



County of San Diego, California

Auditor and Controller

***Final
Report***

Audit of the Health & Human Services Agency Mental Health Services Public Conservator Office

Office of **A**udits & **A**dvisory **S**ervices

**January 2010
Report No. A09-011**



COUNTY OF SAN DIEGO
INTER-DEPARTMENTAL CORRESPONDENCE

January 29, 2010

TO: Alfredo Aguirre, Deputy Director, Mental Health Services
Health & Human Services Agency

FROM: James L. Pelletier
Chief of Audits

**FINAL REPORT: AUDIT OF THE HEALTH & HUMAN SERVICES AGENCY MENTAL
HEALTH SERVICES PUBLIC CONSERVATOR OFFICE**

Enclosed is our report on the Audit of the Health & Human Services Agency Mental Health Services Public Conservator Office. We have reviewed your responses to our recommendations and have attached them to the audit report.

The actions taken and/or planned, in general, are responsive to the recommendations in the report. As required under Board Policy B-44, we respectfully request that you provide quarterly status reports on the implementation progress of the recommendations. The Office of Audits & Advisory Services will contact you or your designee near the end of each quarter to request your response.

Also attached is an example of the quarterly report that is required until all actions have been implemented. To obtain an electronic copy of this template, please contact Bruce B. Wilbat at (858)-495-5667.

If you have any questions, please contact me at (858) 495-5661.



JAMES L. PELLETIER
Chief of Audits

AUD:BBW:aps

Enclosure

c: Nick M. Macchione, Director, Health & Human Services Agency
Donald F. Steuer, Chief Financial Officer
Tracy M. Sandoval, Assistant Chief Financial Officer/Auditor and Controller
Terry Hogan, Executive Finance Director, Health & Human Services Agency

Date

TO: James L. Pelletier
Chief of Audits

FROM: Name, Title
Department

QUARTERLY STATUS UPDATE: (INSERT TITLE OF THE AUDIT)

Pursuant to Board of Supervisors Policy B-44, below is the quarterly status update of outstanding recommendations included in the audit report.

Finding I: (Insert Audit's Finding Title)

OAAS Recommendation: (Insert Audit's Recommendation from the audit report)

Action Plan Status: (This includes steps you are implementing to address the finding. If you do not agree with the recommendation, you must include a narrative as to why you disagree and describe any alternative actions you are taking.)

Please check one of the following boxes:

Implemented In Progress Pending-Not Started

Planned Implementation Date: (Insert estimated date of implementation)

Contact Information for Implementation: (Insert Contact Name and Title)

If you have any questions, please contact me at phone number (xxx) xxx-xxxx.

Name/Signature
Title

XX:xx

BACKGROUND

The Mental Health Services (MHS) Public Conservator's Office (the Office) handles mental health Landerman-Petris-Short (LPS) conservatorship referrals from various medical professionals, and performs conservatorship investigations to determine if persons referred are disabled due to mental illness to the extent they cannot care for their own needs. The Office completes petitions for court ordered psychiatric evaluations and investigations for temporary conservatorships (TCON) and also establishes and terminates permanent conservatorships (PCON). Case management services are provided for persons on temporary conservatorships needing those services. A summary of the relevant mandates, the LPS Act, the California Short-Doyle Act, and the Mental Health Act, can be found in the Appendix, Items 1 -3.

As of July 31, 2009, the Office was handling 961 permanent conservatorships and 95 temporary conservatorships, for a combined total of 1,056. In all of FY 2008-09, the Office established 753 temporary conservatorships, an increase of 11% over FY 2007-08's total of 680, but only 3% over that of FY 2006-07. The number of permanent conservatorships established and re-established in FY 2008-09 was 1,195, a 10% increase over results from FY 2007-08, and an 18% increase over FY 2006-07 totals.

AUDIT SCOPE AND LIMITATIONS

At the request of the Health & Human Services Agency's (the Agency) Executive Finance Director, the Office of Audits & Advisory Services (OAAS) completed an audit of the Agency's MHS Public Conservator's Office. The audit objectives were to assess management controls required to provide reasonable assurance that the program's mandated requirements are being accomplished, and that the County's and the Office's assets are properly accounted for and safeguarded.

This audit was conducted in accordance with auditing standards prescribed by the Institute of Internal Auditors, Inc., as required by California Government Code, Section 1236.

