

LPS CONSERVATOR GUIDE

2018

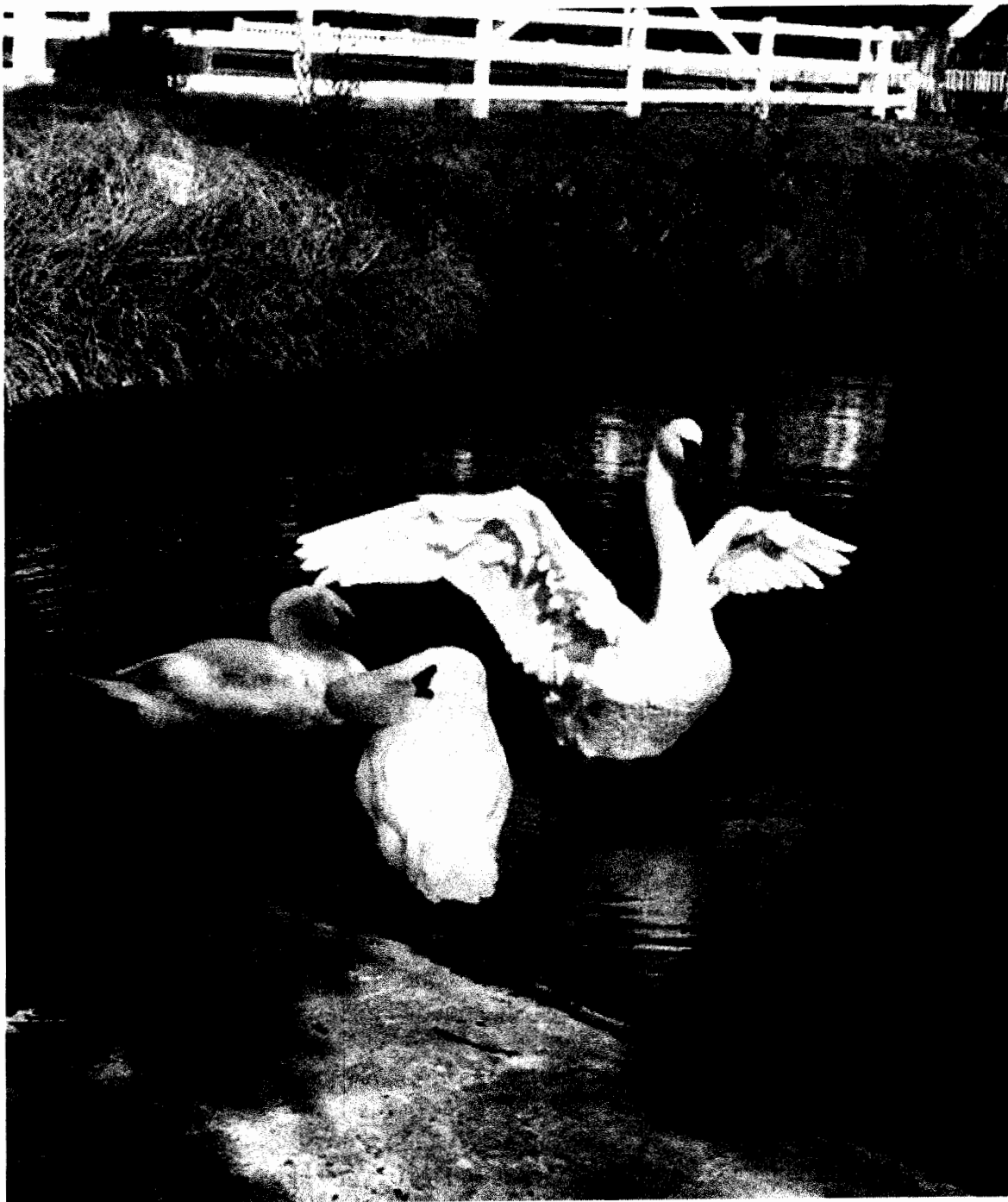


Photo by Patricia Russell

LPS Conservator Guide for Conservators

INTRODUCTION

Welcome to the Class for LPS Conservators. In this program we will provide some tools to help with the recovery of your loved one who is under the LPS Conservatorship. We will discuss the laws, your rights and the rights of the conservatee, how the LPS Conservatorship will be helpful for recovery, medication guidelines for treatment, and sources for solutions when problems arise. The Conservatorship is generally good for one year. At the initial conservatorship hearing and in the reappointment hearing the conservatee has the opportunity to tell the Court whether he/she will contest the conservatorship. If he/she does contest the conservatorship at either hearing he/she must decide if he/she wants a court trial or a jury trial. The conservatee can also request a rehearing once every 6 months.

The LPS Conservatorship is the term used in California for involuntary mental health treatment. Lanterman, Petris and Short (LPS) are the three senators who were responsible for the California Welfare and Institutions Code which govern the rules for the involuntary mental health commitment. These laws are over 50 years old and do not reflect the scientific advances in treatment and medical practices that help people with their recovery.

Conservators can be appointed authority over the person or the estate. Most references will be referring to the LPS of the Person in this class unless otherwise noted.

Suggestion: Always refer to yourself as the person's conservator and not as their mother, father, brother, sister etc. This helps to elevate you to a position that will gain respect. The court granted you, the conservator, the responsibility to make appropriate decisions for the conservatee's mental health recovery.

How many of you have taken the free 12 week NAMI Family to Family class? Please raise your hands if you have taken this class. If you have not taken the class, it is highly recommended that you contact your local NAMI and enroll in this powerful class. The Public Guardian endorses this class as it will demonstrate to the court that you are committed to understanding mental health and providing assistance to your loved one. The knowledge you gain from this class will empower you with additional knowledge needed to better guide your loved one's recovery.

(Pick three people to give one comment about their class experience or opinion of the Family to Family class.)

5 minute: If you would please introduce yourself and let us know if your conservatee is your son, daughter, mother, father, and how long they have been under the conservatorship.

