

MENTAL HEALTH CONSERVATORSHIP



What You Need to Know about
LPS CONSERVATORSHIP
for a Person with a Mental Health Disability



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Bet Tzedek Legal Services is a non-profit public interest law center that provides free legal services to low-income residents of Los Angeles County. Bet Tzedek means “House of Justice” in Hebrew. Bet Tzedek serves persons of all racial, religious and ethnic backgrounds.

This booklet was compiled and edited by Janet Morris, Yolande Erickson, Bertha Hayden, Yadira Garcia and Taura Mizrahi, with material taken from various sources, including the National Alliance on Mental Illness (NAMI) Westside Los Angeles, the Los Angeles County Department of Mental Health, the Judicial Council of California, and Bet Tzedek Legal Services. We hope the information will help guide you as you advocate for your loved one with a mental illness.

This guide is not a substitute for the independent judgment and skills of an attorney or other professional. If you require legal or other expert advice, please consult a competent professional in your geographic area to supplement and verify the information contained in this guide, as this guide is directed at services offered in Los Angeles County.

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THE PURPOSE OF THIS HANDBOOK

If you have a loved one with a mental illness who is not compliant with psychiatric treatment or medication and cannot manage self care, you may need legal authority to act on this person's behalf. This handbook will address mental health conservatorship and other tools to help your loved one.

WHAT IS A CONSERVATORSHIP?

A conservatorship is a legal proceeding whereby a judge appoints a responsible person or organization (called the "conservator") to care for another adult (called the "conservatee") who is incapable of self care or managing personal finances.

A conservator of the person has responsibility for the conservatee's care, maintenance and custody. A conservator of the estate has the responsibility to protect and provide for the conservatee's assets and income. A conservator of the person and estate has all the responsibilities of both.

There are two types of conservatorships. Probate Conservatorships and Lanterman-Petris-Short (LPS) Conservatorships, which protect mentally ill people.

This guide focuses on LPS Conservatorships. To learn more about Probate Conservatorships in California visit the Administrative Office of the Courts, Judicial Council of California website at <http://www.courts.ca.gov/selfhelp-conservators>.

Lanterman-Petris-Short (LPS) Conservatorships

An LPS Conservatorship is also known as a Mental Health Conservatorship. An LPS Conservatorship is a legal means used to provide for the care and treatment of persons who cannot properly care for themselves as a result of a mental disorder.

An LPS conservatorship is only granted for people with mental illnesses whom the court deems "gravely disabled." A mental illness is a biological brain disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) and includes diagnoses such as schizophrenia, bipolar, and other psychotic disorders. A gravely disabled person is someone who is unable to provide for his/her food, shelter, or clothing due to mental illness.

Typically, people with serious mental illness who are deemed gravely disabled are not compliant with their treatment and medication. The LPS conservatorship allows the conservator to choose the appropriate living arrangement (such as locked facilities) and treatment (including psychotropic drugs) for the conservatee.

An LPS Conservatorship lasts for one year. It may be renewed annually if still needed.

UNDERSTANDING LPS CONSERVATORSHIPS

1. Why do I need an LPS Conservatorship?

When a person with mental illness cannot manage self care due to a lack of insight into the illness or noncompliance with medications, an LPS Conservatorship is a means to keep the person safe, out of the revolving doors of hospitals and out of jail. Most importantly an LPS Conservatorship can help a person with mental illness on the road to recovery. Treatment and medication can be forcibly given to a person under the LPS Conservatorship so long as a judge has granted such a right to the conservator.

2. What powers does an LPS conservator have?

An LPS conservatorship gives legal authority to an adult (the conservator) to make certain decisions for a seriously mentally ill person (the conservatee) who is unable to manage self care.

The court can give an LPS conservator the responsibility to take care of and protect the conservatee as well as the power to handle the



financial matters of the conservatee. The conservator has access to medical records of the conservatee and can give consent to mental health treatment, even if the conservatee objects, including legal consent to the use of psychotropic medications, which are used to manage or treat psychiatric symptoms or behaviors.

The court can grant the conservator the power to place the mentally ill person in a locked facility if a psychiatrist says it is needed, whether or not the conservatee agrees. The conservator can also decide where the conservatee will live when discharged from a locked psychiatric facility.