METHODOLOGY

OAAS implemented a multi-faceted methodology to audit the operations of the Office. The following briefly highlights the methods used:

- Reviewed enabling legislation and guidelines, including the LPS Act, applicable California Welfare and Institutions Codes (WIC), and the Short-Doyle Act;
- Examined MHS' policies and procedures, including those providing direction on TCON and PCON conservatorship eligibility criteria, referrals, patient background investigations, court ordered psychiatric evaluation petitions, and complaints;
- Conducted a program risk assessment, which included discussions with staff of both the Public Defender and County Counsel;
- Analyzed the Office's line item budget in major expense categories;
- Interviewed the Office's Chief, Program Manager (PM), Clinical Investigators (CI), and other staff;

- Reviewed paperwork and electronic files on both temporary and permanent conservatees for completeness, accuracy, and timeliness of completion and delivery to appropriate parties; and
- Analyzed various internal Office reports detailing volumes of conservatorships handled in total and processed by each Clinical Investigator and compared to prior year volumes.

AUDIT RESULTS

The Office is generally complying with applicable laws and regulations, policies and procedures, and business practices. Some areas where practices could be improved include development, monitoring and usage of goals, strategic objectives, and performance measures; maintenance of complaint logs; the frequency of waiver usage regarding notification to conservatees of their court hearings; and the efficiency of various operational procedures. These matters and others are discussed below.

Finding I: Development and Monitoring of Strategic Direction and Performance Measurement Needs Improvement

The Office does not have a formal mission statement, or documented goals, objectives, and performance measures covering the entity or staff.

The PM's position description indicates that two of the necessary skills and abilities are to develop and design program objectives, and to develop procedures and evaluation techniques. An essential function of the position includes the setting of goals for the program, as well as to establish work performance standards and expectations and communicate them to employees.

Although the Chief and PM acknowledged that the Office did not have a formal mission statement, or goals and objectives, they advised that they followed higher level MHS and HHSA mission statements. They further stated that one informal goal was to follow the WIC codes regarding LPS conservatorship investigations and implementation which guide their daily clinical and court documentation requirements.

The Office further manages their business by focusing efforts on ensuring that temporary and permanent conservatees maintain all the individual rights to which they are entitled, meeting important court deadlines - reports to be received by clients and attorneys five days before court hearings - as well as by managing the overall number of conservatees within a range of approximately 1,000 - 1,100.¹ These goals, however, are not documented and disseminated.

An example of where the Office did track and measure performance was the percentage rate of conversion of conservatorship investigations to TCONS. In this regard, the PM stated that actual aggregate averages for conversion rates for the Office over several years had run in the 60% - 70% range. OAAS' review of the actual office-wide conversion rate in FY 2008-09 found

¹ As of July 31, 2009, the PC Office was managing 961 permanent conservatorships and 95 temporary conservatorships, a total of 1,056. This was a 7 % reduction in PCON totals from December 31, 2008 of 1,032, and a 76% increase in TCONS at December 31, 2008 (54) for a total of 1,086.

it to be 62%, with a spread from 28% to 76%. Eight of 11 CIs had individual conversion rates below 70%, and five of these eight CIs experienced conversion rates below 60%.²

Recommendations: The Office should develop and communicate to all staff its mission statement, goals and objectives, and output-based performance measures. In accordance with the County's overall General Management System (GMS) threading guidelines, these should align with the mission statement, and the strategic objectives and goals of Mental Health Services, and HHSA as a whole. The PM should be an integral part of mission statement, goal and objective and performance measure development. The Performance Measurement Training and Performance Measurement Newsletters provided on the County's GMS website may provide a guideline for adopting appropriate performance measures.

After coordinating with the Chief, and possibly MHS management, the PM should establish and communicate to CIs a firm performance measurement rate for converting conservatorship investigations to TCONS, monitor performance against that measurement, and counsel employees who continue to fall short of that mark. OAAS additionally recommends that the CIs who consistently exceed the performance measurement coordinate with the PM to provide guidance to the lower performing CIs in adopting the methods that lead to their successful results.

Finding II: Complaint Logs Were Not Maintained

Neither of the two complaint logs required to be maintained by the Office had been regularly utilized prior to the commencement of the audit.³ The PM is to maintain a log for complaints from the community against CIs, and the Legal Support Supervisor (LSS) is to maintain a log for complaints against the clerical staff.