If you decide at any time that you no longer wish to be a conservator, you can write a short letter to the court (Superior Court 95A) requesting the conservatorship be transferred to the

Public Guardian's office. Likewise, if the Conservatorship was granted to the Public Guardian and you choose to become the conservator, you can request a successor investigation so you can be considered for appointment as the Successor Conservator. The court usually respects the request of the conservatee; therefore it is helpful if the conservatee agrees to have you as their conservator.

RIGHTS AND RESPONSIBILITIES OF THE LPS CONSERVATOR

LPS Conservator Powers:

As LPS Conservator you have the power to approve or disapprove all medication, treatment, and placement. See attachment for the Conservatorship powers and disabilities that can be granted by the court and will be part of your letters and orders of conservatorship.

- You do not have the right to tell the conservatee who they can have for friends. Probate Code section 2351 (which also applies to LPS) specifically states that powers as a conservator do **NOT** extend to limiting a conservatee's right to visitors, telephone calls and mail unless you obtain a court order. If there is a concern about visitors that could be disrupting treatment the doctor may be able to do a denial of rights or the conservator can seek a Restraining Order. The conservator will need to file a petition for a restraining order in the mental health court. Request the court appoint an attorney to assist you in this legal matter.
- You are not, by law, liable either civilly or criminally, for anything the conservatee may or may not do. Although, if you are negligent, you could be held liable. For instance, if you give the conservatee the keys to your car when their license was suspended, you can be held liable. If the conservatee stole the keys you would not be liable.

California Welfare and Institute Act---Code 5358.1

Neither a conservator, temporary conservator, or public guardian appointed pursuant to this chapter, nor a peace officer acting pursuant to Section 5358.5, shall be held civilly or criminally liable for any action by a conservatee.

Apply for Services Available for Mental Health Support:

If the conservatee does not receive Social Security Supplemental Income (SSI) or Social Security Disability Income (SSDI) or Social Security, then you can apply for these services at the social security office. When this income is approved, it will open doors for treatment. As the conservator, you can sign the necessary papers to apply for the appropriate funds. These funds are to be used for the benefit of the person with mental health diagnosis.

Many people with a mental health diagnosis are not capable of appropriately handling these funds. Therefore, you can request to be assigned as the "representative payee," which gives you the control of these funds. Ask the patient's treating doctor to fill out the "representative payee form." Then give this form to the social security office. Open a representative payee bank account in both your name and the name of the conservator. Only you will have access to

these funds. The funds are reported as the patient's income, not your income. The funds are to be spent on housing, food and their personal needs. A person does not need to be on a conservatorship for you to be their representative payee.

When SSI is approved, then Medi-Cal is approved. If the conservatee has Social Security Disability or Retirement benefits or even a VA pension then a County Medi-cal application must be done. County Medi-cal applications are done at a Department of Public Social Services (DPSS) office. The website for locations nearest you – <https://dpssbenefits.lacounty.gov/> County Medi-Cal will pay back medical expenses for three months if a retroactive eligibility application is completed. If a person has a work history, no matter how long ago, then after two years of receiving Social Security Disability benefits, they might be eligible for Medicare. Ask social security about their eligibility. A person can also be covered under private insurance, Medi-Cal and Medicare at the same time. You do not have to terminate your private insurance. All these services open more doors for treatment.

LPS Conservatorship of the Estate:

You may need an LPS Conservatorship of the Estate if your loved one has bills that need to be paid or you need to negotiate with the creditor on behalf of the conservatee or request college loans be waived. This may also be helpful in solving legal matters that involve finances. You must contact the mental health court to request the addition of estate powers. You may want to request an attorney be appointed for you to assist you in this legal matter. The treating doctor is not involved with the LPS Conservatorship of the Estate.

You may want to run a credit check to note all bills that need to be paid. As the LPS Conservator of the Estate, you are not personally responsible financially for any of these bills but you do have the power granted by the court to negotiate the debt with the creditors and you are responsible for ensuring the conservatees funds are used to pay obligations such as care payments. School loans can often be dismissed or waived. The court may assign you an attorney to help you with these problems.

You can negotiate to pay creditors twenty-five cents or even 10 cents on the dollar or just not pay these bills if funds are not available. Generally, if a judgement is filed against the conservatee, it can often be removed from their credit report after 3 years. Discuss this issue with the attorney assigned to you by the court.

Reappointment of Conservatorship:

Two months prior to the termination of the conservatorship, you must file the appropriate papers to renew the conservatorship for another year. The court normally sends you the information that you will need for processing the renewal of the conservatorship. The court is not responsible for the paperwork if you do not receive the renewal packet. Contact the court to acquire the paperwork if you do not receive this. It is the conservator's responsibility to mark the calendar and request the information approximately two months prior to termination of the conservatorship.

The "Doctor's Declaration" form which states the conservatee is still gravely disabled is the most important paper which the court needs. Without this, the conservatorship cannot be renewed.

If the conservatee contests the reappointment of the conservatorship, then it is incumbent on the conservatee to prove they are no longer gravely disabled. When the reappointment of the conservatorship is being contested by the conservatee, then the treating doctor must appear in court to testify that the patient is still considered gravely disabled. The patient must also appear in court or the case can be dismissed. If the patient is in the hospital or jail and refuses to appear in court, the case may be continued and an evaluation of the person can be requested.

If the conservatee does not contest the conservatorship, then the doctor does not have to appear in court for the hearing. Neither does the conservatee have to appear in court as he/she can inform their court appointed attorney that he/she is not contesting the conservatorship. It is extremely important that the Public Defender have contact with the conservatee and knows that the conservatee is not contesting the reappointment of the conservatorship. The doctor's declaration still must be submitted to the court. It is always wise for the conservator to be present at court whether the conservatorship is being contested or not. You never know what may happen in court.

