 1A

## LPS INVESTIGATION UNITS FY 2022 - 2023 UNIT 16 - INVESTIGATION (FORENSIC AND MINORS) REFERRAL SOURCES

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Dept. 95 A/ Dept. 95 B/ Dept. 95 C/ Dept. 95 D	22	52	28	38	33	32	33	23	47	36	31	53	428
Outlying Criminal Courts	4	1	2	3	1		5	7	2	2		3	30
Atascadero State Hospital									1				1
Metro State Hospital													0
Patton State Hospital													0
Napa State Hospital													0
Coalinga State Hospital													0
Twin Tower Correctional Facility (TTCF)	2	1	1		2	1	1	2	4		1	2	18
Juvenile Hall										1			1
College Hospital (Cerritos)			1	2			1	2	1	2		1	10
LAC/USC Augustus/ Hawkins													0
Gateways			1			1					1		3
Starview													0
Century Regional Detention Facility (CRDF)	1							1	1				3
Trust													0
<b>TOTAL:</b>	<b>29</b>	<b>54</b>	<b>33</b>	<b>43</b>	<b>36</b>	<b>34</b>	<b>40</b>	<b>34</b>	<b>54</b>	<b>45</b>	<b>33</b>	<b>59</b>	<b>494</b>



# EXHIBIT 2

<b>PROBATE INVESTIGATION UNITS</b>													
<b>FY 2022 - 2023</b>													
<b>UNIT 8, 9, &amp; 10 - INVESTIGATION (HOSPITAL AND PROBATE COURT)</b>													
<b>REFERRAL SOURCES</b>													
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Adult Protective Services (APS)	4			4	5	2	1	4	4	1		6	31
Attorney (ATT)	2	1	2										5
Conservator Access Network (CAN)	1	3		1		1	3	1	2	1	7		20
County Hospital (CHO)		10	5	2	5	3	7	6	2	2	3	1	46
Community (COM)	2	4	3	1	2		2	1	3	6	2	7	33
County Jail (CJ)					1								1
Court (CRT)	1	4	7	4	6	1	9	2	6	3	4	6	53
Referral Rejected (RJ)													0
Family Referrals (FAM)	1	4	3	2	2		4	3	4	1	5	2	31
Other (OTH)	1												1
Public Administrator/Public Guardian/Public Conservator (PAPG/PC)	1			1								1	3
Private Citizen (PRC)					1								1
Private Hospital (PHO)	15	18	20	19	12	13	16	18	16	18	20	22	207
Skilled Nursing Facilities (SNF)	54	88	59	64	86	60	93	76	81	59	70	52	842
Trust (TRT)	1			3	1	1		1	1	3			11
Veterans Affairs (VA)	2	6	1	2	2	2	3	3	2	5	5	6	39
Forensic Center (FOR)	2			1				1		1			5
Genesis (GEN)				2									2
Department of Health Services (DHS)					1								1
Department of Social Services (DPSS)	24	14	20	5	14	10	11	20	34	16	32	19	219
Private Professional Fiduciary (PPF)		1					1						2
Residential Facilities (RES)	2			1									3
Hospice (HOS)				1	1	1		2					5
Homeless Service Provider (HSP)					1				1	1			3
Medical Group (MG)				2		1			1				4
<b>TOTAL:</b>	<b>113</b>	<b>153</b>	<b>120</b>	<b>110</b>	<b>137</b>	<b>95</b>	<b>147</b>	<b>138</b>	<b>155</b>	<b>116</b>	<b>143</b>	<b>129</b>	<b>1568</b>

# EXHIBIT 3

## LPS CONSERVATORSHIP TERMINATIONS FY 2022 - 2023 TOTAL ALL UNITS

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Term. By Law Not Filed		1			1		1	1	1				5
Commitment to State Prison	1	1		1									3
Alternative	7	13	7	4	7	8	4	1	1	4	2	5	63
AWOL	3	1	3	1		3	1	3		2		3	20
Re-Hearing Granted	1		1	1	1								4
NGD	8	11	7	13	8	4	8	1	6	5	6	5	82
Not Trnsp./No Video conf.		1											1
Last Day/Contested/ No Doctor	1	8	5	5		4	5	3	4	1	2		38
Death	4	7	9	4	2	3	4	4	4	8	3	8	60
Voluntary				2								1	3
Successor Appointed	3		4	7	9	6	3	4	1	3	3	7	50
Private Conservator	13	7	9	10	12	12	9	9	9	8	8	10	116
<b>TOTAL:</b>	<b>41</b>	<b>50</b>	<b>45</b>	<b>47</b>	<b>40</b>	<b>41</b>	<b>34</b>	<b>26</b>	<b>26</b>	<b>32</b>	<b>24</b>	<b>39</b>	<b>445</b>

**EXHIBIT 4  
INTENSIVE CARE DIVISION  
LAPG DATA FY 2022 - 2023**

	No. of LAPG clients served in facilities during FY 2022-23 <sup>5</sup>	FACILITIES	TOTAL # OF DAYS	AVG YEARS	# of LAPG CLIENTS ON Wait List	Length Of Wait Time (In Days)
		<b>STATE HOSPITAL</b>				
	190	PATTON STATE HOSPITAL	484,414	6.99		
	5	COALINGA STATE HOSPITAL	12,610	6.91		
	18	ATASCADERO STATE HOSPITAL	36,338	5.53		
	32	NAPA STATE HOSPITAL	63,732	5.46		
	274	METROPOLITAN STATE HOSPITAL	454,632	4.55		
<b>SUBTOTAL</b>	<b>519</b>		<b>1,051,726</b>			
<b>AVERAGE</b>	<b>104</b>		<b>210,345</b>	<b>5.89</b>	<b>*18</b>	<b>277.79</b>