An LPS conservator must have enough medical and social information before making decisions for the conservatee. The conservator must only take actions that are best for the mentally ill person, including placement in the least restrictive environment. The LPS conservator can also make financial decisions for the seriously mentally ill person, such as paying the bills and collecting a person's income if there is a conservatorship over the estate.

3. What types of LPS Conservatorships do the courts grant?

There are two types of LPS Conservatorships that the court can grant. The first is an LPS Conservatorship of the Person, in which the conservator is responsible to protect and take care of the conservatee. A qualified psychiatrist initiates a petition to the Public Guardian's office, which in turn petitions the court for the conservatorship. The second type is an LPS Conservatorship of the Estate, in which the conservator handles all of the conservatee's financial matters. With this type of conservatorship, the public guardian directly petitions the court for this conservatorship; the doctor is not involved with this matter.

4. Who can be the conservator?

- Office of the Public Guardian
- Private conservator/private fiduciary
- Family or friend over the age of 18

5. How do I become conservator over my loved one?

The mentally ill person must first be evaluated by a psychiatrist authorized to do LPS evaluations. This usually happens when the mentally ill person is hospitalized, incarcerated or put on a 5150 hold.



During the 5150 or other hold, you must convince the peace officer, mental health worker or psychiatrist that your loved one is gravely disabled and needs involuntary hospitalization. The psychiatrist must deem the person gravely disabled and make a referral to the Office of the Public Guardian for a conservatorship. You can help by providing a psychiatric history to the doctor or hospital about the “historical course of the person’s mental disorder” on which the psychiatrist can base the referral to the Public Guardian. You, as the family member, have the best insight to offer the professionals. Use the Medical/Mental Health Journal at the end of this booklet to keep track of your loved one’s mental illness and episodes so that you can provide the factual information necessary.

Once the case has been referred, the Public Guardian may then petition the court to establish an LPS Conservatorship. The court must find beyond a reasonable doubt that the mentally ill person is gravely disabled or is a harm to self or others.

6. What is a 5150 hold?

A 5150 hold (named for the section of the California Welfare and Institutions Code pertaining to involuntary holds) is a 72-hour involuntary hold. A 5150 hold usually occurs when the police are called to restrain a person from harming self or anyone else. Under these circumstances the police will request the aid of a crisis intervention team or psychiatric evaluation team.

7. Who can initiate a 5150 hold?

Certain trained designated officials may initiate the 72-hour 5150 hold:

- Peace officer
- Approved mental health professional
- Approved psychiatrist

Transportation to the hospital must be arranged by one of the above.

8. What happens when a person is under a 5150 hold?

In the hospital, a psychiatrist will evaluate the person for the purpose of diagnosis and to provide treatment for stabilization.

A psychiatrist can recommend extending a psychiatric hold if a patient is non-compliant with the recommended treatments. The extended involuntary hold is for 14 days (5250 hold). A 14-day hold must have a probable cause hearing within four working days. The probable cause hearing is generally held in the hospital. Many times, families are not aware of this hearing until after it has taken place.

An additional hold of 30 days (5270 hold) can be requested. A person on a 30-day hold must have a probable cause hearing within four working days. The court may also grant a Temporary Conservatorship, which usually lasts until the Permanent Conservatorship hearing. A Temporary Conservatorship is usually applied for at the same time as the Permanent LPS Conservatorship referral is made to the Public Guardian. For more information, please see the Los Angeles County LPS Hold Chart on page 15.

Once the psychiatrist initiates the LPS Conservatorship request with the Public Guardian, the Public Guardian will visit and evaluate the patient and make a recommendation to the court either to proceed or to dismiss the LPS Conservatorship case.

9. What is a Riese hearing?

If a person on a hold refuses medication, then that person is allowed to request a Riese hearing, also known as a Medication Capacity Hearing.

A person on any of the LPS holds may refuse psychiatric medications. During a Riese hearing, a hearing officer, who is an attorney, will decide whether the patient has substantial mental capacity to make medical decisions. These hearings are usually held at the hospital.

10. How does a person get a gravely disabled status?

Gravely disabled means a person cannot take care of basic, personal needs for food, clothing, or shelter due to a mental disorder.

When a person with mental illness is hospitalized or incarcerated for being a harm to self or others, it is important for the family or caregiver to stress to the doctor that the person does not have a place to live. By stressing the fact the ill person may not live with you or anyone else helps to establish the person is “gravely disabled.” Showing that there is no home to which the ill person may return is very important in requesting an LPS Conservatorship. This can also be challenging because it means you must deny a loved one access to and care in your home.