Just a note: What can I do if the doctor has sent in the "Doctor's declaration for the patient stating the conservatee is gravely disabled and in court changes his/her testimony to no longer being gravely disabled? I suggest you ask for a second opinion from another doctor and ask to have the case continued. Also, you can speak and state why you feel the person is still gravely disabled. Hopefully the judge will accommodate your request.

Communication With Doctors:

It is the conservator's responsibility to know the medication, the treatment and all information pertaining to the welfare and health of the patient. Doctors must, by law, CA W&I Code 5328.1, communicate with you directly pertaining to the treatment of the conservatee. Most information can be relayed through the charge nurse, the social worker or the case worker. But there are times that it is necessary to communicate directly with the doctor.

Information Provided for LPS Patients:

CA Welfare and Institutions Code 5328.1 (a)... public or private treatment facility shall give the prognosis, the medications prescribed, the side effects of medications prescribed if any, and the progress of the patient. Written authorization is not required. Verbal authorization is acceptable.

Because the doctor's time is limited, it is a wise idea to keep phone conversations to a minimum of five minutes. Of course, if the doctor is doing all the talking, just let them talk. The doctors have heard it all before so have your points written so you can be focused. If you are

respectful of the doctor's time, you will have a greater relationship which is beneficial for your loved ones recovery.

If the doctor refuses to communicate with you, contact Kathie Van Dyke who is the Public Guardian's liaison for private conservators (which is you). She may be able to assist you in getting a response from the doctor. If this does not resolve the problem, then you may want to contact Dr. Rod Shaner who is the Department of Mental Health Medical Director to determine if he can assist in facilitating communication with a doctor. Please note that Dr. Shaner may be only able to assist with facilities or hospitals that are designated by DMH or under contract with DMH. See Resources section for contact information.

Medical Records:

A conservator is entitled to a copy of the medical records. It is not likely that you will be permitted access to electronic health records or physical chart maintained on the psychiatric unit or the facility providing treatment. You will need to request medical records from the facilities Medical Records office. Provide a copy of the letters of conservatorship with the request.

Medication:

As conservator, how many of you know what medications your loved one is taking? If you do not know the medication then contact your loved ones doctor or social worker and request the name of the medication, the dosage and when the medication should be taken.

Research every medication that is prescribed for your loved one. Know why the medication is prescribed, the dosage range of the medication as well as the amount that is prescribed. Be aware of side effects, keeping in mind that even aspirin has a side effect of death. Note the time frame when the medication should show positive improvements. Some medications are effective in three or four days, some may take two weeks and some even six weeks. If you still have questions about the medication, do not hesitate to contact the pharmaceutical company. They are very helpful, informative and can even help if price is a problem. If you need free samples, they can deliver these to the treating doctor.

Your goal is to find the best medication that gives the least side effects with the greatest clarity of thinking. Presently, the most common way to determine the best medication is by trial and error. A guideline for finding the best medication by the trial and error technique is the use of the Texas T-Map guidelines. Then if you have to add another medication, this would be acceptable. DNA testing is beginning to be a good resource method to determine the medications and metabolism affects for your love one. DNA test might be a direction to explore.

A good rule is to find one medication for schizophrenia and one for bipolar or depression.

- If three or four psychotropic medications are prescribed at the same time, you have to wonder which one is working.

- The T-Map guidelines basically are the same as the scientific method which you learned in your science classes in school. You only change one variable at a time. Keep a record.
- Titrate medication down slowly if the doctor is reducing the medication or taking the patient off a medication. Introduce medication slowly beginning with a low dosage.

When speaking with the doctor about medications, it is a good idea not to act as a know it all. One suggestion in addressing this would be to say, “Doctor, I have been reading about a certain medication, it seems like it might be helpful for my son/daughter. What do you think if we try this medication?” Or you could ask the doctor about their opinion about medications. If there is a concern about the number of medications or side effects that are negatively impacting the conservatee you can request a medication review. A sample form is included in your packet.

The NAMI Family to Family class has a great section which discusses the various medications.

You should have direct contact with the doctor to discuss medications and treatment. When you sign the contract with a treatment facility to allow them to treat your loved one, write on the contract that they must have your expressed permission for all changes in medications. This keeps the treatment facility from changing, reducing or adding medications without your knowledge or permission. Remember the court granted you the power to approve or disapprove all treatment, placement and medications. Use this power and do not give it away to the treatment facility.

Keep a journal of your loved one's behavior especially when medications are changed. Your journal will be vital in helping your loved one gain recovery. It is your responsibility to know what medications are being given to the conservatee.

If you are unreasonable, the treatment facility or treating doctor can request that you be removed as the conservator. If your loved one is doing well on medication and you decide to try the holistic approach and eliminate their medication without the doctor's approval, you could be removed as the conservator. Your goal is the recovery of the patient. Stay focused and work with the doctor as well as the treatment team for the recovery of your loved one.

Can the Conservatee's Right to Drive a Car Be Reinstated while Under the LPS Conservatorship?

Yes, but allow at least two months' time frame for the DMV to complete their investigation.

While under the LPS Conservatorship, as conservator, you can request the treating doctor write a letter stating that the mental state of the patient and their medication has not made them unsafe to drive. You can present this to the court along with your written request to reinstate the driving privileges. Or you can request the driving privileges be reinstated during the reappointment of the conservatorship.

When the LPS Conservatorship terminates, you should notify the DMV. To reinstate the driver's license the treating doctor must affirm the person has the mental ability to drive. Then the driver's license can be requested through the DMV who will in turn request a safety interview for the person. This is not a big deal as they just ask basic questions. It can take a considerable amount of time for DMV to complete this process.

The necessary forms to reinstate the driver's license is on the website: Helping Your Loved One a family guide to conservatorship and involuntary treatment.

http://file.lacounty.gov/dmh/cms1_162215.pdf

What To Do When the Patient Decompensates or Refuses Medication:

When the conservatee goes off their medication, it is only in the psychiatric hospital where the medications can be forced. A board and care, IMD (Institution for Mental Disease AKA locked treatment facility) or other treatment facilities cannot force medications. They can only encourage the use of medications. The person may have to be returned to the hospital to start them back on their medication should they continue to refuse taking their meds.