OAAS' review of the log maintained by the PM found that although 12 complaints had been registered in the nine month period February - October 2006, none were registered for the entire Calendar Year (CY) 2007, and only two in CY 2008. Entries into this log were reinitiated in January 2009, with four logged between January 16-28, 2009. Also, contrary to the policy, the LSS was not keeping a log of complaints against clerical staff. When queried, the LSS stated that she had no knowledge that a complaint log was required.

The PM stated that she and the Chief defined "complaints" as those against individual staff. OAAS' review of the HHSA complaint policy found that the definition of "complaints" was less restrictive and specifically mentions other scenarios, such as:

- *"Clients, family members, professionals and others with whom conservatorship staff come into contact throughout the course of their job duties may want to complain about a variety of things;*
- *Clients most often complain about being placed on a conservatorship and the loss of their rights;*

² While the average for the three CIs above the 70% rate was 74.2%, the average for those CIs whose investigations to TCON conversions rate was below 70% was 57%.

³ HHSA Policy 07-06-02, entitled, "Complaints, Client and Community", last approved April 17, 2006.

- *Family members, professional and other parties most often complain when they feel a client needs a conservatorship when the conservatorship has to been established; and*
- *Clients, family members and others complain when they feel a staff member has been rude or not listened to them."*

Once complaints are registered, both the PM and LSS are required to investigate and respond with either a Complaint form sent to the complaining party or information taken by telephone, with copies to the Chief.

One important inclusion in HHSA's policy on complaints is that "the public needs to know that complaints are taken seriously and investigated properly." A log of complaints against staff by patients, their legal, and family representatives, or the Public Defender, can be an important, independent, output-based measure of the adequacy, accuracy, and timeliness of the effort by the Office. Without completed logs, there is a significant impact on the ability to measure whether the Office is performing as necessary.

Recommendation: The PM and LSS should maintain their complaint logs in accordance with established HHSA policy. Follow-up on all complaints should be undertaken and documented until resolved. Tracking of complaints by each staff member and periodic reporting could be considered.

Observation I: Frequency of Waiver Usage

OAAS' review of a sample of 13 TCON files to determine that key policies and procedures had been followed found that, in four cases, Notices of Filing a Petition for Temporary Conservatorship (Notices) had not been prepared. In each case, a waiver from providing the Notices was requested. Comments contained in each of the four files indicated that:

"The notices of filing a petition for appointment of a temporary conservator should not be required for the following reasons:

Due to the time of the involuntary hold, there was insufficient time to conduct a conservatorship investigation, prepare the documented required, and serve the Conservatee the Notice of Petition for Appointment of a Temporary Conservator".

An indication of "Insufficient Time" does not necessarily imply an unintentionally slow response by the attendant CI, but could be the result of a multitude of factors, including late referrals by hospitals, or a purposeful delay by the CI based on the circumstances of the case. For further details, see Appendix, Item 4.

OAAS' review of the frequency of waiver usage for all of FY 2008-09 found that the Office requested waivers from the need to notify potential conservatees of proposed intentions to file a conservatorship in 238, or 22%, of possible cases. HHSA policy indicates that waiver use should be "infrequent" and the exception rather than the rule; however, the policy does not specify what percentage use is considered as "infrequent". An Office summary report noted that in 229 of the 238 cases (96%), the reason provided for the waiver requests was "Insufficient Time". The PM stated that a waiver request list was not maintained to track the waiver usage

frequency by each CI, thereby providing the Office a means to identify CIs using them more often than others. OAAS also found that there were no records specifying whether or not the individual waivers were requested and granted according to policy.

HHSA Policy, "Notice of Intention to Establish a Temporary Conservatorship", specifies that prospective conservatees are to receive written notice of proposed appointments of a temporary conservator *at least 5 days prior to such appointment* and that such conservatees are allowed to object to the petitions for conservatorship establishment by contacting their attorneys (usually the County's Public Defender) to request a hearing. The Office is to serve notices of the intention to file for temporary conservatorship to prospective conservatees, however, policy also states that the Office may request waivers of providing notice from the Superior Court. Inquiry with County Counsel indicated that such waivers have historically been approved in each case.

The PM stated and County Counsel agreed that the current 22% rate experienced for waivers was an appropriately low percentage as the rate of waiver usage prior to December 2005 approximated 100%. OAAS' inquiry of five CIs on the frequency of waiver usage found that two stated waiver usage was rarely the case, two stated it was becoming more common, and one who stated that it was "the rule rather than the exception".