To prove that a person cannot provide food or clothing is extremely difficult. If a person can go to the Salvation Army or a dumpster to acquire clothes, panhandle for money, or find food kitchens then that person may not be considered gravely disabled. If a person is living on the street and someone provides food, then that person is not considered gravely disabled regardless of substantial weight loss. Even if a person is too mentally ill to understand that a sickness exists, if that person is able to obtain food, clothes or shelter, then that person is not considered gravely disabled.

If you or another adult provide for the person’s basic needs, the court will not find the person to be gravely disabled. As difficult as it may be, you must stop providing food, clothing and shelter.

11. How do I know if my loved one is considered a harm to self or others?

You do not need to wait until your loved one tries to commit suicide, inflict self harm or harm others before you seek treatment. Certain red flags can help you get your loved one hospitalized including:

- delusional conversations expressing the need for knives or other items for protection;
- walking in front of moving cars, oblivious to the vehicles;
- obsessing that others want to harm or kill him;
- leaving on gas burners when cooking;
- losing weight out of fear that food is contaminated.

Hospitalization is usually the first step in getting a conservatorship.



12. How do I get hospitalization for my loved one?

There are many ways to get hospitalization. Often, a person is aware that something is not right and is willing to go to the hospital voluntarily. However, when a person is not willing to go voluntarily and there exists the potential for harm to self or others, you should contact the police and explain the situation. It is important to let the police know why you think the person is a possible harm to self or others. If there is private insurance, then the police can transport your loved one to a hospital covered by the insurance. Otherwise, the person will usually be transported to a county hospital.

13. Does my loved one need Medi-Cal or insurance to get hospitalization?

No. But, if there is no insurance coverage then the psychiatrist at the county hospital will likely stabilize and then release the person back to the community. You will have to fight to get your loved one held and to eventually get the LPS conservatorship.

14. Does my loved one need SSI or Social Security to get hospitalized?

No. However, it is a good idea to apply. Go to the Social Security office and apply for SSI for your loved one. A good time to apply is during a period of hospitalization. When SSI is granted, the payments will be retroactive to the date of initial application so be sure to get a receipt in order to establish

an application “date.” The Social Security office will give you forms for you to fill out and have your loved one sign. A doctor will have to evaluate your loved one for the SSI application. If SSI denies the application, you need to appeal the decision within 60 days.

In addition to SSI, it is recommended to apply for Medi-Cal at the Department of Public Social Services. Very often when your loved one is approved for SSI, Medi-Cal is approved simultaneously, and in some instances you can get Medi-Cal without SSI.

15. What are the roles of the different officials?

- **Office of the County Counsel**—represents Los Angeles County in all legal proceedings, including the Public Guardian in establishing conservatorships.
- **Public Defender**—represents the person to be conserved (conservatee).
- **Public Guardian**—investigates LPS conservatorship referrals, makes recommendations to the court, and becomes the conservator when no family is available.
- **District Attorney**—represents the hospitals with involuntary treatment; also can be more involved in criminal matters.
- **Court**—ensures fairness and compliance with the laws in all proceedings involving involuntary treatment and conservatorships.
- **Judge**—decides whether conservatee is gravely disabled and orders conservatorship.

16. What happens once the case is referred to the Office of the Public Guardian?

After the Office of the Public Guardian decides to initiate an LPS Conservatorship over your loved one, the Office of the County Counsel will represent the Public Guardian and file a petition with the court. Once the petition is filed, a hearing date and time will be assigned and the spouse, parent, grandparent, sibling, child or grandchild of the proposed conservatee will be notified. Once you receive the Notice of Hearing call either the Office of the Public Guardian or County Counsel and inform them of your desire to act as the LPS conservator of your loved one. You should also plan on attending the court hearing.

17. What happens in court?

At the court hearing, all interested parties, such as family members, are present. If the Public Guardian recommends that a conservatorship be established, County Counsel will present the case and may call witnesses. The proposed conservatee will be present and will be represented by an attorney, usually the Public Defender, who may oppose the recommendation for conservatorship. The judge will make the decision based on the evidence.

18. What happens if the court establishes an LPS conservatorship?

If the court decides to establish an LPS conservatorship, the judge will make an order appointing a conservator. If the court appoints you as the conservator, be sure to get the signed Order and Letters of Conservatorship from the County Counsel. Any time you need to prove you are the conservator, you will show your Letters of Conservatorship. These letters give you the right to make decisions and act on behalf of the conservatee.

