

Quality and Productivity Commission
34th Annual Productivity and Quality Awards Program
"Leading with Excellence"

2021 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12-point font):
NAME OF PROJECT: DMH OUTPATIENT CONSERVATORSHIP PILOT

DATE OF IMPLEMENTATION/ADOPTION: AUGUST 10, 2020
 (Must have been fully implemented for a minimum of at least one year - on or before July 1, 2020)

CHECK HERE IF THIS PROJECT IS BEING SUBMITTED FOR THE **COVID-19 IMPACT AWARD ONLY**. (Projects must be implemented on or before December 31, 2020. **Note:** Projects implemented less than one year ago will not be eligible for any other PQA awards. In addition, once a project is submitted, you cannot submit the same project for awards consideration in subsequent years).

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 Among L.A. County's approximately 48,000 unsheltered homeless individuals, roughly
 2 1,000 suffer severe impairment secondary to psychiatric symptoms (delusions,
 3 hallucinations, associated behavior deficits), leaving them vulnerable and unable to care
 4 for themselves. The Department of Mental Health (DMH) Outpatient Conservatorship
 5 Pilot (OCP) is an innovative, street-based treatment approach designed to aid this very
 6 vulnerable population, supporting their recovery and preventing premature death. A
 7 collaboration between DMH's specialized Homeless Outreach and Mobile Engagement
 8 (HOME) program and the Office of the Public Guardian, OCP is revolutionary in its
 9 approach, utilizing California's mental health laws to appoint—in the streets and the
 10 homeless individual's setting—a surrogate decision maker (conservator) for individuals
 11 who cannot engage in outpatient treatment, provide for their food, clothing or shelter
 12 and are substantially deteriorating due to their severe mental illness. The conservator is
 13 a "Recovery Facilitator," supporting stabilization, ensuring basic needs are met, and
 14 making connections to ongoing care. HOME identifies housing, treatment, and
 15 monitoring to prevent lapses in conservatorship, treatment and return to homelessness.

BENEFITS TO THE COUNTY				
(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$ N/A	\$22,433,972.70	\$ N/A	\$ 22,433,972.70	<input type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Mental Health 550 S. Vermont Ave. Los Angeles, CA 90020		TELEPHONE NUMBER (800) 854-7771
PROGRAM MANAGER'S NAME La Tina Jackson EMAIL: Ltjackson@dmh.lacounty.gov		TELEPHONE NUMBER (818) 610-6717
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Angel Baker abaker@dmh.lacounty.gov		DATE 6/25/2021 TELEPHONE NUMBER (213) 351-1918
DEPARTMENT HEAD'S NAME AND SIGNATURE Dr. Jonathan Serin		DATE 6/25/2021 TELEPHONE NUMBER (213) 738-4601

****ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE****

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and **specify assessment time frame**. Use Arial 12 point font.

Challenge

Los Angeles County has the largest population of unsheltered homeless individuals in the nation (48,028 according to the 2020 point in time count). It is estimated that approximately 26% of these individuals have a diagnosed mental illness, and roughly 10% of the population with mental illness suffers severe impairment secondary to psychiatric symptoms (i.e. delusions, hallucinations and associated behavioral deficits) which leave them vulnerable and unable to care for themselves. Further, people experiencing homelessness have a life expectancy of 50, which is roughly 20 years shorter than their housed counter parts. While economics are the number one driver of homelessness in Los Angeles County, undoubtedly a subset of individuals become homeless secondary to mental illness. Ironically, a prominent symptom of severe mental illness is lack of insight about one's condition and associated impairments. For individuals falling into the 10% category this presents a significant dilemma in that while treatment and housing may be offered, they remain unwilling to accept these services, resulting in prolonged periods of outreach with no significant progress or advancement towards housing and/or symptom reduction. Sadly, for many the result is premature death on the streets that may have been prevented with proper treatment and support.

Solution

The Outpatient Conservatorship Pilot was designed to aid this very vulnerable population thereby preventing premature death and supporting recovery. The pilot aims to strike a balance between autonomy and paternalism for those who despite repeated attempts to engage them in treatment, are too ill to survive safely in community. DMH HOME teams may seek investigation of possible court appointment of a conservator to provide for an individual's health, safety and welfare when they are unable to do so. Historically these types of proceedings were only requested when an individual was in an inpatient mental health setting initiated by a doctor and treatment team with minimal relationship with the client. Conversely, the Outpatient Conservatorship Pilot conducts these proceedings while the individual remains outpatient to the greatest extent possible using the expertise of a team that has historical knowledge of the client and an ongoing treatment relationship. When deemed necessary to protect the health and safety of the individual, facilitating conservatorship in this manner avoids unnecessary capacity and financial burdens on the L.A. County hospital system by preventing prolonged occupancy of acute psychiatric beds for individuals who are no longer experiencing acute symptoms. It also reduces the cost burden for extended hospital stays as the average length of

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hospital stay for someone recently conserved is 6 months from the time of investigation to appointment of conservator to the appropriate housing and treatment versus 2 months for the OPC pilot. From a patient care standpoint, the OPC pilot prevents unnecessary trauma associated with prolonged involuntary hospitalization; increases care continuity which increases the likelihood of sustained housing and treatment over time; and, most importantly, saves lives.