When the conservatee is in a treatment facility and a medical emergency arises, the facility should transport the patient to a hospital immediately. If the facility downplays the emergency, you have a right to pick the patient up and transport them to a medical emergency room for treatment. Make sure that you agree, preferably in writing, that the facility keep a 7 day bed hold so that you can assure re-admission to the facility after discharge from the acute hospital. If the medical emergency requires more than 7 days in the hospital, re-admission to the previous facility may not occur. Make sure to be talking with the facility prior to the expiration of the 7 day bed hold.

All nonemergency medical invasive procedures must be approved by the Superior Court 95. You are not allowed to approve experimental treatment.

If the conservatee stops taking their medication, and you cannot succeed in encouraging your loved one to take medications, then you should have the conservatee transported by the police to the hospital for treatment. The California Welfare and Institutions Code 5358.5 gives the Conservator the right to place the patient in the hospital when he/she deems it necessary. This law gives the Conservator the right to request a peace officer for the patient to the hospital or treatment facility. The court has found the patient to be "gravely disabled" therefore, no evaluation is necessary prior to transport. Your responsibility is to provide for the continuity of recovery. Often the police will request an ambulance for transport.

Most police departments are not aware of the 5358.5 law. Police are not lawyers and are not expected to know all the laws. Therefore, it is important to politely introduce the "Watch Commander" at the police department to this law. Give the watch commander a copy of your conservator papers, a copy of the law and your written request for the police to transport the conservatee to a hospital.

California Welfare Institute Act----Code 5300. 5358.5

When any conservatee placed into a facility pursuant to this chapter leaves the facility without the approval of the conservator or the person in charge of the facility, or when the conservator appointed pursuant to this chapter deems it necessary to remove his conservatee to the county designated treatment facility, the conservator may take the conservatee into custody and return him to the facility or remove him to the county designated treatment facility. A conservator, at his discretion, may request a peace officer to detain the conservatee and return such person to the facility in which he was placed or to transfer such person to the county designated treatment facility, pursuant to Section 7325 of the Welfare and Institutions Code. Such request shall be in writing and accompanied by a certified copy of the letters of conservatorship showing the person requesting detention and transfer to be the conservator appointed pursuant to this chapter as conservator of the person sought to be detained. Either the conservator or his assistant or deputy may request detention under this section. Whenever possible, persons charged with apprehension of persons pursuant to this section shall dress in plain clothes and shall travel in unmarked vehicles.

Additionally you may want to contact the law enforcement mental health team if the police department or Sheriff Station has a team. A list of law enforcement mental health teams is attached to this booklet.

If the conservatee goes AWOL, you can file a missing person report. Give the police a copy of your conservatorship paper as this gives the police the power to place the person in a treatment facility when they locate the person and also to be able to contact you that they have located the person. A person with a mental illness (do not need to be under the LPS Conservatorship) goes to the top of the missing person's list as a dependent adult, right under missing children. If the police refuse to make the missing person's report, ask to speak to the Watch Commander.

TREATMENT AND PLACEMENT

LPS Conservatorship Obtained through the Hospital

Generally speaking, when the court grants the conservatorship, the conservatee will remain in the hospital until a psychiatric bed is available at an Institute for Mental Disease (IMD), if this is the least restrictive environment necessary to address the grave disability and is the level of care ordered by the court. These are locked treatment facilities. A person can only be transferred to a locked facility from another locked facility. You do not want to take the patient home while waiting for the IMD bed to become available as he/she would no longer be eligible for the IMD bed. The hospital is considered a locked facility as is the IMD and the jail.

The hospital should request Department of Mental Health (DMH's) Countywide Resource Management (CRM) to evaluate your loved one for an appropriate treatment facility. The

evaluation may take about ten days to two weeks. CRM usually suggest about three facilities that may be appropriate for the mental health treatment of your loved one. It is a very good idea for you to tour every facility suggested by CRM. You know your loved one best and will have the greatest input for the facility that you feel will give the greatest probability for recovery. By law, if the conservatee cannot be placed in his/her own home or a home of a relative, the first priority is to place in a facility as close as possible to his/her own home or close to the home of a relative. But your preferred or closest facility may not be available through CRM at time of discharge from the acute hospital. You cannot request a private facility that costs an excessive amount of money unless you plan to pay for this yourself. Or if a facility will not be available in a timely manner whereas another facility is available earlier, then the patient will be transferred to the facility with the available bed. You can always request a lateral transfer for another facility. Fax a copy of your LPS Conservatorship paper to Countywide Resource Management (CRM) so they will be able to speak with you.
CRM 213-738-4775

Because the wait time for an IMD is so long, your loved one may improve substantially while waiting in the hospital. Their time in the hospital can be utilized to determine the best medication for your loved one to help give clarity of thinking with the least side effects. As the patient improves, another evaluation can be requested for a less restrictive treatment facility. These treatment facilities could be an Enhanced Residential Services (ERS) which is an open setting that is a step down from an IMD facility. Or they could be evaluated for a, sober living or a regular board and care. An ERS (step-down facility) provides treatment programs, medication, meals and a bed. A regular board and care generally provides medications, meals and a bed.

LPS Conservatorship Obtained through the Criminal Justice System

If you are the conservator and the LPS Conservatorship was initiated and acquired through the jails, then your rights for choosing placement is limited. There are DMH Court Linkages programs available in many of the criminal courts. See for the attachment for contact numbers. The liaison may be able work with CRM to find available placement beds and treatment facilities. The criminal court judge may want to approve the placement but placement under conservatorship is the jurisdiction of the mental health court and placement must be the least restrictive environment. The criminal court judge cannot order a facility to take a conservatee and a criminal court judge cannot sentence a person to a facility because the mental health court makes the level of care order when they rule on the conservatorship.