19. How long does an LPS Conservatorship last?

An LPS conservatorship only lasts one year. About 90 days before it expires, the conservator will receive a notice of expiration. The notice will state the date the conservatorship ends.

The conservatee also receives a notice from the court. If necessary, you can petition to renew the conservatorship. Otherwise, it will end. This means the conservatee will regain control of personal decisions, including the right to refuse treatment.

20. How do I renew the LPS conservatorship?

You must prepare a new petition for renewal (reappointment) at least two to three months before the current conservatorship expires. The court will send you forms and instructions for filing a Petition for Reappointment of LPS Conservatorship when they send you your notice to re-establish conservatorship.

You must complete these forms. You will need a psychiatrist to fill out the Physician’s Declaration. Although two psychiatrists are preferred, the court will accept an evaluation by one psychiatrist. Give your forms to the psychiatrists as soon as possible so they will have enough time to fill them out.

If the court renews your conservatorship, you and the conservatee have the same powers, rights and responsibilities as you did with the original conservatorship.



ALTERNATIVES TO CONSERVATORSHIP

Advance Health Care Directives, Powers of Attorney, and Representative Payee are tools that can help a person with a mental health disability manage their medical and financial affairs. Having some or all of these documents may negate the need for a conservatorship.

Advance Health Care Directive

In California, any adult of sound mind can create a California Power of Attorney (POA) for Health Care and a Health Care Instruction. These documents are generally combined into one, easy-to-follow form called an Advance Health Care Directive.

The combined document allows individuals to appoint an agent who can speak on their behalf if they become incapacitated. The agent may be a family member, friend, or another person. In such cases, the agent is allowed to make all health care decisions. Individuals should make sure to select someone they can trust to listen to their wishes and exercise them appropriately.

As the legal representative, the agent is the only person other than the patient who can legally authorize medical treatment. An agent can also refuse medical treatment, including life support, nutrition, and hydration. Some forms also allow individuals to express wishes about organ donation and funeral arrangements. However, the Advance Health Care Directive DOES NOT allow the agent to place a person in a locked facility or force an individual to take psychotropic medications.

To download the Advanced Health Care Directive form, go to www.bettzedek.org/resources.

Durable Power of Attorney for Finances

A person of sound mind may complete a Durable Power of Attorney for Finances, which allows a designated agent to manage finances immediately or at some future time. A Durable Power of Attorney for Finances is generally used to pay bills, manage bank accounts or handle other legal and financial matters. The form should be notarized at the time of signing.

Although a lawyer isn't needed to complete a Durable Power of Attorney for Finances document, individuals may wish to consult a lawyer to ensure the form is valid and meets all of their needs.

Los Angeles County LPS Hold Chart

LPS HOLDS	CRITERIA			COURT PROCEEDINGS
	Gravely Disabled	Danger to Self	Danger to Others	
72-Hour WIC 5150 Evaluation & Treatment	✓ One or all may apply	✓ One or all may apply	✓ One or all may apply	<ol style="list-style-type: none"> 1. No probable cause hearing 2. May request Riese hearing (Decision regarding Riese carries through 14-day hold)
14-Day WIC 5250 30-Day Extension when Conservatorship Applied for	✓ One or all may apply	✓ One or all may apply	✓ One or all may apply	<ol style="list-style-type: none"> 1. Probable cause hearing to keep patient in hospital for full 14 days must be held during the first four working days of hold unless patient requests writ of habeas corpus. 2. Patient may request one writ of habeas corpus hearing at any time during 14-day hold. 3. Riese hearing may be requested anytime during 14-day hold. Each subsequent hold requires a new Riese hearing.
Additional 14-Day WIC 5260		✓ Only criteria which applies		<ol style="list-style-type: none"> 1. No probable cause or court hearing required. 2. Original additional 14 certification form and two affidavits must be sent to mental health court. 3. Patient may request writ of habeas corpus any time during 14-day period. 4. New Riese hearing may be requested anytime during 14-day period.
30-Day WIC 5270	✓ Only criteria which applies			<ol style="list-style-type: none"> 1. Probable cause hearing must be held during first 4 days of hold unless patient requests by-pass writ of habeas corpus, 24-hour postponement, and signs voluntary or is discharged. 2. Patient may request writ of habeas corpus any time during 30-day period. 3. New Riese hearing may be requested anytime during 30-day period.
180-Day WIC 5300 Renewable			✓ Only criteria which applies	<ol style="list-style-type: none"> 1. Requires contact with District Attorney several days prior to expiration of 14-day hold. 2. Requires the District Attorney to file a petition with the court and an arraignment hearing in court. 3. New Riese hearing may be requested anytime during 180-day period.
Temporary LPS Conservatorship 30 Days to Six Months	✓ Only criteria which applies			<ol style="list-style-type: none"> 1. Requires application by the treating physician to the Public Guardian's Office 2. Judge reviews application and determines whether to grant or deny temporary conservatorship (T-Con). 3. Patient may request writ of habeas corpus any time during T-Con period. 4. New Riese Petition may be filed with County Counsel. Hearing held in Department 95.
"Permanent" LPS Conservatorship One Year Renewable	✓ Only criteria which applies			<ol style="list-style-type: none"> 1. Requires court hearing in Department 95. Physician may be required to testify in court. 2. Patient may request re-hearing on conservatorship, rights denied, disabilities imposed once every six months.
Re-Appointment of "Permanent" LPS Conservator	✓ Only criteria which applies			<ol style="list-style-type: none"> 1. Requires conservator petitioning for reappointment and a court hearing.

