

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Public LPS (Lanterman Petris Short) Conservatorship Team	<b>Provider:</b>	Department of Behavioral Health
<b>Program Description:</b>	<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 health issues, they cannot provide for their basic needs for food, clothing, or shelter. The Conservatorship Team is responsible for the mental health evaluation and placement, in the least restrictive environment for the purpose of mental health treatment of individuals on Public LPS Conservatorship. Most placements result in an IMD (Institute for Mentally Diseased) for stabilization. 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, have increased stabilization of mental health symptoms, in order to live with increased independence.</p> <p>The allocated positions for the program consists of 2 Mental Health Clinicians, 3</p>	<b>MHP Work Plan:</b>	2-Wellness, recovery, and resiliency support

Community Mental Health Specialists, 1 Peer Support Specialist, and 2 Psychologists. The program operated at an average vacancy rate of 23% throughout FY 17-18 due to the vacant psychologist positions.

**Age Group Served 1:** ALL AGES  
**Age Group Served 2:** Choose an item.  
**Funding Source 1:** Realignment  
**Funding Source 2:** Medical FFP

**Dates Of Operation:** February, 2007-Current  
**Reporting Period:** July 1, 2017 - June 30, 2018  
**Funding Source 3:** Choose an item.  
**Other Funding:**

**FISCAL INFORMATION:**

**Program Actual Amount:** \$25,204,398  
**Number of Unique Clients Served During Time Period:** 368  
**Number of Services Rendered During Time Period:** 1,290  
**Actual Cost Per Client:** \$68,490

**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:**

**Please describe how the selected concept (s) embedded :**

*(May select more than one)*

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

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

Access to underserved communities

Most of the persons served are from underserved communities. The majority of persons referred for conservatorship do not have a primary care physician, stable housing, income, insurance, limited protective factors of support, and in some cases U.S. residency. Many of the persons served have limited access to resources. This is often a result of inability to access services due to the severity of their symptoms or were unable to utilize services to help them maintain health, food, clothing and shelter, due to the severity of their symptoms.

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 person’s 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 17-18
- iv. Time of Measure: FY 17-18
- v. Data Source: Conservatorship database
- vi. Target Goal Expectancy: The Department is developing target goals.
- vii. Outcome: 52 out of 318 conservatees served in FY 17-18 were dismissed from Conservatorship.

**Conservatorship Dismissals**

Person Served Status	Count
New LPS Conservatorships	82
Ongoing LPS Conservatorships	184
Dismissed From LPS Conservatorship	52
<b>Total</b>	<b>318</b>

**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 person served at the right time.

***Consumer Recovery Measure (CRM):*** A quarterly person served rating of his/her perception of recovery. It is a 16-question tool that explores the person's served 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 person's served progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the person's served 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 Person Served

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 persons served.
- iii. Who Applied: Persons served by the program. Persons served represents individuals who received a service in FY 17-18.
- iv. Time of Measure: FY 17-18
- 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 total cost per client for FY 17-18 increased by 35%. The number of unique clients served increased by 11%.  
 The program actual amount includes operating costs for the Conservatorship team and contracted services which include state hospital costs, placement costs and inpatient crisis services for conservatees as well as placement costs for MIST persons served.  
 Costs for the county-operated conservatorship program increased by 26% due to increased salary and benefits, contracted medical services and program costs.  
 Contracted Services costs increased by 53% and is mainly attributed to contracted state hospitals' and residential programs' expenses increasing due to the addition of new providers, being able to accept more persons served and no longer operating with a predetermined flat rate.

Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	331	368
Program Actual Amount	\$16,752,038	\$25,204,398
Cost per Person Served	\$50,610	\$68,490

Cost Breakdown

	FY 16-17	FY 17-18
County Program Operating Cost	1,710,752	2,147,080
Contracted Services	15,041,286	23,057,318
Program Actual Amount	16,752,038	25,204,398

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 person served may be placed on temporary conservatorship. Once on temporary conservatorship, the person served is placed in treatment services.

- i. Objective: To move persons served to appropriate level of care as quickly as possible.
- ii. Indicator: Days to placement after temporary conservatorship is signed.
- iii. Who Applied: Persons referred to Conservatorship in FY 17-18 with a temporary conservatorship signed date.
- iv. Time of Measure: FY 17-18
- v. Data Source: Conservatorship Database
- vi. Target Goal Expectancy: The Department is developing target goals.
- vii. Outcome: Average days to placement was 38 calendar days. Jail referrals averaged 89 days, which increased the overall average.

Conservatorship Referrals

Referrals received in FY 17-18 with a Temporary Conservatorship signed date.

Referral Source	# of Referrals	% of Total Referrals	Average Days to Placement
Psychiatric Health Facility	64	67%	18
Community Behavioral Health Center (CBHC)	17	18%	24
Jail	10	11%	89
Veteran's Administration	3	3%	11
Stanford Hospital	1	1%	49
<b>Grand Total</b>	<b>95</b>		<b>38</b>