Number of LAPG conservatees admitted from the community to State Hospital in FY 2022-23

State Hospital	Total
Metropolitan State Hospital	3
Napa State Hospital	1
<b>Total</b>	<b>4</b>

Number of LAPG conservatees discharged from State Hospital in FY 2022-23

LOC	Total
Subacute	62
ERS	9
<b>Total</b>	<b>71</b>

Current Census (as of 12/31/2023) - LAPG conservatees in State Hospital

State Hospital	Total Clients
Atascadero State Hospital	9
Coalinga State Hospital	8
Metropolitan State Hospital	148
Napa State Hospital	28
Patton State Hospital	95
<b>Total</b>	<b>288</b>

	No. of LAPG clients served in facilities during FY 2022-23 <sup>5</sup>	FACILITIES	TOTAL # OF DAYS	AVG YEARS	# of LAPG CLIENTS ON Wait List	Length Of Wait Time (In Days)
		<b>** SPECIALIZED SUBACUTE</b>				
	147	LA PAZ	216,526	4.04		
	91	SIERRA VISTA	114,097	3.44		
	14	CRESTWOOD FALLBROOK	13,755	2.69		
	41	OLIVE VISTA CENTER	31,411	2.10		
	61	SHANDIN HILLS	37,972	1.71		
<b>SUBTOTAL</b>	<b>354</b>		<b>413,761</b>			
<b>AVERAGE</b>	<b>71</b>		<b>82,752</b>	<b>2.79</b>	<b>*507</b>	<b><sup>1</sup> 289.6</b>
		<b>** GENERALIZED SUBACUTE</b>				
	44	VIEW HEIGHTS CONVALESCENT	89,109	5.55		
	47	COMMUNITY CARE CENTER	76,977	4.49		
	48	MEADOWBROOK MANOR	61,328	3.50		
	33	LAUREL PARK CENTER	40,413	3.36		
	149	LA CASA	121,791	2.24		
	44	ALPINE	32,087	2.00		
	51	LANDMARK MEDICAL CENTER	36,970	1.99		
	63	HARBORVIEW LLC	39,361	1.71		
	21	CALIFORNIA PSYCHIATRIC TRANSITIONS	9,769	1.27		
	68	STONE POINT HEALTH CARE	21,370	0.86		
<b>SUBTOTAL</b>	<b>568</b>		<b>529,175</b>			
<b>AVERAGE</b>	<b>57</b>		<b>52,918</b>	<b>2.70</b>	<b>*507</b>	<b><sup>2</sup> 289.6</b>
		<b>TRANSITIONAL FACILITIES</b>				
	34	AURORA LAS ENCINAS	9,082	0.73		
	27	PENN MAR	4,657	0.47		
<b>SUBTOTAL</b>	<b>61</b>		<b>13,739</b>			
<b>AVERAGE</b>	<b>31</b>		<b>6,870</b>	<b>0.80</b>	<b>*84</b>	<b><sup>3</sup> 38.79</b>
		<b>ENRICHED RESIDENTIAL SERVICES</b>				
	33	TELECARE 7	42,734	3.55		
	63	PERCY VILLAGE	49,593	2.16		
	26	ANNE SIPPI CLINIC	14,240	1.50		
	68	SPECIAL SERVICES OF GROUPS - SPECIAL	29,251	1.18		
	30	NORMANDIE VILLAGE EAST	10,592	0.97		
	7	BRIDGES - CASITAS ESPERANZA	2,379	0.93		
	23	CEDAR STREET HOMES	7,497	0.89		
	43	SPECIAL SERVICES OF GROUPS	11,126	0.71		
<b>SUBTOTAL</b>	<b>293</b>		<b>167,412</b>			
<b>AVERAGE</b>	<b>37</b>		<b>20,927</b>	<b>1.49</b>	<b>*213</b>	<b><sup>4</sup> 179.52</b>

Notes

<sup>1,2,3,4</sup> Wait time includes clients that were waiting prior to FY 2022-23. 6/30/2023 was used to calculate wait time for clients waiting for admission as of the end of FY 2022-23.

<sup>4</sup> Approximately 2% of clients referred to ERS have multiple physical co-morbidities and/or justice involved issues (Murphy, sex offender registrants, and or arson registrants), which can extend the average wait time for placement.

<sup>5</sup> Reflects total clients served during FY 2022-23, includes clients admitted in prior fiscal year(s), as well as clients who discharged during FY 2022-23. This number will exceed the number of contracted beds.

<sup>1</sup> The Length of wait time includes LAPG conserved clients who are placed or actively waiting for placement as of the end of FY 2022-23. As of the end of FY 2022-23, the following clients were actively waiting for placement: (1) Subacute - 138, includes clients admitted to Transitional Facilities, 40% of those clients were referred prior to FY 2022-23. (2) ERS - 23, 48% of those clients referred prior to FY 2022-23. (3) State Hospital - 18, 28% of those clients referred prior to FY 2022-23.

<sup>1</sup> Increased costs for Subacute level of care resulted from: (1) The implementation of patches, used to broaden admissions to more complex clients. (2) Loss of beds from facilities such as Olive Vista, View Heights and Fallbrook.