NOTE: Each hold requires a new Riese hearing except when going from the 72-hour to the 14-day. Each County in California may have different requirements.

Source: Superior Court of California, Los Angeles County



Persons considering Durable Power of Attorney for Finances should choose an agent who is trustworthy, capable and knows them well enough to be able to make decisions according to their wishes. The agent has a fiduciary duty and, as such, is responsible for using the utmost care in handling the money for the principal and must act in that person's best interest. There is no court oversight to ensure that the agent acts accordingly or to prevent an abuse of power.

Representative Payee

A Representative Payee is a person authorized to manage Social Security and Supplemental Security Income (SSI) payments. Having a Representative Payee can be especially helpful for people who struggle with keeping track of monthly checks or taking care of other business.

A family member, an agent, or a healthcare provider can ask to be a Representative Payee directly at the Social Security office. A physician must verify the person's incapacity, and then Social Security will issue the payment to the Representative Payee. The Representative Payee must use the money for the recipient's care.

Like Social Security, the Department of Veterans Affairs (VA) allows a Representative Payee to receive payments for an incapacitated veteran.

IF YOUR LOVED ONE IS INCARCERATED

The Court Linkage Program (CLP) is a collaboration between the Los Angeles County Department of Mental Health (DMH) and the L.A. Superior Court. Mental health clinicians are co-located in county courtrooms to offer mental health services and support to adults with mental illness and substance abuse who are involved in the criminal justice system. The program increases coordination and collaboration between the criminal justice and the mental health systems and improves access to mental health programs and services by offering the courtroom as an entry point for mental health services.

If your love one is taken to jail and not to the hospital:

1. Search where they are taken on myinmatelocator.com
2. Fill out the Inmate Medical Information Form available at the Los Angeles Sheriff's Department or http://www.lasdhq.org/lasd_services/correctional/medication_info_form.pdf.
3. Research for the arraignment court and time from <http://losangelesinmateinfo.com/>
4. Call the DMH mental health liaison advocate (626-403-4370) to determine who is the liaison for the court in which your loved one's arraignment will be held. Give the liaison your loved one's mental health history and symptoms. Ask the liaison to help you get your loved one in treatment or to help you get an LPS Conservatorship.
5. Take several copies of the history and symptoms to court. Ask the bailiff to identify for you the Public Defender and District Attorney (DA) for your loved one.
6. Give a copy of the mental health history and symptoms to the Public Defender and ask to have the mental health liaison involved with this case. It is the Public Defender who must request the liaison. If the Public Defender will not do this, then go to the DA and ask for help.
7. Ask the DA and Public Defender to request that the judge order a mental health evaluation for your love one. This is called a mental health forensic.
8. Request that the jail's doctor initiate an LPS Conservatorship. The LPS Conservatorship can only be given when a mentally ill person is gravely disabled, meaning the person cannot self-provide food, clothing or shelter. Evidence that they are gravely disabled while in jail

is if they are not eating, if they tend to take their clothes off, if they do not make sense, or cannot follow conversations. The doctor can then initiate the LPS Conservatorship with the Public Guardian's office.