Benefits to the County & Assessment Time Frame

Initiated by a Board Motion in June 2020, the OPC pilot was approved as a demonstration project for a one year period (June 2020 through July 1, 2021). No additional resources or funding was allocated for the pilot, thus the scope was limited. The initial goal was to identify five extremely vulnerable and impaired individuals experiencing street homelessness (1 in each Supervisorial District); offer a platter of services to help the individuals meet their basic needs of food, clothing and shelter; and, if unsuccessful, apply for an investigation from by the Office of the Public Guardian (OPG) for possible conservatorship to meet these needs. Due to the prevalence of severe mental illness in the LA County homeless population, the team was able to identify the initial five individuals for pilot consideration within the first 3 months of implementation. It quickly became apparent that the need for this intervention was significant and the OPC pilot committee elected to extend the pool of pilot candidates to the degree that the program was able to accommodate this labor intensive service. From the start of the pilot in June 2020 to June 22, 2021 the HOME program referred 35 individuals to the OPG for investigation. All candidates were homeless in excess of 5 years, exhibited significant impairment secondary to symptoms of severe mental illness (e.g. delusional beliefs, auditory hallucinations, chronic disregard for their personal safety, not eating, gangrene, respiratory disease, covered in feces and/or urine etc.). Of the 35, 19 of individuals had a guardian appointed by the court (i.e. all meeting the legal standard for grave disability). Two individuals ultimately accepted services voluntarily, one was determined not to be gravely disabled, one case was dismissed, two are pending investigation by the Office of the Public Guardian and 10 cases are pending trial. The 19 individuals that had a guardian appointed are now housed, receiving appropriate mental health and medical treatment, have established disability/pension benefits and some have even been reunited with family after many years of being a missing person or estranged from their loved ones.

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12-point font.

The pilot also demonstrated significant cost savings to the County. In all cases acute hospitalization was either not necessary or the duration of inpatient stays significantly reduced. When clinically indicated the number of days to transfer from acute inpatient to an appropriate housing following the HOME team’s referral for investigation was 60 days compared to 150-180 days for individuals conserved using the traditional inpatient method (estimated cost avoidance \$22,367,408.80). Further, many of these individuals utilized a number of other costly public services such as paramedic and law enforcement calls and ER visits (estimated cost savings of \$66,563.92 for first responder service). All of which were eliminated as a consequence of HOME’s direct and frequent involvement to move the person from street to home.

Linkage to County Strategic Plan

The OPC pilot address LA County’s Strategic Plan to *Make Investments That Transform Lives And Foster Vibrant And Resilient Communities*. The pilot provides laser focus on the County’s commitment to reduce/eliminate the number of deaths amongst people experiencing homelessness by targeting individuals who are truly unable to survive safely without intensive intervention. While conservatorship is necessary for only a small fraction of the homeless population, for those that need conservatorship, the transformation is often a question of life or death. Most importantly, the mission of the OPC pilot and the HOME program as a whole is that of recovery from suffering associated with severe mental illness. Thus, resiliency is at the heart of everything we do. While conservatorship may be indicated for a limited period, the team enters every treatment relationship with a goal of maximizing the individual’s self-efficacy and independence. When a conservator is appointed the HOME team recommends the least restrictive housing and treatment setting deemed appropriate, based on the person’s functioning and needs. Re-assessments of their ability to provide for basic needs are conducted on a routine basis and assistance given to move to successive lower levels of care in the community as quickly as possible.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12-point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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\$ N/A	\$22,433,972.70	\$ N/A	\$ 22,433,972.70	<input type="checkbox"/>

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Financial Breakdown	Amount	Total
1 Cost of Hospitalization without Efforts of the HOME Team:		
Average DHS Daily Rate*	\$ 2,148.44	
Estimated # of Clients Conserved	29	
Estimated # of Days in Hospital	180	
Estimated Cost for HOME Team Conserved Clients		\$ 11,214,856.80
2 HOME Team Efforts to Expedite Placement in Lower Level of Care from Hospitalization:		
Average DHS Daily Rate*	\$ 2,148.44	
Estimated # of Clients Conserved	29	
Estimated # of Days in Hospital	60	
Estimated Cost for HOME Team Conserved Clients		\$ 62,304.76
3 Estimated Cost Savings		\$ 11,152,552.04
* DHS Average Daily Rate based on actual rates for Harbor, LAC+USC, Olive View reported in the FY 2019-20 cost report.		
4 Law Enforcement Avoided Calls		
Description	Salary	EB's
Deputy	\$10,018.58	\$6,314.91
Deputy	\$9,715.32	\$6,123.76
		total
		\$32,172.56
		average
		\$16,086.28
		hourly
		\$92.45
		4
Actual/Estimated Annual Cost Savings/Benefit		4 hours
\$11,214,856.80 ⁽¹⁾		Days per month
11,152,552.04 ⁽²⁾		30
66,563.92 ⁽⁴⁾		\$11,093.99
\$22,433,972.76		6 month
		\$66,563.92