If the criminal case involves a felony charge and there is a finding of incompetency, placement will be in a state hospital such as Patton State Hospital, Metropolitan State Hospital or other state hospitals. During this time the facility is providing court ordered competency restoration and treatment.

It is not uncommon that after the person improves with treatment and when he/she completes treatment, the case is wobbled down from a felony to a misdemeanor or may even be dismissed. Discuss this with the conservatee's attorney.

Treatment Programs with Department of Mental Health:

Full Service Partnership (FSP) can be applied for by the conservator or a family member or friend prior to the LPS Conservatorship or after the LPS Conservatorship is granted. This program offers the services which the patient may need when he/she is released from the IMD or an ERS (step-down facility). FSP may provide a psychiatrist, social worker, case worker, therapist, and/or peer person. It is wise to request an outpatient treatment program to further assist the patient with their recovery. See resources for contact numbers.

The Assisted Outpatient Treatment (AOT) program is not available as long as the patient is under the LPS Conservatorship. This program is designed to reduce hospitalization, incarceration and homelessness for chronically ill patients who are not under an LPS Conservatorship.

If a person is enrolled in the AOT program but needs a higher level of treatment, the AOT team will provide information to the acute hospital so an informed decision regarding a conservatorship referral can be made by the inpatient treatment team. Once the Conservatorship is granted, then the AOT automatically is terminated.

Outpatient treatment programs are designed to provide services on a daily basis or as needed for patients. If the patient has private insurance such as Kaiser or Blue Shield, these insurance companies can pay for county treatment programs especially if their insurance does not offer these services.

Review:

Conservator's rights are to approve or disapprove all treatment, placement and medications. Conservatorship can be transferred back to the public guardian and vice versa.

Refer to yourself as "Conservator" not mom or dad.

Know all medication and keep a journal of the conservatee's symptoms.

Acquire SSI/SSDI/Medi-Cal, Medicare to open doors for services.

Visit all treatment facilities prior to placement.

Apply for FSP, AOT (if person is not under the LPS) and utilize an outpatient treatment program.

Most Needed Resources:

Kathie Van Dyke is the Department of Mental Health (DMH) Office of the Public Guardian Liaison for private conservators. She is extremely knowledgeable and accessible for the numerous problems that may arise. Her number is 213-974-0549.

Dr. Rod Shaner is the Medical Director for DMH. He is resourceful and has the contacts that can help you to solve many of the problems you may encounter. His number is 213-738-4603.

Are there any questions? (10 minutes)

RIGHTS OF CONSERVATEE

Loss of Rights:

The essence of the LPS Conservatorship is based on giving the person conserved medication. The LPS Conservatorship removes the conservatee's right to refuse medication. The court will temporarily suspend the person's driver's license, and also temporarily suspends their right to enter contracts. Furthermore, the court will take away their right to possess and own guns. Even when a patient is on a conservatorship, you can request the court reinstate their right to drive a car and enter contracts. This may be necessary to help them get a job.

The goal is to help the person live as normal a life as possible. Some people choose to remain under the LPS Conservatorship even when they no longer appear to be "gravely disabled." The ability to stay on conservatorship will be determined yearly during the reappointment process. It is important that the conservatee inform their attorney (Public Defender) they wish to stay on conservatorship. A declaration of grave disability is also necessary. This keeps them from decompensating and losing everything they had gained in their recovery.

Right of Jury Trial:

The conservatee has a right to trial by jury. The court is requiring the conservatee indicate at their appearance in court if they want a court trial or jury trial. It is incumbent on the conservator to prove that the conservatee is still gravely disabled. This means they can provide for their food, clothing and shelter without the help of another person. SSI, SSDI, or Social Security benefits has nothing to do with the gravely disabled status.

The conservatee's attorney may state that the conservatee "presents well" and it might be difficult to convince 12 jurors that the conservatee is gravely disabled and has a serious mental illness. If the person has a serious mental illness and is gravely disabled because of their mental illness, then they meet the criteria for the LPS Conservatorship. Their intelligence has nothing to do with them having a serious mental illness and being gravely disabled. Very bright people have serious mental illness and are gravely disabled.

In the jury trial, the public defender represents the conservatee. County Counsel represents the Office of the Public Guardian when PG is the conservator. The private conservator should request the court appoint you an attorney from their panel of attorneys. You can also request to be assigned a particular attorney. If you are unhappy with the court appointed attorney you may request a change but the final decision will be made by the judge. If you do not want a court appointed attorney you can hire your own attorney at your own cost. The court's attorneys are very good.

Jury trials are very stressful for the conservatee and also for the conservator. The trial usually can take up to three days.

Additional rights for the conservatee:

- has a right to his/her cell phone, personal mail, friends, as long as the friends and cell phone are not detrimental to their recovery. Remember you cannot restrict access to friends unless there is a doctor's denial of rights or a restraining order.
- can acquire a job or return to school as part of their recovery.
- can have their right to drive a car and enter contracts restored by the court as they are recovering.
- must have access to the least restrictive housing for their recovery. If they are a flight risk, then a locked IMD may be necessary until they are no longer a flight risk.
- must demonstrate that they are no longer "gravely disabled" when he/she has a reappointment hearing for the LPS Conservatorship or any contested hearing to be released from the conservatorship.

Many conservatee's prefer to remain on the LPS Conservatorship as they recover so they will not lose all the progress they have made toward recovery.

INSURANCE

The Department of Managed Health Care (DMHC) of California is most helpful with your private insurance if the private insurance refuses to pay for treatment programs, medications or refusing to keep a person in the hospital as long as necessary for their treatment. The DMHC must have access to the patient's records. Your conservatorship allows you to sign the necessary papers for them to review the medical records. A person who is not under the LPS Conservatorship but has the Release of Information (ROI) can also utilize this resource.

The DMHC's overrules the insurance companies 60% of the time in favor of the patient's treatment. DMHC can help you get your loved one in a specific private facility which you request, extend the stay in the hospital, have the patient transported to another treatment facility, and force your insurance company to pay for specific medications.