9. In some instances, there might be a logistics problem because the criminal courts judge cannot request the conservatorship. The judge can postpone sentencing while waiting for the jail's doctor to seek the LPS Conservatorship.

To learn more about the Court Linkage Program and other available services through the Los Angeles County Department of Department of Mental Health visit their website at <http://dmh.lacounty.gov>.

THE IMPORTANCE OF KEEPING A JOURNAL

The goal of keeping a medical/mental health journal, including symptoms and characteristics of the person's mental illness, is so you can have this information ready to give to the hospital, psychiatric team, or police if you find yourself needing assistance in helping place your loved one on an involuntary hold or in avoiding incarceration with the general prison population.

The journal will help medical professionals and the police "see" that your loved one is in need of medical assistance. Create a journal entry for each psychotic episode your loved one experiences. Include dates, type of psychiatric episode, including symptoms and characteristics (see "Symptoms and Characteristics"). Also indicate where your loved one is currently living—at home, in a care facility, homeless, or incarcerated (see "Sample Medical/Mental Health Journal").

Make sure to keep multiple copies on hand. Give a copy of your loved one's history and symptoms to the doctor, the public guardian and the hospital social worker (see Welfare & Institution Code Section 5150.05, which requires mental health workers to consider a patient's health history before making determinations regarding current or future care). It is best to hand deliver these papers and have the doctor sign them to acknowledge receipt of this information.

When needed, collect all of your journal entries and create a Mental Health History (see "Sample Mental Health History"). If possible, keep the entries brief. Try to keep your history to one to two pages and present it like a resume. You are not expected to have access to all of your loved one's medical history. It is fine if you are missing information. Do the best you can. Be sure to state the diagnosis and hit the major bullet points. Keep it simple and don't make it too wordy.



Symptoms and Characteristics

The list below is a sample list of symptoms of mental illness. The characteristics can vary.

Visual hallucinations

- Sees ghosts, dead people
- Sees people with pointed chins and beaked noses

Auditory hallucinations

- Laughs or smiles for no reason
- Hears television speaking to him/her

Delusions—includes grandiose delusions

- Feels he/she is Christ
- Plans to open chain stores and make millions

Belief in the delusions

- Goes to the hospital to raise people from the dead
- Puts knives around bed to protect him/her from the dead

Disorganized speech

- Rapid speech
- Does not make sense in conversation; can't follow conversation

Disorganized behavior

- Incapable of following directions
- Parks car in middle of intersections
- Out of control spending sprees

Poor Hygiene

- Goes for days without showering, smells bad

Paranoid thinking

- Feel people/government are watching him/her
- Believes mother/father molests him/her

Behaves in accordance with his/her paranoid thinking

- Throws food in garbage because believes it is poisoned
- Destroys cell phone, TV because FBI are listening
- Walks in front of traffic

Unable to meet the needs of daily functioning

- Goes into other people's houses uninvited to get food and use computer
- Does not pay for items in stores, just takes things
- Can't handle finances

Difficulty understanding and following directions

- Cannot process information
- Cannot follow multiple directions

Inability to maintain gainful employment

- Cannot keep a job
- Blames everyone for problems

Inability to recognize their illness and difficulties associated with the illness

- Refuses medication or will not stay on medication

Inability to provide for food, clothing and shelter. Gravely disabled.

- Might not eat food because believes it is poisoned
- May have tendency to take clothes off in public
- May not come and live at home. Has no place to live safely
- No insight into his/her illness therefore not compliant with treatment and medication

Sample Medical/Mental Health History Journal

Name: Joe Doe

Date of Birth: 03/12/1987

Current Living Location: Hospital

Address/location: Cedars-Sinai Hospital, Los Angeles, CA

Contact: Dr. Smith @ 323-444-5555

Diagnosis: Schizophrenia

Psychotic behaviors being exhibited: Auditory hallucinations.
Voices are telling him to jump from roof.

Medications: Seroquil and Risperadal

Dates/Time of Event: January 1, 2010 to January 3, 2010

Notes: Has diabetes, on insulin

Dates/Time of event: August 7, 2010—September 6, 2010

In your note section add pertinent information about drug allergies or medical ailments.