Recommendation: The Office should analyze the use of waivers to ensure they are being employed properly. If waivers are found to be inappropriate, procedures should be established to disallow. The analysis should include, but not be limited to:

- Coordinating with higher level MHS/HHSA management to define a specific target percentage for waiver usage. That target then could be utilized as an Office and CI performance measure; and
- Working with the CIs with greater waiver usage to determine ways to reduce their results to targeted levels. This could include incorporating procedures used by high performing CIs.

Observation II: Extended Acceptance of Referrals for Conservatorship

Contributing to the usage rate of waivers resulting from "Insufficient Time" is that the Office has accepted all referrals received from medical practitioners up through the 12th day of initial holds. According to the Chief, until January 2006, the Office had accepted referrals through the 14th day of a hold. HHSA policy states that referrals should be accepted *only at their discretion* for any received after the *ninth* day of holds. For details of California law, please see Appendix, Item 5.

While routine acceptance of referrals received up through the 12th day of a hold may benefit more potential conservatees, the practice can lead to:

1. Increased waivers;
2. Additional costs incurred by the Office in attending to them;
3. Decreased quality of conservatorship investigations due to less time being available to perform and write-up investigation reports, and filing paperwork with the courts;
4. A reduced amount of time to provide proper notice to potential conservatees prior to court dates;

5. A diminished likelihood that CIs will be able to comply with HHS policy stating that they will give Notices of Intention to Establish a Temporary Conservatorship to prospective conservatees by the 12th day of the hold; and
6. Decreased likelihood that deadlines will be met.

In five of the 13 TCON files examined, OAAS found that Notices were completed on the 15th - 18th day of the normal 14-day hold; however, with the additional three-day grace period allowed, the legal deadline for their completion is the 17th day of the specific hold. The PM advised that the use of the grace period is at the discretion of individual CIs, and that the Office in some instances intentionally completes Notices during the three-day grace period to maximize the amount of time for treatment for individuals.

The Office does not track the frequency of use of the three-day grace period and CIs interviewed indicated that they have not been required to document their requests for usage of the three-day grace period, but to only discuss its usage with the facilities holding potential conservatee.

The Office also does not track the number of referrals received within policy timelines (9th day, 12th day, etc.) or subsequent to such timelines. Nor does it track the frequency of use of the three-day grace period. This data could prove helpful in understanding the efficiency and effectiveness of the Office, including the use of waivers.

Recommendation: The Office should:

- Review their policy of accepting all referrals through the 12th day of a hold as a rule, rather than the HHS policy suggestion of those through the 9th day, with referrals received beyond that accepted only at their discretion;
- Establish a means to record and compare the receipt dates of referrals against the first day of holds to quantify those received by the 9th day, the 12th day, or later, and to measure results against policy guidelines;
- Review any waivers completed beyond the 12th day of holds, and track by each CI and in total, and document the reasons; and
- Track and measure the dates each CI receives their assigned cases versus the dates of completion, their percentage utilization of waivers and their usage of the three-day grace period.

Observation III: Opportunities for Operational Improvements

Opportunities for operational improvements were found in the following processes:

Public Conservator Re-establishment Recommendations ("Blue Sheets")

A sample review of PCON files found that in six of 10 cases "Blue Sheets" were returned to the Office by HHS case managers⁴ after the dates established for their timely receipt. Delays noted in our sample generally ranged from seven to 17 days, but one of the ten "Blue Sheets" was not returned for almost four months, and another had still not been returned despite four attempts by the attendant CI to obtain it.

⁴ Not a part of the Office staff.

Office staff responsible for sending, tracking and receiving "Blue Sheets" stated that return of the forms from case managers are routinely late. As a work around to minimize case managers' time and effort, the Office has been completing as much information on the forms as possible, even though it is the responsibility of the case managers.

Recommendation: The Office Chief and PM should involve higher level MHS/HHSA management to coordinate with management of the case managers to resolve the consistently late return of the "Blue Sheets". Until such time that the matter is resolved, the Office might want to track the later receipt of "Blue Sheets in total, by day forwarded to the case managers, due date, days past due, and date received.

Conservatorship Investigation Report Timeliness

OAAS' analysis found that three of the 11 CIs were often late with their reports. The LSS stated that five CIs were often late, including the three mentioned by the Chief.

Report tardiness can impact the Office's effectiveness and efficiency by reducing the amount of time support staff has to perform their post-report responsibilities, such as preparing and packaging the reports with other documents to be delivered to the courts, conservatees, responsible parties, and others; and the time for any management review prior to such deliveries.