If you need an immediate decision from the DMHC, you can file an emergency investigation request. DMHC can stop a discharge from the hospital the same day as your request. DMHC phone number is 916-225-2377 or 916-403-6909. They are located in Sacramento.

If Medi-cal or Medicare refuses to allow for medication that is necessary for the recovery of the patient, the doctor can file a formulary to request the medication. Most often the formulary will be approved. DMHC does not review Medi-Cal or Medicare cases, only most private insurances.

Private insurance policies may be under the jurisdiction of the California Department of Insurance. Their consumer hotline is 1-800-4357 or 213-897-8921

GENERAL TREATMENT PROCESS

You have been granted the LPS Conservatorship while your loved one is in the hospital or jail. The conservatee should remain in the hospital or jail until a bed is available at the appropriate treatment facility. NOTE: a person cannot stay in the jail if the sheriff has an order to release issued by the criminal court judge. In this case the conservatee will likely be transferred to a county hospital.

The discharge planner from the hospital, or the social worker or case worker should request the DMH Countywide Resource Management (CRM) evaluate your loved one for the best facility that will give him/her the greatest chance for recovery. Usually an IMD is suggested because the conservatee may be a flight risk or is in need of this high level of care. If they are not a flight risk then an Enhanced Residential Services (ERS) treatment facility would be acceptable. The IMD is a locked facility whereas the ERS is an open treatment facility. The wait list for the IMD can be six months or longer whereas the ERS may be more readily available. The patient can only access an IMD from another locked facility such as the jail or hospital.

While the conservatee waits in the hospital or jail, medication can be fine-tuned to find the best medication for clarity of thinking with the least side effects. As the medication improves the thinking process of the patient, he/she may be reevaluated for a lower level of care.

The standard treatment flow is for a person who is placed under a conservatorship is to remain in the hospital or jail until the appropriate treatment facility that was approved for them has a bed available. If the patient improves substantially, they can go to a step-down treatment facility then to a board and care or sober living or home. It is wise to place them in an outpatient treatment program when they are in the board and care, sober living or home. This facilitates their recovery.

GENERAL TREATMENT FLOW

Hospital

IMD

ERS (Step Down)

Board and Care/Sober Living

Incarceration

State Hospital/IMD

ERS (Step Down)

Board and Care/Sober Living

Sometimes a person may need a lateral change for treatment. They may be in an IMD for a long time and maybe another IMD may facilitate their recovery better, so a request to Countywide Resource Management (CRM) for a lateral change may be appropriate. But be

aware that the lack of available beds may not allow for a lateral transfer. CRM can be reached at 213-738-4775.

It is strongly advised for you, as the conservator to visit every facility that Countywide Resource recommends. You know your loved one the best and will be able to evaluate each facility as to which would be most appropriate for your love one. If you are not pleased with any of the facilities they suggested, you can request a few more facilities. Keep in mind that none of the treatment facilities are great and that bed availability is a challenge. It may be best to move your loved one from the acute setting so appropriate treatment and access to the outdoors and outings can begin. Also be aware that when people first enter these facilities they are not well. You will note great improvement with the individuals as their medication and treatment progresses. Ask questions as to the programs or treatment, direct contact with the doctor, cleanliness, patient outings and the facilities willingness to hospitalize your loved one should they refuse medication or decompensate. Also inquire about access to illegal and marijuana drugs brought into the facility.

Remember how your loved one was prior to their illness. Pull out the family album and look at the photos. This is your target goal to get them as close as possible to the person you remembered.

LEAVING THE STATE OF CALIFORNIA

Transporting conservatee across state lines: The LPS Conservator is specific to California and follows the California Welfare and Institutions Code. Generally speaking, once the conservatee leaves the state of California, the conservatorship is no longer valid. If the conservatee should leave the state without the permission of the conservator, the new state should send them back. But this is not always the case.

You must have the Court 95's permission to place the conservatee in an out of state treatment facility. To receive permission for the transfer, you must show it is in the best interest of the conservatee. While you may have authority to place the conservatee in an out of state treatment facility – the LPS conservatorship has no legal standing in another state and does not have to be legally accepted by another state.

RESOURCES

Access	800-854-7771
Psychiatric Mobile Response Team (PMRT)	213-738-3433
Monica	310-482-3260
Charles Lennon	213-996-1325
Adult Protective Services (APS)	916-419-7545
Assisted Outpatient Treatment (AOT)	213-738-2440
Linda Boyd lboyd@dmh.lacounty.gov	213-738-4431
Board of Supervisors	
Hilda L. Solis 1 st District	213-974-4111
firstdistrict@bos.lacounty.gov	
Mark Ridley-Thomas 2 nd District	213-974-2222
markridley-thomas@bos.lacounty.gov	
Sheila Kuehl 3 rd District	213-974-3333
sheila@bos.lacounty.gov	
Janice Hahn 4 th District	213-974-4444
fourthdistrict@bos.lacounty.gov	
Kathryn Barger 5 th District	213-974-5555
kathryn@bos.lacounty.gov	
Countywide Resource Management (CRM)	213-738-4775
DMH Court Linkages see attached list of programs and phone numbers	
Twin Towers Mental Health Dr. Joseph Ortega	213-974-9083
	Fax 213-687-8044
Century Regional Detention Facility,	323-568-4531
Century Regional Detention Facility Supervisor Aubrey Lovelace	323-568-4946
Department of Health Services	
Acting Director Christina R. Ghaly, M.D.	213-240-8101
Department of Managed Health Care California (DMHC)	916-255-2405
Department of Mental Health	
Director of DMH Dr. Sherin, jsherin@dmh.lacounty.gov	213-738-4601
Medical Director Dr. Rod Shaner, rshaner@dmh.lacounty.gov	213-738-4603
Family Advocate Helena Ditko hditko@dmh.lacounty.gov	213-351-1900
Patient Rights Advocate Martin Hernandez Supervisor mhernandez@dmh.lacounty.gov	213-738-2524
Public Guardian Deputy Director Connie D. Draxler	213-974-0407
Public Guardian Private Cons Liaison Kathie Van Dyke kvandyke@dmh.lacounty.gov	213-974-0549
Department of Health Services Office of Diversion and Reentry	213-250-8501
Peter Espinoza pespinoza2@dhs.lacounty.gov	
Department of Public Health Substance Abuse Prevention	844-804-7500