Example:

Notes: Do not give Biaxin or Haldol; Has diabetes

Medical/Mental Health History Journal

Name: _____ Date of Birth: _____

Current Living Location: _____

Address/location: _____

Contact: _____

Diagnosis: _____

Psychotic behaviors being exhibited: _____

Medications: _____

Dates/Time of event: _____

Notes: _____

Current Living Location: _____

Address/location: _____

Contact: _____

Diagnosis: _____

Psychotic behaviors being exhibited: _____

Medications: _____

Dates/Time of event: _____

Notes: _____

Medical/Mental Health History Journal

Name: _____ Date of Birth: _____

Current Living Location: _____

Address/location: _____

Contact: _____

Diagnosis: _____

Psychotic behaviors being exhibited: _____

Medications: _____

Dates/Time of event: _____

Notes: _____

Current Living Location: _____

Address/location: _____

Contact: _____

Diagnosis: _____

Psychotic behaviors being exhibited: _____

Medications: _____

Dates/Time of event: _____

Notes: _____

Medical/Mental Health History Journal

Name: _____ Date of Birth: _____

Current Living Location: _____

Address/location: _____

Contact: _____

Diagnosis: _____

Psychotic behaviors being exhibited: _____

Medications: _____

Dates/Time of event: _____

Notes: _____

Current Living Location: _____

Address/location: _____

Contact: _____

Diagnosis: _____

Psychotic behaviors being exhibited: _____

Medications: _____

Dates/Time of event: _____

Notes: _____

Medical/Mental Health History Journal

Name: _____ Date of Birth: _____

Current Living Location: _____

Address/location: _____

Contact: _____

Diagnosis: _____

Psychotic behaviors being exhibited: _____

Medications: _____

Dates/Time of event: _____

Notes: _____

Current Living Location: _____

Address/location: _____

Contact: _____

Diagnosis: _____

Psychotic behaviors being exhibited: _____

Medications: _____

Dates/Time of event: _____

Notes: _____

Your journal should be condensed into a one page document which will be a chronology/history of the mental illness.

Sample Mental Health History

Joe Doe's Mental Health/Medical History

Date of Birth: 3/12/87; 27 years old

Hospitalized: January 1, to present; Diagnosed Schizophrenia; Cedars-Sinai Hospital; Beverly Blvd., Los Angeles, Dr. Smith @ 333-444-555; Medications: Seroquel and Risperdal

Hospitalized: December 12-28, 2010, Diagnosed Schizophrenia; UCLA Harbor, Dr. Stone @ 222-333-444; Medications: Lithium

Homeless: November 5 – December 12, 2010; Exhibiting psychotic behaviors

Hospitalized: September 10–23; Diagnosed Bipolar; College Hospital @ Cerritos; Dr. Roberts @ 213-222-444; Medications: Lithium

Incarcerated: March 2–April 4; Diagnosed psychotic behaviors; Twin Towers

Homeless: January 3 – March 1; Exhibiting psychotic behaviors

Notes:

Community Resources

Adult Protective Services

(877) 4-R-SENIORS
(888) 202-4248 - Day
(877) 477-3646 - Evening
<http://css.lacounty.gov/aps.aspx>

A Guide to AB 1424 California Welfare and Institute Codes (WIC) SECTION 5000

www.psychlaws.org
www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic

Department of Health Care Services

(877) 597-4777
www.medi-cal.ca.gov

Department of Mental Health Court Liaison Program (CLP)

(626) 403-4370
<http://dmh.lacounty.gov>

Didi Hirsch Mental Health Services

(888) 807-7250
www.didihirsch.org

Disability Rights California

(800) 776-5746
www.disabilityrightsca.org

Jail Mental Health Service

Men's Jail Fax
(213) 972-4002
Women's Jail Fax
(323) 568-4678
<http://la-sheriff.org/divisions/correctional/mh>

LA County of Department of Mental Health

(800) 854-7771 (24hrs/7days)
<http://dmh.lacounty.gov>

Los Angeles County Mental Health Court

1150 N. San Fernando Road
Los Angeles, CA 90065
www.lasuperiorcourt.org/mentalhealth

LPS Conservatorships

www.courts.ca.gov/selfhelp-conservatorship.htm

NAMI Asian Pacific Los Angeles

(213) 252-2100

NAMI Long Beach

(562) 435-2264

NAMI Los Angeles South Central

(310) 668-4271
www.namisouthlosangeles.org

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For more information, visit:
www.bettzedektransitionsproject.org



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