The Chief and PM stated that the employees have been counseled as to their tardiness over several years, but no improvement has been observed as late as September 2009, and that there continue to be late reports. At the same time, the Chief indicated that the Office is establishing a new tracking system with new expectations that she and the PM will monitor.

Recommendation: The Office should counsel with staff that is consistently late with their reports and identify any procedures that need to be updated to encourage timeliness.

COMMENDATION

The Office of Audits & Advisory Services commends and sincerely appreciates the courteousness and cooperation extended by the Health & Human Services Agency's Mental Health Services Public Conservator's Office management and staff throughout this audit.

AUDIT TEAM

Bruce B. Wilbat, Senior Auditor

APPENDIX

SUMMARY OF GOVERNING LEGISLATION & HHSA POLICIES

1. **The Lanterman-Petris-Short Act** - often concerns the involuntary civil commitment to a mental health institution in the State of California. The act set the precedent for modern mental health commitment procedures in the United States. It was co-authored by California State Assemblyman Frank Lanterman and California State Senators Nicholas C. Petris and Alan Short, and signed into law in 1967. The Act in effect ended all hospital commitments by the judiciary system, except in the case of criminal sentencing (e.g., convicted sexual offenders) and those who were "gravely disabled," defined as unable to obtain food, clothing, or housing [*Conservatorship of Susan T.*, 8 Cal. 4th 1005 (1994)]. It did not, however, impede the right of voluntary commitments.
2. **The Short-Doyle Act** - seeks to encourage the treatment of a patient suffering from a psychiatric disorder in his home community, with the assistance of local medical resources. One corollary of this program is the closer working together of the psychiatrist and the rest of the medical profession. A second goal of the act is the application of the public health principles to mental illnesses and mental retardation. Educational and consultive services provide implementation of these principles. *Auerback, Alfred, M.D., California Medicine, Vol. 90, No. 5, "The Short Doyle Act," San Francisco, May 1959.*
3. As noted in **HHSA Policy 07-20-02**, entitled "**Investigations for Conservatorship in San Diego County**" - conservatorship under the Mental Health Act is granted for the person only. If a conservatorship of the estate is indicated, action is sought under the Probate Code.
4. **Factors Affecting Waiver Usage** - In the course of a conservatorship investigation, patients' conditions do improve while in a medical facility, and the planned potentially temporary conservatorship may be cancelled, and the patient returns voluntarily to home, a Board and Care facility, or other open community setting. In these cases, the criteria of grave disability are not met and a conservatorship would no longer be needed. On the other hand, according to the PM, at times, circumstances deteriorate rapidly and, for example, a patient is found to have been pretending to take medication, becomes more ill, and immediately needs a higher level of care. A conservatorship would then be needed at that point (the original discharge plan having "fallen through") and there might be "insufficient time" to give the 5-day notice to the patient and thus a waiver would be filed with the Court. Another example would be when an initial plan is for a patient to return home, but their family refuses to accept the patient, thus leaving the patient with no other plan or an unrealistic plan for providing for his or her shelter. Again, if on a 14 day hold, there might be insufficient time to provide the 5 day notice necessitating the use of the waiver.
5. **California Law Covering Temporary Holds** - allows police (and certain other designated mental health professionals) to take a person into custody if they believe that, due to a mental disorder, he/she is a danger to oneself, to others, and/or gravely disabled. Under this law, the person is taken to a psychiatric hospital where the staff may detain the person for up to 72 hours if they, too, find that he/she meets the above criteria. During the 72 hours, the hospital must evaluate the person. By the end of the 72 hours, one of the

following three things will occur: The person will be released, will have signed in as a voluntary patient (conservatee), or be put on a 14-day involuntary hold ("certification for intensive treatment"). All PC Office timelines discussed in this section are in relation to the first day of these 14-day holds. Further, policy allows an additional 3-day grace period for furnishing the courts with all documentation requirements.

DEPARTMENT RESPONSE



County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

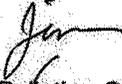
NICK MACCHIONE, FACHE
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January 20, 2010

RECEIVED

TO:  James Pelletier, Chief of Audits
Auditor & Controller, Q-305

JAN 22 2010

OFFICE OF AUDITS &
ADVISORY SERVICES

FROM: Terry Hogan, Executive Finance Director
Health & Human Services Agency, P-501

Response to Final Draft Report: HHSA Mental Health Services, Public Conservator Office

Behavioral Health Services and the Office of the Public Conservator (PC) acknowledges and appreciates the considerable time and effort put forth by the staff of the Office of Audits & Advisory Services (OAAS) in the completion of this Audit, and is grateful for the opportunity to improve services and efficiency through the Findings and Observations made in the process.