	626-299-4595
Full Service Partnership (FSP)	213-738-4620
Dennis Griffin, Program Manager	213-738-4620
Nicole Beaubien, Older Adults 60+	213-738-2327
Hosun Kwon, Adults 26-59	213-639-2868
Belen Camacho-Fuller , Young Adults 18-25	213-351-7737
Medi-Cal	800-633-4227
Medicare	800-633-4227
NAMI Los Angeles County Council (LACC) (www.namilacc.org)	213-386-3615
NAMI Westside LA (www.namila.org)	310-889-7200
NAMI URBAN LA. (www.namiurbanla.org) (info@namiurbanla.org).	323-294-7814
NAMI Antelope Valley (www.nami.org/sites/nami-av)	661-341-8041
NAMI East San Gabriel Valley	626-974-8702
NAMI Glendale (namiglendale@gmail.com)	323-478-1656
NAMI Long Beach Area (www.namilongbeach.org)	562-435-2264
NAMI Pomona Valley (www.namipv.org)	909-399-0305
NAMI San Gabriel Valley (www.namisangabrielvalley.org)	626-577-6697
NAMI South Bay (www.namisouthbay.com) (pstans5@aol.com)	310-533-0705
NAMI San Fernando Valley (www.namisfv.org)	818-994-6747
NAMI Los Angeles So Central (namisocentral@gmail.com)	310-668-4271
NAMI Whittier (namiwhittier@aol.com)	562-692-8006
Service Area Advisory Councils (SAACs) – see attached list	
Social Security	800-772-1213
Superior Court 95 (LPS Conservatorship Court)	
Metropolitan Court House 1945 S. Hill St, Los Angeles. 90007	
Supervising Judge J. Bianco (Dept. 95 B) (Room 400) Writs	323-441-1893
Judge Robert Harrison (Dept. 95 A) (Room 401) (conservatorships)	323-441-1894
Judge R. Longorio (Dept. 95) (Room 612) (competency cases)	323-441-1895
Clerk’s Office for calendar of hearings	323-441-1895
Public Defender Verah Bradford	213-744-4374

ADDITIONAL INFORMATION

Kathie Van Dyke, Sr. Deputy Public Conservator Private Conservator Liaison
Office of the Public Guardian
320 W. Temple St. 9th Floor
Los Angeles, CA 90012
www.kvandyke@dmh.lacounty.gov 213-974-0549 Fax: 213-633-4741

Helping Your Loved One a family guide to conservatorship and involuntary treatment - Note this document is currently being updated.

http://file.lacounty.gov/dmh/cms1_162215.pdf
or through Dept. of Mental Health website <http://dmh.lacounty.gov>
Click on Our Services then Public Guardian then the link for the PDF file.

California Legal Code: www.leginfo.ca.gov/calaw.html

L.A. SUPERIOR COURT WEBSITE www.lasuperiorcourt.org

You may down-load the forms for reappointment from this website. Go to "Civil" then "Mental Health" then "Forms".

RESIDENTIAL CARE

State Community Care licensing www.cclid.ca.gov/default.htm

Facilities for Adults: 323-980-4934

Facilities for Seniors: North LA County 818-596-4334 South LA County 310-568-1807

California Registry 800-777-7575 or 800-451-2273

California Health Care Foundation www.calnhs.org

Medicare Website Search www.medicare.gov nursing home compare.

Complaints 800-228-1019 or 626-569-3724

<https://www.medicare.gov/nursinghomecompare/search.html>

ACCESS line: 800-854-7771 for emergency services and referral to county clinics.

FINANCIAL ASSISTANCE

Social Security www.socialsecurity.gov 800-772-1213

Peoples Guide to Social Security www.hungeractionla.org

Veteran's Administration 800-827-1000

General Medi-Cal 877-597-4777

Medi-Cal Long Term Care (nursing facility patients) 626-854-4987

FAMILY ADVOCATE: 213-738-3948

PATIENT'S RIGHTS ADVOCATE: 213-738-4888

National Alliance on Mental Illness (NAMI) for meeting locations/information:

www.nami.org or call 800-950-6264 or 310-889-7200

LOS ANGELES COUNTY BAR ASSOCIATION

Referral to an Attorney: 213-243-1525; Information on Various Legal Topics: 213-243-1500

NATIONAL LEGAL AID & DEFENDER ASS'N 202-452-0620 www.nlada.org

CONSERVATORS' POWERS:

Power #4 Authority to place conservatee in a private residence, board and care home, residential care facility or open convalescent hospital where patient has free access in or out of facility.

Power #5 Authority to place conservatee in a private acute psychiatric hospital, county, state or U.S. Government acute psychiatric hospital where patient has free access in or out of facility.

Power #6 Authority to place conservatee in a locked medical or psychiatric convalescent hospital including IMD's where patient does not have free access in or out of facility.

Power #7 Authority to place conservatee in a locked acute psychiatric hospital (private, county, state or U.S. government) where the patient does not have free access in or out of facility.

Power #8 Authority to impose psychiatric treatment other than the administration of psychotropic medications for the purpose of remedying or preventing the recurrence of conservatee's being gravely disabled.

Power #8A Authority to require administration of psychotropic medications.

DISABILITIES:

Power #9 Priviledge of possessing driver's license.

Power #10 Right to refuse psychiatric treatment

Power#11 Right to enter into contracts.

