

hipaaPROGRAM INFORMATION:

Program Title:	Public LPS (Lanterman Petris Short) Conservatorship Team	Provider:	Department of Behavioral Health
Program Description:	<p>The Department of Behavioral Health Public LPS Conservatorship team serves Individuals placed on LPS Conservatorship who are gravely disabled; this means that because of their mental illness, they cannot provide for their basic needs for food, clothing, or shelter. The Conservatorship Team is responsible for the mental health evaluation and placement for the purpose of mental health treatment of individuals on Public LPS Conservatorship. The team is also responsible to participate in court proceedings, which establish all LPS conservatorships as well as all renewals and dismissals of conservatorship. The Public LPS Conservatorship Team monitors the individuals in these placements to ensure that the services provided are appropriate and they collaborate with the facility staff to ensure that the individuals are progressing in treatment with an ultimate goal of stepping into lower levels of care and restoring their ability to take care of their basic needs on their own.</p> <p>Staffing for the program consists of 2 Mental Health Clinicians, 3 Community Mental Health Specialists, 1 Peer Support Specialist, 1 Driver, and 2 vacant Psychologist positions.</p>	MHP Work Plan:	2-Wellness, recovery, and resiliency support
Age Group Served 1:	ALL AGES	Dates Of Operation:	2007-Current
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2016 - June 30, 2017

Funding Source 1: Realignment
Funding Source 2: Medical FFP

Funding Source 3: Choose an item.
Other Funding:

FISCAL INFORMATION:

Program Actual Amount: \$16,752,038
Number of Unique Clients Served During Time Period: 331
Number of Services Rendered During Time Period: 1,056
Actual Cost Per Client: \$50,610

TARGET POPULATION INFORMATION:

Target Population: Fresno County residents found gravely disabled due to a mental illness and placed on Public LPS Conservatorship by the Superior Court of California, County of Fresno.

CORE CONCEPTS:

- **Community collaboration:** Individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** Adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** Services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Please describe how the selected concept (s) embedded :

The treatment provided is client-centered and strengths-focused with an emphasis on the client’s “Wellness & Recovery.”

Access to underserved communities

Most of the clients served are from underserved communities. The majority of clients referred for conservatorship do not have a primary care physician, stable housing, income, insurance and in some cases legal residency.

Integrated service experiences

It is a supportive team environment, where the Clinicians collaborate with the entire Conservatorship Team and works alongside Community Mental Health Specialists providing clinical feedback, direction and support. In addition, the staff collaborates with the psychiatrists, nursing staff, Peer Support Specialist, Office Assistants, facility staff at all placement levels and family members or significant others.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

1. Effectiveness-

a. Conservatorship Dismissals

The Conservatorship program monitors and collaborates with placement providers to ensure clients’ needs are progressing with the goal of stepping into lower levels of care and conservatorship dismissal.

- i. Objective: To monitor progress with the ultimate goal of Conservatorship dismissal.
- ii. Indicator: Number of conservatees dismissed.
- iii. Who Applied: Conservatees in FY 16-17
- iv. Time of Measure: FY 16-17
- v. Data Source: Conservatorship database
- vi. Target Goal Expectancy: The Department is developing target goals.
- vii. Outcome: 55 out of 297 conservatees served in FY 16-17 were dismissed from Conservatorship.

Conservatorship Dismissals

Client Status	Count
New LPS Conservatorships	91
Ongoing LPS Conservatorships	151
Dismissed From LPS Conservatorship	55
Total	297

b. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The Department implemented Reaching Recovery in July 2016 for county operated programs. Reaching Recovery is a tool that was developed by Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, the Department began to utilize several tools designed to measure recovery for individuals: the Recovery Needs Level Marker, Consumer Recovery Measure and Recovery Marker Inventory.

Recovery Needs Level (RNL): Assigns the right level of service intensity to a client at the right time.

Consumer Recovery Measure (CRM): A quarterly client rating of his/her perception of recovery. It is a 16-question tool that explores the client's perception of their recovery across 5 dimensions:

1. Hope
2. Symptom Management
3. Personal Sense of Safety
4. Active Growth Orientation
5. Satisfaction with Social Networks

Recovery Marker Inventory (RMI): A quarterly practitioner rating of client's progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the client's on 8 objective factors associate with recovery:

1. Employment
2. Education
3. Active/Growth
4. Level of Symptom Management
5. Participation of Services
6. Housing
7. Substance Abuse
8. Stage of Change

Together the tools measure recovery from multiple perspectives. These tools measure changes in recovery across multiple domains and provide a structure for holistic care. The Department has begun to gather and analyze preliminary data from the CRM and RMI. The goal is to continue to gather data, establish baseline measurements and standards of measure.

2. Efficiency

a. Cost per Client

Costs include all staffing and overhead costs associated with operation of the program.

- i. Objective: To maximize resources allocated to the program.
- ii. Indicator: Total program costs compared to number of unique clients served.
- iii. Who Applied: Clients served by the program. Client served represents clients who received a service in FY 16-17.
- iv. Time of Measure: FY 16-17
- v. Data Source: Avatar and Financial Records
- vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.
- vii. Outcome: Compared to prior year, the cost per client for FY 16-17 increased by 23%. The number of unique clients served increased by 20%. The increase in program costs was in the area of contracted services as the program actual amount includes state hospital costs, placement costs and inpatient crisis services for conservatees. In accordance with the increase in clients served, program saw an increase in placement costs. Placement costs for MIST clients were also included in the program actual amount for Conservatorship.

Cost per Client

	FY 15-16	FY 16-17
Unique Clients	276	331
Program Actual Amount	\$11,366,561	\$16,752,038
Cost per Client	\$41,183	\$50,610

3. Access:

a. Conservatorship Referrals and Days to Placement

The program receives referrals for Conservatorship from various sources. Once a referral is received and evaluated, the client may be placed on temporary conservatorship. Once on temporary conservatorship, the client is placed in treatment services.

- i. Objective: To move clients to appropriate level of care as quickly as possible.
- ii. Indicator: Days to placement after temporary conservatorship is signed.
- iii. Who Applied: Clients referred to Conservatorship in FY 16-17 with a temporary conservatorship signed date.
- iv. Time of Measure: FY 16-17
- v. Data Source: Conservatorship Database
- vi. Target Goal Expectancy: The Department is developing target goals.
- vii. Outcome: Average days to placement was 33 calendar days. Jail referrals averaged 72 days, which increased the overall average. Referrals from the Jail have criminal offenses that may affect the willingness of the receiving facilities to accept.

Conservatorship Referrals

Referrals received in FY 16-17 with a Temporary Conservatorship signed date.

Referral Source	# of Referrals	% of Total Referrals	Average Days to Placement
Community Behavioral Health Center (CBHC)	32	36%	43
Psychiatric Health Facility	46	52%	22
Jail	6	7%	72
Stanford Hospital	1	1%	20
Veteran's Administration	4	4%	10.5
Grand Total	89		33