Finding I: Development, and Monitoring of Strategic Direction, and Performance Measurement Needs Improvement

Mission Statement

The Office of the Public Conservator will develop and communicate to all staff a Mission Statement. The PM will Chair a committee of staff persons representing supervisory, clerical and clinical staff to establish a formal Mission Statement for the office, which will be reviewed and accepted by Behavioral Health Administration. The Mission Statement will then be shared with all staff and used as foundation for the development of goals and objectives and performance measures discussed below. An estimated time frame for completion of the PC Mission Statement is April 1, 2010.

Goals & Objectives and Performance Measures

The Office of Public Conservator will develop goals and objectives, including performance measures covering both services and staff activities. The PC Program Manager will convene a workgroup of supervisory and line staff to solicit input regarding program goals and objectives and staff performance measures in accordance with the County's overall GMS threading guidelines. The goals, objectives and performance measures are expected to be in alignment with those of the Health and Human Services Agency and Behavioral Health Services, and will be reviewed and approved by Behavioral Health Administration. The Performance Measurement Training and Performance Measurement Newsletter will be employed in the development of the Performance Measures. Estimated time frame for the implementation and communication of Goals and Objectives for the PC Office is April 1, 2010.

James Pelletier
Audit Response – HHS MHS Public Conservator Office
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The estimated time frame of implementation and communication of Performance Measures is July 1, 2010.

Finding II: Complaint Logs Were Not Maintained

Public Conservator management has reinstated maintenance of Complaint Logs in accordance with previously established policy. In response to this Audit, this PC management will conduct a thorough review and implement any appropriate revisions to the Complaint Log policy to bring it more in line with current program practice. Documentation of investigation and resolution/recommendations from all complaints will be maintained by PC management, and utilized as part of ongoing performance evaluation. The estimated time frame for review and revision of the PC Office's complaint policy is April 1, 2010.

Observation I: Frequency of Waiver Usage

A Waiver Log has been established and is maintained by PC management for the following data: *Date Referral Received and What Day of Hold that is, Date of First Day of Hold, Date of Last Day of Hold, Whether or not Grace Days were used, Waiver: Yes or No, Reason for Waiver and Assigned Investigator.* Management staff will analyze above data and apply towards staff and program performance monitoring. A specific target percentage for waiver usage will be identified. Findings after analysis will be documented and available for review by March 1, 2010. It is considered that the waiver usage is at appropriate levels at the current time, as confirmed by representatives from the Public Defender's Office. Nevertheless, it will be continually monitored and that information will be used for performance evaluation.

Observation II: Extended Acceptance of Referrals of Conservatorship

Public Conservator management will review the Policy regarding the acceptance of referrals based on time received relative to the individual's hold, in light of the OAAS observation that "routine" acceptance of referrals through the 12th day of the hold may increase risks for the County. Policy wording will be considered to indicate referrals may be accepted "at the discretion" of Public Conservator beyond the 9th day of the hold.

The other recommendations of this Observation noted were addressed in response to Observation I, above.

Observation III: Opportunities for Operational Improvements

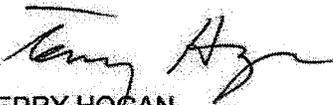
Public Conservatorship Re-establishment Recommendations ("Blue Sheets")

Public Conservator management will collaborate with Case Management administration, under the direction of Behavioral Health Administration, to develop and implement communication and procedural changes in order to insure that re-establishment procedure (e.g., "Blue Sheets") are completed in a timely manner.

James Pelletier
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Conservatorship Investigation Report Timeliness

Public Conservator management has implemented counseling feedback to staff that demonstrate undue delay in completion of reports. Since its implementation, there has been a noted decrease in the frequency and number of delinquent reports. Public Conservator management will explore further changes to policy and procedures that might be support efficiency of report production.


TERRY HOGAN
Executive Finance Director
Health & Human Services Agency

TH/dm

cc: Nick Macchione, HHSA Director, P501
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Alfredo Aguirre, Deputy Director, HHSA Mental Health Service, P531A,
Jennifer Schaffer, Deputy Director, HHSA Behavioral Health Division, P431A
Philip Hanger, Asst. Deputy Director, HHSA Forensic Mental Health, P531C
James Lardy, Finance Officer, HHSA Fiscal Services, W403