Power #12 Medical consent

Power #13 Estate powers

Conservatorship Re-Evaluation Physician Declaration

(This form to be completed by private conservator and treating physician.)

PART I-Completed by the Conservator

Name and Address of Conservatee

Court Case # _____

Age _____

Sex M F

Birth date _____

PART II-Completed by the Treating Physician

Date of Evaluation _____ Previous Diagnosis _____

Please **legibly** complete the following four areas of interest to assist the Judge making a decision as to whether or not the above-referenced person should continue to have a Conservatorship:

1. Is there a mental disorder? Yes No

Please give a **diagnosis** and explain the symptoms in lay language:

2. Can the individual provide for basic needs, (food, clothing, shelter), in an unsupervised setting? Yes No Why? State facts in lay language:

3. Do you feel this individual is capable and willing to accept voluntary treatment?

Yes No Why? State facts in lay language:

4. Does this individual have the capacity of knowingly and intelligently accepting or refusing to accept prescribed medication? Yes No

I declare under penalty of perjury, under the Laws of the State of California, that the foregoing is true and correct to the best of my knowledge.

Executed on _____ at: _____, California
Date *City*

Signature of first (1st) Evaluator

Signature of second (2nd) Evaluator

Type Name of first (1st) Evaluator

Type Name of second (2nd) Evaluator

MENTAL HEALTH COURT LINKAGE PROGRAM DIRECTORY

COURT LIAISON PROGRAM	PHONE
ALHAMBRA	(626) 308-5021
AIRPORT (West LA, Bev. Hills, S. Monica)	(310) 727-6245
BELLFLOWER	(562) 804-8219
BURBANK	(213) 304-6544
CLARA SHORTRIDGE FOLTZ (CCB)	(213) 974-2963
CLARA SHORTRIDGE FOLTZ (DEPT. 42)	(213) 974-3008
COMPTON	(310) 603-8077
DOWNEY	(562) 803-7089
EL MONTE	(626) 403-4370
EAST LOS ANGELES	(323) 780-2075
GLENDALE	(213) 304-6544
INGLEWOOD	(310) 419-2102
LANCASTER	(626) 403-4370
LONG BEACH	(562) 247-2529
NEWHALL (Santa Clarita)	(818) 898-2490

NORWALK	(562) 345-2851
PASADENA	(626) 356-5374
POMONA	(909) 620-3246
SAN FERNANDO	(818) 898-2490
TORRANCE	(310) 222-4067
VAN NUYS	(818) 374-2349
WEST COVINA	(626) 813-3460
COMMUNITY REINTEGRATION PRG.	(626) 403-4370
MIST	(626) 403-4370
AB109	(626) 403-4370
CODC	(626) 403-4370

MEDICATION REVIEW

Please, have the treating psychiatrist [] answer the following questions in detail and then return this form to the email, fax, or mail address listed above.

- Please, print as legibly as possible.

For each psychotropic medication, please list the medication name, dosage level prescribed, and the symptoms they are meant to treat (for example: outbursts, psychosis, paranoia, etc.)

For each psychotropic medication, please explain the possible side-effects associated with the use of the medication (for example: mild drowsiness, light tremors, heavily lethargic, etc.)

Thank you for your time and thank you in advance for a prompt response.



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SAAC CONTACT AND MEETING INFORMATION

SERVICE AREA 1
3:00 pm – 5:00 pm

3rd Thursday of every month
Antelope Valley Transit Authority
42210 6th Street West, Lancaster, CA 93534
Contact: *Theion Perkins (213) 351-5122*
tperkins@dmh.lacounty.gov
**call in advance to determine exact location of meetings*

SERVICE AREA 2
9:30 am - 11:30 am

2nd Thursday of every month
Greig Smith LAPD Devonshire Youth Center
8721 Wilbur Ave., Northridge, CA 91324
Contact: *Mariam Nahapetyan (818) 610-6723*
mnahapetyan@dmh.lacounty.gov
**call in advance to determine exact location of meetings*

SERVICE AREA 3
2:00 pm – 4:00 pm

2nd Thursday of every month
El Monte Council Chambers
11333 Valley Boulevard, El Monte, CA 91731
Contact: *Manual Rosas (213) 739-5455*
mrosas@dmh.lacounty.gov
**call in advance to determine exact location of meetings*

SERVICE AREA 4
1:30 pm – 3:30 pm

3rd Thursday of every month
Department of Mental Health (DMH) Headquarters
550 S. Vermont Avenue, Los Angeles, CA 90005
Contact: *Anabel Rodriguez (213) 738-3765*
arodriguez@dmh.lacounty.gov
**call in advance to determine exact location of meetings*

SERVICE AREA 5
3:00 pm – 5:00 pm

4th Tuesday of every month
Meeting held at various locations.
Contact: *Anahid Markarian-Aghaniantz (310) 482-6601*
amarkarianAghaniantz@dmh.lacounty.gov
**call in advance to determine exact location of meetings*

SERVICE AREA 6
10:00 am – 12:00 pm

3rd Thursday of every month
Meeting held at various locations.
Contact: *Yolanda Whittington (213) 738-3779*
ywhittington@dmh.lacounty.gov
**call in advance to determine exact location of meetings*

SERVICE AREA 7
10:30 am – 12:00 pm

2nd Friday of every month
ABC Unified School District - Boardroom
16700 Norwalk Blvd., Cerritos, CA 90703
Contact: *Susan Donner (213) 738-3195*
sdonner@dmh.lacounty.gov
**call in advance to determine exact location of meetings*

SERVICE AREA 8
10:15 am – 12:00 pm

1st Friday of every month
2600 Redondo Avenue, 6th Fl./Multipurpose Rm.
Long Beach, CA 90806
Contact: *Youngsook Kim-Sasaki (562) 256-7717*
ykimsasaki@dmh.lacounty.gov
**call in advance to determine exact location of meetings*
Liaison: *Ann Lee (562) 256-1270*
alee@dmh.lacounty.gov

